

# Boosting the Power of Harm Reduction:

## Strategies to Build a Coordinated and Culturally Responsive System of Care for People with Substance Use Disorders who are Experiencing Homelessness

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*This resource was developed by a writing and subject matter expert team based at the [Technical Assistance Collaborative \(TAC\)](#). The team was led by Rachel Post, M.S.S.W., and included Francine Arienti, M.A., Rebecca Boss, M.A., and Laura Conrad, M.S.W.*

Across the country, overdose deaths are rising precipitously — adding to the risks already faced by people experiencing homelessness. To meet this crisis, harm reduction principles must be combined with other best practice strategies, as explained in a recent [webinar](#) offered by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Homeless and Housing Resource Center and in a [TAC issue brief](#).

In this companion resource, action strategies are outlined, with examples to showcase their practical application by government and nonprofit agencies around the country. The strategies and examples are grouped for specific systems and providers that can align and collaborate to improve outcomes:

- [State Behavioral Health Authorities](#)
- [State Medicaid Agencies](#)
- [U.S. Department of Housing and Urban Development \(HUD\) Continuums of Care](#)
- [Substance Use Disorder \(SUD\) Treatment Providers](#)
- [Recovery Support Service Providers, Harm Reduction Centers, and BIPOC Community-led Organizations](#)
- [Supportive Housing Providers](#)

By working across these entities to combine interventions in a coordinated manner, communities can better meet the needs of people experiencing homelessness and provide culturally responsive harm reduction, supportive housing, treatment, and recovery support services that improve population health and well-being.



# State Behavioral Health Authorities

*State Behavioral Health Authorities are responsible for administering SAMHSA block grant and discretionary funds directed to meet the treatment and recovery support needs of their uninsured and underinsured state constituents with behavioral health conditions. States can use their policy levers to achieve system-wide change that promotes alignment of resources across state agencies in order to provide culturally responsive harm reduction, supportive housing, treatment, and recovery support services.*

## Action Strategies

- ✓ Incorporate people with lived expertise into funding decisions.
- ✓ Advance culturally responsive care within existing services.
- ✓ Create funding opportunities for nontraditional partnerships.
- ✓ Identify and address regulatory barriers to harm reduction, supportive housing, recovery support services, and on-demand treatment strategies.
- ✓ Facilitate partnerships between the substance use disorder (SUD) treatment system; State Medicaid Agency; corrections; and state and local housing and homelessness initiatives.
- ✓ Support the creation or enhancement of workforce career pathways for people with lived experience.
- ✓ Promote the integration of harm reduction and recovery principles across the SUD care continuum.
- ✓ Adopt a “medication-first” approach which prioritizes access to medication to treat SUDs.
- ✓ Ensure that provider networks have access to a current database of available resources.
- ✓ Provide guidance documents or technical assistance in the development of memorandums of understanding (MOUs) or business associate agreements (BAAs) to support coordinated services.
- ✓ Develop braided funding models that promote integrated service delivery and alignment of resources across state agencies and programs.
- ✓ Diversify the workforce by increasing awareness of [Health Careers Pipeline](#) programs supported by the Public Health Service Act.

- ✓ Identify housing assistance as a priority in grant funding and establish stable housing as a reporting metric for SUD grant funding recipients.

## Examples

- **OR:** [Measure 110](#) secured \$300 million over the biennium to fund culturally responsive SUD services; this work relies on an Oversight and Accountability Council made up of people with lived expertise.
- **CA:** The [Community Mental Health Equity Project](#) was created to reduce disparities and inequities by expanding culturally and linguistically responsive behavioral health care.
- **WA:** The [State Opioid Treatment Network](#) integrates opioid use disorder services into a variety of non-traditional settings, including a syringe service program, a shelter, and a fire department.
- **WI:** [Senate Bill 600](#) made carrying fentanyl test strips legal.
- **GA:** [CARES Academy](#) supports the development of a peer recovery workforce across the state and is the first of its kind in the country to be Medicaid-billable.
- **MO:** The Department of Mental Health joined with Opioid State Targeted Response and State Opioid Response (STR/SOR) grant partners to develop a [medication-first approach](#).
- **RI:** The Substance Abuse and Mental Health Leadership Council issues an annually updated state [resource guide](#) that includes SUD treatment, recovery support, and housing providers.
- **PA:** Forty-five [Centers of Excellence for Opioid Use Disorder](#) identified by the state Department of Human Services create community-based care management teams to assist with care coordination and recovery supports.
- **AZ:** The [State Opioid Response](#) program identified increased access to recovery and supportive housing and increasing options for rental assistance as objectives.

# State Medicaid Agencies

*State Medicaid Agencies are responsible for administering states' Medicaid programs and designing them to meet the needs of their beneficiaries, including [guidance](#) about Medicaid options to address social determinants of health (SDOH). State Medicaid Agencies can use their policy levers to achieve system-wide change that promotes alignment of resources across state agencies that produce culturally responsive harm reduction, supportive housing, and treatment and recovery support services.*

## Action Strategies

- ✓ Examine Medicaid authorities (such as optional services or waivers) to explore coverage or expansion of harm reduction, supportive housing services, substance use disorder (SUD) treatment innovations, peer-delivered recovery support services, and continuous coverage for people experiencing homelessness and individuals released from incarceration who are at risk of experiencing homelessness.
- ✓ Collaborate with the Single State Agency for Substance Abuse Services, state and local housing agencies such as the State Housing Finance Agency and public housing agencies, and others such as the Department of Corrections to a) inform the benefits that can be covered by Medicaid and b) coordinate the implementation of services.
- ✓ Ensure that community engagement in the design of SDOH benefits includes substantive participation by those with lived expertise and those representative of the diverse population that will be using these benefits.
- ✓ Build accountability and system integration/care coordination performance metrics into the contracts of Medicaid Managed Care Entities (MCEs).

## Examples

- The Centers for Medicare and Medicaid Services (CMS) recently [approved](#) Medicaid section 1115 demonstrations in Oregon, Massachusetts, and [Arizona](#) that will cover “clinically-tailored housing supports and other interventions.”
- The Health Resources and Services Administration (HRSA) recently published a guide on [Peer Support Billing Pathways](#).
- The Technical Assistance Collaborative developed a toolkit for HHRC on [Funding Supportive Housing](#).

Services for People with Behavioral Health Needs: Federal Resources, which describes Medicaid options for coverage of these services.

- In its 1017 Report to Congress, the U.S. Department of Health and Human Services identifies innovative state initiatives and strategies for providing housing-related services and supports under a state Medicaid program to individuals with SUDs who are experiencing homelessness.
- **MA:** The State Medicaid Agency uses pay-for-performance and shared savings incentives to require that accountable care organizations conduct screening for social needs for their members. Also, Massachusetts provides up to 12 months of continuous coverage to Medicaid beneficiaries upon release from correctional settings and 24 months to those with a confirmed status of chronic homelessness.

# HUD Homeless Continuums of Care

*The U.S. Department of Housing and Urban Development (HUD) Homeless Continuums of Care (CoCs) are responsible for convening community partners to identify priority populations needing shelter, housing, and supportive services, and for overseeing HUD CoC grant administration and data collection. CoCs can promote improved coordination between the outreach and supportive housing programs they fund and harm reduction, SUD treatment, and recovery support services.*

## Action Strategies

- ✓ For the CoC Governing Board, recruit and engage agencies — including those led by and serving Black, Indigenous, and People of Color (BIPOC) communities — that provide best practice interventions.
- ✓ Conduct a gaps analysis to identify the prevalence of substance use disorders (SUDs) in the CoC-served population and the availability of combined interventions offered by culturally responsive agencies.
- ✓ Examine the current inventory of low-barrier and recovery housing opportunities compared to the preferences expressed by people with SUDs being served. Utilize recovery housing effective practices outlined in [HUD's Recovery Housing Brief](#).
- ✓ Offer technical assistance and training on harm reduction interventions, and secure funding for harm reduction supplies utilized by street outreach and supportive housing providers.
- ✓ Create accountability for staffing within CoC-funded programs that reflects the racial, ethnic, gender, sexual orientation, and linguistic diversity of program participants.
- ✓ Supply providers with a framework for evaluation of outcomes and technical assistance support.

## Examples

- [SAMHSA's Harm Reduction Grant program](#) supports community-based overdose prevention, syringe service programs, and other harm reduction services. View the [2022 award recipients](#). These are good potential partners for CoCs.
- **OR:** Portland's CoC [governing board](#) includes members with lived experience, SUD treatment providers, and organizations representing LGBTQ+ persons in

recovery from SUDs. Additionally, a CoC Equity Advisory Committee and Lived Experience Advisory Committee provide insight, feedback, and recommendations to the Joint Office of Homeless Services in the Portland metro area.

- **CA:** San Francisco uses [Street Medicine Teams](#) to provide low-barrier buprenorphine to homeless individuals with opioid use disorders who are experiencing homelessness. Communities should work to coordinate CoC-funded street outreach with these types of teams.

# Substance Use Disorder Treatment Providers

*Substance use disorder (SUD) treatment providers are responsible for offering a range of alcohol and drug prevention, treatment, and recovery support services that typically include all levels of care delineated by the American Society of Addiction Medicine. Services must be woven into each level of care throughout the continuum to improve access and optimize outcomes.*

## Action Strategies

- ✓ Develop a robust memorandum of understanding (MOU) or strategic partnership agreement to create bidirectional referral pathways between SUD treatment providers and managed care organizations; Continuums of Care (CoCs); agencies led by Black, Indigenous, and People of Color (BIPOC); community mental health centers; supportive housing providers; recovery support service providers; harm reduction providers; and other funding partners.
- ✓ Ensure that staff reflect the racial, ethnic, gender, sexual orientation, and linguistic diversity of program participants.
- ✓ Ensure that staff include people with lived expertise at all levels from leadership to direct service positions.
- ✓ Offer culturally responsive programming that embeds [cultural humility](#) into services offered.
- ✓ Incorporate medication-assisted treatment (MAT) as part of treatment and recovery.
- ✓ Embed certified peer specialists in treatment settings. Partner with CoC and supportive housing providers to offer on-demand withdrawal treatment, inpatient and outpatient treatment, MAT, and [contingency management](#).
- ✓ Use qualitative and quantitative outcomes (program participant experience, treatment completion, stakeholder input) to continuously build partnerships with needed resources.
- ✓ Provide community outreach services or partner with community outreach organizations.
- ✓ Partner with harm reduction programs as part of treatment; commit to person-centered care and multiple pathways to recovery.



## Examples

- **UniteUs** is a bidirectional social determinants of health (SDOH) referral platform that many states are exploring.
- **OH:** The Mansfield Urban Minority Alcoholism & Drug Abuse Outreach Program provides culturally appropriate substance abuse prevention, treatment, and recovery support services.
- **HI:** Ka Hale Pomaika'i (The Blessed House) offers Native Hawaiians a culturally specific recovery-oriented system of care.
- **CO:** Servicios de la Raza is a bilingual human services organization serving Denver's low-income Spanish-speaking population with a linguistically and culturally responsive SUD treatment center.
- **OR:** Central City Concern (CCC) incorporates MAT, recovery support services, and peer providers into its SUD treatment continuum. Many of CCC's staff at all levels identify as having lived expertise of homelessness, SUDs, and/or incarceration.

# Recovery Support Service Providers, Harm Reduction Centers, and BIPOC Community-Led Organizations

*Recovery support service providers, harm reduction centers, and organizations led by Black, Indigenous, and People of Color (BIPOC) provide nonclinical services that reduce risks of active substance use, promoting connections to community resources that are needed to sustain health, wellness, and long-term recovery. Additionally, these partners play a significant role in advocacy for policies that promote evidence-based practices and that reduce disparities among marginalized populations.*

## Action Strategies

- ✓ Create a system by which bidirectional referrals can be made.
- ✓ Offer training to supportive housing providers on how to operationalize harm reduction in these settings.
- ✓ Consider co-location of treatment providers onsite at harm reduction sites.

## Examples

- **RI:** [Project Weber/RENEW](#) is a harm reduction center that offers safer injection kits, naloxone, safer smoking kits, fentanyl test strips, and recovery support services when individuals choose them.
- **OR:** The [Miracles Club](#) is a recovery community center in Portland that offers a safe space for sober community events and a wide variety of program services with a focus on the African American recovery community.
- **GA:** STAND, Inc.'s [Project Connect Treatment](#) utilizes co-located harm reduction and treatment to serve young men who have sex with men and also older men of all sexual identities/orientations who have a substance use disorder, are reentering the community from jail or prison, and are HIV-positive or at risk for HIV/AIDS and Hepatitis C.

# Supportive Housing Providers

*HUD-funded supportive housing providers offer outreach and engagement into supportive housing for the Continuum of Care (CoC) coordinated entry prioritized populations experiencing homelessness, and can offer substance use disorder (SUD)-specific supportive services including ongoing harm reduction care, safety planning, and partnerships with culturally responsive SUD treatment and recovery support service providers.*

## Action Strategies

- ✓ Develop a robust memorandum of understanding (MOU) or strategic partnership agreement to create bidirectional referral pathways between supportive housing providers and SUD treatment providers; managed care organizations; CoCs; Black, Indigenous, and People of Color (BIPOC)-led agencies; community mental health centers; recovery support service providers; harm reduction providers; and other funding partners.
- ✓ Partner with SUD treatment providers to offer on-demand withdrawal treatment, inpatient and outpatient treatment, medication-assisted treatment (MAT), and contingency management.
- ✓ Ensure that supportive housing participants with SUDs have overdose prevention and response plans and an Advance Care Plan to help reduce risk and identify an emergency contact in the event of overdose or death.
- ✓ Institute protocols that promote rapid responses to drug overdoses in order to reduce mortality; optimize engagement into on-demand treatment and recovery support services; and support the needs of property owners.
- ✓ Increase access to harm reduction training and clinical supervision, resources, and supplies (e.g., safe injection sites, fentanyl test strips, safer smoking kits, naloxone).
- ✓ Employ harm reduction practitioners and certified peer specialists.
- ✓ Recognize MAT as an evidence-based practice.
- ✓ Promote housing choice in which a range of supportive housing models are available based upon participants' preferences (from Housing First to recovery/sober housing).

## Examples

- The [1017 Report to Congress](#) highlights Philadelphia's Pathways to Housing-Housing First opioid use disorder program and partnerships with Federally Qualified Health Centers for MAT and recovery housing when desired.
- HUD's [Recovery Housing Brief](#) outlines the importance of housing models aligned with program participant choice.
- SAMHSA has created [Recovery Housing: Best Practices and Suggested Guidelines](#).
- SAMHSA Homeless and Housing Resource Center's [Guide to Methamphetamine Use, Treatment, and Housing Considerations for People Experiencing Homelessness](#) outlines interventions and supports that can help improve safety, independence and recovery in housing.

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