

Advancing Housing First & Co-Occurring Disorders Treatment through Agency-University Partnership



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Focus of Presentation

This presentation will discuss the implementation of Housing First principles, Integrated Dual Disorder Treatment (IDDT), and Motivational Interviewing (MI) to support the recovery of homeless persons experiencing co-occurring disorders (COD) by an agency-university partnership.

A 2020 Benefit of Homeless Individuals (GBHI) grant from SAMHSA was the funding source for the teaming of Wellspring and the University of Louisville. The GBHI grants program helps communities expand and strengthen homelessness treatment and recovery support services.



HISTORY

- Wellspring was founded by a small group of community leaders, mental health professionals, and parents to address the need for supportive housing for adults with serious and persistent psychiatric illnesses.
- With private funding, Wellspring opened its first program in 1982 with a 15-bed residence in Old Louisville, where adults could receive mental health services.
- Since then, Wellspring has received support from the Kentucky Department of Mental Health and other public and private sources and now owns nearly 20 diverse sites, and offers hundreds of scattered-site apartments, to provide supportive housing options for people with mental illness.
- Today Wellspring is the region's leader in providing crisis stabilization, housing, and other supportive services for adults with mental illness.

Mission

- Wellspring promotes mental health recovery and supports individuals in building healthy and hopeful lives through behavioral health, housing, and employment services.

Vision

- Recovery is possible for all *people with psychiatric disabilities*. Having decent, affordable housing with available recovery-oriented services is fundamental to individual success and it is a basic human right.

Wellspring is CARF-accredited in these areas:

- Case Management
- Community Housing
- Crisis Stabilization
- Outpatient Treatment

Wellspring Principles

- Housing First
- Trauma Informed Care
- Person Centered Treatment

University of Louisville Kent School of Social Work and Family Science

The Kent School of Social Work and Family Science at has prepared human services professionals since 1936.

The school offers five academic programs (BSW, MSSW, MSCFT, DSW, PHD) that are available in-person or online (BSW, MSSW, DSW).

The Kent School prepares students to practice through lenses of anti-oppression and anti-racism while promoting social justice.

Faculty research and scholarship is directed at issues and topics of importance to the community with the goal of producing knowledge to promote a just and better world.

Guiding Principles

Implementation science

- The scientific study of methods and strategies that facilitate the adoption of evidence-based practice and research into regular use by practitioners and policymakers.
- Frameworks, and principles that explains the processes by which programs, policies, and individual practices are enacted in real-world settings
- Has research and practice components.
 - Implementation science focuses on producing new, generalizable knowledge about effective techniques for supporting program adoption and sustainment.
 - Implementation practice applies that knowledge to install programs and practices in routine service delivery settings.
- Is distinct from, but shares characteristics with, both quality improvement and dissemination methods.



<https://impsciuw.org/implementation-science/learn/implementation-science-overview/>

Century & Cassata, 2016; Damschroder et al., 2009; Peters, Adam, Alonge, Agyepong, & Tran, 2013.

<https://education.uw.edu/sites/default/files/Implementation%20Science%20Issue%20Brief%20072617.pdf>

Bauer, M. S., Damschroder, L., Hagedorn, H., Smith, J., & Kilbourne, A. M. (2015). An introduction to implementation science for the non-specialist. *BMC psychology*, 3(1), 32. <https://doi.org/10.1186/s40359-015-0089-9>

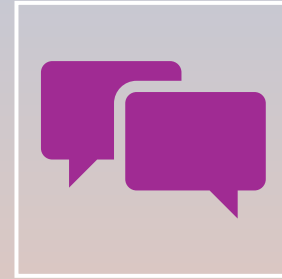
Program Goals and Objectives



Capacity Building



**Provide Evidence-Based
Treatment Services**



Evaluation

Capacity Building



Increase agency expertise and capacity for screening, assessment, treatment, and delivery of trauma informed services to persons with Co-Occurring Disorders.



Provide training to all agency service providers on:

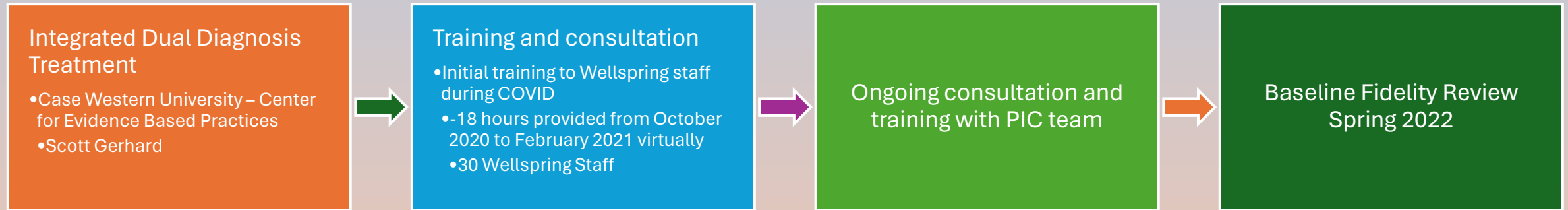
Housing First principles

SAMHSA's trauma informed approach to homeless services

Motivational Interviewing (MI)

Integrated Dual Diagnosis Treatment (IDDT).

Capacity Building-Integrated Dual Diagnosis Treatment (IDDT)



Capacity Building : IDDT

- IDDT principles - combines substance abuse services with mental health services within a multidisciplinary team
 - Program for Integrated Care (PIC) team consists of a mental health clinician, substance use clinician, case manager, peer support specialist, psychiatric nurse practitioner
 - Stage-Wise Interventions
 - Comprehensive Services (housing support, case management, therapy, medication)
 - Time-Unlimited Services
 - Community Outreach
 - Motivational Interventions
 - Substance-Abuse Counseling
 - Group Treatment
 - Medication Management

Capacity Building – Motivational Interviewing (MI)

Training with MI Expert: Dianne Asher, AIM

Provided virtually and in person

General & advanced training

- Total of 67 persons received MI training

Staff and partner training


Ongoing consultation with clinicians and PIC team

Provide Evidence-Based Treatment Services

- The treatment services concentrated on:
 - Screening, assessments and personal wellness planning to help individuals identify and progress towards goals for healing and recovery,
 - Medical, psychological, social, legal, housing, and case management services
 - Coordinated care and access to community services and resources
 - Referrals and linkages to help individuals experiencing homelessness build a sustainable social support network

Evaluation

SAMHSA requires that grantees complete the Government Performance and Results Act Client Outcome Measures (i.e., GPRA) at baseline and 6-month follow-up



The PIC program currently has an 81% 6-month follow-up rate

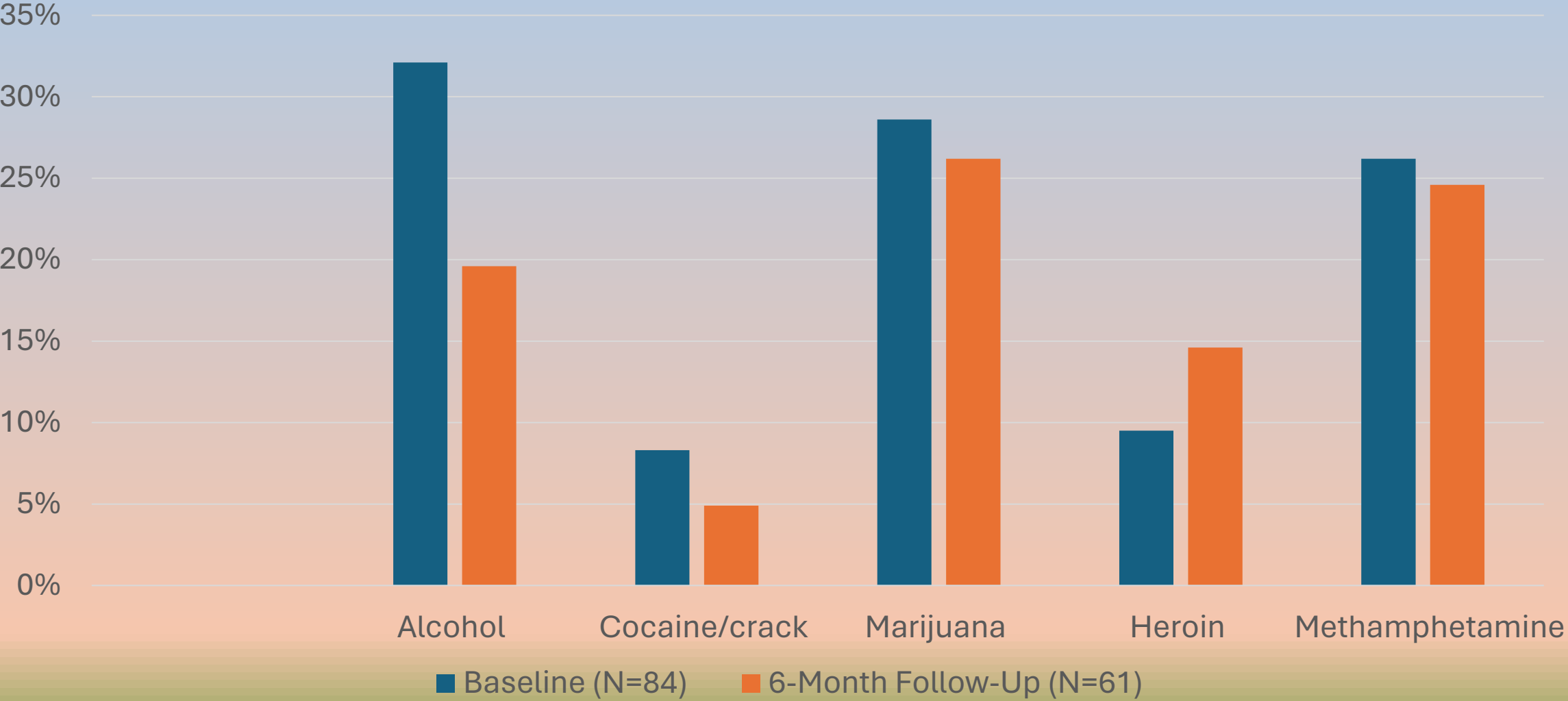
Program for Integrated Care (PIC) Program Participation

- 85 individuals have engaged with the program
 - 60% (51) engaged in medication management
 - 49% (42) gained housing/housed
 - 30% (25) engaged in individual therapy
 - 30% (25) engaged in group therapy

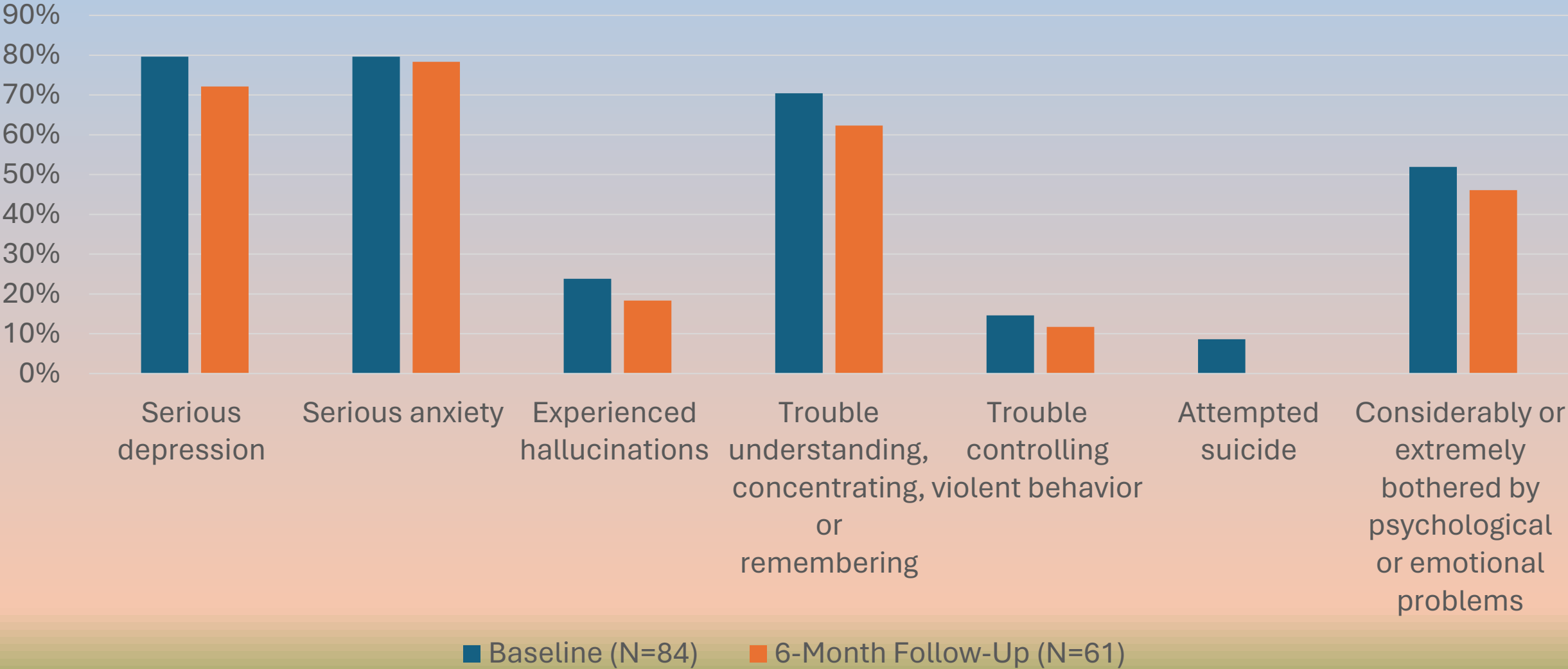
Program Participants

Program Participants-Demographics	Baseline (N = 84)	6-Month Follow-up (N = 73)
	<i>N (%)</i>	<i>N %</i>
Age		
Missing/refused	3 (3.6)	3 (4.1)
18-24 years old	5 (6.0)	5 (6.8)
25-34 years old	19 (22.6)	16 (21.9)
35-44 years old	25 (29.8)	18 (24.7)
45-54 years old	20 (23.8)	19 (26.0)
55-64 or older	12 (14.3)	12 (16.5)
Race/Ethnicity		
Missing/refused	5 (5.9)	5 (6.8)
Native American	2 (2.4)	1 (1.4)
Black	17 (20.2)	14 (19.2)
White	57 (67.6)	49 (67.1)
Hispanic/Latino	3 (3.6)	3 (4.1)
Gender		
Missing/refused	1 (1.2)	1 (1.4)
Women	31 (36.9)	28 (58.9)
Men	51 (60.7)	43 (38.4)
Transgender	1 (1.2)	1 (1.4)

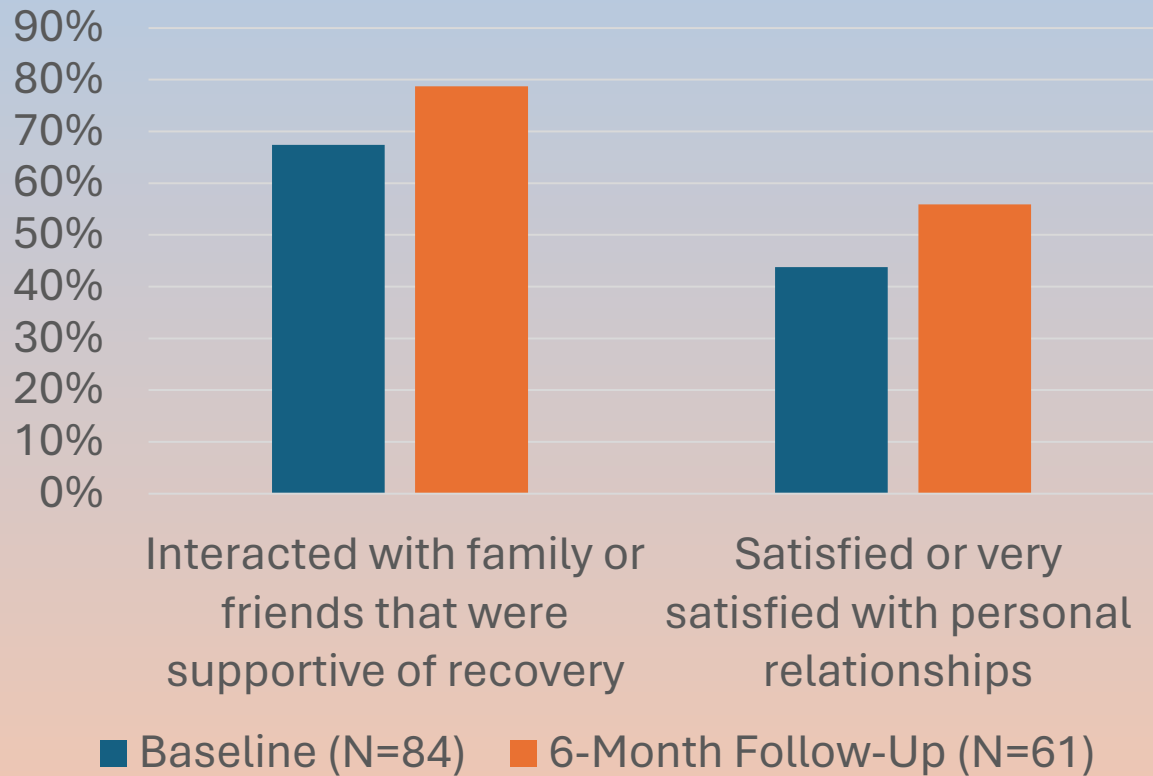
Substance Use, Past 30-days



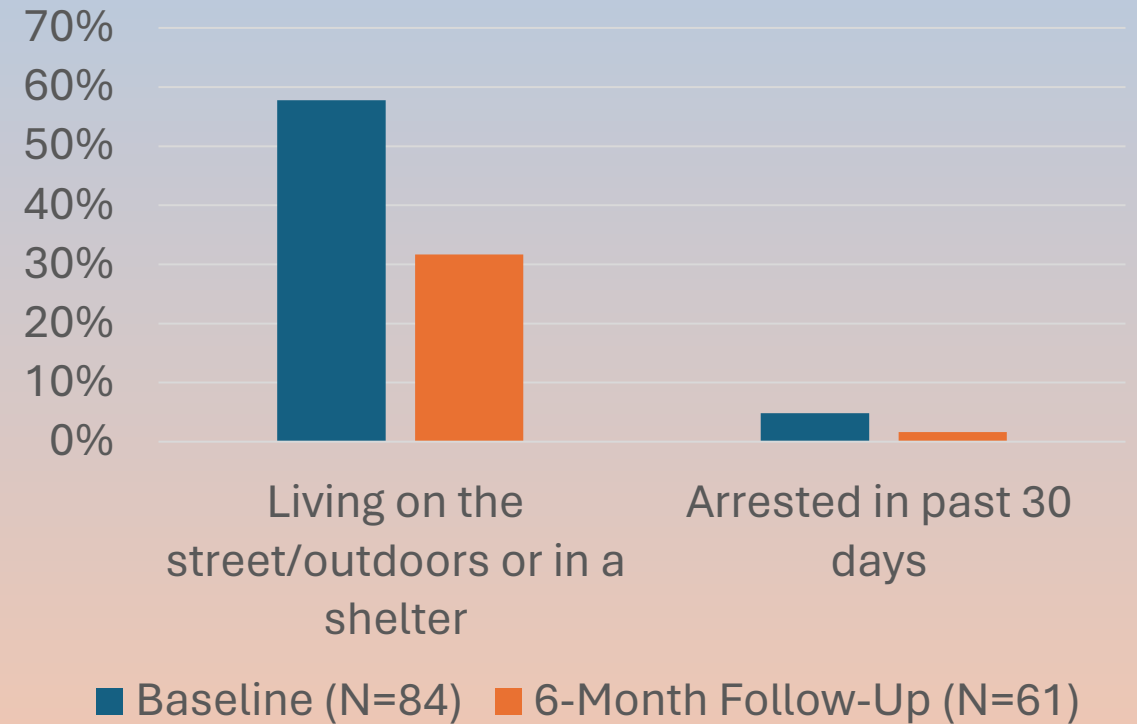
Psychological Distress, Past 30 Days



Socialization, Past 30 Days

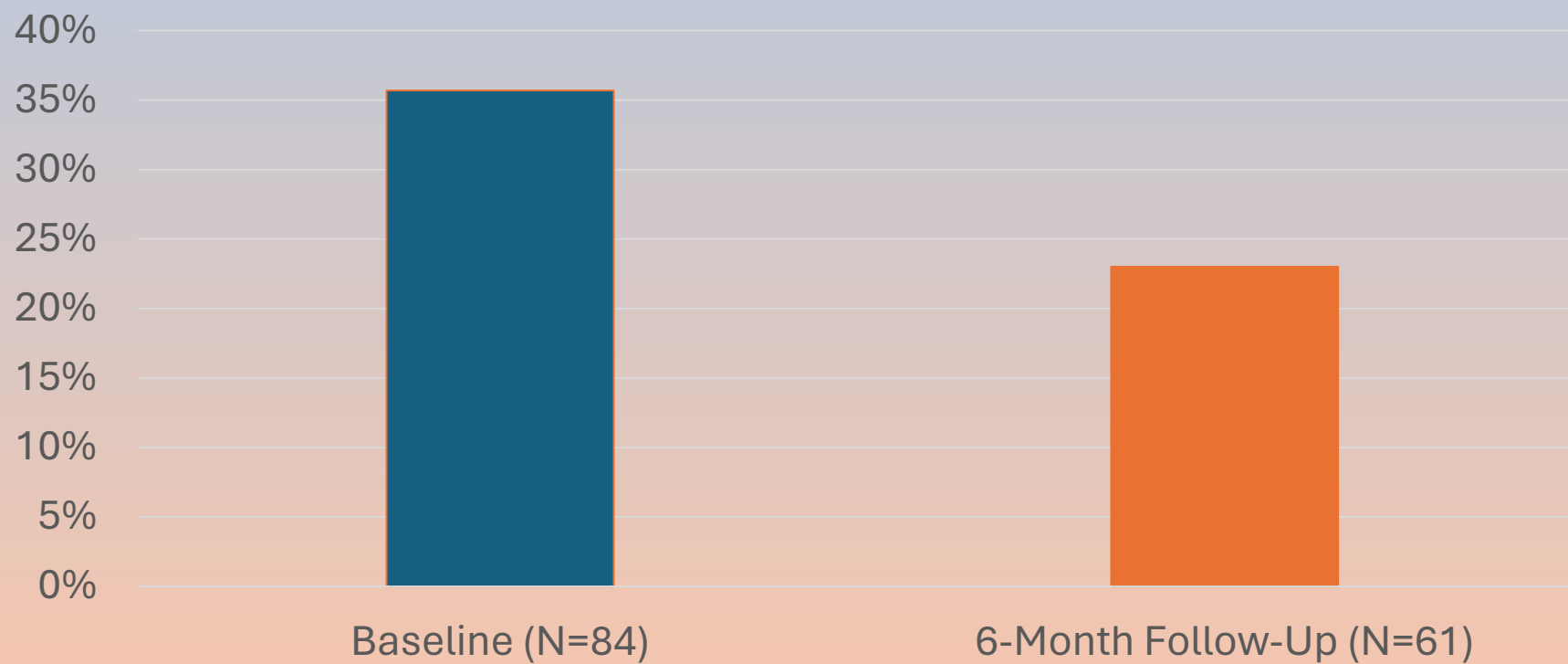


Housing and Criminal Activity Past 30 Days



**Quality of life is poor or very poor
Days**

Past 30



Client Success Stories

Program for Integrated Care (PIC)

LL is a 28-year-old male refugee from Myanmar. Enrolled in services in December 2020. He was diagnosed with schizoaffective disorder and alcohol abuse. He was homeless for one year prior to entering the program.

- *He has engaged with the team psychiatrist and has been taking medication regularly since becoming housed.*
- *LL has been housed successfully since November of 2021 and has maintained a clean, organized apartment and has received no complaints from neighbors or from the landlord.*
- *He often comes for group therapy at the office and also regularly attends a day program at another agency.*
- *He reports maintaining sobriety since shortly after becoming housed.*
- *Continues to maintaining housing, mental health stability and sobriety while engaging in PIC team services.*

Client Success Stories

Program for Integrated Care (PIC)

- *1) M is a female client, age 56, who was homeless for five years after being released from prison prior to entering the GBHI PIC Program. Melinda was camping alone behind a commercial shopping area under a viaduct. Began receiving services in October of 2020. She was diagnosed with bipolar disorder, PTSD, alcohol abuse disorder, cannabis use disorder, and episodic opioid dependence.*

Additionally, she was:

- *diagnosed with rheumatoid arthritis.*

Since engaging in the program, M has begun regularly seeing the team's psychiatrist and taking medication regularly. She has been able to maintain stable housing since September 2021. She has also maintained sobriety and mental health stability since moving into stable housing and has had no psychiatric hospitalizations.

M has been awarded SSDI, obtained food stamps, and is applying to gain a peer support specialist certification. She has also reestablished trust with her family and has been watching her daughter's newborn for the last several months while her daughter is at work.

Benefits of Program

The PIC program was able to accept referrals for individuals without a payor source

Able to serve individuals that were challenging to engage and maintain consistent contact:

No payor source productivity to rely on

PIC is able to serve people whose contact with services is sporadic/inconsistent

The background features a series of concentric circles that create a tunnel-like effect. The colors transition from a deep blue at the top left, through teal and green, to a bright yellow and orange at the bottom right. The word "Questions" is centered within this circular pattern.

Questions

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