

# Post Acute Treatment Services, Personal Recovery (PDPR)



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# Current State of Affairs

“Most research demonstrations have focused on individuals with severe mental illness, and we now know what works for that population. **We know less about relocation and housing assistance programs (duration, intensity) needed for families, individuals with substance abuse issues, ...**”

- Dennis Culhane, 10/2/2006

*interview in National Alliance to End Homelessness newsletter*

# Overview of Presentation



- **Welcome**
- **Brief history/overview of PDPR program**
- **Getting Started with the Transformation**
- **The details...**
- **Provider experience during transition**
- **Impact on clients**
- **Lessons learned**

# History & Overview of PDPR



- **Need for Program**
- **Source of funding**
- **Original program design**
- **MHSA & DPH/BSAS Partnership**
- **Need to change model**
- **Requirements to sustain HUD funding**
  - **Same target population, program/housing sites, SRO housing, service providers & sources of referrals**

# Getting Started

- **Paradigm shift: program sites > residents' homes**
- **Develop "Participation Agreement", "Exhibit One", ISP format**
- **Mandatory monthly provider meetings**
  - Relapses reported at every meeting
- **Training: MI, Harm Reduction, Self-Care**
- **Quarterly program site visits**
- **Frequent HUD Annual Progress Reports**

# Transformed model

- **Low threshold housing**
- **Harm reduction approach**
- **Case management focus shifts to engagement**
- **Permanent housing within SRO model**
- **Case management office on-site**
- **24/7 on-call**

# The details

- **Role of Case Managers**
  - Instruments of implementing change
  - Identify internal supports regarding relapse prevention/ recovery
- **Learning how to work with relapses**
  - Providing “in house” support
  - External services post-relapse
  - Relapse prevention groups
  - Individual therapy

# So, how does this **REALLY** work?

- **Keeping people engaged in recovery process**
- **ISPs**
- **House meetings to discuss relapse**
- **Meeting clients “where they are at”**
- **Client-centered model**
- **Peer Support model**
- **Agency/Supervisor support**

# Provider Experience

- **Upon hearing of model change...**
- **Previous history providing services related to treatment, relapse, housing**
- **Concerns/Expectations**

# Impact on clients

- **How many stayed at first?**
- **Their first reaction to low threshold?**
- **How was this different for them?**

# Lessons Learned

- **Take care of yourself! Ask for support when you need it**
- **Expect program transition adjustment for clients & staff**
- **Recognize the value of current staff during transition**
- **Learn how to prevent & respond to relapse**
- **Meet clients “where they are at”**
- **Keep clients engaged & motivated in recovery process**

# Lessons Learned

- **Understand the value of motivational interviewing/ conversations**
- **Expect changes to the role of the case manager**
- **Participants Agreements, although less restrictive, need be clear & inclusive**
- **Most clients do not abuse the harm reduction program, since most want recovery**

# Lessons Learned

- **Mandatory monthly provider meetings for networking and peer support**
- **Frequent programmatic site visits**
- **Expect challenges and setbacks**
- **Don't get stuck on the small stuff**
- **Be patient!**
- **Permanent Housing with intensive case management for SA individuals who are homeless **WORKS!!****