

Rapid Re-Housing with Tenants Who May be Using Substances

CT-DOH RRH Webinar
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Agenda



Introduction

Rapid
Rehousing and
Substance Use

Changing
Behavior

Case Examples

Motivation for
Change

Harm
Reduction

Exercise

Wrap up

Goals of RRH



Rapid Rehousing (RRH) provides time-limited rental assistance in connection with services for individuals and families experiencing homelessness to help them to secure permanent housing as quickly as possible while teaching skills to maintain housing.

- Reducing the amount of time that households experience homelessness
- Increasing the number of households exiting from homelessness
- Ensuring that long-term interventions are reserved for households with the greatest service needs who would otherwise be unable to maintain stable housing.
- Focus on long term stability for every RRH 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?
- **Put in chat: what tenancy issues are you seeing?**



Substance use affect on RRH



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

Substances may have legal ramifications that lead to arrest

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

In the case of a parent, it may disrupt custody and CM may have to report to children's services

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

Money is often an issue

It is all about the behavior

Housing First

- Quick access to housing while providing needed services
- Housing is not contingent on compliance with services
- Services are voluntary for tenants, not staff—assertive engagement
- Services are wrapped around the person
- Person is assisted to meet lease obligations
- People are assisted to increase income and connect to resources
- However, Housing First is not anything goes

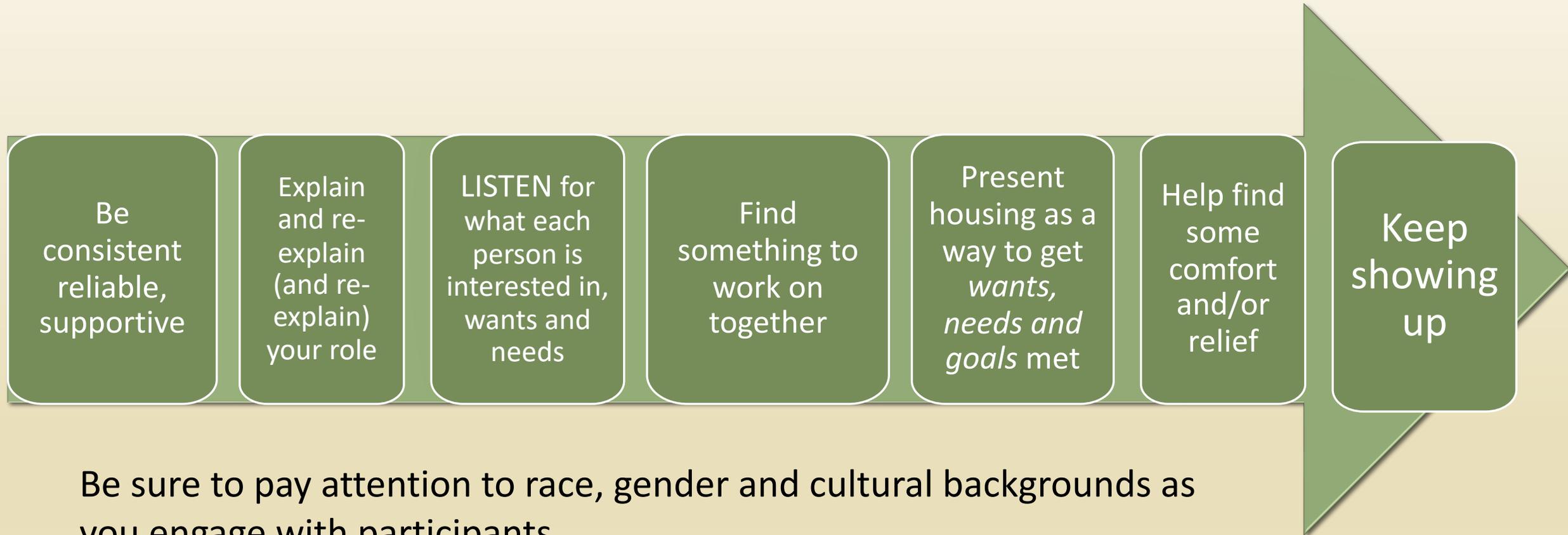


Structure of Housing in RRH



- Tenants are advised about RRH that includes a limited subsidy and CM services
- Each tenant signs a lease that lays out rights and responsibilities
- Landlords get a rent payment agreement with subsidy that lays out expectations
- Requirements include paying rent, maintaining the unit, allowing neighbors quiet enjoyment of their homes and occupancy requirements.
- Landlords sign an agreement with the subsidy administrator which requires them to enforce the lease, keep the premises safe, meet Housing Quality Standards and collect rent.
- Support Service Teams assist Tenants to meet lease requirements, not enforce them.
- Services identifies ways people can follow the lease now and after RRH is over

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?

Raul has lived in RRH housing for two months. He has been using more and more. His drug of choice is a combination of alcohol, weed and heroin when he can get it. He looks terrible and his room is a mess. He has some heart issues, and you are worried about that. He won't see a doctor. He says he might apply for SSI and has no interest in working. He gets some SAGA cash.

Mika has three children under 5. She has lived in housing for 3 months and has a job. She takes the oldest to PreK and the youngest stay with her mother while she works. Her job does not pay much, and she has applied for daycare, but the wait is long. Almost every week she leaves the children with her Mom and goes out. You suspect she is using when out, and she doesn't deny it. She said she never uses in the house or around her children. She says her kids are safe and you try being 22 with three kids. She has no interest in talking about a better job, another job or other ways to increase her income. If she has to, she will move back to the shelter.

Eviction Prevention

- Educating everyone on rights and responsibilities of tenancy
 - Be clear about behaviors that interfere with tenancy
- Regular communication with landlord to catch lease violations early
- Agreement between tenant and landlord about working together
- Resources to address lease violations (back rent, clean up)
- Knowledge of timelines and steps in the eviction process
- Policies on involvement
- Crisis planning to avoid eviction



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?

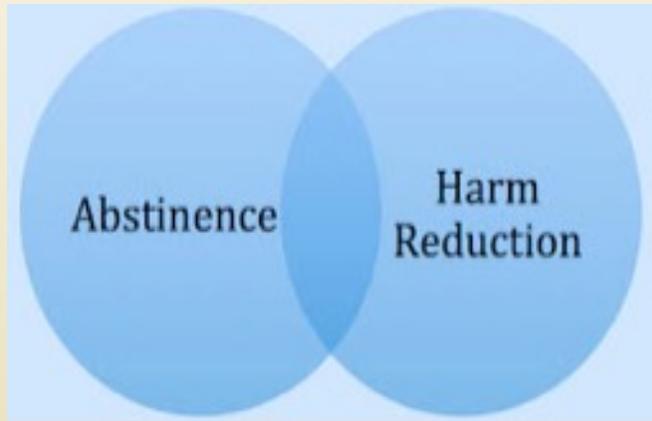
MI Tool: Decisional Balance Sheet



MI Tool: Decisional Balance Sheet

Drinking in Unit with Friends			
Continuing on as Before		Making a Change	
What are some of the good things?	What are some of the not so good things?	What are some of the not so good things?	What are some of the good things?
Benefits	Costs	Costs	Benefits
<ul style="list-style-type: none"> • They need me to help them • Feel like I fit in • We have good time, no nagging • Comfortable 	<ul style="list-style-type: none"> • Landlord complaints • Scaring Neighbors • Sometimes get on my nerves • Don't leave 	<ul style="list-style-type: none"> • Won't have a way to relax • What about my friends? • Life will be boring • Nothing to do 	<ul style="list-style-type: none"> • People get off my back • Get some peace • Be able to stay • Might be able to get a reference from landlord

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.



Harm Reduction Plan

Risk	Options	Factors in favor	Factors against	Non-negotiable factors
Eviction: guests in apartment, partying, disturbing other tenants	1. Explore shared housing or roommates if lonely	<ul style="list-style-type: none"> • Could solve problem w/landlord • Would reduce loneliness 	<ul style="list-style-type: none"> • Strong preference for living alone 	<ul style="list-style-type: none"> • Only persons named on lease can live in housing
	2. Find another location to socialize	<ul style="list-style-type: none"> • Would reduce impact on neighbors 	<ul style="list-style-type: none"> • Might cost something • Not welcomed 	<ul style="list-style-type: none"> • Drinking, smoking etc. may not be permitted
	3. Find a time to socialize that is less disruptive to neighbors	<ul style="list-style-type: none"> • Could have reduced impact on neighbors 	<ul style="list-style-type: none"> • Friends aren't up and don't want to socialize earlier 	<ul style="list-style-type: none"> • Must always allow neighbors 'peaceful enjoyment'

Exercise

Identify a behavior related to housing that seems to come from Substance Use –

- Tenant not paying rent or utilities
- Loud
- Fights and/or disruptive behavior
- Not maintaining apartment

- Develop that harm reduction plan using one group participant as client and one as worker. The rest of the group participants are the team and offer advise and options that they have seen be successful

- Report back on options, thinking about option, what is not negotiable, where is the disagreement, where is the agreement



Summary

Case Management assists homeless individuals and families to access housing and maintain it

Housing has a structure and rules—a challenge is ensuring that landlords enforce the structure

This allows the teams to offer both treatment options and behavioral change as options to help follow the lease

People can maintain their homes in spite of substance use

Changes in the relationships that people have with substances can be the beginning of recovery

References and Resources

Miller, W.R. and Rollnick S. (2012). Motivational Interviewing: Helping People Change. 3rd 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
- 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

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

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