STORIES FROM THE FIELD

Providing emergency housing to support entry into and reentry from treatment for opioid use disorder: A behavioral health and law enforcement crisis response team collaboration

ULSTER COUNTY, NEW YORK

COMMUNITY PROFILE

Ulster County, New York

Ulster County in New York State sits along the Hudson River. With more than 182,000 residents. Ulster County's population is 87% White, 7% Black, and 6% other or two or more races, with 11% of the population reporting Hispanic ethnicity.

Rate of Fatal Opioid Overdoses

In 2021, the fatal opioid overdose rate was 27 per 100,000, which was higher than the New York State (excluding New York City) average rate of 24 per 100,000.

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HEALING COMMUNITIES STUDY (HCS) ULSTER COUNTY OPIOID STRATEGIC ACTION TEAM (OSAT)

Left to right: Left to right: Frankie Wright, Giff Liewa, Kevin Lundell, Julianah Abimbola Ogundimu (ORACLE), Michael Berg, Tamara Cooper, and Susan Carroll (Family of Woodstock) at the Roadway Inn Motel in Kingston, NY

A taskforce was formed in 2018 to provide strategic coordination, partnership, and resources to raise awareness about opioid misuse and harm reduction and to improve access to care for people experiencing opioid use disorder (OUD).

The taskforce is a coalition of 50 agencies and diverse community members. It has the full support of the Commissioners of the Departments of Health and Mental Health and the Ulster County Executive. The taskforce evolved into the HCS Ulster County OSAT and was tasked with implementing the Communities That HEAL intervention.

The coalition strives to mobilize the power of community members, organizations, and policymakers in finding solutions to the opioid use problems in the county. Its activities include

- providing education and training,
- establishing treatment and recovery options,
- developing data-driven strategies to identify areas of need,
- implementing evidence-based interventions, and
- evaluating progress toward achieving the stated goals.

Challenge: How to help individuals experiencing housing instability better cope with OUD

Access to safe and stable housing is one of the critical social determinants of health that can significantly impact a person's ability to cope with OUD. Navigating the complex system of care for individuals experiencing housing instability can present a significant challenge for individuals coping with OUD because they lack a safe place to store their belongings and find rest.

By providing temporary housing, individuals can concentrate on getting into treatment, connecting with necessary services, and achieving stability while preparing for the transition back into the community, as opposed to figuring out where they are going to find safety each night.

This housing solution serves as a critical support system after individuals complete the initial phases of treatment, and many work toward securing more permanent housing options.

When this strategy was developed, Ulster County was in the middle of a severe housing crisis. This problem was made worse by the sudden influx of people from New York City during the COVID-19 pandemic. Rents skyrocketed, as did the cost of purchasing a home. Consequently, we needed an immediate solution for individuals who did not meet the requirements from the Ulster County Department of Social Services (DSS) to get temporary housing.

Left to right: Tamara Cooper (Family of Woodstock), Frankie Wright, and Julianah Abimbola Ogundimu (ORACLE) showcase food items in a care package provided for every individual who stays at a motel through the housing voucher program.

Strategy Approach:
Use existing systems and collaborate with community pharmacy partners

Through the use of community impact funds, temporary housing was contracted and a voucher provided by the lead agency, Family of Woodstock, Inc. (FOW), for individuals in need of safe housing while seeking OUD treatment or awaiting inpatient treatment following release from incarceration.

FOW is a not-for-profit network of paid and volunteer individuals whose mission is to provide confidential and fully accessible crisis intervention, information, prevention, and support services to address the needs of individuals and families. Vouchers were also provided to individuals returning from inpatient treatment while they sought more permanent housing.

FOW worked with the Opioid Response as County Law Enforcement (ORACLE) initiative to set up response teams to address these housing challenges. The ORACLE initiative, selected by the Rural Justice Collaborative and the National Center for State Courts as one of the country's most innovative rural justice programs, is a crisis-intervention and recovery-response program based out of the Ulster County Sheriff's Office.

The response team includes crisis intervention officers, a mental health and substance use social worker, two peer-recovery advocates, and a care manager for people at high risk. Two individuals from this team were assigned as point persons for referrals in the strategy to be available Monday through Friday, 9:00 am to 9:00 pm. The point person worked with FOW to gather the information necessary to provide the best housing option. The referring agency was responsible for arranging transportation to the hotel and maintaining contact with the individual through the duration of their stay. Emergency referrals were accepted after hours and on weekends using the FOW hotline. Case reviews were conducted weekly during High-Risk Mitigation Team (HRMT) meetings, with required attendance for referring agencies.

Individuals who qualified for the program were

- individuals who are living with OUD (diagnosed or assessed) and experiencing housing instability, and
- individuals who are experiencing housing instability (with no other options) and are returning from inpatient treatment.

Referring agencies were responsible for certifying that individuals referred to this program did not currently have housing and did not qualify for DSS emergency housing assistance. Individuals could not use vouchers for more than 14 days upon return from treatment, and no more than 28 days total for the life of program participation.

OUTCOMES AND OTHER BENEFITS

From October 2020 through January 2023, a total of 1,221 vouchers (nights) were issued to 140 individuals.

Although demographics were not captured for recipients of housing vouchers, names were cross-referenced with the ORACLE HRMT database, which showed that 87 of the 140 individuals served were 37% female and 63% male, and that 87% were White, 9% Black, 3% mixed or other race, and 9% Hispanic.

> "The HEALing Community Program – Emergency housing has made an immense impact on individuals struggling with opioid use disorder by providing a safe place to transition into treatment programs and more importantly, integrating back into the community and accessing needed services.
>
> —Julianah Abimbola Ogundimu, Ulster County, Opioid Use Disorder System Specialist, HRMT/ORACLE

HOW HAS THIS PROGRAM BRIDGED A GAP?

The program has helped bridge gaps by

- assisting with navigating clients with substance use disorder (SUD) for linkage to treatment programs;

- providing a safe place to locate clients for client-centered care;

- facilitating easy client communication and accessibility;

- helping address urgent housing and food needs, including unanticipated jail discharges;

- providing a reliable and consistent housing option; and

- providing access to peer support and navigation.

WHAT IMPACT HAVE YOU SEEN AS A RESULT?

The key impacts of the program include

- increasing successful admission into SUD treatment,

- improving open communication between clients and support services of the ORACLE team,

- addressing housing instability in Ulster County and supporting DSS,

- providing alternative and safe temporary housing for people with SUD who may not qualify for DSS temporary assistance, and

- increasing successful reentry and retention in care post inpatient treatment.

SUCCESS STORIES

Program successes include

- using housing vouchers for transitional housing for an individual following release from jail and prior to admission into long-term SUD treatment—the individual is currently engaged with a long-term treatment facility and making positive progress in recovery;

- using housing vouchers to provide a client safe housing until a detox bed at a treatment facility became available—the individual was housed for 3 nights in the motel, successfully picked up from the motel by Medicaid Transportation, and brought to treatment where they successfully completed and currently maintain recovery; and

- using a housing voucher for an individual who is a Veteran but could not connect with VA services in time to get safe housing the night they returned home from treatment—the individual contacted ORACLE requesting assistance with housing and we were able to place them in the motel for the night and get them connected to the VA the following day, who then connected them with long-term housing.

TIPS FOR YOUR COMMUNITY

LESSONS LEARNED

> The HEAL Motel Voucher program has saved countless lives. When people do not feel safe, have food, shelter, and compassion, they are unlikely to work on their recovery. We have successfully linked 64 individuals to inpatient treatment in one year due to this incredible program!
>
> —David McNamara, Executive Director, Samadhi

- **Referrals.** Initially, organizations made their own referrals, but it was difficult to check each referral for eligibility against the voucher criteria. To simplify the process and collect data, we designated a point person within the organization to assess referrals for voucher criteria and link them to Family of Woodstock for voucher processing.

- **Partnership with DSS.** After someone completes their treatment program, emergency housing can typically be obtained from DSS. If we provide assistance for people in completing their application within a reasonable timeframe, DSS will cover housing costs.

- **Emergency housing vouchers.** Using an organization that already processes emergency housing vouchers through the county's DSS is efficient. Having a 24/7 hotline is important for off hours.

- **HRMT case review.** An HRMT case review meeting was useful to problem solve the barriers to getting individuals into treatment.

- **Transition to treatment.** Initially, there were no limits on the number of housing vouchers available to individuals. A specific time frame was introduced to encourage a speedier transition into treatment. If someone needed more time to prepare, they could apply for recertification to extend the time limit.

- **Care packages.** Individuals were leaving the motels because of lack of food and basic necessities. To prevent this from happening, care packages were provided to the individuals to help them settle in and avoid leaving, which could increase risks. These care packages were funded by HCS.

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