

**ALIGNING RESOURCES WITH RESULTS:  
INTEGRATED APPROACHES TO SUBSTANCE USE, HOMELESSNESS AND CRIMINAL ACTIVITY**

**TRI-COUNTY POLICY SUMMIT FOR LOCAL ACTION ON OPIOIDS**

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# OVERVIEW

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- **Describe details of and evidence for integrated approaches to address substance use disorders, homelessness, and criminal activity**
- **Discuss local policy actions to advance alignment of resources**
- **Hear from a colleague who has succeeded with an integrated and aligned approach**



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# Recovery Housing



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# WHY HOUSING?

- From 2017 Multnomah County Point In Time Count: of the 4,177 people counted, 2,527 (60.5%) reported living with one or more disabling conditions
- From the 2017 Clackamas County PIT: of the 1068 people counted, 706 (55%) reported disability
- From 2017 Washington County PIT: of the 544 people counted, 22 reported a SUD
- From 2016 survey of Mult Co/Outside In syringe exchange clients:
  - 40% of syringe exchange clients were homeless
  - An additional 27% reported an unstable housing situation



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# HOUSING CHOICE: DIFFERENT HOUSING FOR DIFFERENT NEEDS

- More than 2,000 units total
  - 1,099 units Recovery Housing
  - 604 units Housing First/low-barrier housing
  - 300 scattered site Permanent Supportive Housing units



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# CHOICE: RECOVERY HOUSING

Point of entrance: Self initiated Detox or Residential Treatment

Primary substance use disorder with frequent co-occurring mental health

Housing offered in community (congregate) supportive of life style change

Peer Mentor/Case Manager ratio: 1-30 and 24/7 front desk

Short-term rent assistance provided

Access to integrated primary and behavioral healthcare, outpatient treatment, MAT

EBP Supported Employment

Recovery community supports and fellowship

Support in securing permanent and often felony-friendly housing

*Recovery Housing is a community that is supportive of lifestyle change. We have found that having shared community spaces (e.g. kitchens, laundry areas, etc.) helps support the recovery process. Recovery is about building a new community of social supports. The peer connections, living with other people on the same journey, is imperative for early recovery.*



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# TRANSITIONAL RECOVERY COMMUNITY HOUSING



**2016: 294 residents served in 95 short term units (200 exits)**

- 71% successfully completed the program (147 residents)
- 70% exited to Permanent Housing (140 residents)
- 95% still housed and in recovery 12 months post exit
- 37% exit with employment
- 12% exit with other income

**Permanent Recovery Housing: 89% remain 12 months or longer**

- 37% employed and 44% with other income



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# CRIMINAL ACTIVITY AND SUBSTANCE USE

- 87 participants in recovery housing, outpatient treatment, peer mentorship
- Prior to entering CCC:
  - Spent \$206/day on drugs
  - 93% reported criminal activity, with average monthly income of \$1,978 (\$2 million/year loss to Portland)
  - 29% of this cohort of clients regularly exchanged sex for drugs and 22% exchanged sex for money
- After entering CCC (average 325 days):
  - 95% reduction in drug use (no daily use)
  - 93% reduction in criminal activity
  - \$5,729,750 not spent on drugs

*Herinckx, 2008*



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# COST/BENEFIT OF HOUSING+PEERS+SERVICES

## Local Study

<b>Cost of 6 month-stay in CCC Short-term Recovery Housing</b> (includes rent, peer mentor, outpatient treatment and supported employment, supervision and indirect costs)	<b>\$9,894</b>
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**—COMPARED TO—**

<b>Cost of 4 months of residential treatment</b>	<b>\$27,480</b>
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<b>Cost of 6 months of criminal activity</b>	<b>\$11,868</b>
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## Regional Study

**An analysis of Supportive Housing in Los Angeles County showed that people with stable housing cost taxpayers 79 percent less than their homeless counterparts.**

*Herinckx, 2008*

*Flaming et al, 2009*



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# LEVERAGING HEALTH CARE INVESTMENTS

Of clients who completed Hooper Detox in 2015:

**117** entered Recovery Housing

**891** received “treatment as usual”

We tracked their outcomes for a year...



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# LEVERAGING HEALTH CARE INVESTMENTS

Clients who entered Recovery Housing after detox were:

**3 times** as likely to complete SUD treatment

**10 times** as likely to engage in primary care at OTC



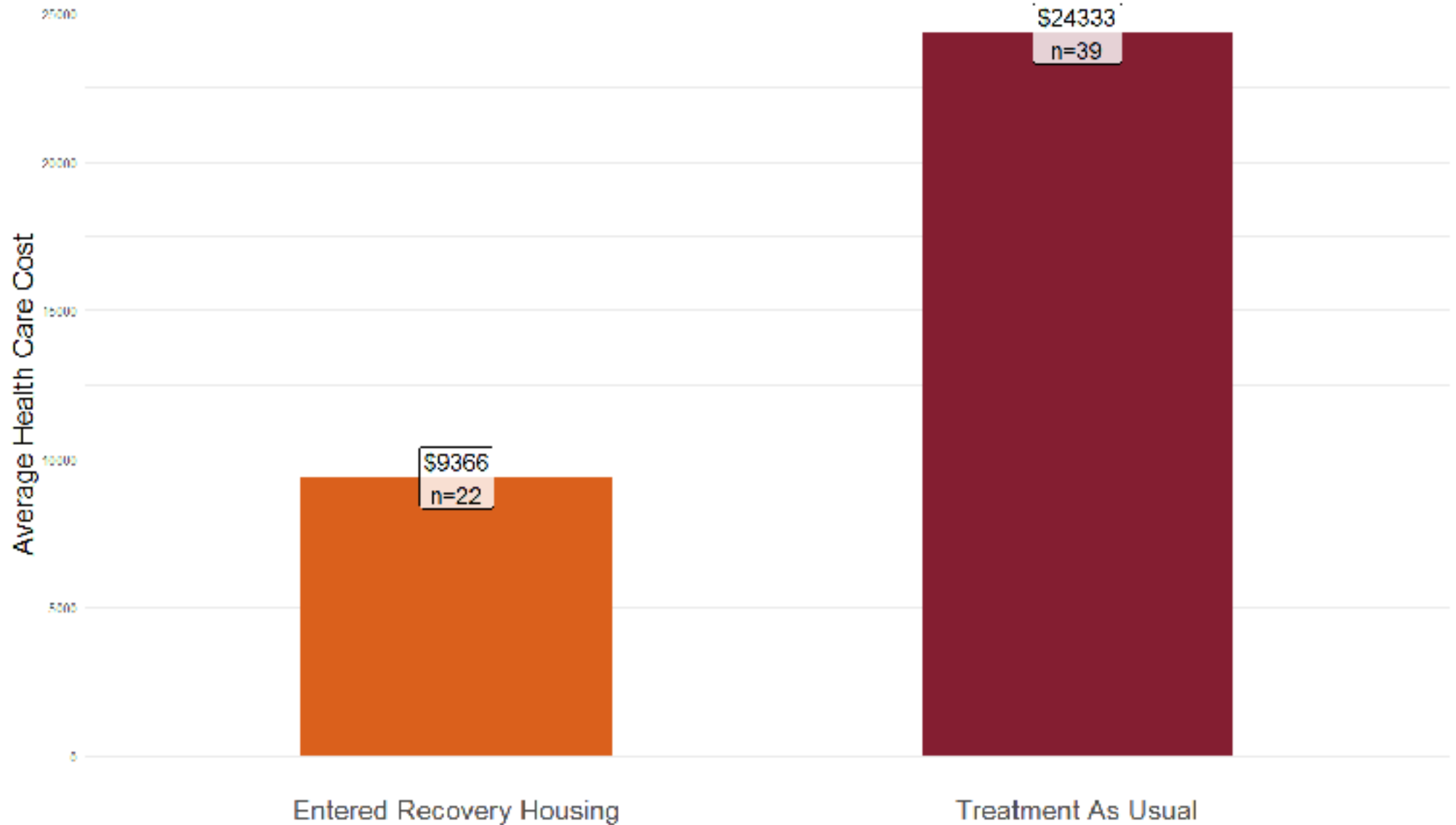
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n=1,046; all results are statistically significant at  $p < 0.001$  level; adjusted for drug of choice, age, gender, and race/ethnicity

# Total Health Care Cost



Differences are statistically significant, but sample size is small; average cost for 12 calendar months following month of detox admission

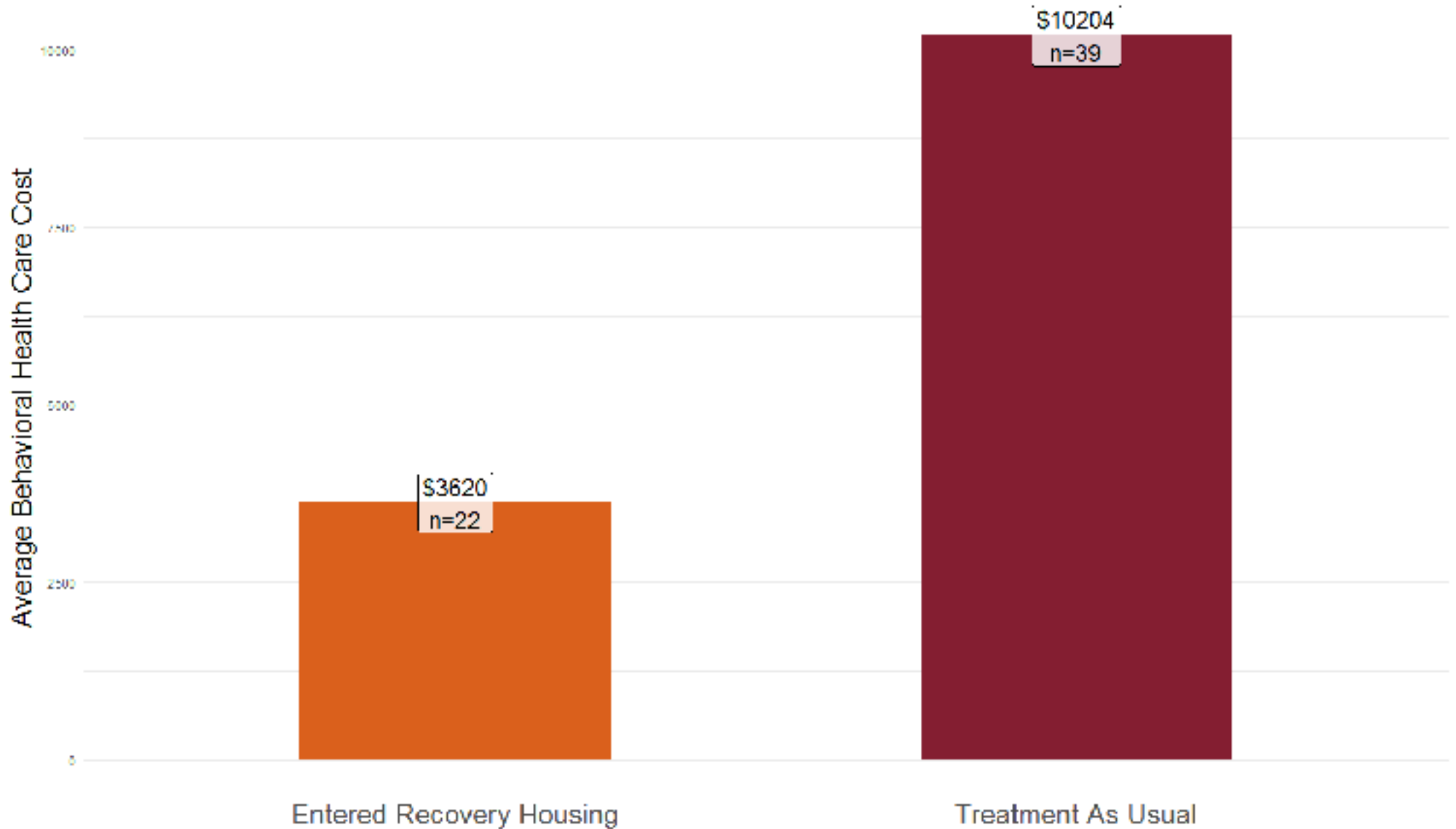


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# Behavioral Health Care Cost



Differences are statistically significant, but sample size is small; average cost for 12 calendar months following month of detox discharge



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# Supported Employment



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# EMPLOYMENT SERVICES

- **Employment Access Center**

- 1273 clients in 2017:
  - 40% with co-occurring d/o
  - 70% with felony convictions
  - 100% in recovery housing
- 790 employed
- 500+ employers



One-on-one approach to address each customer's needs and overcome barriers to employment



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# PRINCIPLES OF SUPPORTED EMPLOYMENT

- **Multidisciplinary Team Approach:**
  - Housing Case Managers
  - Mentors
  - Clinical Staff
  - IPS Employment Specialists
- **The Pathway to Employment focuses on these principles:**
  - Zero Customers Excluded
  - Integration of Vocational and Behavioral Health Treatment Services
  - Competitive Employment
  - Benefits Counseling
  - Rapid Job Search
  - Follow-along Supports



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# SOCIAL ENTERPRISES

Using market-driven business models to provide supportive training opportunities and additional funding for employment services.



## Clean Start

- Street cleaning services primarily in downtown with roving trucks throughout PDX.
- 40 trainees/year



## On-Call Staffing

- Front desk coverage at affordable housing buildings.
- 60 trainees/year



## Central City Coffee

- Small business operations from packaging to accounting.
- 14 trainees/year



## Central City Bed

- A patented bed bug resistant bed highly suited for the affordable housing industry.
- ~\$850,000 in sales in FY2017



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# ALIGNING ECONOMIC OPPORTUNITY+ HOUSING

2017 study from Worksystems (Multnomah and Washington County, City of Portland) compared employment services + housing assistance to those with only employment services

Those with employment + housing services:

- Were 38% more likely to complete the employment training program
- Were 67% more likely to obtain career track employment
- Experienced twice the amount of income gain

The report also shows a positive return on investment for the local community:

- Participants increased their annualized income by triple the total amount of the rent assistance disbursed.
- 76% of those who received rent assistance were still in stable housing 12 months after financial support ended (less likely to need ongoing public rent assistance)

Cost of employment intervention: \$4,000  
Cost of homelessness (per person per year): \$40,000



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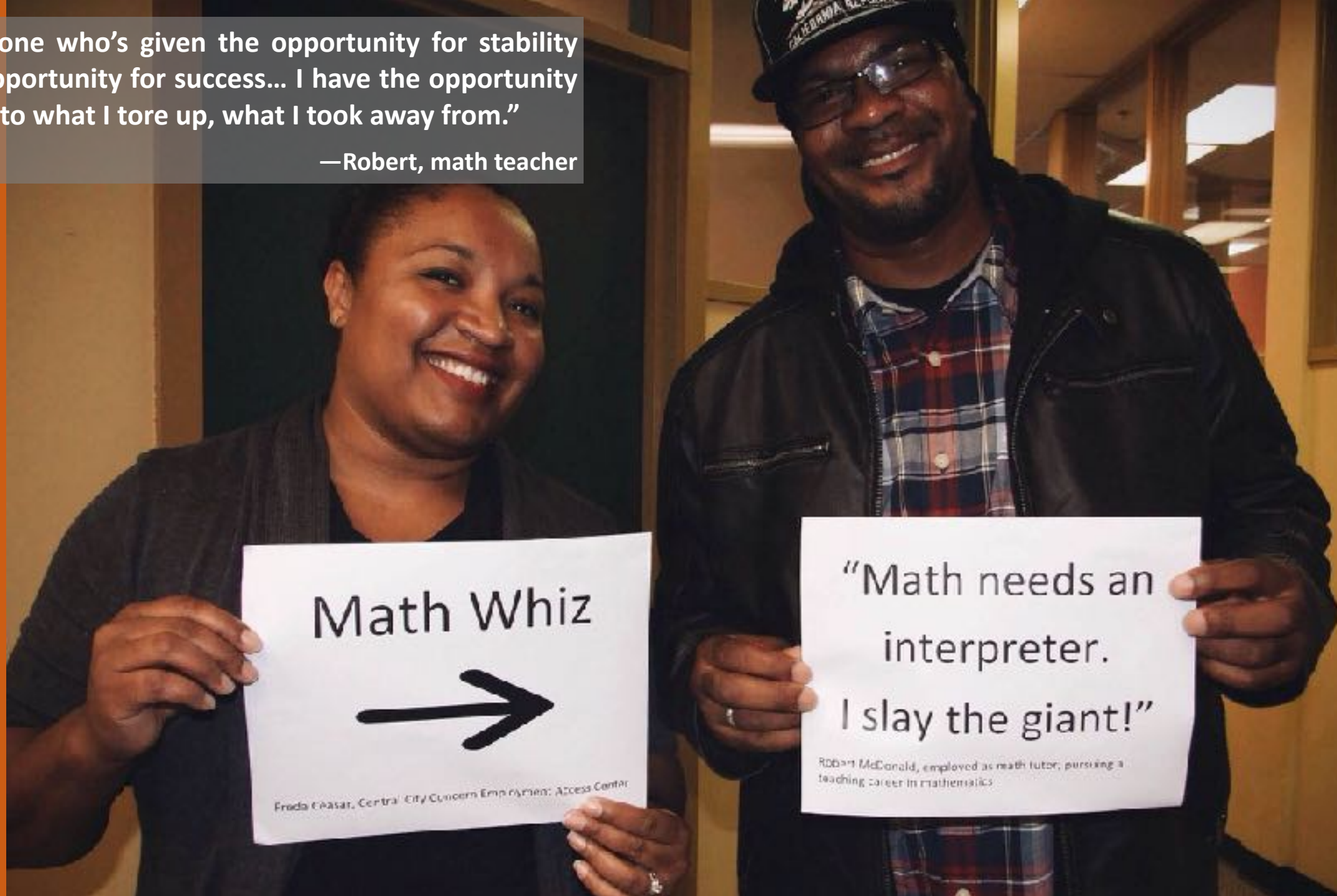
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*Worxsystems, 2017*  
*USICH, 2017*



"I think anyone who's given the opportunity for stability has every opportunity for success... I have the opportunity to give back to what I tore up, what I took away from."

—Robert, math teacher



Math Whiz  
→  
Freda Ekasat, Central City Concern Employment Access Center

"Math needs an  
interpreter.  
I slay the giant!"  
Robert McDonald, employed as math tutor, pursuing a  
teaching career in mathematics



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# Policy and Advocacy



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# Recap

- **Low-Barrier, Affordable, and Recovery-Supportive Housing**
  - Connected to community treatment efforts
- **Mix of rent assistance supports**
  - Short-term for transitional efforts
  - Permanent Supportive Housing
- **Funding for supportive services**
  - Recovery Peer Mentors
  - Employment



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# Advocacy Options

**Addiction is costly – to individuals, families and communities. Public funders can do more to prioritize and invest in recovery housing and supports.**

- **State**

- **Legislature**

- Support funding for affordable housing development

- **Oregon Housing and Community Services (OHCS)**

- Ask that OHCS prioritize the funding of recovery housing developments in communities with demonstrable need and/or jurisdictional support

- **Oregon Health Authority (OHA)**

- Ask that OHA set aside capital gap funding for recovery housing funded by OHCS
    - Ask that OHA set aside rent assistance and supportive services funding for recovery housing funded by OHCS

- **Local**

- Approach City and County governments, ask that they support recovery housing efforts through local funding and policy efforts and at the State level in their advocacy efforts
  - Support local conversations and collaborations between affordable housing developers, treatment providers, large health care systems, and employment services

- **Federal**

- Support adequate HUD funding, including rent assistance (Section 8) and Community Development Block Grant (CDBG)



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# Putting It All Together...



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# QUESTIONS AND DISCUSSION

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**Thank you!**

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