



Supportive Housing Training

September 2018

9:00–noon



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

SAPC

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Advancing Housing Solutions That



Improve lives of vulnerable people



Maximize public resources



Build strong, healthy communities

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Improving Lives



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Icebreaker!



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Activity

PERSONAL EXPERIENCES

- Recall an incident that occurred early in your life in which you felt different from people around you.
1. What happened?
 2. How did you feel?
 3. How did this incident influence the choices you made or make about the future?



Training Goals

Define the concepts of **cultural competency** and **cultural humility** in the context of **homelessness** and **structural racism**.

Review terminology and health disparities of **LGBTQ populations** and gain insight into how to close the **health disparities** gap.

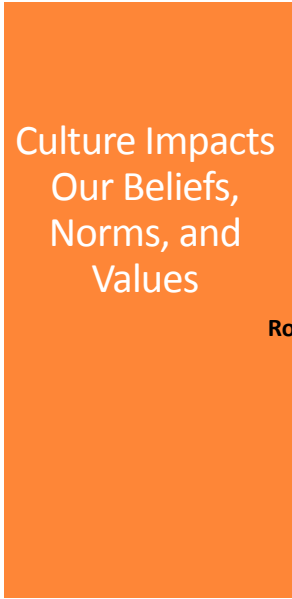
Explore practice tips for **cultural humility** and a **harm reduction-informed** approach to building trust.

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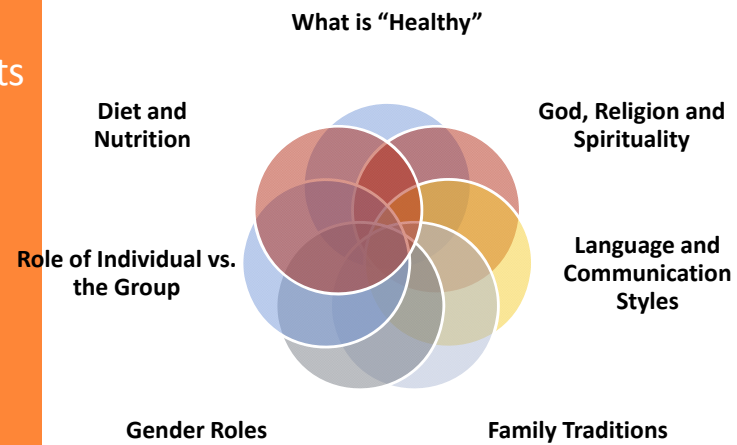




Cultural Competency



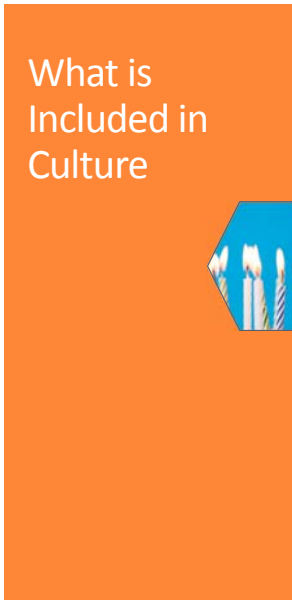
Culture Impacts Our Beliefs, Norms, and Values



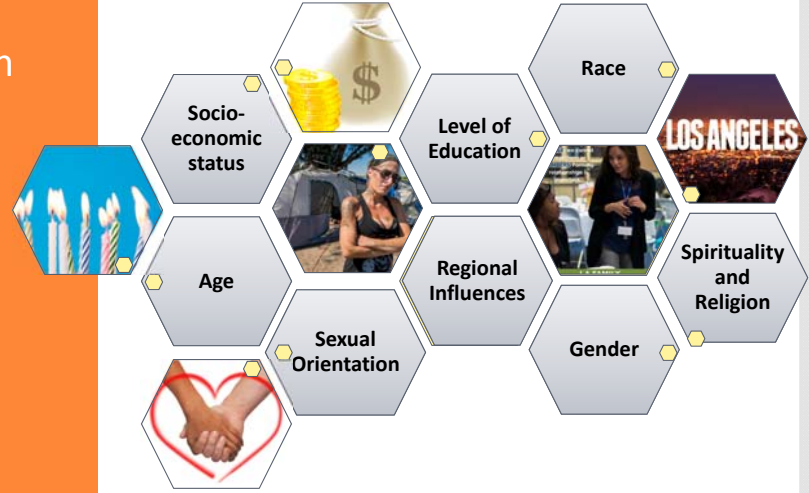
Culture impacts every health care encounter

- Culture defines health care expectations:
- who provides treatment
 - what is considered a health problem
 - what type of treatment
 - where care is sought
 - how symptoms are expressed
 - how rights and protections are understood

Because health care is a cultural construct based in beliefs about the nature of disease and the human body, cultural issues are actually central in the delivery of health services.



What is Included in Culture



Culture...

- Is dynamic
- Influences many aspects of care, including decisions about whether care is needed or not
- Influences what concerns are brought to the services setting
- Influences how those concerns are expressed
- Influences what coping strategies are used
- Affects help-seeking behavior
- Affects amount of stigma a person feels
- Affects level of trust in services providers

Defining Cultural Competency

Cultural competency is a set of congruent behaviors, attitudes, and policies that come together to work effectively with diversity.

Cultural competency acknowledges and incorporates the importance of these principles:

- Increasing inclusiveness, accessibility and equity
- Fostering of human resources that is reflective of and responsive to a diversity of communities
- Valuing cultural differences
- Creating a climate where discrimination and oppressive attitudes and behaviors are not tolerated
- Promoting human rights and the elimination of systemic biases and barriers
- Practicing self-awareness and self-reflection
- Demonstrating personal responsibility and accountability

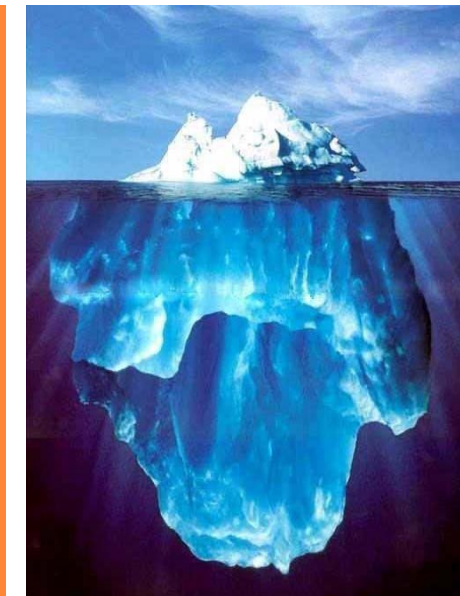
Need for Cultural Competency: Implicit Bias

“Attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are **activated involuntarily and without an individual’s awareness or intentional control.**”

“...The implicit associations we harbor in our subconscious cause us to have feelings and attitudes about other people based on characteristics such as race, ethnicity, age, and appearance.”

-Kirwan Institute for the Study of Race and Ethnicity

Gilbert Gee
Fielding School
of Public Health,
UCLA



Visible
Easy to observe
Overt
Interpersonal

Invisible
Hard to observe
Covert
Structural

Cultural Humility

What is “cultural humility” (and what does it have to do with “cultural competence”)?

- To practice cultural humility is to maintain a willingness to suspend what you know, or what you think you know, about a person based on generalizations about their culture.
- Rather, what you learn about your clients’ culture stems from being open to *what **they themselves** have determined is their personal expression of their heritage and culture*, what I call their *personal culture*.

3 Dimensions of Cultural Humility

Lifelong learning & critical self-reflection

culture is an expression of self, and no two individuals are the same; each individual is a complicated, multi-dimensional human being

“My identity is rooted in my history... and I get to say who I am.”

Recognizing and challenging power imbalances for respectful partnerships

acknowledging and challenging the power imbalances inherent in our practitioner/client dynamics.

Institutional accountability

organizations need to model these principles

Retraining the Unconscious Mind

- Develop and nurture “constructive uncertainty”
- Develop the capacity to use a “flashlight” on ourselves to help identify a bias; this in turn will help you appropriately act on it
- Understand and redirect beliefs, don’t try to suppress them
- Explore awkwardness or discomfort by asking ourselves, “What is triggering me in any particular situation?”
- Create opportunities for positive exposure

Adapted from resources developed by Howard Ross for presentation at NYS SHRM Diversity and Inclusion Conference, October 2013

Activity

CULTURE QUESTIONS

- Identify one or more values or behaviors that you learned from your cultural background.
- Are there values or behaviors at your table that may conflict with one another? Why?

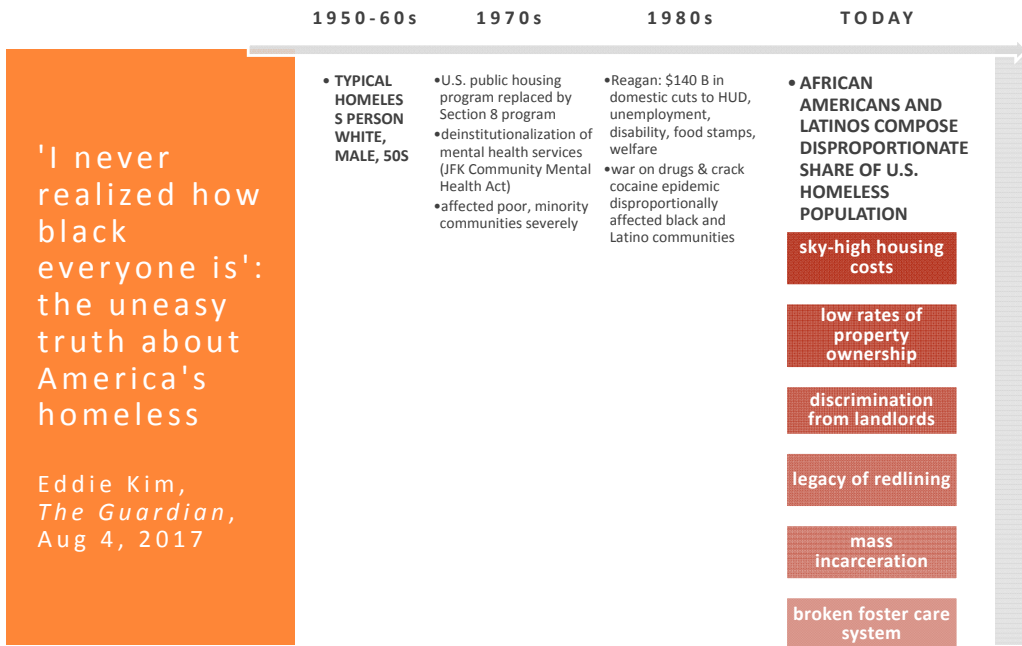
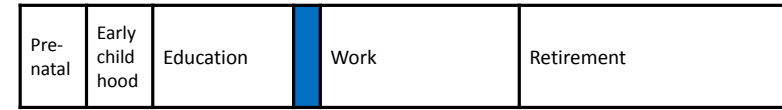
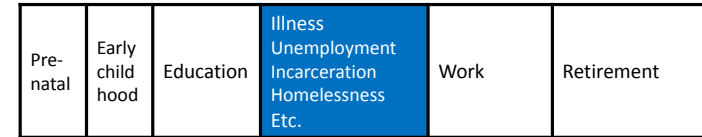


Figure 1. Conceptual Model of How Racism May Shape Time Over the Life Course

1. General life course trajectory



2. Life course trajectory potentially shaped by racism



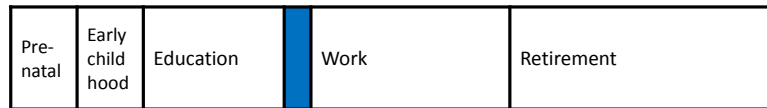
Inequity in life expectancy

Gee, et al. (2012). AJPH. 102(5):967-974.

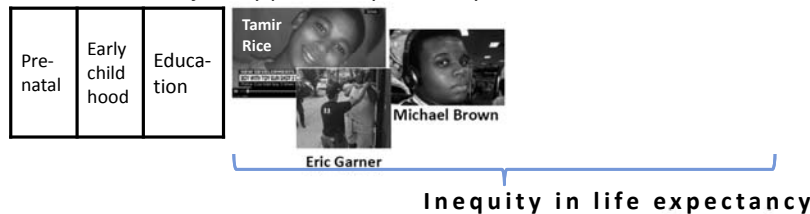


Figure 1. Conceptual Model of How Racism May Shape Time Over the Life Course

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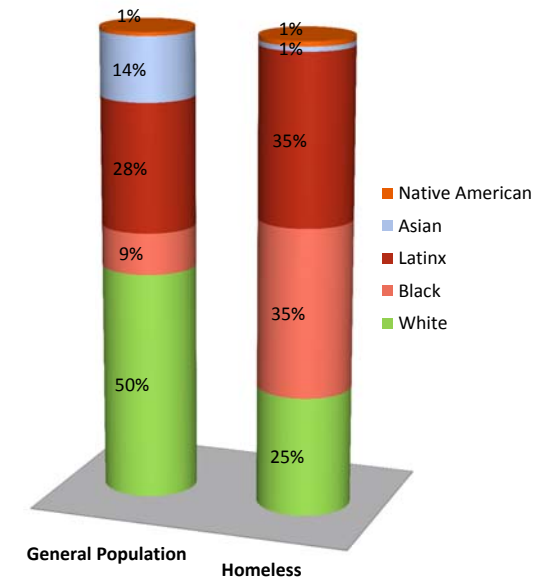
3. Life course trajectory potentially ended by racism



Gee, et al. (2012). AJPH. 102(5):967-974.



Race and Homelessness in Los Angeles County



Oct 2017 Survey of 3,453

Harvard School of Public Health, NPR, RWJF

Heart disease:

#1 cause of death in U.S.

Middle-aged black male & female death rates:

2x as high as white counterparts

elevated death rates for cancer, stroke, diabetes, kidney disease, maternal death

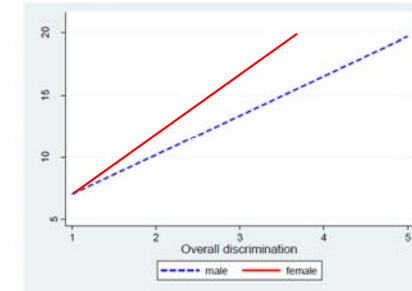


Kimberlé W. Crenshaw

intersectionality

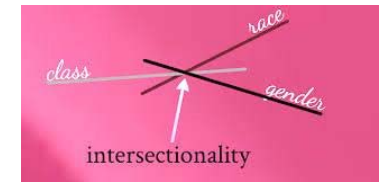
coined in 1989 by Professor Kimberlé Williams Crenshaw, a scholar of critical race theory

Discrimination and Depression, by Gender. Cambodian American Youth (n=466)

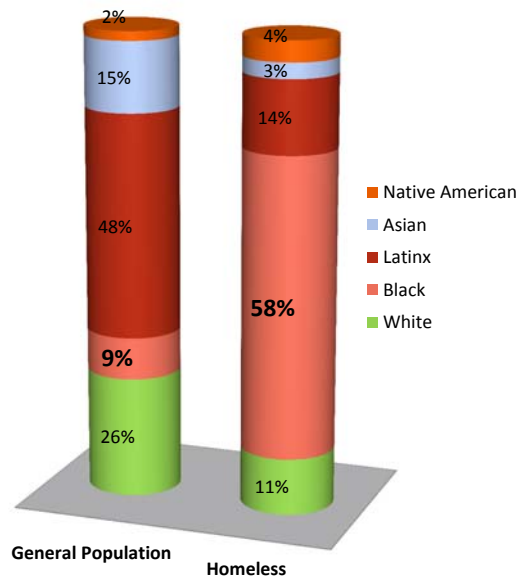


Sangalang and Gee. 2015. Racial discrimination and depressive symptoms among Cambodian American Adolescents. J. Community Psy 43(4): 447-465

- **Intersectionality** = the **combination** (as opposed to the addition) of race and gender that creates a specific form of oppression



Race and Homelessness in Los Angeles County: Women



2016 Downtown Women's Needs Assessment

Downtown Women's Action Coalition

based on surveys conducted with 371 homeless or formerly homeless women by USC School of Social Work

- 91% of women experienced physical or sexual violence in their lifetime
- 68% survived child abuse
- 55% survived domestic violence
- 39% survived sexual assault
- 40% endured domestic violence or sexual assault within the last year



55%

increase in # homeless women in LA County since 2013

SHELTER CONDITIONS

- 31.3% reported feeling unsafe in the shelter.
- 30.9% said shelter staff did not treat them with respect.
- 30.3% reported that shelter staff made them feel unwelcome.



LGBTQ Terminology

LESBIAN
GAY
BISEXUAL
TRANSGENDER
QUEER OR QUESTIONING

Orientation

Sexual orientation:

A person's emotional, sexual and/or relational **attraction** to others.

Usually classified as heterosexual, bisexual, and homosexual (i.e., lesbian and gay).

- how people position themselves on the spectrum of attraction and identity
- transgender people exhibit the full range of sexual orientations, from homosexual to bisexual. to heterosexual
- **Bisexual:** One whose sexual or romantic attractions and behaviors are directed toward both sexes to a significant degree. Bisexuality is a distinct sexual orientation.
- **MSM:** Men who have sex with men. Usually identify as gay.
- **WSW:** Women who have sex with women. Usually identify as lesbian.

The Gender Binary

He!

- The concept based upon societal norms that one can be either a man or a woman, *only*.

She!

LGBTQ Terminology

LESBIAN
GAY
BISEXUAL
TRANSGENDER
QUEER OR QUESTIONING

Gender Identity

Transgender: Individuals whose gender identity, expression, or behavior is not traditionally associated with their birth sex.

Genderqueer: People who see themselves as outside the usual binary man/ woman definitions.

- Elements of many genders, being androgynous or having no gender.
- **Gender Non-Conforming (GNC)**

Bigender: Describes people whose gender identity encompasses both male and female genders.

Male-to-female (MTF or M2F): Person assigned male at birth who lives, presents or transitions to female.

- Transwoman
- Uses female pronouns : she, her, hers

Female-to-male (FTM or F2M): Person assigned female at birth who lives, presents or transitions to male.

- Transman
- Uses male pronouns; he, him, his

Transition: The process of medically, legally and socially changing from one gender to another.

Activity

GROUP IDENTITY

- What are some of the things that you have heard or learned about “people like you”?
- What’s hard about these things?
- What’s true about “people like you”?
- Which of these things would you like to see eliminated?

Stigma-Related Stressors

Interpersonal Stigma



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Structural Stigma

Stigma-Related Stressors

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.



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Stigma-Related Stressors

Intrapersonal Stigma:

"...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others."⁴



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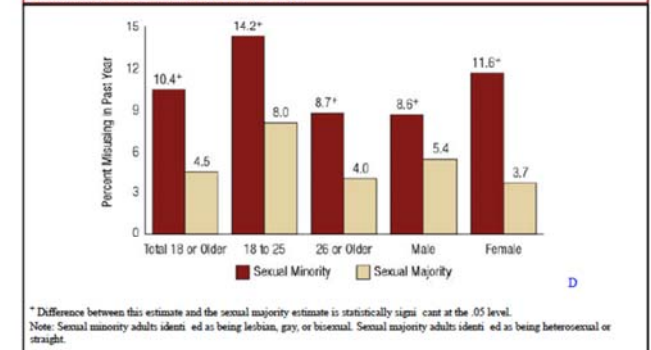
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2015 National Survey on Drug Use and Mental Health

LGBTQ behavioral health disparities

Figure 5. Past Year Misuse of Prescription Pain Relievers among Sexual Minority and Sexual Majority Adults Aged 18 or Older, by Age Group and Sex: Percentages, 2015



* Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.
Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.

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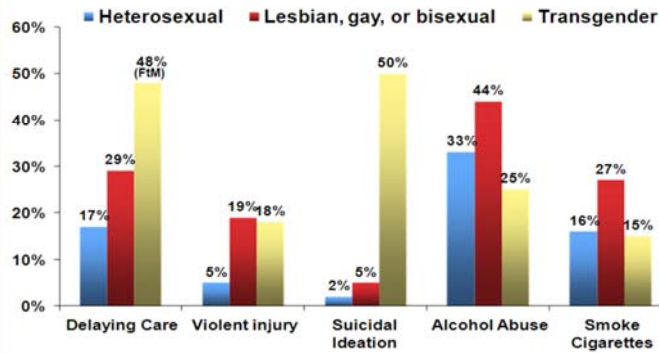
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SAMHSA,



Health disparities

Health Disparities of LGBTQ Populations



LGBTQ young adults have a 120% higher risk of homelessness compared to youth who identify as heterosexual and cisgender

Chapin Hall at Univ. of Chicago / Human Rights Campaign Nov 2017 report on youth homelessness, *Missed Opportunities: National Estimates*

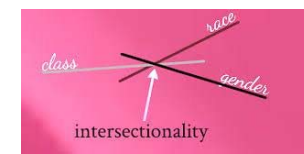
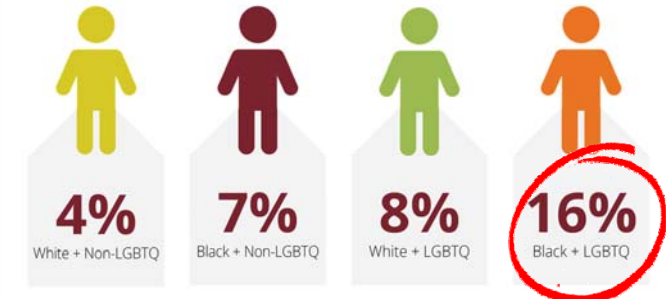


Figure 2. Youth who are black **and** LGBTQ reported the highest rates of homelessness

Explicit homelessness over the last 12 months, self-reported by young adults, ages 18-25. These estimates do not include reports of couch surfing only.



(Source: VoIC National Survey)



What is "Transgender"?

Remember, not all transgender people are transsexual and may not be seeking medical treatment to change their sex!

"Individuals whose gender identity, expression, or behavior is not traditionally associated with their birth sex.

Some transgender individuals experience their gender identity as incongruent with their anatomical sex and may seek some degree of sex reassignment surgery, take hormones or undergo other cosmetic procedures.

Others may pursue gender expression (masculine or feminine) through external self-presentation and behavior."

-The Leadership Campaign on AIDS



Fluidity



- Being Transgender does not mean that you are assigned a label or category or that you wish to conform to the gender binary

- Many people, esp. younger urban transgender people, are embracing identity terms like

genderqueer
gender fluid
bi-gender
tri-gender, etc.

- Transgender is an umbrella term

Cross-dresser	Passing/non-passing
Transvestite/fetishist	Bi-gendered
Drag king/queen	Transgender
Androgynous	Transsexual
Genderqueer	Transwoman/transman



Anti-Transgender Discrimination and Experience Of Homelessness

Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:⁵
 - 10% reported that a family member was violent towards them because they were transgender
 - 8% were kicked out of the house because they were transgender
 - Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
 - 17% experienced such severe mistreatment that they left a school
 - Nearly 30% of transgender people experienced homelessness in their lifetime
 - 12% report past-year homelessness due to being transgender

SUD and Transgender Individuals

Gender Minority Stress and Substance Use among Transgender People

- Psychological abuse among transgender women as a result of nonconforming gender identity or expression is associated with:²²
 - 3-4x higher odds of alcohol, marijuana, or cocaine use
 - 8x higher odds of any drug use
- Among transfeminine youth, gender-related discrimination is associated with increased odds of alcohol and drug use.²³

SUD and Transgender Individuals

Substance Use Disorders among Transgender Adults

- Among 452 transgender adults, increased odds of SUD treatment history plus recent substance use were associated with:²⁵
 - intimate partner violence
 - PTSD
 - public accommodations discrimination
 - low income
 - unstable housing
 - sex work
- SUDs increasingly viewed as downstream effects of chronic gender minority stress

SUD and Transgender Individuals

Substance Use and Posttraumatic Stress

- Co-occurrence of SUDs with posttraumatic stress symptoms is highly prevalent:²⁶
 - Associated with increased treatment costs, decreased treatment adherence, and worse physical and mental health outcomes
- Substance use is a common avoidance strategy for posttraumatic stress

LGBTQ Perspective

Many come to you with an extra layer of anxiety

- Verbally or physically abused
- Rejected by families
- Discriminated against within healthcare setting



Many do not disclose sexual orientation or gender identity because don't feel comfortable or fear receiving substandard care

- Heteronormative assumptions and attitudes dissuade our future care-seeking
- Discrimination in healthcare may delay or defer treatment

A little warmth can make all the difference!

Listen to how patients refer to themselves and loved ones (pronouns, names)

- Use the same language they use
- If you're unsure, ask questions



Here's what you can do

Anticipate that all patients are not heterosexual

- Use "partner" instead of "spouse" or "boy/girlfriend"

Protect the patient's rights

- Sharing personal health information, including sexual orientation or gender identity, is a violation of HIPAA

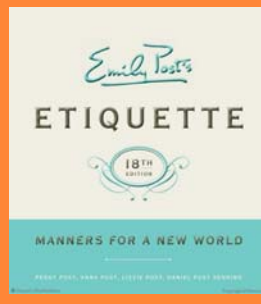
Transgender Etiquette

Always call a person by their **chosen name and preferred pronoun**

- If you do screw up pronouns or name, apologize briefly and move on!

Respectfully ask someone how they would like to be addressed if you are not sure

- "Which pronoun do you prefer?"
- "How would you like to be referred to, in terms of gender?"



Trauma-informed Service Environment

Culture of Trauma-Informed Care

- Priority is to promote a sense of safety
- Prior traumatic experiences influence reaction in subsequent interactions, such as the process of seeking care.
- A history of interpersonal trauma can contribute to mistrust of caretakers and increased likelihood of being re-traumatized.
- Retention in care for patients with trauma histories requires engagement through collaboration, transparency, trust, and consistent supportiveness.

Brezing and Freudenreich, 2015

Need for Cultural Competency: Micro-aggressions

“Racial microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, **whether intentional or unintentional**, that communicate hostile, derogatory, or negative racial slights and insults toward people of color.”

– Derald Wing Sue (2007),
Racial Microaggressions in Everyday Life

Microaggressions may also be perpetrated against persons due to their gender, sexual orientation, and/or ability status.

Example of Racial Microaggression



“No, where are you *really* from?”

Example of Microaggression

“What *are* you?”



Questioning Assumptions

Upgrade from the **Golden Rule** to the **Platinum Rule**

Golden: Treat others as you would like others to treat yourself

Platinum: Treat others the way **they** want to be treated



The **Platinum Rule:**

- Accommodates the feelings of others
- Shifts focus from "this is what I want, so I'll give everyone the same thing" to "let me first understand what they want and then I'll give it to them"

When in doubt, do not assume - ask what they want!



Overview: Questioning Assumptions

Goals:

1. Empathy for others;
2. Improved interpersonal relations; and
3. More nuanced look at how power and privilege shapes our daily lives.



With the **Platinum Rule**, you:

1. Do not have to change your personality.
2. Do not have to roll over and submit to others.

You simply have to understand what drives people and recognize your options for dealing with them.

Promoting Resilience through Strengths-Oriented Questions

Potential strengths-oriented questions include:

- The history that you provided suggests that you've accomplished a great deal since the trauma.
- What are some of the accomplishments that give you the most pride?
- What would you say are your strengths?
- How do you manage your stress today?
- What behaviors have helped you survive your traumatic experiences (during and afterward)?
- What are some of the creative ways that you deal with painful feelings?
- You have survived trauma. What characteristics have helped you manage these experiences and the challenges that they have created in your life?
- If we were to ask someone in your life, who knew your history and experience with trauma, to name two positive characteristics that help you survive, what would they be?
- What coping tools have you learned from your ____ (fill in: cultural history, spiritual practices, athletic pursuits, etc.)?
- Imagine for a moment that a group of people are standing behind you showing you support in some way. Who would be standing there? It doesn't matter how briefly or when they showed up in your life, or whether or not they are currently in your life or alive.
- How do you gain support today? (Possible answers include family, friends, activities, coaches, counselors, other supports, etc.)
- What does recovery look like for you?

SAMHSA, 2014

Tool: Harm Reduction

Practical Application

The
Traditional
Orthodoxy on
Substance
Use

Drugs are extremely addictive.

Some drugs are less risky than others

Anyone can become addicted to drugs.

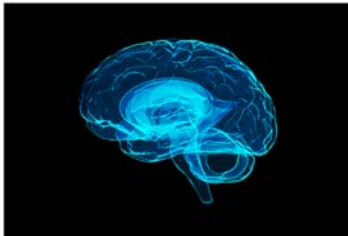
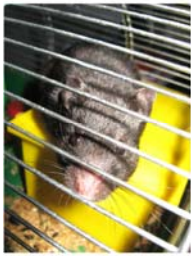
Drug "users" are criminals.

Tough-love stops addiction.

You shouldn't enable addicts.



What the Research Actually Shows



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What does it all Mean?



Meet people where they're at.
No intervention does that better than harm reduction.

No scientific consensus on addiction

Much of what we think we know about addiction is wrong

A segment of the population struggles greatly with addiction

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Philosophy

"The philosophy of harm reduction promotes and supports the right of people who use substances and engage in other risky behaviors to be treated with dignity and respect; their right to exercise self-determination related to use; and their right to expect and receive collaboration in therapeutic relationships."

- Midwest Harm Reduction Institute



Harm Reduction Defined

- Harm reduction is a set of **practical strategies that reduce negative consequences of drug use**, incorporating a spectrum of strategies

safer use → managed use → abstinence

- Harm reduction strategies meet drug users "**where they're at**," addressing conditions of use along with the use itself
- Belief in limiting risk



Harm Reduction Core Principles

Individuals have a voice

The focus is on reducing harm, not consumption

There are no pre-defined outcomes

The individual's decision to engage in risky behaviors is accepted

The individual is expected to take responsibility for his or her own behavior

The individual is treated with dignity

Midwest Harm Reduction Institute

Substance Use Management

- What is the goal (benefit) of your use?
- What harms have you experienced in the past that you'd like to avoid?
- What action steps can you take to avoid these harms?

Tenancy Skills

Non-Payment

Direct Pay/Payee

Substance Use Budgets

Setting Appt/Transporting

Traffic

Early conversations about guests

Helping tenant with over-stayers

Connecting friends to services

Disturbing the Peace

Address behaviors at each occurrence; problem-solve together

Seek to discern if any are disability-related

Connect with fair housing/learn rights

Overdose Prevention



Learn signs to recognize overdose and overmedication

Opioids + downers are deadly

Good Samaritan Laws

Protocols, training, and communication

Seek out Naloxone/Narcan programs

Other Harm Reduction Interventions

Alcohol Management

On-Site Needle Exchange

Pipes vs. IV use

Medication Assisted Tx.

Harm Reduction Groups



Case Study: Julie

53 years old, friendly, and easy to engage with

Has dx of schizophrenia, borderline PD, HIV+, addiction to crack/alcohol; resistant to medical care

Engages in sex work to afford drugs

Brings predatory people into apartment building

Is frequently assaulted on street, at times in building

Using a Harm Reduction approach, what strategies would you take to help Julie?



Alcohol Management

Alcohol treated like medication

Avoid life threatening withdrawal

Limit acute over intoxication

Avoid non-beverage alcohol

Findings are promising



Medication-Assisted Treatment: Alcohol and Opiates



Motivational Interviewing (MI)

“a client-centered, semi-directive method for enhancing intrinsic motivation to change [through exploring ambivalence]”

- Bill Miller and Steven Rollnick
- Originally used in addiction counseling
- Now widely used in “Health Coaching” as well



The Power of Positive Listening

“Listen, listen, and then listen some more.” - C. Rogers

- Express empathy
- Translate impulse to **assist** into intention to **understand better**
- Focus on the details of the other’s experience



Reflections are the Key

- Simple Reflections
- Paraphrase, repeat—show understanding of what the client is saying
- Can be deep and insightful too
 - Content reflection
 - Feeling reflection
 - Meaning reflection



Case Study

Susan is a good tenant, and enjoying life to the fullest. This involves drinking and drugging on a fairly regular basis.

This behavior is not interfering with her ability to pay the rent, relate well to her neighbors, or follow through with medical appointments.

How do you work with Susan using motivational interviewing and harm reduction approaches?



Moving towards change and “unsticking”

Resistance

- Arguing, debate
- Interrupting
- Ignoring
- Agreeing

ROLL USING

- Reflections
- Checking
- Coming alongside
- Follow client’s lead



CHANGE TALK

What is **Change** Talk?

-reflects position along change continuum, readiness and commitment

How can you recognize it?

Key phrases “I might” “I’m not sure I could” “I hope” “I plan to” “the time is right”

Some others...?



Case Study

George recently moved into his apartment after years of living on the street. He told you he would do anything to avoid being homeless ever again.

This morning, his landlord called and said that he has had several complaints from neighbors about George and his guests drinking and smoking in the hallway, and noise and partying in George’s apartment at all hours of the night. He says if you don’t work with George to address these issues, he will start the eviction process immediately.

How do you work with George using a harm reduction approach to help him maintain his housing?



Ambivalence, Importance, Readiness, Confidence

“Ambivalence” = Uncertainty, feeling both ways, fluctuation, mixed feelings

- Exploring ambivalence and supporting change talk are keys to helping people develop intrinsic motivate
- Readiness to change, importance of change, confidence in ability can all be rated in terms of ambivalence



Importance, Readiness, Confidence

Assessment on the “ruler”—

- “On a scale of 1-12, 0 being ready right now, 12 being ‘not at all’, how important is it to you to make this change?”
- “Why are you a 4 instead of an 8?”
- “What would it take to make you a 2 rather than a four?”

Also use with Readiness or Confidence



Next Steps

- Brainstorm action steps
- Group and consolidate
- Assign steps

