Supportive Housing Training
September 2018
9:00–noon

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Advancing Housing Solutions That

Improve lives of vulnerable people
Maximize public resources
Build strong, healthy communities
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.
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.

Culture Impacts Our Beliefs, Norms, and Values

What is “Healthy”

- Diet and Nutrition
- God, Religion and Spirituality
- Language and Communication Styles
- Role of Individual vs. the Group
- Gender Roles
- Family Traditions

What is Included in Culture

- Socio-economic status
- Level of Education
- Race
- Age
- Regional Influences
- Spirituality and Religion
- Gender
- Sexual Orientation
Culture...

- Is dynamic
- Influences many aspects of care, including decisions about whether care is needed or not
- 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
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.

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

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

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?
'I never realized how black everyone is': the uneasy truth about America's homeless

Eddie Kim, The Guardian, Aug 4, 2017
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

- 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

<table>
<thead>
<tr>
<th>Race</th>
<th>General Population</th>
<th>Homeless</th>
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<tbody>
<tr>
<td>Native American</td>
<td>48%</td>
<td>26%</td>
</tr>
<tr>
<td>Asian</td>
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<td>14%</td>
</tr>
<tr>
<td>Latinx</td>
<td>3%</td>
<td>11%</td>
</tr>
<tr>
<td>Black</td>
<td>2%</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>4%</td>
<td>58%</td>
</tr>
</tbody>
</table>

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

- 55% increase in # of 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
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 concept based upon societal norms that one can be either a man or a woman, only.

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.

- 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?
Interpersonal Stigma

Intrapersonal Stigma:

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

Structural Stigma

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.

LGBTQ behavioral health disparities

2015 National Survey on Drug Use and Mental Health

Table showing percentages of past month use of prescription pain relievers among racial and sexual minority adults aged 18 or older by age group and sex: Percentages, 2015.
Health disparities

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

What is “Transgender”?“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
  - Transvestite/fetishist
  - Drag king/queen
  - Androgynous
  - Genderqueer

  - Passing/non-passing
  - Bi-gendered
  - Transgender
  - Transsexual
  - Transwoman/transman
Anti-Transgender Discrimination and Experience Of Homelessness

- The 2015 U.S. Transgender Survey found that:
  - 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 (15%) 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

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:  
  - 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.

Substance Use Disorders among Transgender Adults

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

Substance Use and Posttraumatic Stress

- Co-occurrence of SUDs with posttraumatic stress symptoms is highly prevalent:
  - 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

**Here’s what you can do**

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

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?”

**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.
“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

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

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

What does it all Mean?

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

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**

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**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?

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**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
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

- **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

- **Medication-Assisted Treatment: Alcohol and Opiates**
  - Findings are promising
**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

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**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

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**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

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**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

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...?

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
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

- Brainstorm action steps
- Group and consolidate
- Assign steps