Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Outreach and Engagement Spotlight Series: Evidence-based Practices that Promote Recovery and Resilience
Engaging Individuals who have Experienced Chronic Homelessness

July 18, 2017
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Moderator

Sue Pfefferle

Moderator

Homeless and Housing Resource Network/
Abt Associates
Welcome from SAMHSA

Ali Manwar, Ph.D.
HHRN Contracting Officer’s Representative
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Today’s Presenters

Pat Tucker
Advocates for Human Potential

Daniel Malone
DESC

Frances Isbell
Healthcare for the Homeless Houston

Cathy Crouch
SEARCH Houston
Topics Covered in this Presentation

1. Motivational Interviewing
2. Outreach, Engagement, and Harm Reduction in Housing First
3. Integrated Care Management Strategies for Chronically Homeless Individuals
4. Questions and Answers
POLL 1: About the Participants

- Please vote on your screen
- Check the box next to the answer(s) you would like to select
- There is no submit button
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PART 1: Motivational Interviewing
WHAT IS MOTIVATIONAL INTERVIEWING?
“A client-centered, directive intervention focused on resolving ambivalence in the direction of change.”

“… not a series of techniques … but a way of being with clients.”

Information on MI adapted from *Motivational Interviewing*, Miller and Rollnick, 1991
Motivational Interviewing

- Based on stages of change
- Assumes motivation is fluid and can be influenced
- Motivation influenced in the context of a relationship
- Principle tasks—to work with ambivalence and resistance
- Goal—to influence change in the direction of health
G.R.A.C.E.
Five Principles of Motivational Interviewing

Generate a Gap
Roll with Resistance
Avoid Argumentation
Can Do
Express Empathy
Principles of Motivational Interviewing

Generate a Gap

- Develop a discrepancy between individual’s current behaviors and his/her stated values and interests
- Let client present arguments for change
- Acknowledge both the positives and negatives of behavioral change
Principles of Motivational Interviewing

Roll with Resistance

- Seek to clarify, understand
- Invite consideration of new perspectives
- Reinforce person’s role as a problem-solver
Principles of Motivational Interviewing

Avoid Argumentation

• Keep on your client’s side
• Arguing for change often promotes resistance, thus causing the client to defend the behavior you want them to change
Principles of Motivational Interviewing

Can Do

- Increase individual’s perception of self as a capable person
- Affirm positive statements and behaviors
- Offer options, instill hope
- Encourage consideration of role models, past successes
Principles of Motivational Interviewing

Express Empathy

- Create a “free and friendly space” to explore difficult issues
- Use reflective listening
- An accepting attitude facilitates change; pressure to change thwarts it (paradox)
O.A.R.S.

The Basic Skills of Motivational Interviewing

- Open-ended Questions
- Affirmations
- Reflective Listening
- Summarizing
Open-ended Questions

• “How can I help you?”
• “Would you tell me about ___?”
• “How would you like things to be different?”
• “What are the positive things and what are the less good things about ___?”
• “What will you lose if you give up ___?”
• “What have you tried before?”
• “What do you want to do next?”
Affirmations

• Statements of recognition of client strengths
• Build confidence in ability to change
• Must be congruent and genuine
"Reflective listening is the key to this kind of work. The best motivational advice we can give is to listen carefully to your clients. They will tell you what has worked and what hasn’t. What moved them forward and shifted them backward. Whenever you are in doubt about what to do, listen."

—Miller & Rollnick, 1991
Levels of Reflection

1. **Simple**
   Repeating, rephrasing; staying close to the content

2. **Amplified**
   Paraphrasing, double-sided reflection; testing the meaning/what’s going on below the surface

3. **Feelings**
   Emphasizing the emotional aspect of communication; deepest form
Types of Reflective Listening

- **Repeating or rephrasing**
  - Listener repeats or substitutes synonyms or phrases; stays close to what the speaker has said

- **Paraphrasing**
  - Listener makes a major restatement in which the speaker’s meaning is inferred

- **Reflection of feeling**
  - Listener emphasizes emotional aspects of communication through feeling statements—this is the deepest form of listening
Summarizing
“Let me see if I understand thus far …”

- Special form of reflective listening
- Ensures clear communication
- Use at transitions in conversation
- Be concise
- Reflect ambivalence
- Accentuate “change talk”
Rapport Breakers

- Arguing for change
- Assuming the expert role
- Criticizing, shaming, or blaming
- Labeling
- Being in a hurry
- Claiming pre-eminence
Resources


PART 2: Outreach, Engagement, and Harm Reduction in Housing First
Housing First Principles

- Targeted to the most vulnerable
- Move in without conditions on treatment acceptance/compliance
- Continued tenancy not contingent on participation in services
- Harm reduction approach rather than mandated abstinence
- Provider brings robust services into housing
- Residents have leases and tenant protections
- Can be done in either project-based or scattered site settings
Meeting People Where They Are

For those experiencing homelessness, this means:

• **Literally:** near their campsites, at shelters, in parks

• **Figuratively:** by offering help and respect regardless of behaviors
Assertive Engagement: Meeting People Where They Are

- Outreach
- Being useful
- Relationship building through practical assistance and empathy
- Not office-based
Harm Reduction Key Components

- Open and honest dialogue
- Limited rules and requirements
- Flexible response to problems
Seat Belts and Guardrails
Seat Belts

- Availability and use of condoms
- Nutrition and exercise (taking stairs instead of elevator, sweeteners instead of sugar)
- Substance abuse harm reduction
- Safety planning and strategies for protecting housing (e.g., paying rent first)
- Hotlines
- Medication-assisted treatment (MAT)
Guardrails
Guardrails

Welcome home
stay as long as you want

yum! cookie

zzzzz
What Harm Reduction is Not

- Passive
- Anything goes
- Don’t ask, don’t tell
- Enabling
- Just a hook to get people to treatment
- A direct path to abstinence
- Easy
Challenges for Staff

• Fear of doing the wrong thing
• The need to see measurable success
• Balancing positive regard for the individual with concerns about the behavior
• Concern about endorsing substance abuse and risky behaviors
• Stress leads staff/management to desire for more rules/structure
Supportive Housing “Accommodations”
DESC Supportive Housing
“Accommodations”

- Staff available onsite 24 hours a day
- Counseling
- Case management
- Money management
- Medication monitoring
- Meals
• Rules aren’t the solution
• Flexibility about behaviors is a type of disability accommodation
Recovery-focused

- More than simply recovering from substance use disorders
- It’s recovery with the ability to participate more fully in the life of the community
- This may not mean abstinence
- Live as independently in the community as possible
- Social integration
- Employment
Housing First =

- Access
- Hope
- Optimism
PART 3: Integrated Care Management Strategies for Chronically Homeless Individuals
Topics Covered in this Presentation

• Overview of an integrated care model for people experiencing chronic homelessness and who are high utilizers of emergency departments

• Successes and challenges of a collaborative model including a federally qualified health center (FQHC), a housing provider, and a community-based organization

• Clinical and emergency center metrics and evaluation of the model
Participating Agencies

- Healthcare for the Homeless—Houston, a 330(H) FQHC grantee
- SEARCH Homeless Services
- New Hope Housing
FUNDER: MEDICAID 1115 WAIVER (Delivery System Reform Incentive Payment)

• Focus on innovative projects that improve health status while reducing costs

• Participants do not have to be eligible for traditional Medicaid resources

• HHH/SEARCH project—clinical intervention and support for individuals experiencing chronic homelessness in a Housing First model of PSH
Program Eligibility

- Chronically homeless (as assessed by Houston’s Coordinated Access program)
- 3 or more emergency department visits in 2 years
- Functional assessment at HHH clinic
- Clear HUD, Houston Housing Authority, and New Hope Housing criteria
Evaluation Criteria

- Stabilized housing
- SF-36v2
- PHQ-9
- Reduced ED visits/hospitalizations
- Standard FQHC health status indicators
- Increased income
HHH Theoretical Model: Primary Care Behavioral Health Consultation

- Considered “extreme” integration
- Pilot project with homeless population
- Behavioral health consultant (BHC) will see patients with primary care clinician at “point of care”
- Focus on TTM, MI, CBT and brief interventions
- Evaluations focus on functional assessment, and treatment plans are geared toward functional restoration rather than diagnosis/symptom elimination
- Moved HHH from Level 5 integration: Close Collaboration Approaching an Integrated Practice, to Level 6: Full Collaboration in a Transformed/Merged Practice
Search Clinical Models of Care for Case Management

- Transtheoretical Model of Intentional Behavior Change (TTM), often known as the Stages of Change
- Motivational Interviewing (MI)
- CBT, particularly for substance use disorder
Staffing per Team

- RN case manager (providing onsite nursing services and care coordination)
- 2 clinical case managers (onsite, Masters level)
- 2 community health workers (onsite providing “hands on” healthcare coordination)
- Behavioral health consultant and primary care team (at HHH clinics, as needed)
- Offsite clinical leadership/supervision
Top Diagnoses

- Substance use disorders (82%)
- Chronic pain/pain-related disorders (73%)
- Serious mental illness (64%)
- Hypertension (37.5%)
- Diabetes (16%)
- Hepatitis C (19%)
Emergency Department Visits

- Baseline: Average of 12.4 ED visits/participant with the highest being 144 visits in past 2 years
- At the end of Year 1, 54% reduction in number of people who went to ED and 71% reduction in ED visits
- Participants in program 2 or more years, 82% reduction in ED visits
- Significantly related to number of times met with counselor, clinical case manager, or community health worker
- Participant with 144 ED visits in past 2 years reduced number of visits to 20 since entering program
OPTUM SF36v2 Health Survey

• A multipurpose, short-form, health-related QOL survey consisting of 36 questions measuring the functional health and well-being from the patient’s point of view

• Yields an 8-scale profile of functional health and well-being scores

• The 8 scales can be combined to assess a Physical Component Summary and a Mental Component Summary
Baseline SF 36 Scores (cont.)

- Baseline Physical Summary score: 40.53; Mental Summary score: 39.19 (n=223)
- Scores of 50 reflect the norm based on age and gender
- Of the individual scales, the three most disparate scores fell in the areas of Social Functioning, Role Emotional, and Mental Health
Patient Health Questionnaire – 9 (PHQ-9)

- Multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression
- Incorporates depression diagnostic criteria with other leading major depressive symptoms into a brief self-report tool
- Instrument rates the frequency of symptoms which factors into the scoring severity index
Patient Health Questionnaire – 9 (PHQ-9)

• Screening tool to assist clinicians with diagnosing depression and monitoring treatment response
• Cut point for depression is 10 or higher
• Composite baseline score: 9.65
• Baseline scores indicated that 48% of the participants scored between moderate and severe depression
PHQ-9 Scores Over Time by Gender

*Analyses are constrained to those participants who had a PHQ-9 score of 10 or above at baseline.
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- meets or exceeds MID

**SEARCH - SF-36 - change from baseline**

![Graph showing changes in SF-36 scores over time](image-url)
Questions and Answers
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Session evaluation and CEH certificate:

All registered attendees will receive an e-mail containing this link after the event.

- Each person seeking continuing education credits must fill out the evaluation and provide contact information.
- You will be able to print your certificate immediately after completing the form.
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