Next Steps in Addressing Drug User Health and Housing

Direct service outreach teams had a positive impact on Jim's life, and he believes that improving and increasing services that reach unsheltered people directly is one of the most effective interventions available to address chronic homelessness and improve health.[1] "We need more outreach caseworkers from different agencies—housing, HIV, mental healthcare, things like that—to team up and do outreach where homeless folks are," says Jim. "Some people are out there because they want to be, but most people out there are there because they don't know what else to do."

Based on his experiences, Jim also shares that data collection and screening processes could be more streamlined, deadlines should be more flexible, and programs should hire caseworkers with lived experience and compassion for the people they serve. He has found that transportation and lack of phone access are significant barriers to productively engaging with care regimens and service providers. Increasing access to transportation and enabling communication are essential to maintaining HIV care.[2,3] Policies that require a person to enter a homeless shelter before being accepted into a housing program also create unnecessary risks and delays – especially when they can mean being separated from needed medications or safer drug use supplies.

George similarly feels that his path has come full circle. Reflecting on potential barriers to receiving permanent supportive housing, he says that:

> *Having the homeless certification being a requirement is a real barrier. If you'd told me that because I was HIV-positive, I could be eligible for housing assistance, I wouldn't have believed you. I think of the people that have different issues that may contribute to their housing situation, but for them to get housing is so much harder, and their barriers are greater. Robust housing programs should be available to everyone in need of housing, even if they aren't HIV-positive.*

He also wishes that "unconditional support" were available to everyone who needed it, saying: "I saw who I wanted to be because of the support I received, and I'm grateful I had that. Not everyone does. Now I'm trying to do that with the people I work with. That's powerful. That's letting barriers down and sharing. That keeps me going."[4]

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George and Jim's stories demonstrate the value of and necessity for interdisciplinary and interagency programming that leverages experience across drug user health and harm reduction, housing, comprehensive preventative and clinical care, and other areas to co-locate services and reduce barriers to care. Successful collaboration will require that agencies develop a shared understanding of how housing infrastructure, housing policy landscape, and drug policy affect people who use drugs and people with HIV.[5,6,7] Effective responses will be informed by local community input and include bolstering networks of care, care retention and sustainability of services, co-located care, low-threshold service provision, and community reinvestment. Syringe Services Programs and other harm reduction organizations may become eligible for new and different funding sources through partnerships with housing service providers—and vice versa.[8] Health departments can support service integration by convening stakeholders and providing or facilitating funding opportunities, training, or technical assistance. Beyond service level integration, drug user health and harm reduction programs and housing service providers can work together to advance policy and advocacy for increased resources that facilitate coordination and wraparound care within the service landscape.[9,10]

References

1 *NHCHC Policy - Encampments*. (2019, August 1). National Health Care for the Homeless Council. https://nhchc.org/clinical-practice/homeless-services/encampments/

2 Murphy, E. R. (2019). Transportation and homelessness: a systematic review. *Journal of Social Distress and the Homeless*, *28*(2), 1–10. https://doi.org/10.1080/10530789.2019.1582202

3 Rhoades, H., Wenzel, S. L., Rice, E., Winetrobe, H., & Henwood, B. (2017). No digital divide? Technology use among homeless adults. *Journal of Social Distress and the Homeless*, *26*(1), 73–77. https://doi.org/10.1080/10530789.2017.1305140

4 Tiderington, E., Stanhope, V., & Henwood, B. F. (2013). A qualitative analysis of case managers' use of harm reduction in practice. *Journal of Substance Abuse Treatment*, *44*(1), 71–77. https://doi.org/10.1016/j.jsat.2012.03.007

5 National Research Council (US) Committee on Health Impact Assessment. Improving Health in the United States: The Role of Health Impact Assessment. Washington (DC): National Academies Press (US); 2011. 2, Why We Need Health-Informed Policies and Decision-Making. Available from: https://www.ncbi.nlm.nih.gov/books/NBK83538/

6 National Research Council. (1970, January 1). *Improving Health in the United States: The Role of Health Impact Assessment*. National Center for Biotechnology Information. https://www.ncbi.nlm.nih.gov/books/NBK83538/

7 Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). *An Introduction to Health In All Policies: A Guide for State and Local Governments*. American Public Health Association. https://www.apha.org/-/media/Files/PDF/factsheets/Health_inAll_Policies_Guide_169pages.PDF

8 Ostrower, F. (2005). *The Reality Underneath the Buzz of Partnerships* . Stanford Social Innovation Review. https://ssir.org/articles/entry/the_reality_underneath_the_buzz_of_partnerships

9 de Farber, B. G. (2022, March 1). *Creating Fundable Grant Proposals*. American Libraries Magazine. https://americanlibrariesmagazine.org/2022/03/01/creating-fundable-grant-proposals/#:~:text=Creating%20Fundable%20Grant%20Proposals%201%201%3A%20Create%20a,What%20to%20do%20while%20waiting%20...%20More%20items

10 Department of Health and Human Services. (n.d.). *Grant Programs*. Grants.gov. https://www.grants.gov/learn-grants/grant-programs.html