

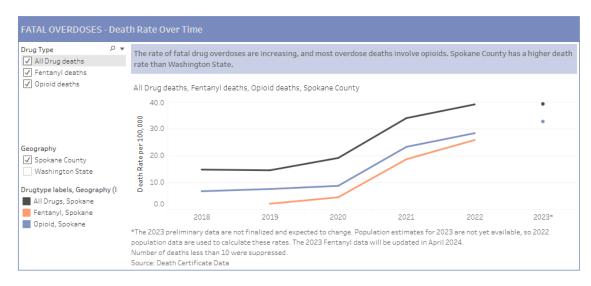
Homeless and Opioid Misuse Support Services

Homelessness and opioid overdoses are two complex public health issues. While they are two separate issues, community members with risk factors for one usually have risk factors for the other. Homelessness and opioid use are also risk factors for each other. This relationship of causation and correlation is why addressing both issues together can make a greater impact. Spokane Regional Health District (SRHD) programs are consistently addressing or intersecting on the prevention and treatment of homelessness and opioid use.

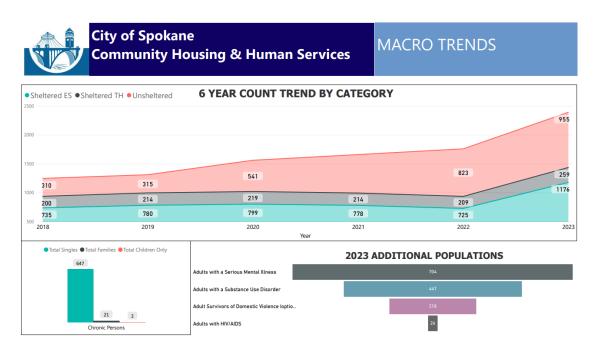


Snapshot of Homelessness and Opioid Overdose in Spokane County

The charts below show a dramatic increase in homelessness and opioid overdose in Spokane County since 2018. As SRHD has received this data, the organization has worked on ways to address both prevention and treatment.



Opioid Dashboard - County Health InsightsPIT 2023 Dashboards (spokanecity.org)



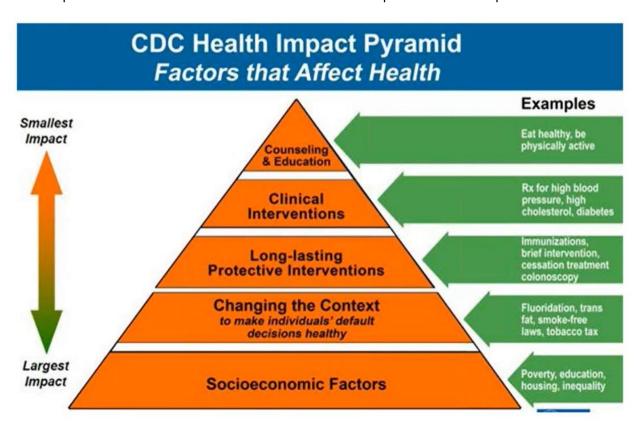
PIT 2023 Dashboards (spokanecity.org)





Prevention and Treatment

SRHD's role is to promote and protect the health of all people and their communities in our region. SRHD does this by addressing issues directly and also finding the cause of the issue to prevent it in the future. To do this, SRHD has to look at multiple factors that impact health. For this report, we will utilize the Centers for Disease Control and Prevention's (CDC) Health Impact Pyramid as the context for how SRHD programs address homelessness and opioid use directly and indirectly. Lower levels of the pyramid include interventions that tend to achieve greater impact because they reach broader segments of society and require less individual effort. SRHD implements interventions at each level that address or intersect with opioid use and homelessness to achieve the maximum possible sustained public health benefit.



Socioeconomic Factors

Socioeconomic factors such as poverty, education, housing instability, and equality increase risk factors for homelessness and opioid use. SRHD has many programs addressing these risk factors.

Treatment Services

Treatment Services connects clients to resources to address factors like housing, food insecurity, or financial support.



Community Health Division

- The Health Equity Program builds relationships throughout the community to act as a liaison connecting clients with partners to address their needs and connecting partners' clients with SRHD programs that offer help. They also oversee accessibility so every person and community can benefit from the resources SRHD offers.
- The Healthy Living team has been working throughout the community to educate anybody who has an impact on children (which is everyone!) to understand the Healthy Outcomes from Positive Experiences (HOPE) Framework. This framework uses data to show that positive experiences in children's lives are a protective factor against negative behavior and health outcomes as they grow into adults. This empowers community partners to invest in and educate about how to lower the risk of future homelessness and opioid use.
- Access to Care ensures community members are receiving medical treatment in a safe environment rather than self-medicating with things such as opioids.
- Early Support for Infants and Toddlers works with families who have children with physical and developmental delays. Disability is a risk factor for both homelessness and opioid use. Early intervention increases the likelihood a child will be able to thrive and navigate challenges in a healthy, positive way. The program is also a way for clients to learn about and be connected with resources to address socioeconomic risk factors.
- Children and Youth with Special Health Care Needs supports families with resource navigation and care coordination. Helping families who have limited time, are under a lot of stress, and need medical support ensures access to resources and tools that mitigate risk factors for homelessness and opioid use.
- Nurse-Family Partnership has data showing the positive health outcomes for the children and families involved in the program. This includes lower instances of child abuse, intellectual and behavioral problems, and fewer physical accidents. Many of the improved outcomes lower the risk of behaviors that lead to homelessness and opioid use.
- HIV Case Management supports clients with resource navigation, skill building, and coordination of services around their health condition. There is also additional funding they can utilize to help clients avoid homelessness through rent or mortgage vouchers.
- WIC (Women, Infants & Children) supports families with access to and education about nutritious food which supports the family financially and helps children grow into healthier adults. WIC representatives also help families connect with other resources needed to keep a stable home environment that will lower the risk of opioid use and homelessness.

Changing the Context

Changing the Context means we change things in our environment that reduce barriers and make healthy and positive behaviors the easy and default choice for people regardless of societal factors. SRHD usually plays a support or advisory role in the changes needed to accomplish this.





Fentanyl Round Table

The fentanyl round table is a perfect example of finding and addressing barriers in our systems. The round table includes experts from the many agencies that work with clients using opioids and people with lived experience. By evaluating the system from multiple perspectives, experts can find gaps and barriers to treatment and prevention. With this knowledge, they can recommend and take action on policy and system changes.

Community Health Division

- Keeping Children Safe is currently working on a child fatality review that will inform what systems and policies can be changed to lower the risk of death and the subsequent trauma it causes.
- Resilient Families is working on an opioid overdose fatality review to understand what system changes can be made to keep people from the point of overdose.

Disease Prevention and Response

The Data Center is consistently working on ways to understand the needs of our community through data collection and analysis. With the data they collect, they can provide information and analysis for those making policy and system decisions about homelessness and opioid addiction in our community.

Long-Lasting Protective Interventions

Long-lasting protective interventions tend to be a one-time or infrequent intervention that does not include ongoing care. SRHD's interventions may treat the issues of opioid use and homelessness directly or they may treat the person experiencing the issue by increasing protective factors and resiliency.

Disease Prevention and Response

- The Homeless Outreach program works directly with clients experiencing homelessness to address needs. The homeless outreach program coordinator utilizes SRHD's Commerce ID grant which facilitates homeless individuals receiving their Washington State ID card or other core documents to help them obtain housing or other services. The coordinator also builds relationships and is a trusted resource to connect clients with other interventions such as housing assessments to address homelessness or naloxone to address risks involved in opioid use.
- Epidemiology focuses on keeping people who are homeless and/or use opioids free from diseases. Two ongoing projects include:
 - O Hepatitis C prevention. Homeless individuals and active substance users are a priority group for interviewing as they are more likely to transmit to other people. Staff conduct hepatitis C screening in permanent supportive housing, shelters, drug treatment centers, and other settings where they are likely to reach people experiencing homelessness. HIV/STD Prevention staff participate in these screenings as well. SRHD also has a representative in a hepatitis C workgroup of clinical providers whose focus is on reducing barriers to people accessing treatment for their hepatitis C infection. While this group of patients can be very diverse, SRHD's advocacy in this workgroup is for people experiencing homelessness and people who are actively using drugs.
 - Congregate care team. This is a team that grew out of the COVID-19 pandemic and supports the shelters, drug treatment centers, and corrections facilities with chronic disease issues and outbreaks. Much of this work is consultative or problem-solving but the program also provides testing supplies for COVID-19 and has supported shelters with personal protective equipment.





- HIV/STD Prevention facilitates the syringe exchange program to support clients and reduce the harm risks involved
 in drug use. Through this program, SRHD staff build trust with clients, who then are more likely to seek support
 and resources with program staff. The program recently received funding from the Washington State Department
 of Health to hire a care navigator in the syringe services program who will help with housing and access to care for
 people experiencing homelessness. Hiring for the position is in process. Position funding is expected to continue
 from 2024-2028/2029.
- Immunization Assessment and Promotion provides routine vaccines at shelters for adults and children.

Community Health

HIV Case Management has two funding sources used for assisting clients with unstable housing situations. The Housing Opportunity for People with AIDS (HOPWA) funding can help people living with HIV and their families with housing needs such as short-term rent, mortgage, and essential utilities to avoid homelessness. This funding can also help with deposits to get people housed. The program also has Ryan White housing assistance that can help people living with HIV with housing and utility costs for emergency and transitional situations. SRHD's program currently receives one voucher a month from Spokane Housing Authority to help those they serve secure housing. It also has two housing specialists to assist clients with housing-specific needs.

Clinical Interventions

Clinical Interventions are very impactful for the individual, however, the impact of clinical intervention can be lowered by accessibility, patient adherence, and effectiveness. SRHD's Treatment Services Program provides direct Medication-Assisted Treatment to individuals who have opioid addiction. Clinical interventions are available for opioid use and for other medical conditions to address the additional needs of clients utilizing the program. They serve approximately 1,000 individuals a year.

Counseling and Education

Counseling and education around behavior change tend to be what people associate with public health interventions. However, without the support of the lower four tiers, it is not very effective. As SRHD works on the bottom four tiers it consistently includes counseling and education as a part of a larger context. Specific projects and campaigns reach larger groups and the consistent and trusted interactions with individual clients by our staff also create many opportunities for counseling and education.

Treatment Services

Treatment services staff continue to counsel and educate their clients through the recovery process about behaviors associated with both opioid use and homelessness.

Public Information and Government Affairs

The Public Information and Government Affairs program serves as a conduit of information from SRHD's public health experts to the community. By providing video, print, and digital materials, the program reaches a wide audience with communication about how to seek help for homelessness or opioid use, community supports available, and how each community member can be an active partner in reducing homelessness and opioid use.





Community Health

The Nurse-Family Partnership Program provides consistent education and counseling with mothers from birth to the child's second birthday. They work with the family through opioid use and homelessness and help them create and achieve health and general life goals.

Conclusion

Public health is a complex issue that requires a multi-factor approach. Homelessness and opioid use are two issues that can have a devastating impact on individual and community health. Therefore, they need to be addressed using multiple levels of intervention. SRHD has worked diligently to include these issues in a large portion of our public health work as we look at the overall health of our region.