



**Opioids are Changing the
Face of Homelessness in Philadelphia**
and we are

**Testing the limits of the Housing First Philosophy
with Opioid Users**

We've caught HUD's attention – Secretary Carson visited last week to learn more about the program.



Philadelphia 2017 Point-in-Time Count

January 25, 2017

(2018 data not released at time of publishing)

- **5,693** persons experiencing homelessness
- **825 families** with **1,508 children**,
- **956 unsheltered** - Unsheltered is a count of homeless persons sleeping on the streets or in other places not fit for human habitation.
- **3,315 persons** in households without children, including **271 unaccompanied youth** (ages 18-24) & **26 unaccompanied children** under the age of 18

Who Are These People?

- Philadelphia has a **25.7% poverty rate** making us the poorest of the 10 most populous cities in America. These people are very very poor.
- Many are unemployed, **underemployed** (some work several jobs at minimum wage) or currently unemployable in today's workforce.
- 39% are Severely Mentally Ill
- 38% are Chronic Substance Abusers
- 6% are Veterans (undercounted)
- 16% are Domestic Violence Victims (undercounted)

A Look at Philly's Homelessness Over Time

2014 – 5,377 sheltered, 361 unsheltered

2015 – 5,328 sheltered, 670 unsheltered

2016 – 5,407 sheltered, 705 unsheltered

2017 – 4,737 sheltered, 956 unsheltered

The opioid epidemic is driving the increase in unsheltered persons, even while the total number of people experiencing homelessness looks to have decreased.

Magnitude of the Opioid Problem in Philadelphia

- 900 fatal overdoses (2016)
- **1,250+ fatal overdoses (2017)**
- 14,000 in publicly-funded treatment (2016)
- 55,000 Misusing prescription opioids (2016)
- 55,000 Using heroin (2016)
- 150,000 Adults receiving more than 1 opioid prescription in a year (2016)

Who in this room has *not* been touched by the opioid epidemic ?

This is my niece, Lauren: 2/11/1988 – 9/1/2013



She is now a statistic that I have to look at every day in my work. There are charts showing the increase in opioid deaths each year. There she sits in the middle of 2013.

Lauren was a middle class kid. Good loving family. Smart. Educated. Talented. Funny. Kind. Always helping other people.

She also had depression and anxiety (family traits), and a social circle that popped pain killers, and drank way too much.

One night she tried heroin and aspirated. She had ONE NEEDLE MARK.

Holistic approach

New Program (16 months) Focused on Homeless Heroin Users at “Ground Zero”

- Housing First apartment units with modified assertive community treatment services that wrap around the person in the community. **Street to Home with NO preconditions.**
- Medical services provided in our clinic and in the community through a partnership with Project HOME’s federally qualified health center.
- On-site/off-site Medication Assisted Treatment through a Centers of Excellence In Opioid Abuse Treatment Grant (PA DPW) in partnership with Project HOME and Prevention Point.
- A Harm Reduction approach that encompasses needle exchange, Narcan disbursement and training, along with education and immediate access to treatment.
- New and rocky ground for us - **Bringing all of our services, including treatment, to the streets.**

What's Different?

How do you work with opioid users differently, when you are used to working with people with serious mental illness?

- Combined core competencies in Housing First with new ideas encompassing street outreach, needle exchange, Narcan disbursement, and training, along with access to Medication Assisted Treatment that fits the needs of chronically homeless opioid users.
- When people want treatment, we need immediate access. There are not enough treatment slots to keep up with the need. We have, by necessity, become a treatment provider.
- Medical services need to routinely screen for, and we need to be ready to treat, Hep C, HIV and STDs (Syphilis). All are on the rise as sex work becomes the main source of employment for addicts.

What Else is Different

- Need to look at creative employment options. Many people want to work and need to keep busy. Most aren't eligible for cash assistance. Social Enterprise? Supported and transitional employment programs with services attached?
- Treatment discharge plans and incarceration releases must coordinate with services. People rotate through and use immediately upon discharge to the streets. If they use the same amount as pre-treatment, they die. We have seen an uptick in this type of overdose this year.
- Addicts have schedules that revolve around getting high. We needed to learn how to work on their schedule.

Struggles

- People are dying, primarily from Fentanyl in their heroin (cocaine, oxycodone, crack and meth), while we are engaging and working with them.
- Treatment practices haven't caught up with the epidemic. Most MAT providers won't prescribe to anyone using benzos. On our streets, everyone is using benzos!
- There is a lot of "traffic" in, out and around some of our apartments.
- Drugs come with danger. We are training more on safety and are role playing scenarios that are always popping up.
- Trauma, grief, burn-out are potentially high.
- Focused on continuous support for the direct service staff, and encouraging them (sometimes mandating them) to use the supports.
- Partnering with other providers offers camaraderie and a shared experience that helps to mitigate the trauma.

Successes

- In 16 months 71 people, who were prioritized as “most likely to die on the streets”, have been housed.
- 100% have retained that housing, thus far.
- 51% (average) are in some form of treatment.
Participants trended toward MAT over time with 45% receiving MAT during the first 6 months of housing and with 62% using MAT or abstinent after 6 months of housing.
- Because of the outcomes, we are being asked to expand this program by another 75 service and 60 housing slots.

For more info



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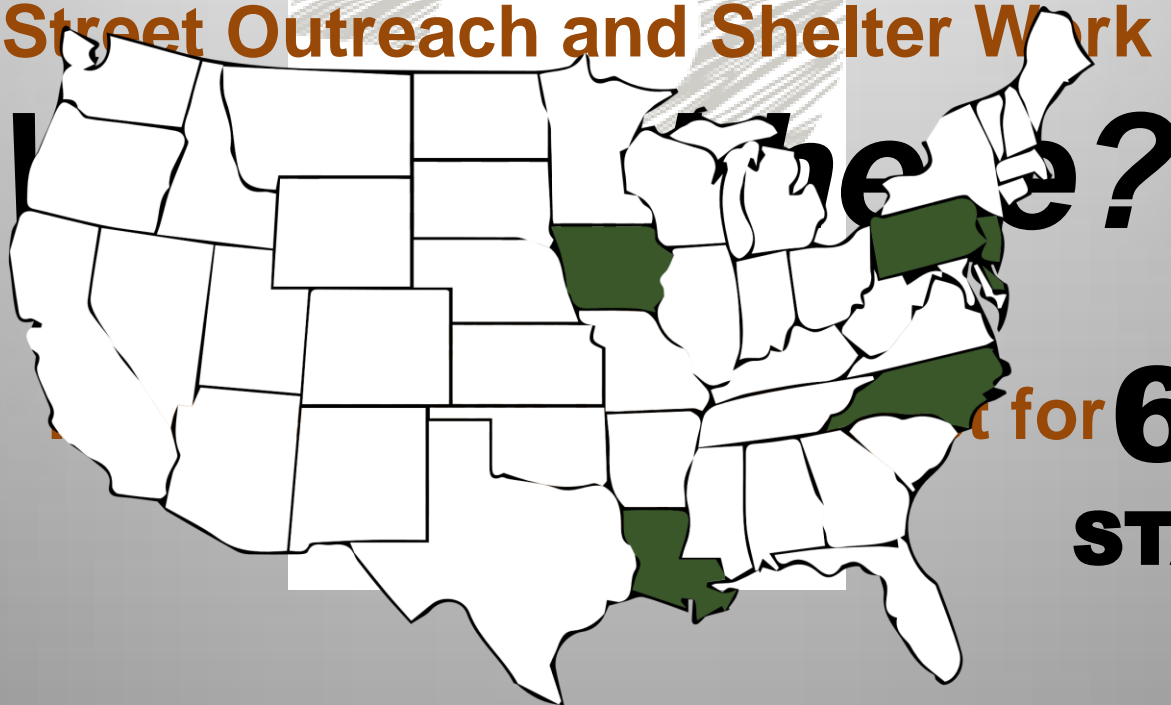


Bill Maroon,
MSW

*Business and
Organizational
Development Specialist*

Assist RHD in the development of
our Supportive Housing programs
Street Outreach and Shelter Work

1993 – 2003



Where?

6/14
STATES



“MAROON 5”



2008

Open Supportive Housing Program started as part of a
continuum compiled by the **New Jersey**
Services Division of Addiction Services

VERY CONTROVERSIAL
(at the time)

HO
Vouchers

First 31 individuals were
HOMELESS or AT HIGH RISK OF HOMELESSNESS
& either connected to
Camden Methadone Program or Needle Exchange

PARTNERSHIP & REFERRAL PROCESS



MISSION

Housing First initiative utilizes the Intensive Supportive Housing team to provide comprehensive, recovery-oriented case management services to individuals who are homeless or at risk of homelessness

Strives to embody the Values of RHD while embracing the tenets of Harm Reduction and Housing First.

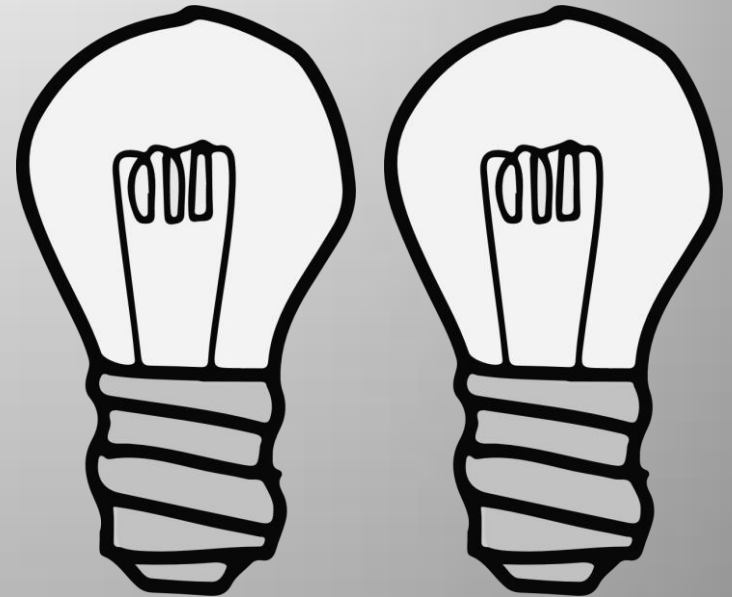
LESSONS LEARNED (10 years ago)...

1

**Different than RHD's
other Supportive
Housing Programs...**

...but not that different...

**more behavioral health
& co-occurring issues
than we thought...**

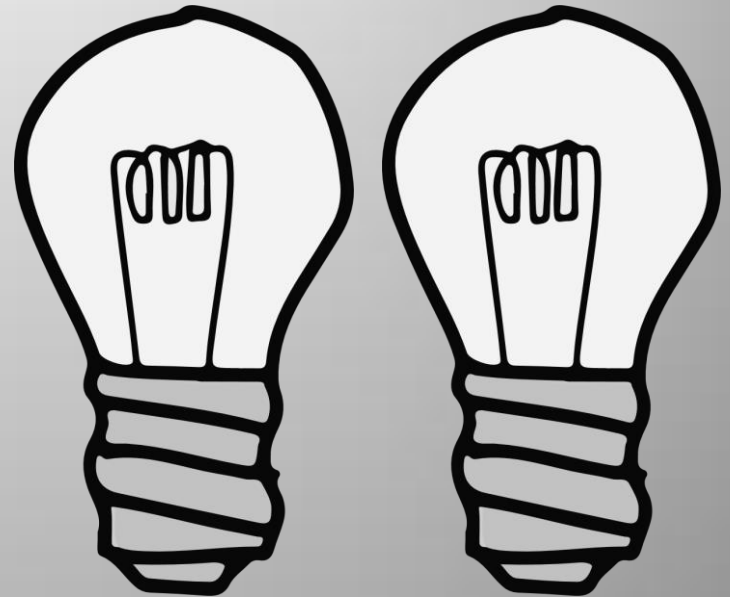


LESSONS LEARNED (10 years ago)...

2

**Participants
accepted assistance
and treatment...**

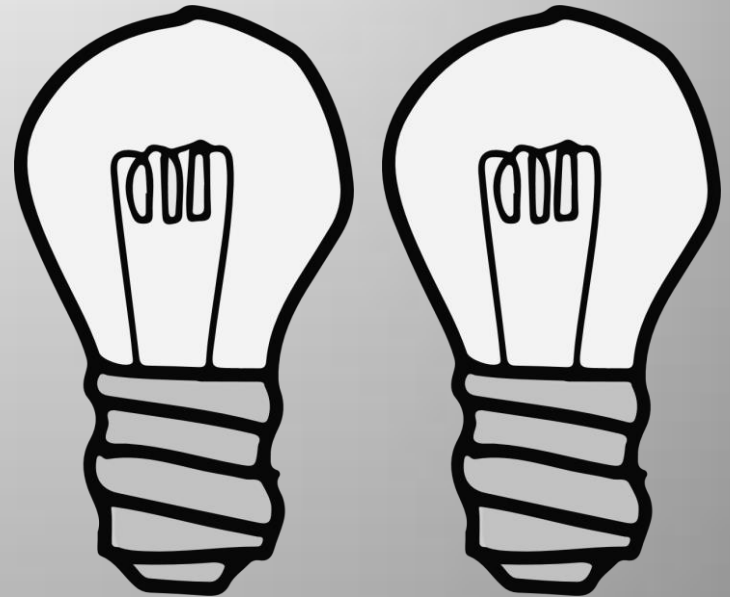
**participants were
more ready
than we
anticipated...**



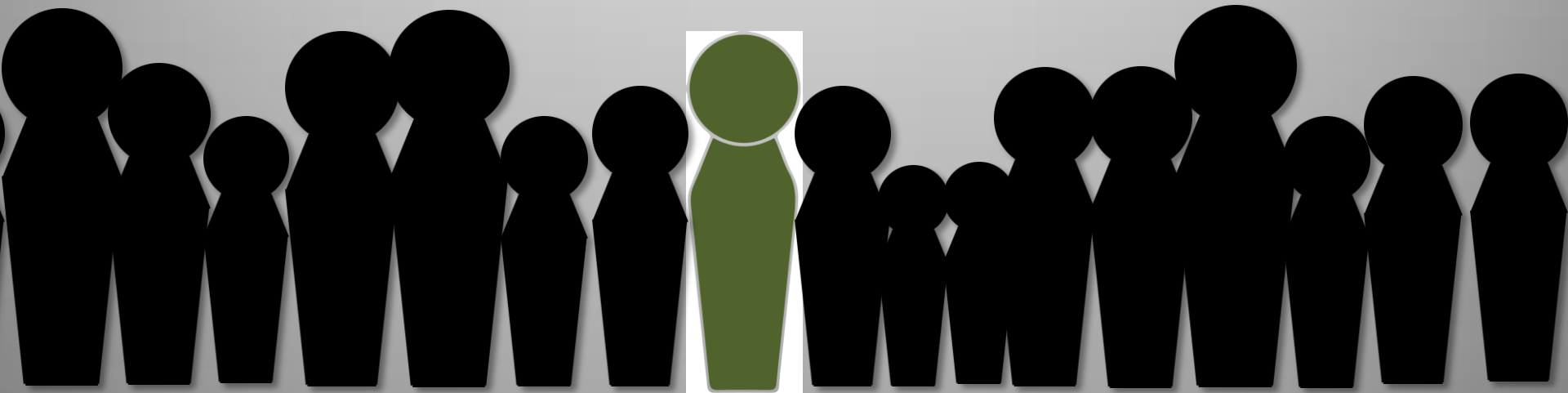
LESSONS LEARNED (10 years ago)...

3

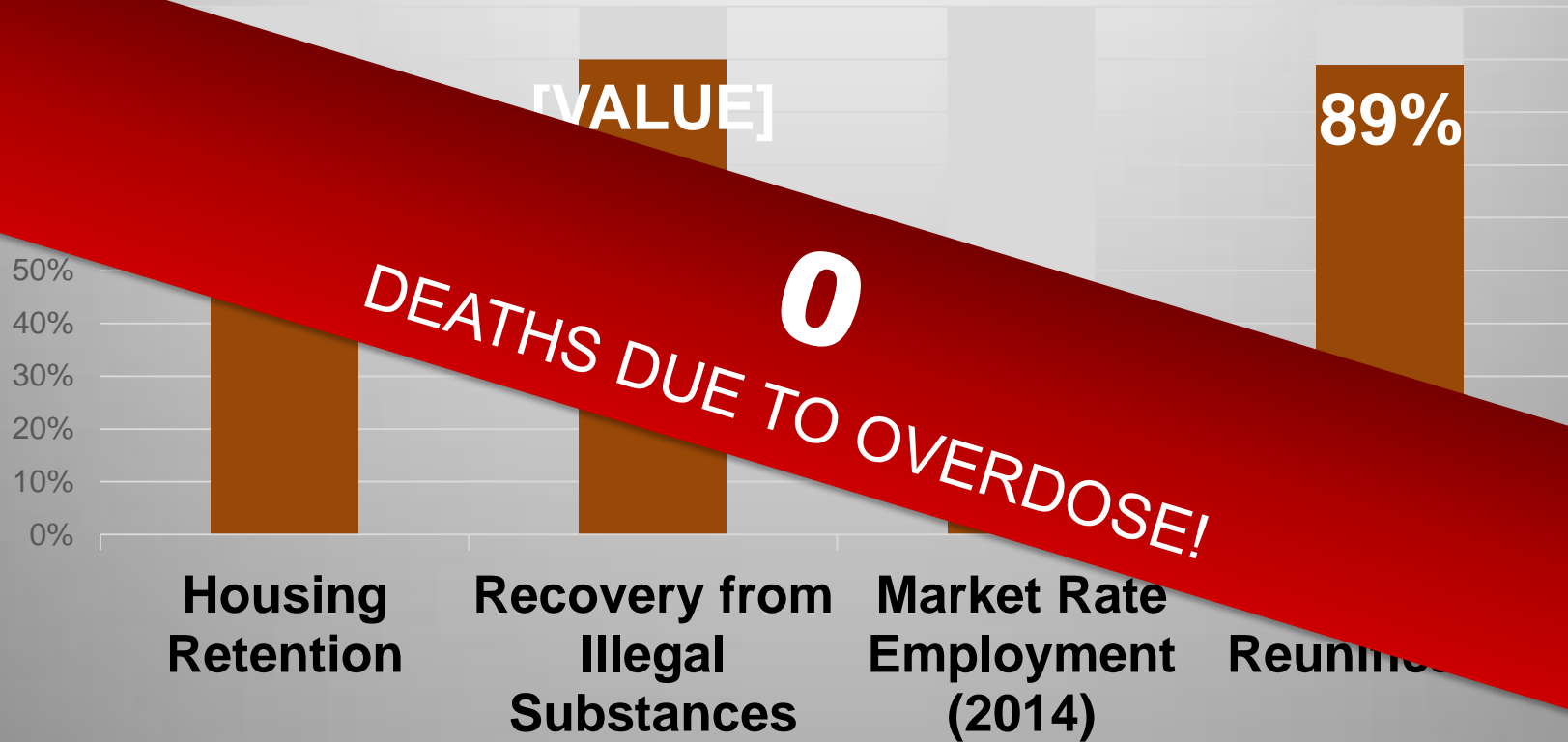
And the
BIGGEST
lesson
learned...



Everyone... has a FAMILY



TODAY (10 years later)...

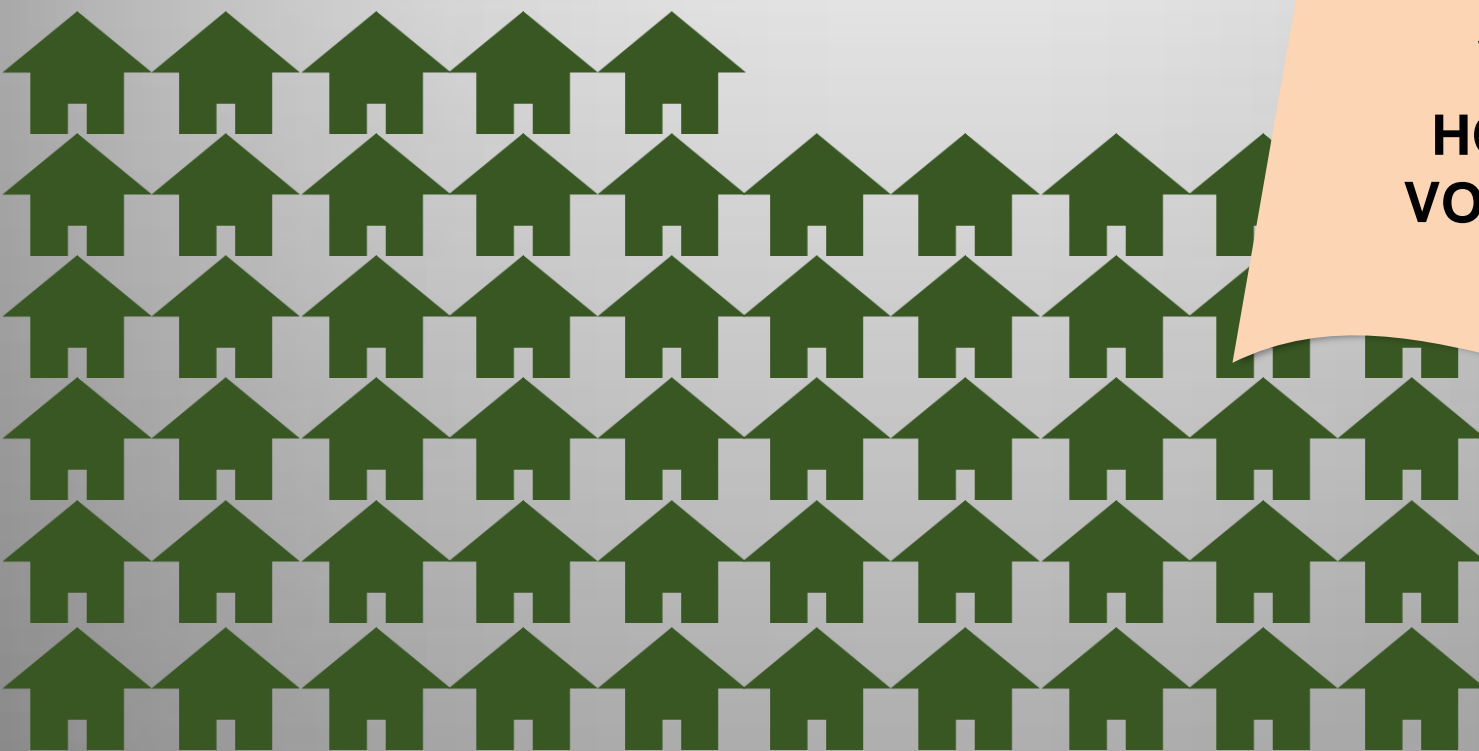


HOUSING RETENTION (87%)



55

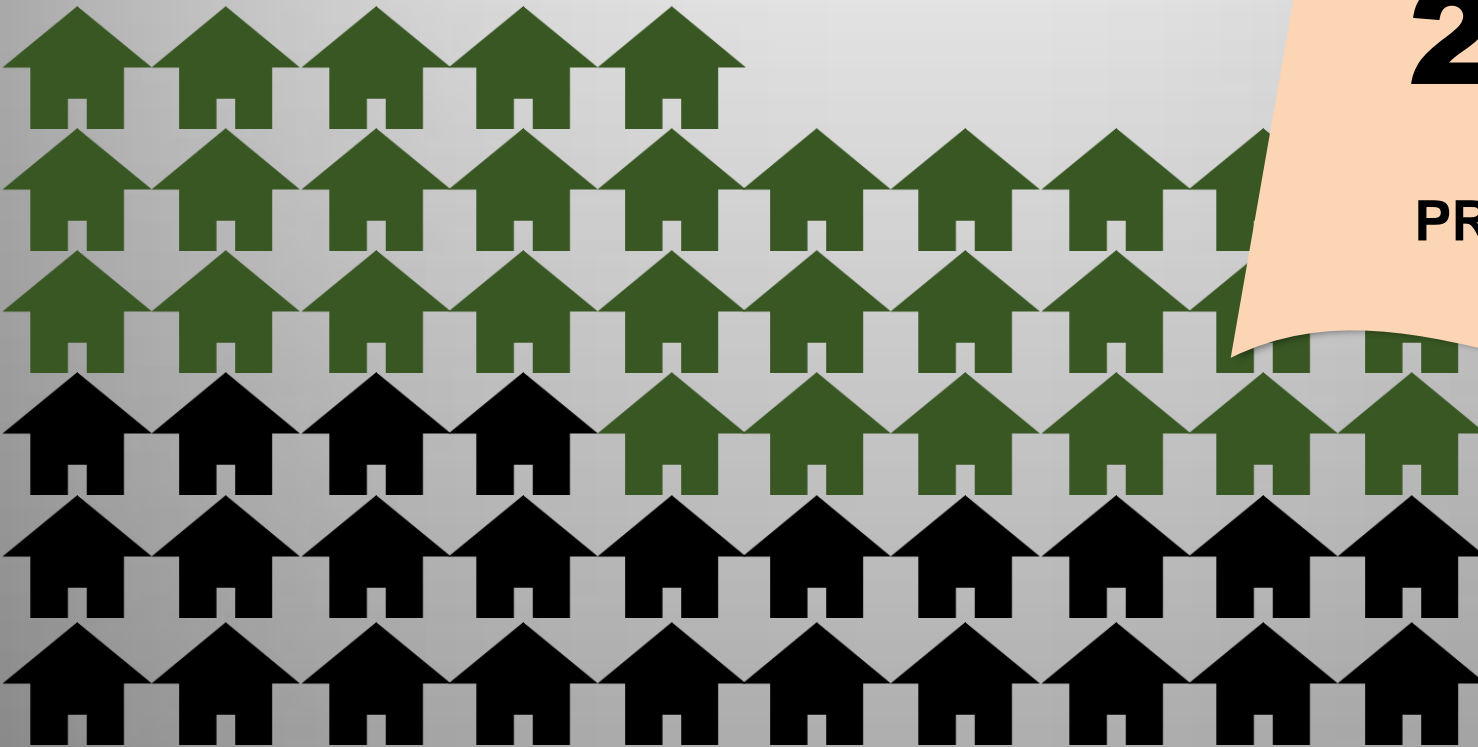
**HOUSING
VOUCHERS**



HOUSING RETENTION (87%)

24/55

**LEFT
PROGRAM**

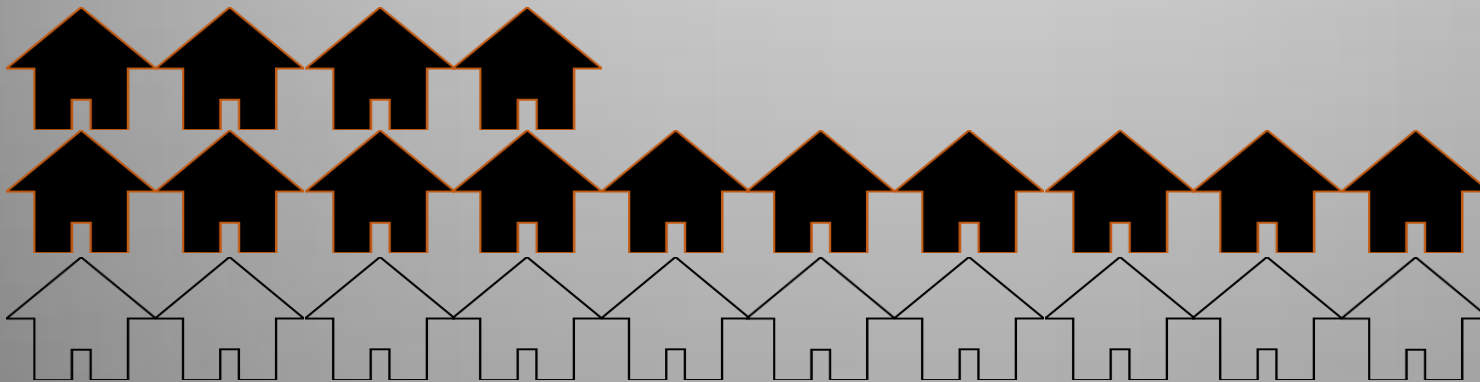


HOUSING RETENTION (87%)

- ✓ Graduated to independent living without voucher
- ✓ Moved in with family
- ✓ Moved to another state
- ✓ Moved to a medical facility

14/24

**SUCCESSFUL
DISCHARGES**



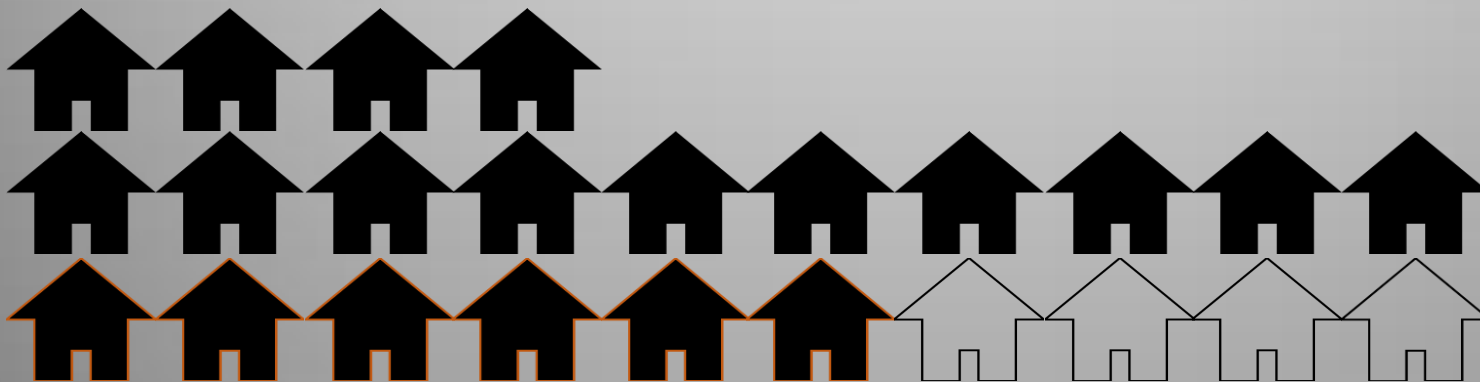
HOUSING RETENTION (87%)



6/24

EVICTIONS

with discharge from
services



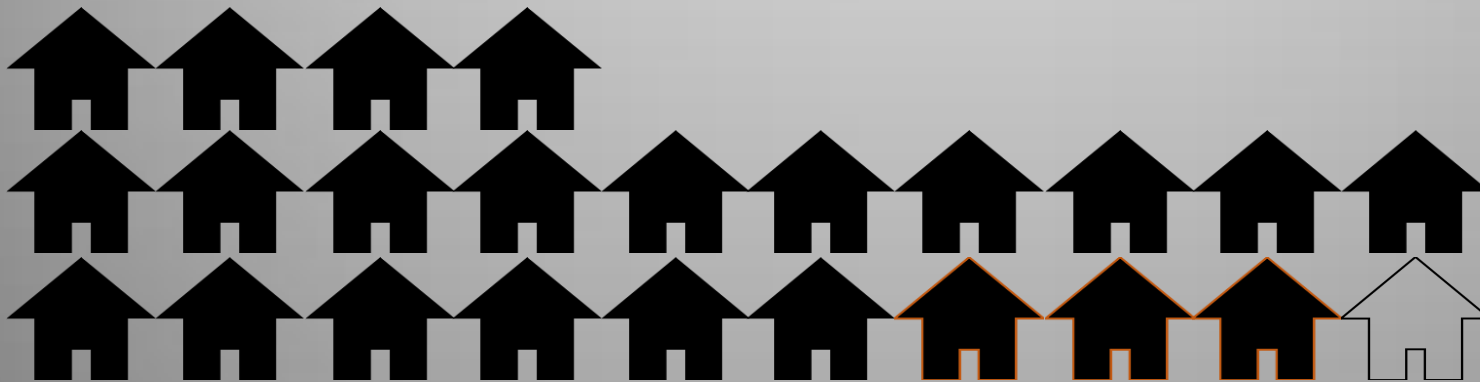
HOUSING RETENTION (87%)



3/24

DEATHS

due to medical reasons

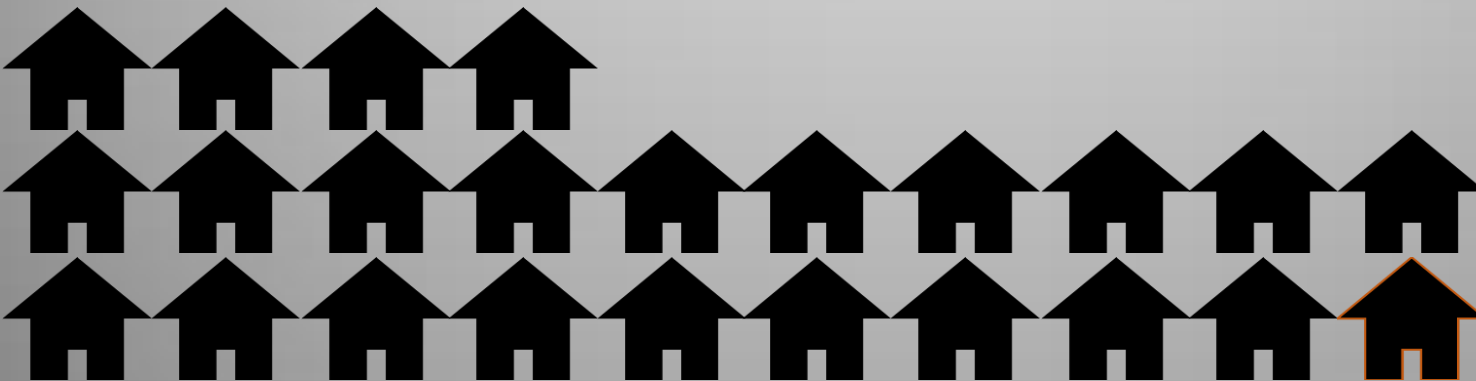


HOUSING RETENTION (87%)

1/24

long-term

INCARCERATION
N



RECOVERY (90% of current residents)



EMPLOYMENT



2014

47% (15/31)
MRE

Many with MRE
graduated from
the program

Some did not
maintain MRE →
**Supported
Employment**

TODAY

23% (7/31)
long-term MRE

47%
**Supported Employment or
MRE**

MRE = Market Rate Employment

TODAY (10 years later)...



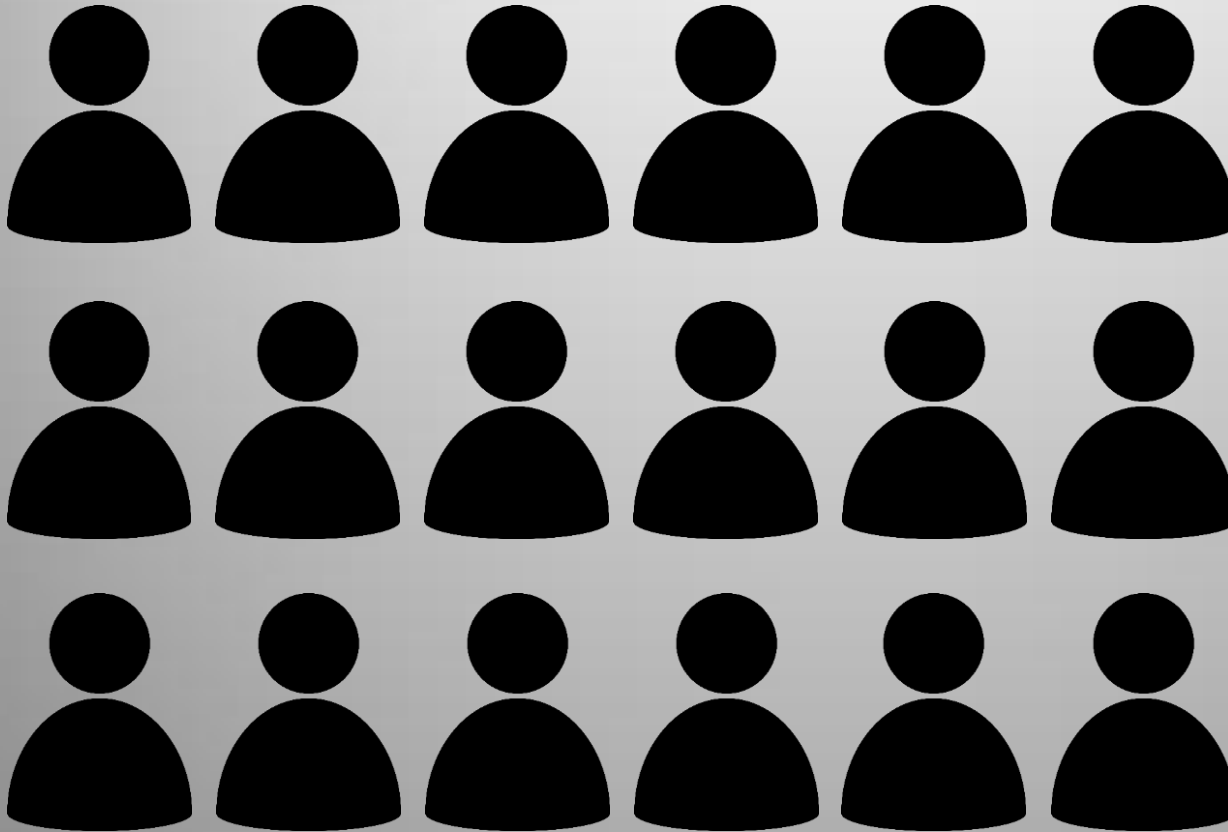
71 People?

31 Vouchers

FAMILY (31 vouchers – 71 people)



FAMILY REUNIFICATION (89%)



18 cases
CPS involvement

FAMILY REUNIFICATION (89%)

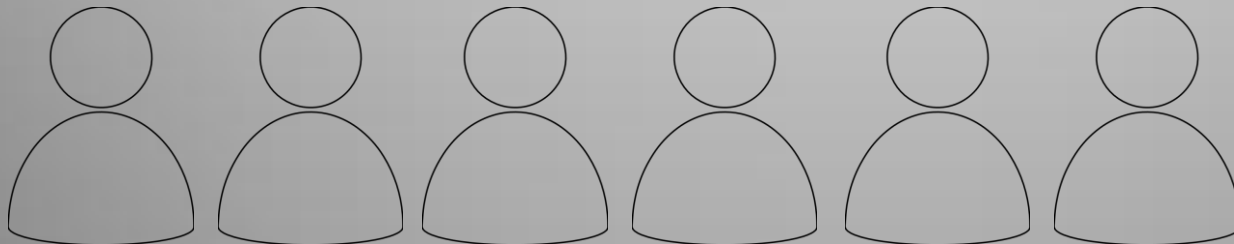


10 cases

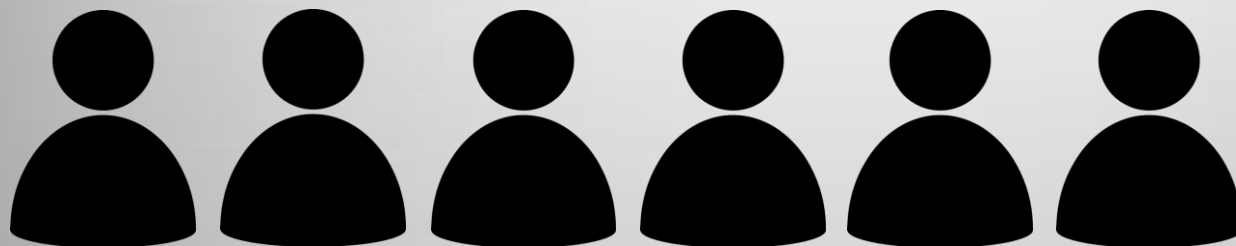
opened at child birth



**ALL TENANTS
KEPT CUSTODY OF
CHILDREN**

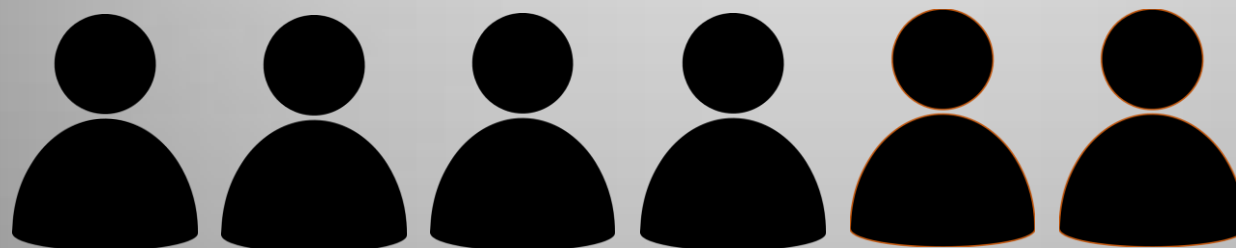


FAMILY REUNIFICATION (89%)



7 cases

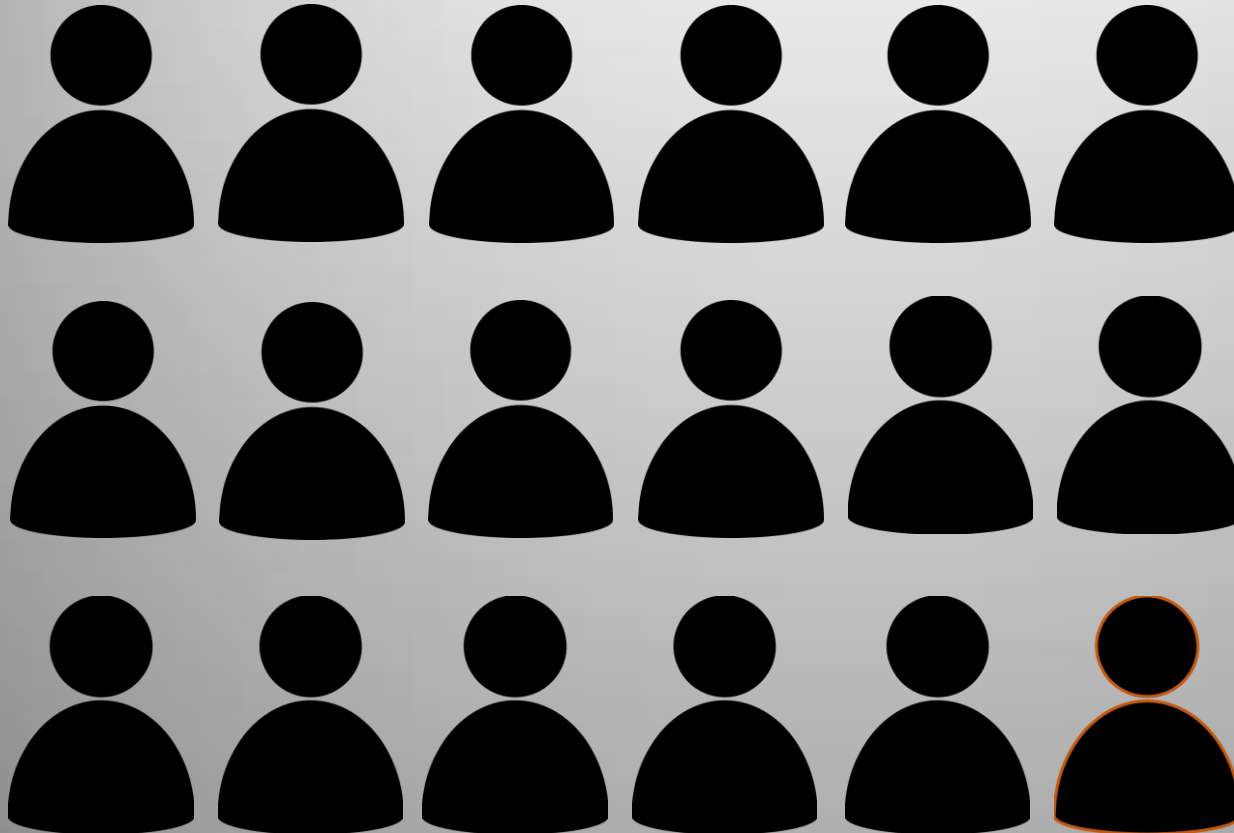
Opened prior to
coming into program



**WE REUNITED 5
FAMILIES**



FAMILY REUNIFICATION (89%)

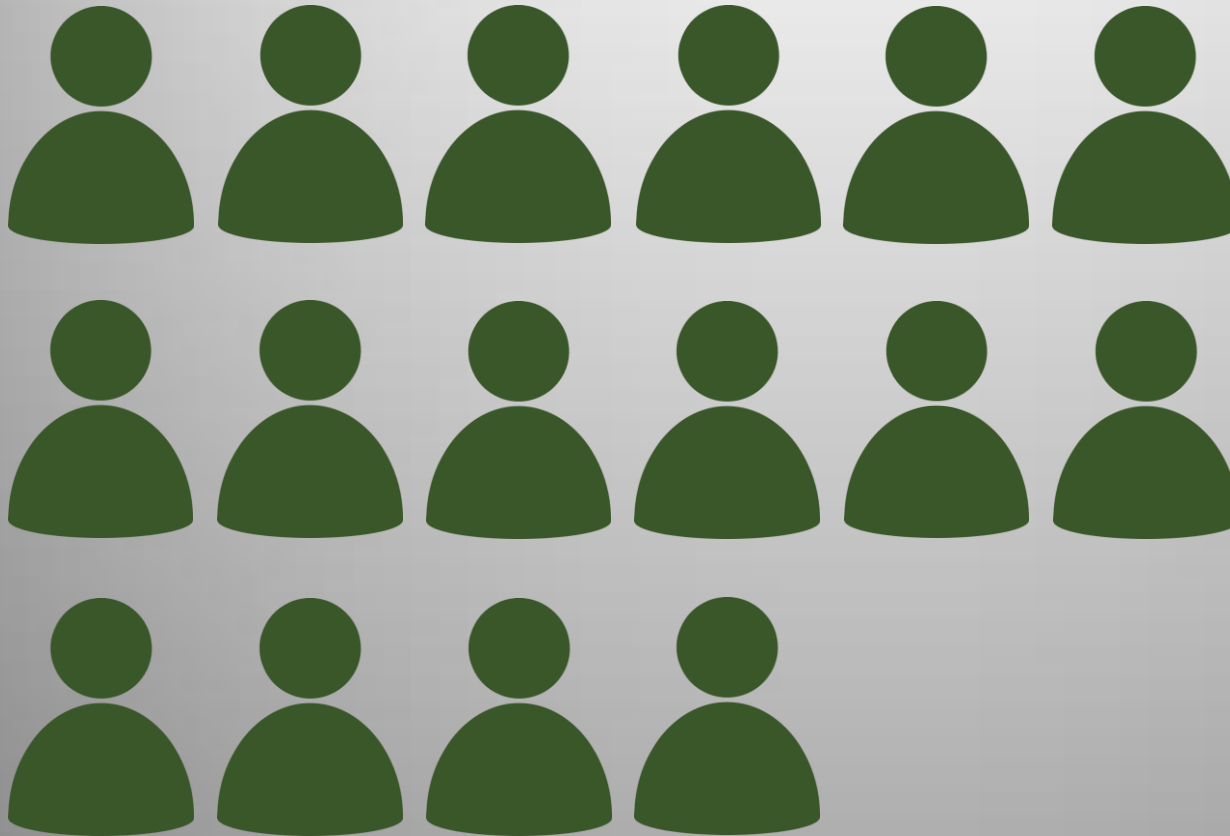


1 case

opened during
services

**FAMILY STAYED
UNIFIED**

FAMILY REUNIFICATION (89%)



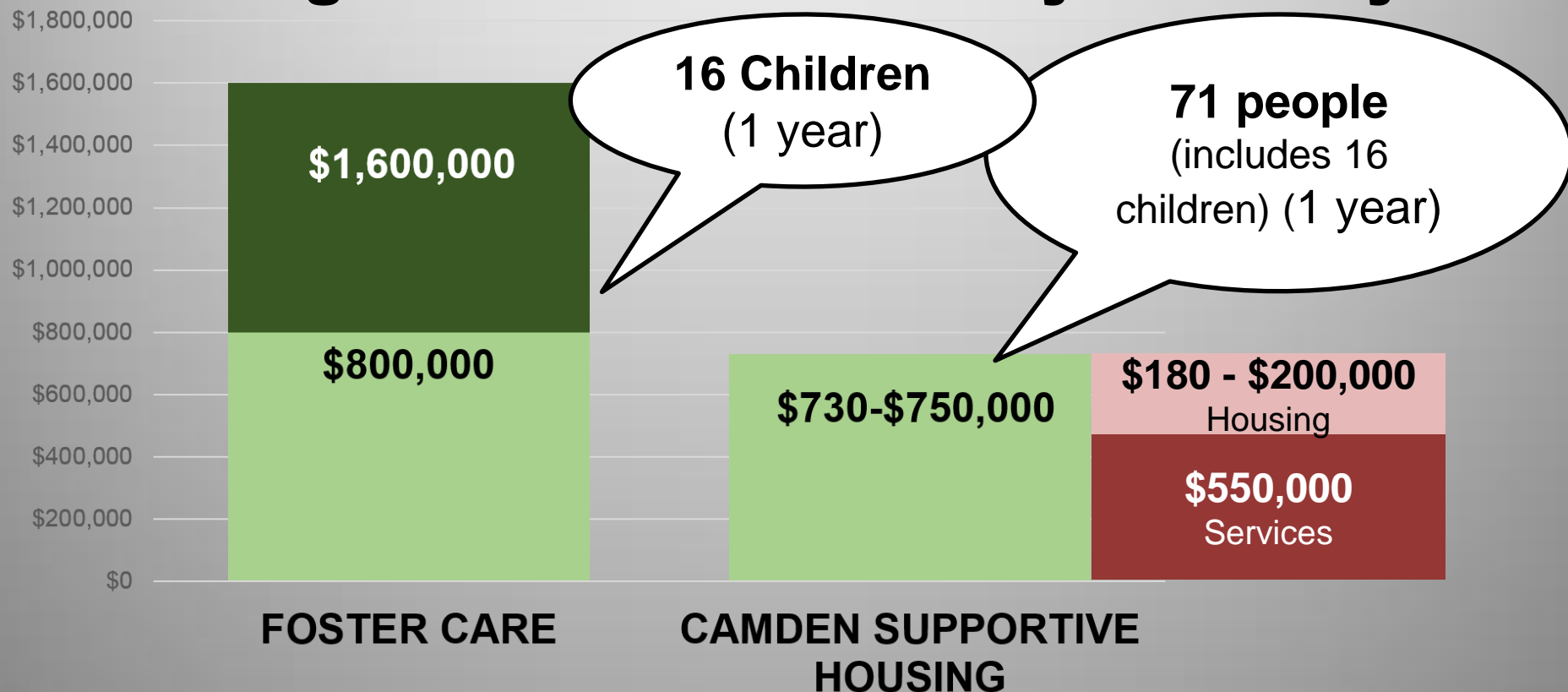
16 cases

**REUNIFICATION
OR
UNIFICATION**

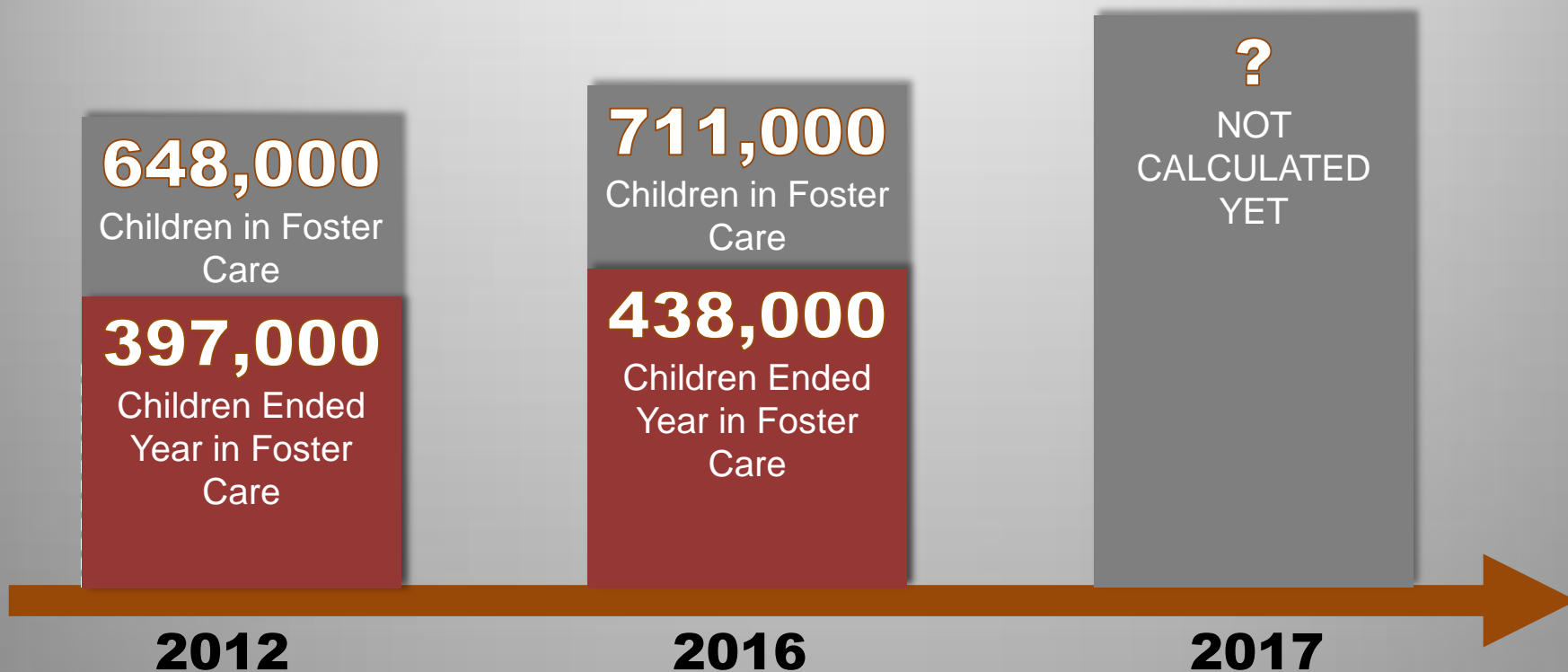
Camden Supportive Housing



Program vs. Foster Care System only

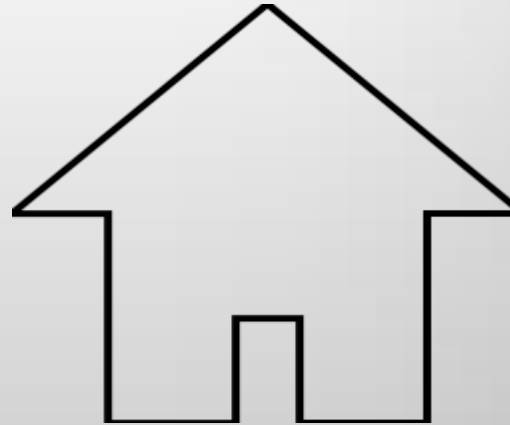


Foster Care Statistics



U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. October 20, 2017. No. 24.

**CAN'T GET
CHILDREN
WITHOUT A
HOME**



**CAN'T GET A
BIG ENOUGH
HOME WITHOUT
CHILDREN**

It doesn't have to be this way...



*Why aren't we
doing this
everywhere?*

✓ **STIGMA**

✓ **GOVERNMENT SILOS**

TIME FOR **ACTION**

- ✓ Show cost-effectiveness
- ✓ Share Harm Reduction success
 - ✓ Teen pregnancy
 - ✓ HIV
 - ✓ Housing



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