HOMELESS & HOUSING RESOURCE CENTER

Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder

August 25th, 2021

3:00-4:30pm ET

SAMHSA
Substance Abuse and Mental Health Services Administration

Disclaimer

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ASL Interpretation and Transcription

- We have arranged for ASL interpretation services during this meeting. The ASL interpreters are:
  - **Justin Anderson**
  - **Jennifer Giroux**
- Live transcription from Zoom is available
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Webinar Instructions

- All participant lines will be muted
- A recording will be available on the HHRC website with webinar slides: https://hhrctraining.org/
- Questions: Please submit your questions using the Q&A feature
- Evaluation – browser will redirect following the webinar
- Certificate of Participation (no CEUs are offered)

Learning Objectives

- Discuss the new *Whole-Person Care for People Experiencing Homelessness and Opioid Use Disorder Toolkit, Part I*
- Describe key principles of whole-person care, including trauma-informed care and person-centered techniques to engage people experiencing homelessness with an OUD
- Identify practical strategies to incorporate in your work to help improve health and housing outcomes for people experiencing homelessness with an OUD

Presenters

- **Steven Samra, MPA,** Senior Associate, C4 Innovations
- **Ken Kraybill, MSW,** Senior Trainer, C4 Innovations
- **Joel "JC" Smith, CPRS,** VA Gulf Coast Veterans Health Care System
- **Racquel Garcia**, CEO, HardBeauty

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Opioids By The Numbers

From 2013 to 2019, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased 1,040%, and for psychostimulants increased 317%.

Death rates involving prescription opioids and heroin increased in the presence of synthetic opioids, but not in their absence.

Sharp increases in synthetic opioid- and psychostimulant-involved overdose deaths in 2019 are consistent with recent trends ***indicating a worsening and expanding drug overdose epidemic.***

Source: https://www.hhs.gov/opioids/about-the-epidemic/index.html

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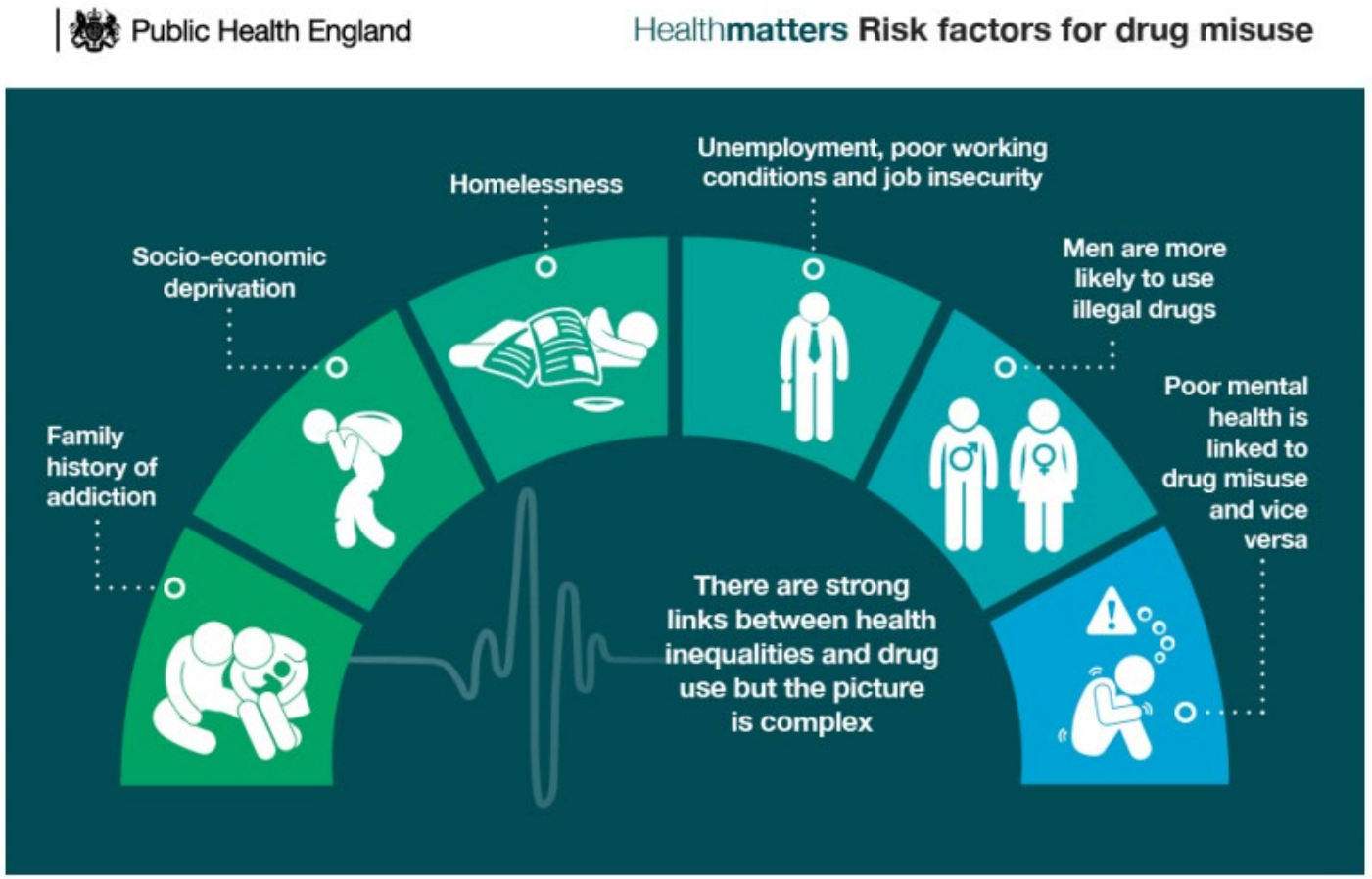
OUD Risk Factors: Homelessness

"Evidence indicates that substance use disorders are known risk factors for homelessness, and data clearly shows that substance abuse and overdose disproportionately impact homeless people."

- National Alliance to End Homelessness



Source: https://www.gov.uk/government/publications/health-matters-preventing-drug-misuse-deaths/health-matters-preventing-drug-misuse-deaths

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OUD, COVID & Homelessness

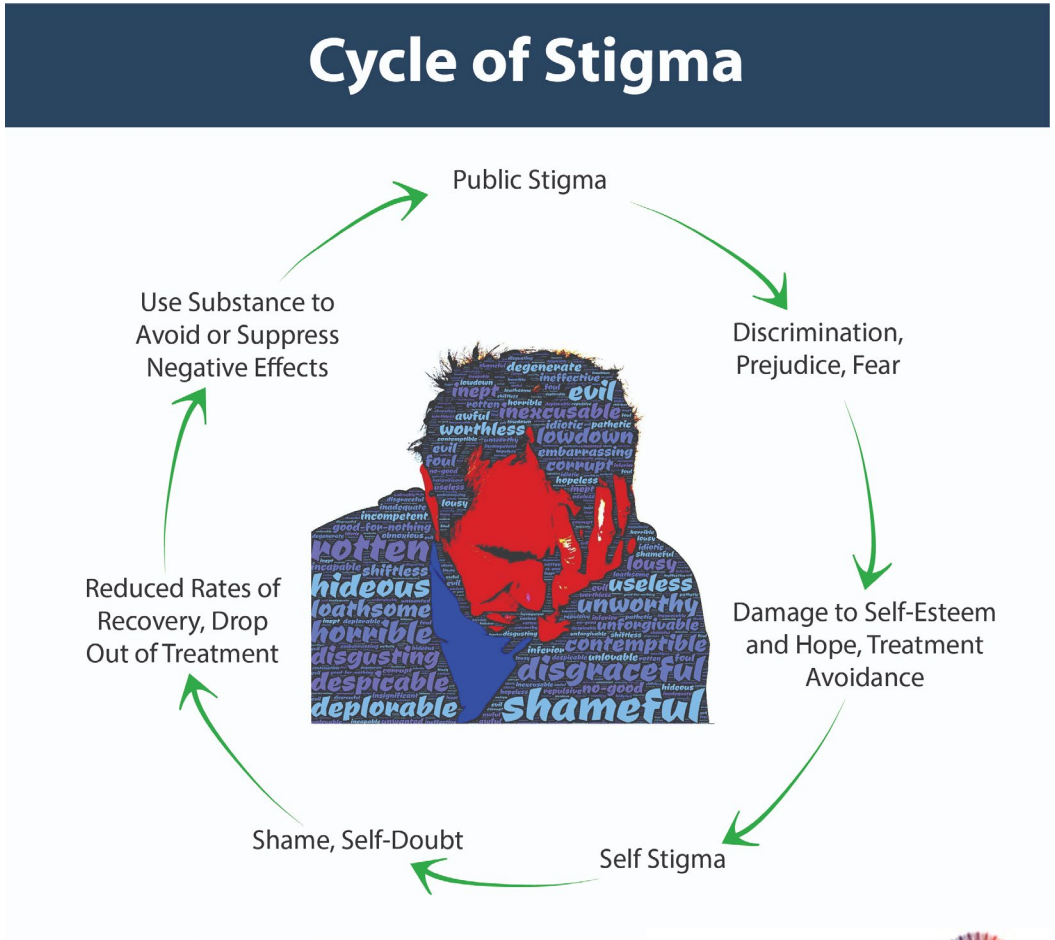
Some factors *especially* important among those with OUD include employment, **housing**, education, transportation, **trauma**, social support, **stigma**, **criminal justice** involvement, and access to technology.

Source: https://opioid-resource-connector.org/sites/default/files/2021-02/Issue%20Brief%20-%20Final.pdf

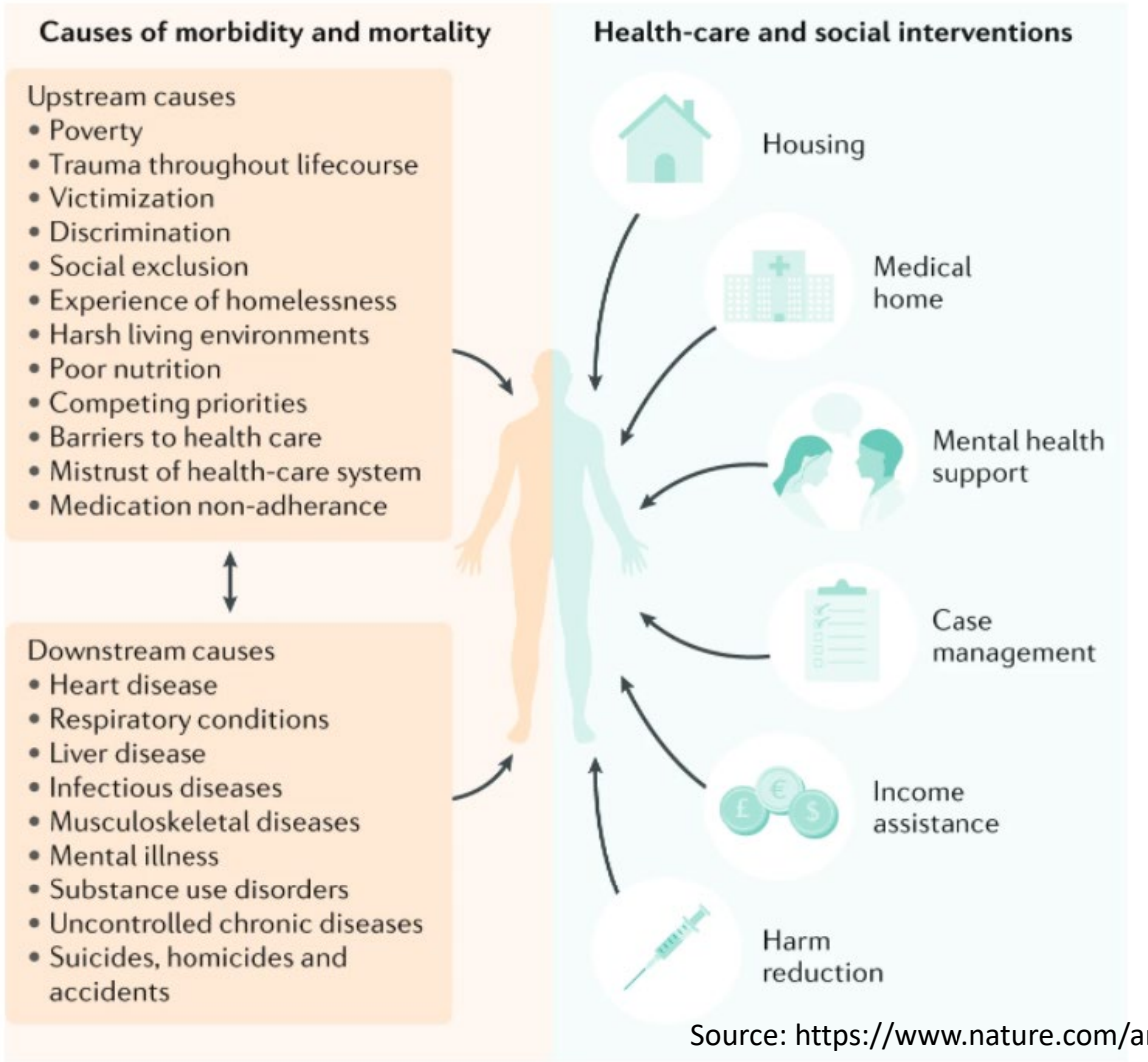
Cycle of Stigma

"When health care providers demonize people addicted to drugs or alcohol, it just makes the problem worse… Beyond just impeding the provision or seeking of care, stigma may actually drive addicted people to continue using drugs."

—Nora D. Volkow, Director of the National Institute on Drug Abuse



Interventions to Improve Health for People Experiencing Homelessness



Source: https://www.nature.com/articles/s41572-020-00241-2

Upstream systemic barriers and burdens contribute to downstream medical causes of high morbidity and mortality of people experiencing homelessness.

In turn, downstream causes magnify negative effects of upstream causes.

Thus, care for people experiencing homelessness must address intersecting health and social burdens by combining health-related and social interventions.

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Practical Strategies from the ATTC

Improving access to evidence-based medications	Improving access to high-quality psychosocial services	Leading the field of social work forward
• Link patients to MAT using the SAMHSA Behavioral Treatment Locator Tool	• Integrate comprehensive case management strategies (CSAT TIP 27)	• Promote ethical and science-based narratives about OUD and treatment
• Partner with providers delivering buprenorphine or naltrexone treatment	• Gain training in evidence-based treatments for co-occurring disorders	• Supervise and teach social work students about substance use
• Educate and provide patients with naloxone kits	• Engage peer specialists and community initiatives	• Deliver trainings about substance use
• Coordinate with Syringe Exchange Programs	• Advocate for treatment tailored to at-risk groups	• Join community advisory boards and task forces

Source: https://attcnetwork.org/centers/attc-network-coordinating-office/practical-strategies-social-workers-combat-opioid-epidemic

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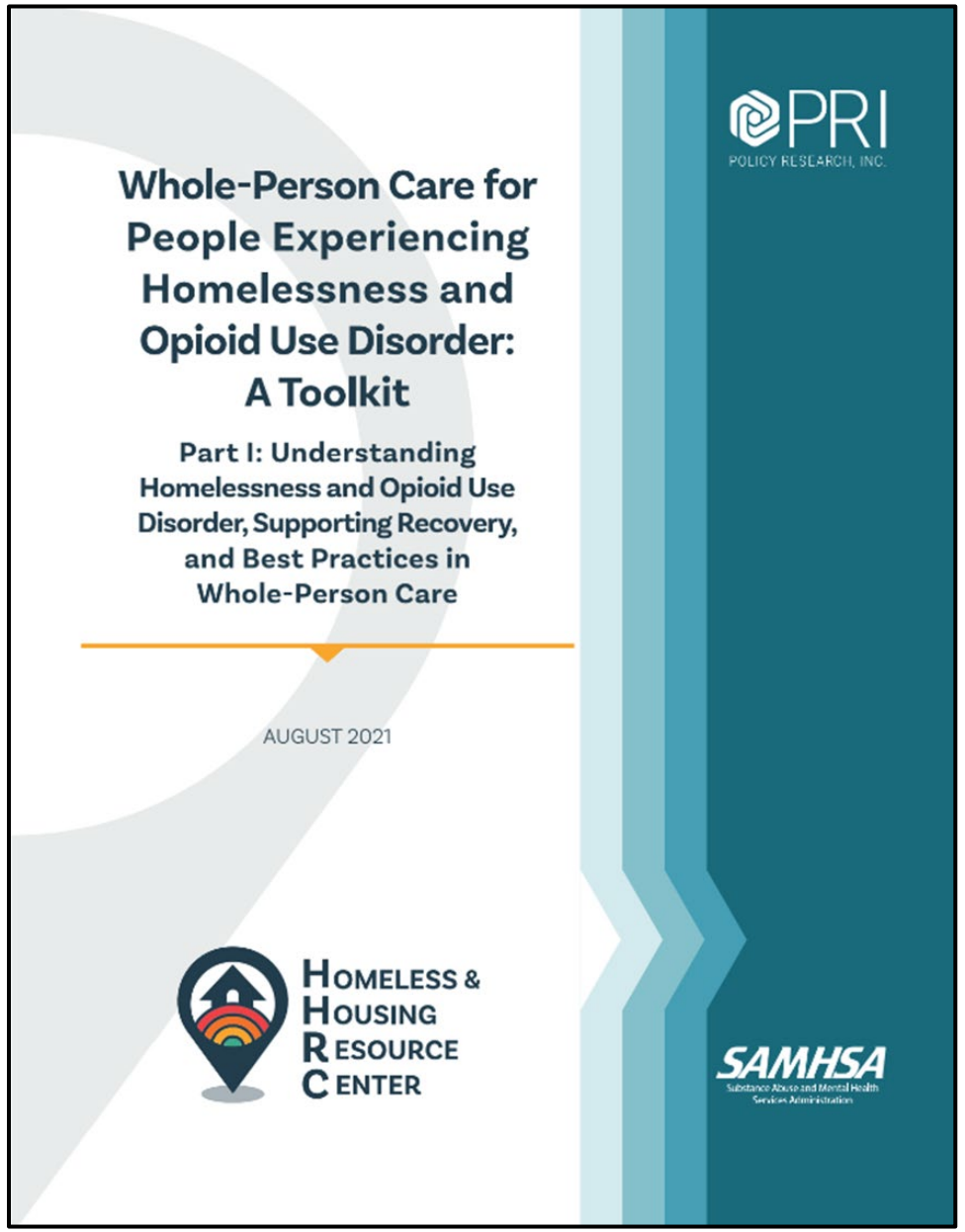
Introducing A New Resource



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Toolkit Contents

Contents

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Toolkit Content Exploration

II. Whole-Person Care: A Framework for Supporting Recovery and Housing Stability

> *"If trauma is disconnection, then healing is reunification or the discovery of the embodiment of that connection."* –Gabor Maté

III. Understanding Homelessness and Opioid Use Disorder: Intersecting Factors and Fragmented Systems

> *"The true measure of our character is how we treat the poor, the disfavored, the accused, the incarcerated, and the condemned."* –Bryan Stevenson, *Just Mercy: A Story of Justice and Redemption*

IV. Supporting Recovery

Understanding Recovery

V. Whole-Person Care: Best Practices

> *"Best practices are done for or with people, not on or to them."*–adapted from William R. Miller[52]

Reflection Questions: Recovery-Oriented Practice

- Do you believe that recovery from OUD is possible?
- Do you believe there is only one "right" pathway to recovery from OUD?
- Is your approach to serving the program participant driven by your goals, your employer's goals, or by the person's own goals?
- Do you have friends, colleagues, or people in your professional network who are in recovery from OUD who share their wisdom and experience with you?
- What words do you use to describe people with OUD?
- Are you aware of and able to refer participants to the full range of available recovery supports in the community (that ideally reflect multiple pathways)? How might you learn more about available recovery supports?

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Understand and Reduce Stigma

Table 2: Definitions of Three Types of Stigma

Stigma Type	Definition
Micro or internalized **self-stigma**	The judgments and negative opinions people who are the recipients of public or societal stigma hold about themselves. People internalize the stigma they encounter and receive and begin to believe they are true, developing the structures of shame and guilt that can cause isolation, loss of will, and feelings of hopelessness and worthlessness.
Public **interpersonal and community stigma**	The attitudes and feelings expressed by many in the public toward people with OUD. These include family and community ties, relationships with peers and, in some cases, those who provide treatment and care. Public stigma involves three processes: • Identifying differences • Connecting those differences to stereotypes • Separating *us* from *them*, ensuring that the stigmatized individual or group experiences a marked loss in social status
Macro or structural **institutional and societal stigma**	The laws, policies, protocols, and practices that produce and maintain stigma at local, regional, and national levels—and within institutions and organizations such as in healthcare and legal settings. This stigma can result in reduced resources, exclusion from decision-making bodies, and diminishing rights to privacy and self-determination.

PRACTICES TO REDUCE STIGMA

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Practice Cultural Humility

3. Practice Cultural Humility

A person's cultural identity and beliefs shape how they experience illness and wellness, and how they view substances, substance use, and the recovery supports that resonate with them. As service providers, our own cultural identities and beliefs influence how we approach and deliver services. *Culture* is the framework through which people see and make sense of the world. It is complex and fluid. Age, race, ethnicity, class, gender identity, sexual orientation, socioeconomic status, national origin, immigration experiences, and other identities and experiences further shape cultural identity.

We can be unaware of the ways that culture molds our own beliefs and values because our cultural *lenses* create our version of what is the *norm*, especially if our norm aligns with the dominant

DEFINITIONS

Cultural humility: A lifelong process of awareness, reflection, and self-critique to learn about other cultures that begins with an examination of our own cultural identities and beliefs. Entering relationships with others with the intent to honor their values, beliefs, and customs.[70,71]

Cultural responsiveness: Being culturally aware of how your personal values and biases may influence your perceptions of people you serve, their problems, and your professional or therapeutic relationship. Having cultural skills that enable you to respond in a way that is respectful, culturally sensitive, and relevant.[72]

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Be Trauma-Informed and Healing-Centered

4. Be Trauma-Informed and Healing-Centered[i]

> "Trauma that is not transformed is transmitted." –Richard Rohr

Some people experience very few traumatic events in their lives. Others experience chronic traumatic stress that often starts in early childhood and can have a major impact on how they understand themselves, view the world, and interact with others. It is very likely that the people you serve have experienced significant trauma exposure in their lives. People who have experienced multiple traumatic events might not relate to the world in the same way as those who haven't. It is important to provide trauma-informed and healing-centered services and responses that are uniquely sensitive to the needs of those who have experienced trauma.[79]

DEFINITION

Trauma-informed care: A strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.[78]

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Support Harm Reduction

HARM-REDUCTION STRATEGIES FOR OPIOID USE DISORDER

There are three focal areas for harm reduction for people with opioid use disorder:

1. *injection safety,*
2. *overdose prevention, and*
3. *infectious disease transmission.*

For each area, we list multiple strategies for reducing harm and protecting people who are using substances. Bear in mind that not all strategies will work for everyone, so we provide a menu of options so participants can choose what works best for them.

Remember, this is just a starting point. These are strategies that have proven helpful to many people with OUD, but each person's needs are unique. Don't be afraid to be creative when it comes to developing tailored harm-reduction strategies. Sometimes the magic happens outside the box.

CORE ELEMENTS OF EFFECTIVE STREET OUTREACH TO PEOPLE EXPERIENCING HOMELESSNESS

The United States Interagency Council on Homelessness created a resource that defines and describes four core areas of best practices for effective street outreach:

1. Street outreach efforts are systematic, coordinated, and comprehensive.
2. Street outreach efforts are housing focused.
3. Street outreach efforts are person-centered, trauma-informed, and culturally responsive.
4. Street efforts emphasize safety and reduce harm.

LEARN MORE

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Understand How People Change

MI SPIRIT: FOUR ELEMENTS

The mind-set and heart-set of whole-person care, as mentioned previously, are adapted from and inspired by MI's *way of being*:

Partnership. Collaborating with the participant's own expertise.

Acceptance. Communicating empathy and affirmation.

Compassion. Standing in solidarity with people and their difficulties; promoting their welfare, giving priority to their needs.

Evocation. Eliciting the participant's own perspectives and motivation.

ACTIVITY: A TASTE OF MOTIVATIONAL INTERVIEWING

Pair up with someone for a brief conversation. One of you will be the Speaker and the other will be the Listener.

Speaker Instructions

Talk about a change you're considering making or dilemma you're facing.

Listener Instructions

Invite the Speaker to talk about a change they're considering making or a dilemma they're facing.

Listen carefully with a *goal of understanding* the Speaker's situation or dilemma.

Give *no advice*; let the Speaker be their own expert.

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Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

http://hhrctraining.org/ | info@hhrctraining.org | 518-439-7415x4

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