Hello, I'm Ivette Torres, and welcome to another edition of *The Road to Recovery*. Today we'll be talking about homelessness and substance use disorder treatment. Joining us in our panel today are Dr. H. Westley Clark, Director, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, Maryland. Richard Cho, Director of Innovations and Research, Corporation for Supportive Housing, New Haven, Connecticut. Robert Kershaw, business owner and outreach worker, Oxford House, Incorporated, Silver Spring, Maryland. Dr. Jesse B. Milby, Director, Medical Psychology, Substance Abuse and Homeless Research Program, Department of Psychology, University of Alabama at Birmingham, Birmingham, Alabama.

Dr. Clark, when is a person categorized as homeless?

Well, the most important thing is to recognize that when a person lacks a permanent, fixed residence, they meet the category of homeless. There are a number of temporary arrangements that people have; for instance, it's estimated that roughly 1.6 million people are living in transitional shelters, and they also meet the definition of homeless. So we're looking for people who have permanent, fixed residence, and if you don't have that, then you're defined as homeless.

And Dr. Milby, can you sort of take us through those categories a little bit?

Well, there're, there're lots of services that are provided for the homeless, from basic emergency shelters that just provide overnight stay, and people have to leave. There are shelters that are more permanent and give people a chance to find more permanent housing. There are shelters also for women with children, for example, so whole families can stay in a sheltered situation. So there are lots of different categories of services.

Richard, who are typically the people that are going into these and availing themselves of these services?

Well, I think it's important to understand that there's actually several categories of homeless persons. There's, on the one hand, people who are transitionally homeless, people who spend very short periods of time in one of the emergency systems and then who basically make it out on their own, as well as people who are chronically homeless, who spend many, many years or months in homeless shelters or on the streets. And even among the chronically homeless, there are a number of people who spend primarily most of their time on the streets, as opposed to other people who spend a lot of time in homeless shelters. And then another category of people who cycle in and out of many different kinds of homeless services, as well as emergency services and institutions.

And, Robert, there are so many aspects to doing outreach to the homeless population. What are some of the approaches that one uses to really go out and identify these individuals?

Well, one of the approaches which we use is visit. We visit a lot of shelters, we go to a lot of the rooms of recovery individuals, because you find a lot of individuals that are homeless that are seeking help. They tend to go there for that support. And that's where we find a lot of individuals in our outreach.

Dr. Clark, one of the issues that was in our, our briefing packets was the, the whole notion that a great number of people that are homeless have an addiction problem. Talk to us a little bit about that, and tell us how the addiction then causes the homelessness.

Well, it's important to realize that the addiction can either be the cause of homelessness or it can result from homelessness. When you realize that, on a given night, over 700,000 individuals may be homeless, you understand that those individuals are often going through a great deal of stress. Now, the stress may have been caused because the alcohol and drug use, you lose your family, you lose your job, you can't pay your rent or your mortgage, and as a result you find yourself out on the street. Or you resort to alcohol and drugs to self-medicate. From the perspective of the services needed by the individual, it's important for the provider to have a good understanding of both situations.

And which are the groups that are mostly affected, shall we say? Are there, for example, a lot of the homeless population, were they veterans, for example, Dr. Milby?

There's survey data to suggest somewhere around 20 to 25% of homeless people are veterans. That's a lot of veterans. And the VA has special services designed for homeless veterans, and those services are expanding now.

And some of these veterans, Dr. Clark, have families, so it really doesn't affect just the individual that is homeless, but how does it affect the entire family?

Well, I think for any homeless context, if the principal provider loses his or her ability to earn, whether the alcohol and drugs caused or the mental illness caused the homelessness, or whether the alcohol and drugs or the anxiety or stress or depression was a result of being homeless, that affects the whole family. When we're dealing with veterans, we may be dealing with post–traumatic stress disorder, and we need to recognize that that PTSD, in addition to the alcohol and drugs, also affects not only the individual but that individual's family.

So, as a society, we have an obligation to our men and women who served to make sure that we're addressing the full range of issues associated with their homelessness. And the family members who've supported the individual who served who may be affected by that sort of dislocation may need special services

dealing with that. So when we're talking about services, we're talking about that full range of things.

Robert, you yourself, have experienced homelessness. You want to tell us a little bit and what got you there and what you're doing now?

Being a veteran, I can certainly identify with a lot of the, the issues there and especially with some of the programs there. One of the things that got me to that point was my not being willing to accept the fact that I suffered from an addiction. And throughout the course of the, the years, it just became overwhelming, and of course the resulting consequences ended up with me being just that, homeless. And it wasn't until I actually accepted the fact that I had a, a problem that I sought help.

And one of the first places that I turned to was a social service agency, where they had a veteran administrator there. And they were attempting to get me into a long-term treatment program, which didn't materialize. In the meantime, I went to a 28-day program.

Eventually I was waiting to get to the long-term program, and through the benefit of contacts and networking, what presented itself was an opportunity to move into an Oxford House, a decision which I chose, and which has changed my life dramatically. And to that point that I'm now a business owner and I actually work for the Oxford organization. So I strongly, to anyone, would recommend that that would be one of the first opportunities to, first and foremost, seek help. Seek help.

Well, when we come back, I want to start talking about that whole issue of seeking help. How does one begin to identify, assess the populations, and then begin to get them into some type of stability in order to end their homelessness? We'll be right back.

For more information on National Alcohol and Drug Addiction Recovery Month, events in your town and how you can get involved, visit the Recovery Month website at http://www.recoverymonth.gov.

David Freeman, Associate director for Community Connections, Inc., discusses the services that the agency provides.

Community Connections provides a range of services. We have our community support teams, and there are at least five specialties within those teams—addictions and co-occurring disorders, criminal justice involvement and recovery from the criminal justice system, wellness and recovery, and recovery from violent victimization. We also provide a host of other services. We have a psychiatric clinic, we work with children and adolescents, we have a huge housing program. So there's really a range of services that we offer here at the agency.

Michael E. Helms, a client of Community Connections, talks about his recovery process and how the program helped him find recovery.

I didn't know what direction I was in. I didn't know what's going to happen to me. I, I was on the verge of giving up life and everything, until Community Connections decided to take me in. There's people in here that know my name and know me, and I don't even know them, but I always hear them call my name out. So I feel very comfortable realizing that, you know, I have people around here that care about me.

Dr. Milby, approximately 600,000 families, including 1.35 million children, are said to be homeless. What kind of dynamics happens when, when this occurs?

This is the fastest-growing segment of the homeless population, actually, with women and children, and women and children have increased in the last several years' surveys we've had. And, you know, addiction plays a part sometimes, the economic situation plays a part, the breakup of a marriage or a family, and then women are left to negotiate and try to provide for children by themselves, and wind up being homeless and looking to community support for emergency housing and shelter and so forth. So it's a big problem. And it's, it's a challenge for service providers.

Dr. Clark, you were mentioning some of the reasons why these youth become homeless, and you had a particular insight into that.

Well, there are a number of reasons. Clearly, there are children who are runaways, children who are so-called throwaways, there are children who have value conflicts with their families, and then there's another population of youth that often gets ignored and that is kids who identify themselves as being gay/lesbian/bisexual/transgender who find themselves at odds with their either family or their community, so they seek refuge in the street, trying to find support and understanding, and sometimes they become victims of predators who exploit their tragic situations for their own gain.

And this is, Richard, I think is particularly poignant, because the youth really do get victimized.

Absolutely. And I think the kind of traumas that Dr. Clark was referring to with families also apply to young adults who are often on the streets. There isn't the same kind of safety net for a lot of those young adults, and so they tend to form peer support networks. But life on the streets is difficult, and I think they experience a lot of trauma, which often then also leads to substance use as a coping mechanism.

Robert, in terms of the Oxford House, at this point does Oxford House offer families an opportunity to come together, or is it mostly targeting a gender definition of male and female homes?

Yes, mostly they are targeting male or female homes. We do have a couple. There's not many. We want to get more. Funding is always an issue in regards to women with children. We're actually also looking at the model of men with children, because there's a lot of men out there that have taken the responsibility for their children. And the Oxford environment obviously offers a lot of support, and the few homes that we do have, the individuals that are there with their children thrive. They thrive tremendously, because they do have that support, and they do have their family with them, so they're better able to concentrate on their recovery.

Dr. Clark, what have we learned in our unit, our CHAB unit—in terms of treating homelessness?

SAMHSA has several approaches to addressing the full spectrum of homelessness. There's supportive housing, and then the CHAB unit, the co-occurring homeless branch, deals with grants to benefit homeless individuals. So, again, we try to meet the person where they are, rather than prescribing a single model.

We definitely prefer a case-by-case assessment of the individual. So you want outreach workers addressing the unique needs—why is that person homeless? What are the circumstances? Is it a sexual orientation issue, is it a family issue, is it an economic issue, is it a chronically mental illness issue? What's going on with that person, and do they have potential access to resources or no access to resources? If you don't do it that way, then you operate on this one-size-fits-all, and that generally doesn't work.

Dr. Milby, we've thrown around a lot of terminology. Why don't we get you to explain to our audience what co-occurring condition is?

Well, co-occurring condition really means that someone has a substance use disorder and in addition has a additional mental disorder. And sometimes co-occurring disorder means that they have more than one additional co-occurring disorder—

So co-occurring disorders can cover from people who have active psychoses and difficulties with reality contact to people who have stress disorders, and everything in between.

Dr. Clark

From an integrated approach, we also like to remind people that some, many individuals who are homeless also have medical conditions that are untreated, and that becomes part of the co-occurring context. So—

it's physical health, it's mental health, and it's substance use disorder, full spectrum.

When we come back, we're going to continue to talk about, now, the treatment of homeless individuals with co-occurring conditions and with addiction problems. We'll be right back.

Dr. Clark, what are some of the most effective approaches to dealing with individuals that are homeless and that have an addiction problem or a co-occurring condition?

I think the most important thing, when you talk about approaches, is that you do have an individualized assessment of the person. You screen for a full range of issues. From SAMHSA's point of view, that would include mental health issues, trauma, substance use, etc. But remember, we're dealing with somebody who is homeless, so we need to know what other situations are going on. Am I homeless because of economics? Domestic violence? A physical problem? Am I a veteran who may have access to resources? Will I benefit from peer support? These are all questions the person doing the assessment should be asking. And if you, in your assessment, aren't addressing those, then in your treatment plan, you're not accommodating those needs.

And so, again, there are many pathways in the treatment approach, but I, I think the hallmark is a very good assessment of where the individual is, what some of the causal factors are, and what the service needs should be. But the whole thrust is to move that person into a permanent housing situation, but recognizing that everybody presents with their own unique set of issues, and those issues need to be assessed.

Dr. Milby, beyond what Dr. Clark has mentioned, talk to us about some of the more innovative efforts that you're familiar with.

One of the innovative approaches, I think, is the kind of thing we've been using in Birmingham, where people who are homeless—and we're, we're especially focusing on people who have crack cocaine dependence and are homeless and also have nonpsychotic co-occurring disorders. So these people are entered into an intensive treatment program, and they're offered housing that is abstinent-contingent. That's—they're modest apartments. They are provided with a box of food and flatware and cookware, and it's a furnished apartment. Handed the key, and then we tell them, tomorrow morning the van'll pick you up and bring you into treatment. Make sure you be there, but next week you need to start giving us clean

urine specimens in order to stay here. So we call that abstinent-contingent housing. And that's been very effective.

So it's dependent on their sobriety, on their staying off of drugs.

And participating in treatment actively. And the interesting thing is—and people forget this part, but it's very important—if they are not abstinent, then we transport them to a secure shelter, but the next day the van picks them up at the shelter and brings them back to treatment. And they continue in treatment until they can get back into their furnished apartment. And we keep doing that as long as it takes till they're able to initiate recovery and sustain abstinence and move forward.

Richard, this denotes a real difficulty in, in getting individuals that have an addiction problem that are homeless into a permanent situation, does it not? Talk a little bit about what your approach is in Connecticut.

Well, actually we're a national organization, and around the country we work with a number of different nonprofit organizations that provide supportive housing. And, you know, they generally fall within one of two different kinds of service approaches, one really tailored towards people who are in recovery and that provide the kind of supports—case management, counseling, and referrals to ongoing treatment—for people who are in recovery. But then another category that I think is emerging and growing, which are what we generally refer to as housing-first approaches, that are targeted towards people who are addicted but who—recovery may be a very distant thing in the future, or at least, at least abstinence, anyway. But these are folks who have spent years on the streets or in shelters and who have very severe kind of addiction issues, and where the goal is primarily to, to first take away the immediate traumas of homelessness by placing them into housing, and then wrapping them with the kind of assertive supports that tries to build a relationship and tries to help them feel acclimated to housing as a step towards having them build the kind of cognitive skills that enable them to seek treatment.

Robert, Oxford House does—they do require abstinence, correct, in order for the individual—is it a testing scenario?

Ordinarily no. Individuals apply for membership in Oxford House. They generally are coming from a treatment program, or they even may be coming from a shelter. But they've had some, some measured moments of abstinence, where they haven't used. We tend to go through the interview process, and we, we try to gauge, generally speaking, where the person is in regards to their own recovery, because we are peer-to-peer support. We don't have professionals online to be able to diagnosis or treat any particular type of situation. It's all about, I'm like you, and we can help each other best.

Let's talk about the whole criminal justice issue. About 19% of those in Federal prisons and 30% of those in local jails are homeless. What, what is that dynamic about, and what, what are we doing to really help those individuals that have been intercepted?

Richard

Actually, we've been working on this quite a bit over the past couple of years. We have an initiative called the Returning Home Initiative, in which we're working with a number of states and jurisdictions around the country. And the basic idea is that we want to create permanent supportive housing to prevent people who are being discharged from corrections, often who have homeless backgrounds, from having to go to the streets, only to become reincarcerated, either due to rearrest or because of parole or technical violations. And we've had a lot of success.

One of the other populations, I think, that's important to look at is people who are cycling between local jails and homeless services, as well as using many other emergency services that are costly. And these are a small set of individuals who end up using a lot of resources and cost states and local jurisdictions a lot of money. And these, what we call frequent users of jails, shelters, and other services are a population that we've been particularly concerned about and where we've worked with correction agencies around the country to create a model that we call FUSE, Frequent User Service Enhancement Program. And that is able to help individuals to break their cycle of incarceration, homelessness, and also address their addiction and mental health issues.

Well, when we come back, I want to continue along the lines of what homelessness is costing this nation. We'll be right back.

When you have a drug or alcohol problem, your whole world stops making sense. You can get help for yourself or a loved one and make sense of life again. Good morning. For information, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

Dr. Milby, what are some of the costs to society in terms of homelessness?

If we're providing services, we're having the cost of shelter we provide. But some of the other things that probably are less well recognized is homeless people wind up in the emergency room, lots of times, repeated times a year. That's very expensive for society, because we all, as taxpayers, pay for that. They wind up in jail, and to incarcerate someone is very expensive. So the costs of a homeless person just being allowed to continue in homelessness is very high for society, and some studies have estimated it may be 30-to-40-some thousand dollars a year per person. And some people, if they're repeatedly hospitalized, are costing society tremendous costs, well over $100,000 a year.

And, conversely, you know, if we were able to assess, as Dr. Clark has mentioned, finding some permanent housing, and what other aspects are necessary. Employment?

I think many homeless people have the potential to get back into the workforce. In our studies, most of the people, on average, have been employed for five and a half years before they were homeless. So these are people that have the capacity, many of them, to return to the workforce. And I think the programs that do the initial assessment, as Dr. Clark was saying, and find that they have that history, and they want to get back, they don't have a disability that would interfere, then the service package needs to include employment and vocational assessment, and what are their skills and where have they worked before successfully.

And training.

And training, providing new training, and, and in our part of the country we provide transport and take them to interviews. We provide opportunities to practice interviews and how to dress and what to say and so forth. And we help them prepare résumés, even.

Robert, in terms of when a person goes to an Oxford House, since it's such a good model, do they already have a job? Does the Oxford model provide the jobs for the person, or are you sending them out and saying, you've got to go out and you've got to find a job?

Basically, when you come to an Oxford House, employment is not a mandatory thing. You don't have to have a job. Obviously, being that Oxford House is self-supported and self-run, they must at some point in time be able to financially maintain their membership. It's a membership situation. What we found is that, a lot of times, especially with the homeless, what we don't have is immediate funds availability to move into an Oxford House. That's something which we work with SAMHSA and other state and local agencies to try to procure funds to allow the homeless, just to subsidize them for a month or so, to give them that, that time to, to get comfortable, get the support structure, then we have a lot of resources. One of the things which we're doing in Oxford House is we're creating a member resource directory for all of our members. We know what your skill level is, as Dr. Milby was talking about. We know what the skill level is. What is your chosen field of endeavor, what's your educational background? That gives us a directory when we go to our corporate sponsors, when we deal with the state and local agencies in regards to their resources, to better be able to match up.

And you, yourself, you have a construction company now. You're a businessman. How willing are you to take on individuals that are at Oxford Houses and provide employment?

Oh, 100% willing, because I know first and foremost that they're, they're trying to better their position. They're trying to better their situation. Obviously they've accepted

the fact that they have an illness, and they want to do something about it, and they're trying to repair their lives.

Richard, you wanted to add something.

Yeah, I think one of the growing areas that I think needs to have more focus is around employment services that are also tailored to supportive housing tenants. And we did a big push several years ago to do what we called vocationalize the home front, essentially have services focused on employment built into supportive housing. And, you know, we had some success with that. I think the biggest challenge was that some of the mainstream systems that are out there that help provide employment supports aren't necessarily tailored to the needs of people who are homeless and who have both addiction and mental health issues. And I think having some of those mainstream systems become more adapted to the needs of that particular population would go a long way to helping people find employment services and apply for unemployment.

Is it possible to prevent homelessness, Dr. Clark?

Well, I think that's one of the things that we need to include. The word prevention, preventing homelessness or preventing some of the problems associated with homelessness, by addressing the homeless situation early. So, clearly, in order to prevent homelessness, you need to know the root cause, you need to be able to deal with the root cause. If the precipitating root cause has to do with substance use, then dealing with substance use would help prevent homelessness. If it is to deal with mental health issues, like depression, anxiety, trauma, then you want to deal with that. Or, once a person becomes homeless, it's important to recognize that that person then is more vulnerable to substance use, more vulnerable to some psychological reactions. And part of the intervention, part of the services that Richard talked about, is beginning to address some of the psychological issues and the substance use issues so that you don't develop more compound or complex mental health or co-occurring problems; you don't develop a full-blown substance abuse problem because you're self-medicating, trying to cope. So the word prevention, then, goes to the larger societal issue and then to the programmatic issue.

Well, I want to remind our audience that September is National Alcohol and Drug Addiction Recovery Month. I want to encourage you to go to the Web site, http://www.recoverymonth.gov, to get more information, and to get engaged, and do an event in September.

It's been great having you. Great show.

The Road to Recovery is a series of webcasts and radio shows that helps individuals, organizations, and communities as they plan and host events in celebration of Recovery Month each September. This series aims to raise awareness about the benefits of addiction treatment and recovery, and highlight the positive and affirming message that addiction is treatable and recovery is possible.

To view the webcasts from this season and others in the Road to Recovery series visit http://www.recoverymonth.gov and click Multimedia.