



Addressing Issues of Substance Abuse Among Older Adults in Service - Enriched Housing

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About Hearth

- Hearth began its work in 1991 when the increasing numbers of homeless elders in Boston prompted seven women with extensive professional experience in housing, social services, and health care to form the Committee to End Elder Homelessness.



More About Hearth

- Now known as Hearth, our organization:
 - Develops, operates and locates affordable housing for homeless and low-income elders:
 - Provides and links vulnerable elders with support and stabilization services integral to their well-being and success in housing; and
 - Engages in research and advocacy to elevate the issue of elder homelessness to local, regional and national policy forums for discussion and action.



Hearth Residential Services

- The essence of the Hearth Model is the integration of interdisciplinary services at each residence:
 - Housing
 - Mental Health Care
 - Health Services
 - Social Services
- Services are provided through individualized plans to fit the needs of each resident, allowing even very frail elders to live with considerable independence in their own apartments.



Hearth, Inc.

Outreach Program

1,600 elders placed; 3,500 served (capacity to help 350 elders/year)

Housing & Services

8 sites, 196 units

Advocacy

Furthers dialogue (local and national) to discuss and promote effective solutions to end elder homelessness



Who Does Hearth Serve?

- Men & women age 50+
- History of homelessness or at risk of becoming homeless
- Co-occurring disorders (serious mental illness, chronic medical problems, substance users)
- Trauma survivors
- Extremely low income



Physical Health Issues

- Older homeless adults have been shown to have the range and severity of health issues similar to people in the general population who are 15 years older.

Culhane DP, Metreaux S, Hadley T. Supportive housing for homeless people with severe mental illness. *LDI Issue Brief*. 2002;7(5):1-4.

- A recent study on geriatric syndromes in homeless adults aged 50-69 in Boston found higher comorbidity rates than among other older adults, including hypertension, asthma or COPD, and depression. Many experience cognitive declines and report binge drinking.

Brown RT, Kiely DK, Bharel M, Mitchell SL. Geriatric syndromes in older homeless adults. *J Gen Intern Med*. 2012;27(1):16-22.



Most Common Physical Health Problems

- More than 70% of Hearth's residents have active medical problems
- Most common chronic physical health problems include:
 - Circulation/Heart Problems
 - High Blood Pressure/Hypertension
 - Diabetes (over 50%)
 - Arthritis/Muscular-Skeletal Problems
 - Vision Problems
 - Lung Disease
 - Dental Problems



Mental Health Issues

- About one third of single homeless adults have a serious mental health illness.

McKenzie, J. F., Pinger, R. R., & Kotecki, J. E. (2008). *An Introduction to Community Health (6th ed.)*. Sudbury, MA: Jones and Bartlett Publishers, Inc.

- More than half (56%) of Hearth's survey participants have one or more diagnosed serious mental health problems.

Gonyea J, Bachman S. *Hearth's Ending Elder Homelessness – The Importance of Service-Enriched Housing*. November 2009.



Mental Health & Substance Use Issues

- Most Commonly Diagnosed Mental Health Problems of Hearth Residents:
 - Schizophrenia – 22%
 - Depression – 20%
 - Paranoia – 8%
- About four out of every ten Hearth residents surveyed have a past history of alcohol problems.

Gonyea J, Bachman S. *Hearth's Ending Elder Homelessness – The Importance of Service-Enriched Housing*. November 2009.



What is Service Enriched Housing?

- Service-enriched housing programs are designed to promote as much self-sufficiency as possible for frail and vulnerable elders through the provision of the array of services they require. The central objective of service-enriched housing programs is to assist vulnerable residents to age with dignity by attending to their special physical health, mental health and social needs.



On-site Health Services

- Health Services
 - RN
 - GAFC
 - SCO
 - SAMM, MAP
 - RN and PT interns
- Mental Health Care & Social Services
 - MSW (brief counseling, crisis intervention, info & referral)
 - Substance Abuse Counselor (LADC1)
 - DMH CBFS
 - SW and ET interns



Hearth's Housing

Hearth operates 196 units of permanent supportive housing at eight sites throughout Greater Boston.

Anna Bissonnette House

South End, Boston, MA
40 studio & 1-bedroom apartments

Burroughs Street House

Jamaica Plain, MA
Congregate housing for 13 elders

Elsie Frank House

Jamaica Plain, MA
Congregate housing for 9 women

Fuller Village

Milton, MA
Outreach services for 8 units

Ruggles Affordable Assisted Living

Roxbury, MA
43 studio apartments

Ruth Cowin House

Brookline, MA
9 studio and 1-bedroom apartments

Uphams Corner ElderHouse

Dorchester, MA
14 studio apartments

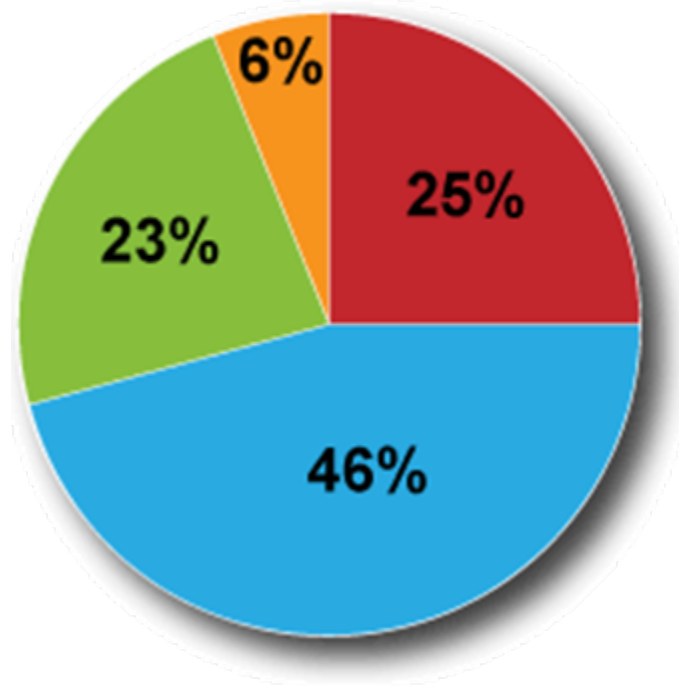
Hearth at Olmsted Green (*May 2012*)

Dorchester, MA
59 1-bedroom apartments



Hearth's Sources of Revenue

Nearly half of Hearth's revenue comes from rental fees and program revenues.



Revenue

-  Rental Fees & Program Revenues
-  Government Grants & Other Contracts
-  Donations & Funds Released from Donor Restrictions
-  Other



History of Substance Awareness Group (SAG)

- Smoking Cessation Group
- Group Expansion
 - Program Social Work Facilitators:
 - Social Work Intern
 - LCSW, Certified in smoking cessation
 - LCSW, LADC1
- Group Discussions
 - Education on substance use
 - Self-disclosure
 - Support group



Changes in Group Direction

- Research
- Informative Site Meetings
 - Solicited feedback
 - Tenant recruitment
 - Small group “think tank”
 - Instrumental in group creation
- Questionnaire & Interviews
 - Tenant representatives from each site
 - Key staff at different sites



Questionnaire & Interviews

Staff concerns:

- Privacy/Confidentiality
- Alcohol, cocaine, narcotics, and nicotine
- Group title
- Site availability
- Tenant accessibility



Questionnaire & Interviews *(continued)*

Tenant concerns:

- Refreshments
- Leaders with background knowledge of substances
- Atmosphere had to be safe and nonjudgmental
- Confidentiality/ No repercussions from administration
- Group structure had to be open discussion
- Voluntary attendance
- Client-centered approach



Substance Awareness Group (SAG)

Group Design:

- Education-based, with optional self-disclosure
- Open group
- Client-centered
- Confidentiality
- No punitive consequences (pending policy revision)
- Open to all sites
 - Current rotation between 2 sites
 - 8 weeks per site
 - Meets bi-weekly
 - Travel coupons offered



SAG Topics

- Substance use effects on health
 - COPD
 - Cancer
 - kidney failure
 - heart disease
 - circulatory issues
 - renal failure
 - drug overdose
 - pain/substance abuser
- Loss & Loneliness/ Depression
- Isolation vs. socialization
- Limited support system (i.e. family)



SAG Topics *(continued)*

- Stigma
 - Men vs. women
 - Labeling
 - Environment/ Agency support
- Aging: “Am I too old to quit?”
- Generational changes
 - Acceptance of tobacco use vs. non-acceptance today
 - Counter-cultural influences (introduction of substance use in ‘60-70s)



SAG Outcomes: Strengths

- Greater awareness of the costs & benefits of substance use
- Comfortable & supportive space to share experiences
- Distribution & discussion of available resources
- Recognition of different triggers
- Group cohesion enhanced motivation to quit



SAG Outcomes: Strengths *(continued)*

- Mutual encouragement of group members
- Provided opportunities to work on collective and personal goals relating to individual experiences
- Enhanced group morale and empowerment
- Validation and acceptance of age, cognitive abilities, gender, and medical issues



SAG Outcomes: Challenges

- Continued education on substance use and abuse with tenants and staff
- Policies
 - Section 35
 - Self-harm
 - Protective services (i.e. financial exploitation)
- 8 week group is not sufficient
 - Members feel the group should be ongoing



SAG Outcomes: Challenges *(continued)*

- Housing eviction dilemma
- Supportive services for older adults
 - No services designed specifically for elders
- Making cooperation among service providers a priority



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