

# Outreach with People Who May be Using Substances

DMHAS PATH  
April 2023

---

[AWHITE@HOUSINGINNOVATIONS.US](mailto:AWHITE@HOUSINGINNOVATIONS.US)



# Agenda

---



Introduction

PATH Outreach  
and Substance  
Use

Changing  
Behavior

Case Examples

Motivation for  
Change

Harm  
Reduction

Exercise

Wrap up

# Goals of PATH Programs



- The PATH program's objective is to connect individuals to mental health services and stable housing.
- This objective is more easily accomplished when people who are homeless have access to the income and health insurance that comes with Social Security benefits.
- <https://soarworks.samhsa.gov/article/path-and-soar-overview#:~:text=The%20PATH%20program's%20objective%20is,comes%20with%20Social%20Security%20benefits.>
- <https://www.samhsa.gov/homelessness-programs-resources/grant-programs-services/path>
  - Activities that lead to housing
  - Case management, assessment and planning
  - Increasing the number of people living outside exiting from homelessness
  - Connecting with Resources in particular mental health and substance abuse
  - Focus on long term stability for every PATH participant through case management, skill building, connection to a network of resources and teaching tenancy rights and responsibilities

# Substance Abuse Disorders

---

- Recurrent use resulting in failure to fulfill major role obligations at work, home or school
- Recurrent use in physically hazardous situations
- Recurrent substance related legal problems
- Continued use despite persistent or recurrent social, occupational or interpersonal problems caused or exacerbated by use



# Substance Use Impact on Housing

---

- Rent arrears
- Guests and renting unit
- Noise complaints
- Maintaining units to standard
- Traffic in and out
- Commerce: including holding drugs, dealing, prostitution, other income generating activities
- Others?



# Substance affect on Outreach relationship

---



People may not focus on housing or increasing income but instead on the substance use

Substances may have legal ramifications that lead to arrest

People may engage in risky and/or dangerous behavior

There may be medical complications that leads to emergency room use or worse

People may avoid meeting with worker or not being able to fully participate

Money is often an issue

It is all about the behavior

# Structure of Services in PATH Outreach

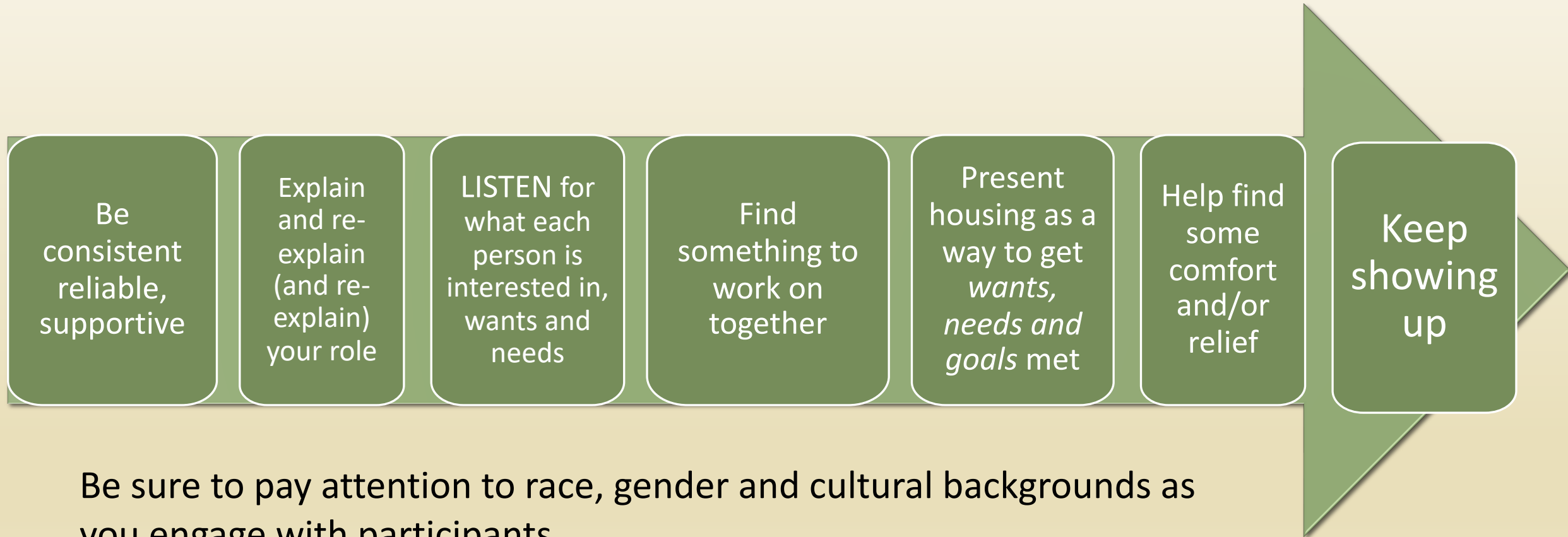
---



- People come into contact with outreach at regular visits to places where people congregate, on referral and going out to places homeless people have been known to congregate
- PATH outreach helps them meet basic needs and engages them into services
- PATH outreach verifies the mental illness through history, being seen or mini screen and offers enrollment
- Assessment and develop a plan to work toward housing, increase income and connect to services
- Assist people to gain the skills and resources necessary to access and maintain housing
- Make a plan

# Engagement around Goal-Setting

---



Be sure to pay attention to race, gender and cultural backgrounds as you engage with participants.



# Use Stages of Change to Assess Motivation for Housing

Stage	Relationship to Problem	Staff Tasks
Pre-Contemplation	No awareness/interest in addressing problem/housing issue	Ask q's/ raise awareness of obstacles to goals
Contemplation	Aware of problem & considering housing	Pros & cons of changing/not
Preparation	Making plans for how/when to change	Options: strategies, supports & services
Action	Changing behavior (pursuing housing/following lease)	Support/eviction prevention
Maintenance	Change sustained for 3-6 months	New goals/continue eviction prevention
Relapse	Return to problem behavior/homelessness	Assess stage and intervene accordingly

# Case Example

---

Where do you begin?

How do you engage him?

What do you talk about to get him enrolled and a housing plan?



Raul has lived outside for about 4 years. He occasionally would stay with his mother, but his brother's got involved when he got drunk and scared her. So, he sleeps outside on the edge of the encampment. He drinks at night to quite the voices down. He doesn't want any Doctors! He is worries about being locked up. Raul likes to visit with the outreach worker. He accepts some supplies but any attempt to get near the drinking or the voices is met with No, No, No!

# What can we offer Raul?

---

- Is housing something he wants?
- Does he want to go to see his mother?
- Is treatment something he wants?
- What about help with medical?
- What about assistance with something that helps him feel more comfortable, does he have pain, what about the voices?
- Sometimes people are willing to engage services for something that makes them uncomfortable but not necessarily for other things.
- Discussions of getting in the way of something he wants is often the way to begin



# Creating a Platform for Change: Hope, Meaning and Confidence

---

## HOPE

- How can you change if you don't think it is possible?

## MEANING

- How can you change if you don't think it is important?

## CONFIDENCE

- How can you change if you don't think you can do it?

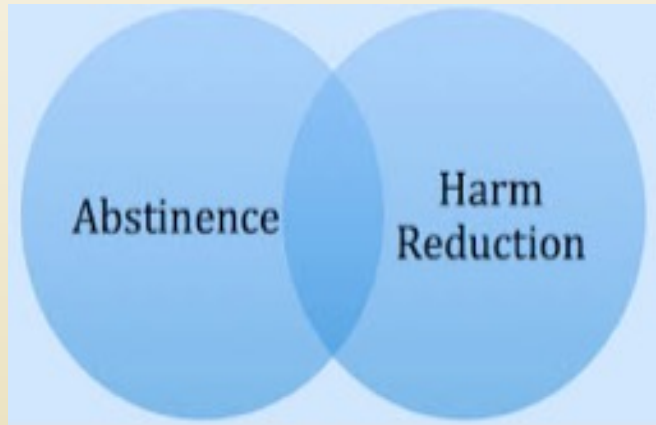
# MI Tool: Decisional Balance Sheet

---



# Harm Reduction Applications

---



Includes a spectrum of strategies:

- Safer use/mitigating consequences
- Abstinence/stopping the behavior

Applied to substance use, medication noncompliance, psychiatric symptoms, and risks to housing stability such as non-payment of rent.

Examples are common in everyday life:

- Seat belts
- Designated drivers

# Principles of Harm Reduction

---

*Meet people  
where they are,  
but don't leave  
them where they  
are.*

Accepts each person and minimizes harmful effects of behaviors rather than ignoring or condemning.

person centric—not everyone has the same risks, needs, or goals.

Well-being and quality of individual and community life are the criteria for success.

Non-judgmental, non-coercive services.

person has a voice in creating programs and policies designed to serve them.

# Examples of Harm Reduction

---

Scheduling benefits appointments first thing in the morning

Sleeping medication if someone is responding to voices all night and will not consider antipsychotics

Changing shifts if someone is not able to wake up early

Going to an AA meeting when a person is still using or relapsed

Using different substances

Eating instead of using

Budgeting for alcohol/recreation

Direct vendor checks or representative payee for rent





# Core Practices: Overview

---

Person identifies goals and path to achieve them.

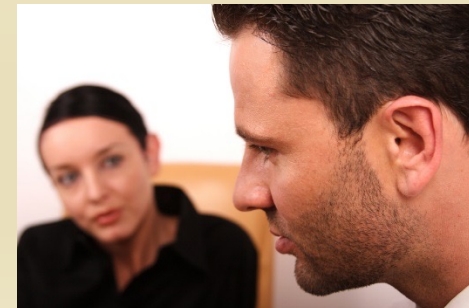
Discussions raise awareness of risk and strategies to reduce harm.

Abstinence may be a goal, but alternatives that reduce risk are equally valued.

Not applied in imminent risk situations—worker needs to be assertive.

Recovery is a nonlinear process.

Highly accessible: low barriers, informal.



# Eric

---



Eric sleeps in an encampment. He has an SSI check and often pays for things in the camp. Eric has a diagnosis of bipolar disorder though the worker has never seen

Eric has begun to gather some documentation with the worker. He is interested in housing, sort of, but he is depressed, and it is hard for him to get going on a plan

Eric gets high with the other guys in the camp whenever he has money. He then usually gets in a fight and gets arrested, pretty much every time.

He calls the worker from jail. The worker asks him about the getting high and he says it is the only time he feels normal or that he has friends.

# References and Resources

---

Miller, W.R. and Rollnick S. (2012). Motivational Interviewing: Helping People Change. 3<sup>rd</sup> Edition. New York: Guilford Press.

Motivational Interviewing Website:  
<http://www.motivationalinterviewing.org/>

# Reducing Harm from Substance Use

---

## Resources to Help Manage Risks:

- Safer Drinking Tips: <https://www.ctbos.org/wp-content/uploads/2020/04/safer-drinking-covid-march-30.pdf>
- Guidance for People Who Use Substances: <https://www.ctbos.org/wp-content/uploads/2020/04/COVID19-safer-drug-use-1.pdf>
- King County Overdose Prevention and Harm Reduction Guidelines: [https://www.ctbos.org/wp-content/uploads/2020/04/PHSKC-Overdose-prevention-interim-guidance-during-COVID-19-pandemic\\_4-1-2020-002.pdf](https://www.ctbos.org/wp-content/uploads/2020/04/PHSKC-Overdose-prevention-interim-guidance-during-COVID-19-pandemic_4-1-2020-002.pdf)
- Harm Reduction Coalition Resources: <https://harmreduction.org/miscellaneous/covid-19-guidance-for-people-who-use-drugs-and-harm-reduction-programs/>
- Safer Drinking during Covid: [file:///C:/Users/andre\\_000/Downloads/safer-drinking-covid-march-30.pdf](file:///C:/Users/andre_000/Downloads/safer-drinking-covid-march-30.pdf)

# References

---

Marlatt, G. A., Blume, A. W., & Parks, G. A. (2001) Integrating harm reduction therapy and traditional substance abuse treatment. *Journal of Psychoactive Drugs*, 33(1), 13-21.

National Health Care For The Homeless Council. (2010, April). *Harm reduction: Preparing people for change*, (fact sheet). Available from <http://www.nhchc.org>

Harm Reduction Coalition website: <http://harmreduction.org/about-us/principles-of-harm-reduction/>

Not a Solo Act

- <http://www.csh.org/resources/not-a-solo-act/>

Property Management Manual

- [http://www.csh.org/wp-content/uploads/2011/12/Tool\\_PropertyMgmtManual1.pdf](http://www.csh.org/wp-content/uploads/2011/12/Tool_PropertyMgmtManual1.pdf)

Narcan CT.

<http://www.ct.gov/dmhas/cwp/view.asp?q=509650>