



# Integrating Co-Occurring Mental Health and Substance Use Disorder Wraparound Services Within a Housing First Framework

Leon Sawh, MPH<sup>1,2</sup>, Nathan Guevremont, BA<sup>2</sup>, Heather Zaykowski, PhD<sup>3</sup>, David Smelson, PsyD<sup>2</sup>, Andrea Finlay, PhD<sup>4</sup>, Debra Pinals, MD<sup>5</sup>

1:University of Massachusetts Lowell; 2:University of Massachusetts Medical School; 3:University of Massachusetts Boston; 4:Center for Health Care Evaluation, VA Palo Alto Health Care System; 5:Massachusetts Department of Mental Health

## Introduction

- Co-occurring mental health and substance use disorders (COD) are highly prevalent among the chronically homeless.
- The use of wraparound supports among homeless individuals who have mental health and substance use disorders is critical to ending homelessness.
- Housing First (Tsemberis & Eisenberg, 2000) has become a popular approach to addressing the imminent housing needs of the chronically homeless.
- Our preliminary experiences of integrating MISSION, a manualized, wraparound COD treatment approach, alongside Housing First practices are discussed.

## Results

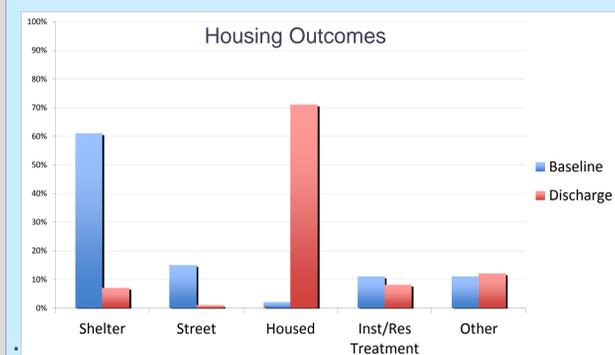
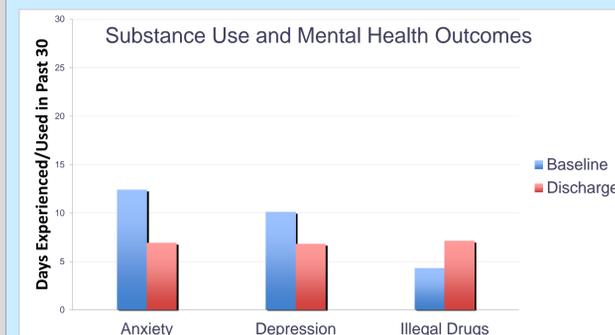
Demographics	
Sex	74% male 26% female
Race	57% White 25% Black 18% Other
Ethnicity	21% Hispanic
Education	44% High School/Voc/Tech diploma or equivalent 26% Post-high school education 31% Less than high school education
Veteran Status	28% Veteran 72% Non-veteran
Age	Mean= 49 years Range- 22 years—77 years

Baseline Characteristics (N=147)

## The MISSION Model



## Preliminary Outcomes



## Methods

- Between 2011 and 2014, 147 chronically homeless individuals with COD were enrolled in MISSION.
- Assessments were conducted at baseline (before housing), six months, and discharge. The assessment instrument included the ASI, BASIS-32, and GPRA.
- Qualitative interviews were also conducted with program participants (n=5), clinical staff (n=5), and other project stakeholders (n=2).
- Results were coded and analyzed for themes. Particular attention was given to the needs of clients receiving services, and the difficulties with integrating wraparound COD treatment alongside Housing first.

## Client Perspectives

### Practical Support in the Housing Process

- “She helped me pack. She came up. She said, ‘Come on.’ And...I have depression. Oh, I’ve got bad depression too. But [peer support] came up and helped me pack. Made me feel better about movin’.”

### Trust and relationship with staff

- “I didn’t trust them. Honest to God, did not trust anyone. Didn’t believe ‘em. It took a long time...The apartment was ready for almost two months before I moved in it cause I was afraid...Imagine that? I was afraid. I couldn’t believe I was afraid. I didn’t trust anyone. Still having trust issues but I did it. It was amazing. I was happy.”

### Lack of housing options and relapse

- “They’ve got people buzzing your buzzer and stuff...for anybody to let ‘em in so they can go see, you know, somebody who’s dealin’ in the house, complex, or whatever. And, and, a lot of it is what my choice of drugs was. So I’m just really really nervous.”

## Service Provider/Stakeholder Perspectives

### Engagement After Housing

- “Cause there’s this phenomenon, they get into MISSION and then all of a sudden all these things [they]...said they were committed to, it just turns out they just heard that housing word, and it all kind of got fuzzy around that.”
- “Well definitely one of the things that people struggle with in that initial housing period, I think especially, is their willingness to engage in any treatment that might be helpful to them for their substance use. Or really for anything. They really don’t want to ...“go into a program” ...when they’re really focused on just getting their most immediate needs met.”

### Environmental Considerations

- “So the neighborhood is a huge...challenge. Like to get people to kind of have a shot at recovery...when they’re in the kind of toughest neighborhood in the city.”

## Conclusions

- High rates of mental illness and substance abuse among the chronically homeless suggest that there is a need to develop innovative strategies to integrate COD treatments alongside existing Housing First efforts.
- National efforts to end homelessness will require the fostering of internal and external collaborations to better align treatment and housing services across systems.
- Future work should focus on the identification of effective strategies to better integrate the use of wraparound COD supports within Housing First and other Permanent and Supportive Housing models.

## References Cited

- Chinman, M., Shoai, R., & Cohen, A. (2010). Using organizational change strategies to guide peer support technician implementation in the Veterans Administration. *Psychiatric Rehabilitation Journal*, 33(4), 269.
- Ellison, M.L., Mueller, L., Smelson, D., Corrigan, P., Bokhour, B., Torres-Stone, R., Najavits, L., Vessella, J., & Drebing, C. (2012). Supporting the education goals of Post 9/11 Veterans with self-reported PTSD symptoms: A needs assessment. *Psychiatric Rehabilitation Journal*, 35 (3), 209 – 218.
- Susser, E., Valencia, E., Conover, S., Felix, A., Tsai, W. Y., & Wyatt, R. J. (1997). Preventing recurrent homelessness among mentally ill men: a “critical time” intervention after discharge from a shelter. *American Journal of Public Health*, 87(2), 256-262.
- Tsemberis, S., & Eisenberg, R. F. (2000). Pathways to housing: supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatric services*, 51(4), 487-493.
- Ziedonis D. & Stern, R. (2001) Dual Recovery Therapy for Schizophrenia and Substance Abuse. *Psychiatric Annals*, 31(4), 255–264.

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