

## Recommendations for Substance Abuse Safety and Engagement at New London Homeless Hospitality Center (NLHHC)

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### Background

#### Study Context

The NLHHC is a low-barrier, emergency homeless shelter located in New London, Connecticut. This shelter operates under a housing first model, which means that residents with current substance use issues can be housed at the shelter. NLHHC staff report that substance use has become an increasing issue at the shelter, with 302 of the over 500 residents registered at the shelter last year reporting that they had a history of substance use<sup>1</sup>.

### Homelessness and Substance Use

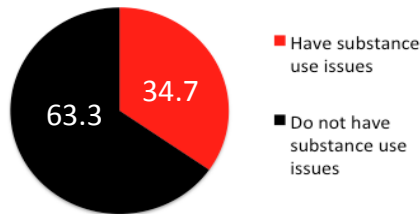
#### Homelessness Facts

The lifetime rate of homelessness is 6.2%, meaning that approximately 1 in 16 people will become homeless during their lifetime<sup>2</sup>.



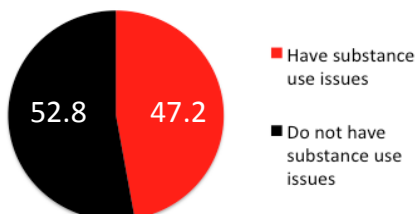
#### United States<sup>3</sup>

Homeless Individuals with Substance Use Issues



#### Hartford, Connecticut<sup>4</sup>

Homeless Individuals with Substance Use Issues

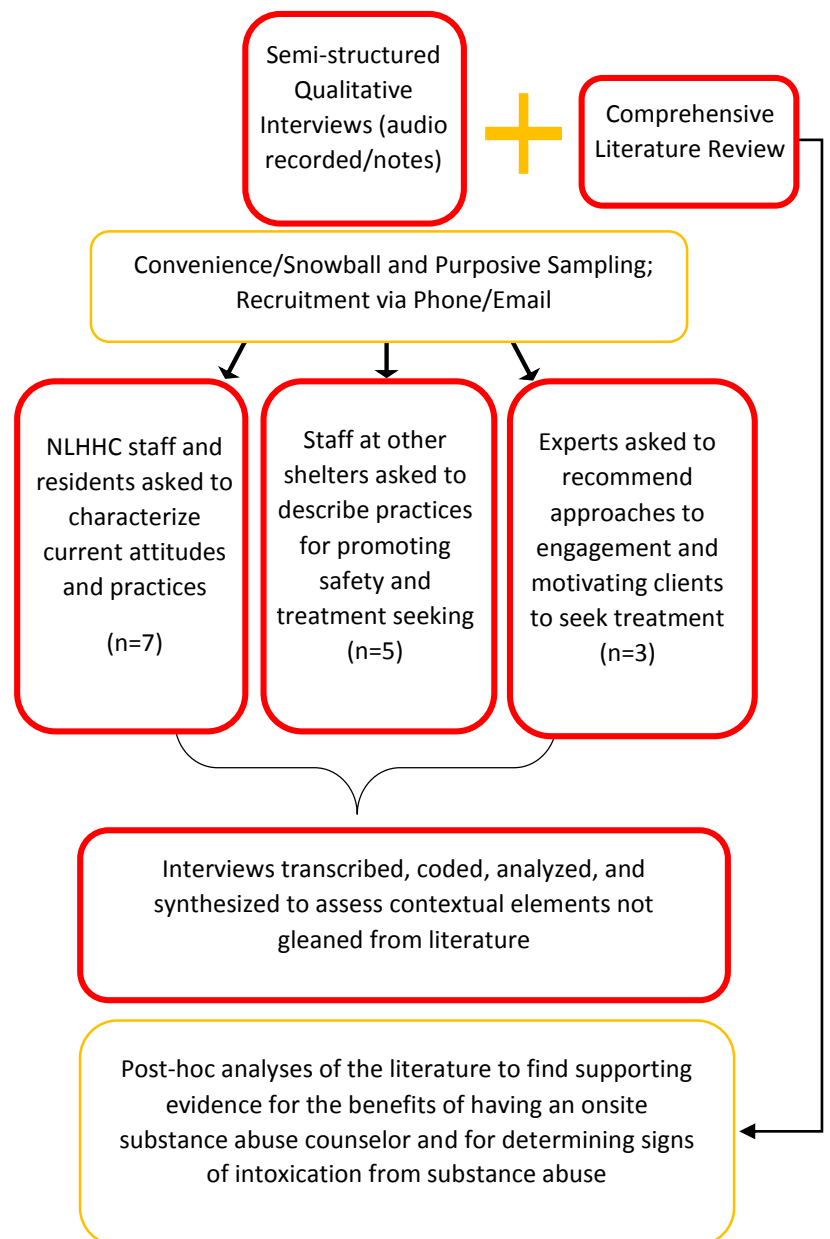


### Objectives

To provide evidence-based recommendations to NLHHC related to substance abuse that:

- (1) Create a safe environment for residents and staff, and
- (2) Promote treatment-seeking motivation.

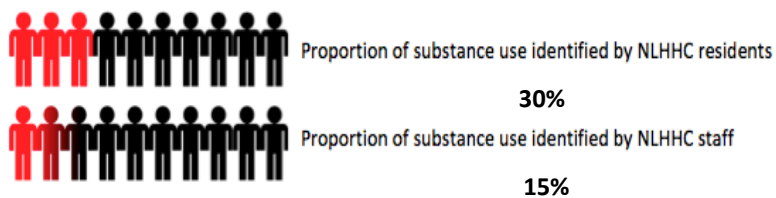
### Methods



## Key Findings and Results

### Proportion of Substance Use among NLHHC Residents

NLHHC staff identified a lower portion of their clients using substances than clients themselves reported



### Guidance for Treatment Motivation Strategies

“Experiencing rewards—not only physical, but also affirmations in progress [...] can be greatly useful [to enhance motivation] because it’s about saying ‘I see you’.”

“Motivational interviewing, if done correctly, is categorically useful. [...] It’s more ‘pre-game’—a way of speaking that leverages the relationship between the symbolic [nature of the conversation] and how that’s bound up in behavior.”

### Considerations for Safety Improvement

“I think someone should be hired specifically for searches. You know, a male and a female, and, you know, if there is an issue, you know, that person has to be more if depth every time they are brought in and searched again. You know, a one strike rule. You walk in with something on you. The next time you are coming in, you are getting fully searched.”

“Yeah, but it’s more prescription. And really I think people sell ‘em because they need the money. And then they’re passed around, they’re given around. Or trade or ya know, I need a pair of pants, and I’m serious about that, from clothes to food to ya know, um rides to job interviews, I’ve seen people trade pills for a ride, to get a job.”

### Suggestions from Experts and Other Shelters



### Services Provided at NLHHC

NLHHC currently uses camera surveillance and incident reports to document issues with clients, provides some access to onsite substance abuse interventions such as AA meetings, makes referrals to treatment centers and provides transportation.

### Resources

Detailed resources were created based on our post-hoc analyses of the literature and can be found as appendices in our full report<sup>5</sup>. Appendices include:

- Signs and symptoms of substance use
- Prescription drugs abused in shelter
- Substance abuse treatment centers and meetings in New London
- Motivational interviewing and engagement recommendations
- Federally Qualified Health Center onsite clinician proposal

## Recommendations

### Safety Improvements

1. Lower threshold for calling the police or ambulance whether due to violence or substance use.
2. If possible, a minimum of two staff at all times and a maximum of 25 residents per staff.
3. Staff training in CPR and self-defense.
4. Computer-based anonymous comment box for residents to express concerns.

### Decrease Substance Use

1. Promote the secure storage of prescriptions by allowing residents to keep them in an office lock-box.
2. Increase random searches, confiscating and destroying any illegal substances.

## Recommendations

### Engagement

1. Establish a life activities plan for every resident in collaboration with a staff member.
2. Greater communication between staff using the logbook. The goal should be to address the needs of every resident even when staff shifts turn over.
3. Continue to build motivational interviewing capacity through staff trainings and ongoing practice.
4. Incentivized approaches to leverage treatment.
  - a. Offer to hold the resident's bed after an altercation, if they are willing to enter treatment.
  - b. Offer to pay full amount of cost-of-living expense (e.g. apartment down payment, second month's rent) if the resident attends five days of treatment. Approach will vary depending on housing options of the resident.
  - c. Identify priorities in the resident's life and help them achieve those goals, while encouraging treatment seeking. Help the resident become aware that substance use is a barrier to achieving their goal.
5. Increase support groups meetings including Narcotic Anonymous and make more substance abuse material readily available including information for group meetings.

### Federally Qualified Health Center

An onsite clinician would help extend services and has been shown effective.

### Future Research

1. Decrease idleness by incorporating greater programming, education, and participatory activities. Prerequisites for such a program will be funding, a facilitator, volunteers, and a defined space.
2. It may be beneficial to build closer relationships with the soup kitchen and establish a collaborative effort to dissuade use and selling of drugs.

## Conclusions

NLHHC was interested in determining effective ways to maintain a safe environment and engage residents to seek treatment. Barriers included NLHHC being a wet shelter with limited resources and approaches to address the growing burden of substance use. NLHHC residents are highly grateful for the services and respect they receive. The strong collaborative and interpersonal relationships NLHHC has developed within the community and with its guests, respectively, will enable NLHHC to effectively incorporate the above recommendations to address safety and engage residents to seek substance abuse treatment.

## Limitations

Given that only three NLHHC staff, four NLHHC residents, three experts and five staff members at other shelters were interviewed, our sample size was small; however, thematic saturation was achieved. Additionally, since we relied on self-reporting, social desirability bias was another potential limitation.

## Acknowledgements

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