



Homelessness in Older Adults: Examining the Layers

Participant Manual
Virtual



This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.



**Alice Joy Kirk, LCSW
Curriculum Developer, 2021**

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to **Homelessness in Older Adults: Examining the Layers Participant Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

In partnership with state and national organizations, APSWI is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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Agencies

California Department of Social Services, Adult Programs Division
National Adult Protective Services Association

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EXECUTIVE SUMMARY

HOMELESSNESS IN OLDER ADULTS: EXAMINING THE LAYERS

This is the first workshop in the series: “Effectively Working APS Cases for Persons Experiencing Homelessness”. The series is designed to provide APS professionals with knowledge, practical tools, opportunities to build empathy and gain a better understanding of what many individuals who are homeless work through in order to work more effectively with this population.

In this first workshop, APS professionals will learn some fundamentals on the experience of homelessness and explore biases when working with this population. After completing this first workshop, participants will have the foundation to better assess barriers for each individual they work with and help those individuals increase their protective factors such as resiliency and self-care.

Virtual Training:

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout rooms, chat box discussions, large group discussions, self-reflection, and poll options. PowerPoint slides are used to stimulate discussion.
- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

Course Requirements:

- There are no course requirements, but it is recommended that participants have some experiencing interviewing clients.
- It is strongly recommended that participants review **HANDOUT #1- Definitions** prior to attending training.


Target Audience: This workshop is intended for new or experienced line staff.

Learning Objectives:

- Define common language and terminology used when working with people who are at risk of, or are experiencing homelessness.
- Explain risk and contributing factors to becoming homeless and identify protective factors
- Recognize how implicit and explicit bias impact the way APS professionals work with others
- Apply a trauma-informed approach that is specific to those who are at risk of or are homeless.


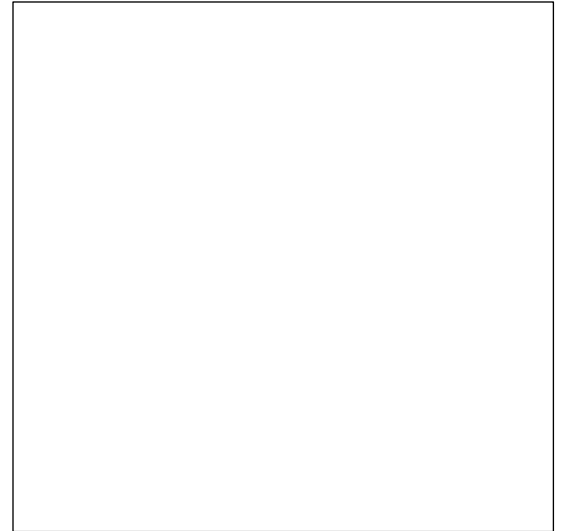
COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW	Handout #1- Definitions	20 minutes
<i>Poll</i>		<i>2 min</i>
<i>Connection Activity</i>		<i>10 min</i>
UNDERSTANDING RISK AND CONTRIBUTING FACTORS		20 minutes
<i>Homelessness before 50</i>		
<i>Homelessness after 50</i>		
LAYERS OF BIAS		25 minutes
<i>Identity Breakout Room Activity</i>		<i>10 min</i>
<i>Data</i>		
THE INTERPLAY OF MENTAL, PHYSICAL AND COGNITIVE HEALTH		25 minutes
<i>Sheltered and Unsheltered</i>		
<i>Client Engagement Breakout Room Activity</i>		<i>10 min</i>
HOMELESSNESS & SUBSTANCE USE		15 minutes
<i>Tips for APS</i>		
OSTRACIZING IMPACT OF HOMELESSNESS		10 minutes
<i>Leaning into Fear Discussion Activity</i>		<i>5 min</i>
EXISTENTIAL DESPAIR, APS VALUES, AND TRAUMA INFORMED CARE	Handout #2- NAPSA Ethical Principles	20 minutes
<i>APS Values</i>		
<i>Trauma Informed Care Principles</i>		
WRAP-UP AND EVALUATIONS	Handout #3- Vignette	15 minutes
<i>Teaching a Person How to Fish Activity:</i>		<i>10 min</i>
Total Time		2.5 hours



Homelessness in Older Adults: Examining the Layers

We create experiences that transform the heart, mind, and practice.

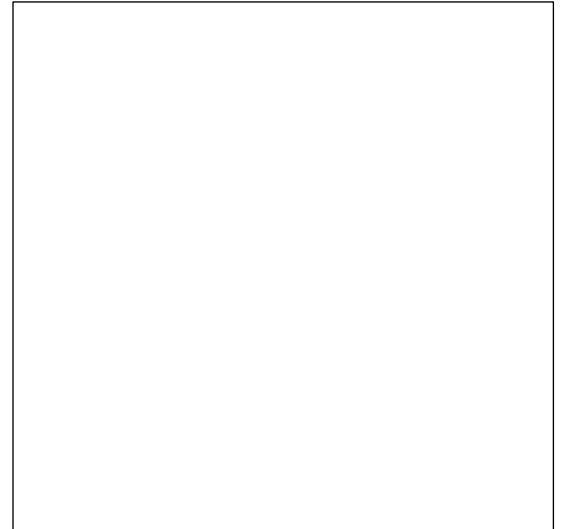





The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.




We create experiences that transform the heart, mind and practice.



About APSWI & the Academy

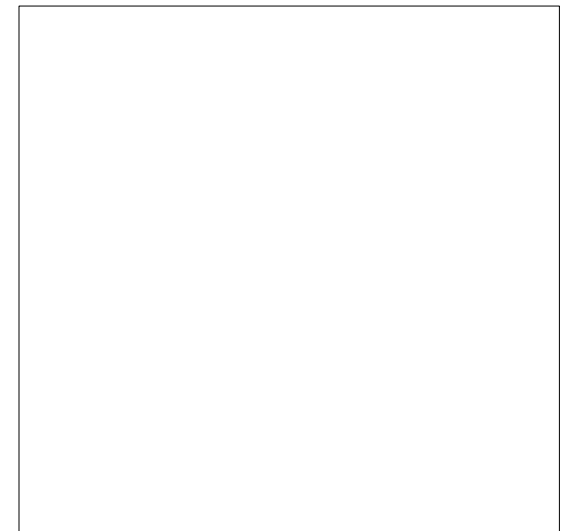


- Adult Protective Services Workforce Innovations (APSWI)
 - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
 - APSWI provides innovative workforce development to APS professionals and their partners.
 - The Academy provides workforce development and learning experiences to health and human service professionals.

Academy Programs include:



We create experiences that transform the heart, mind and practice.

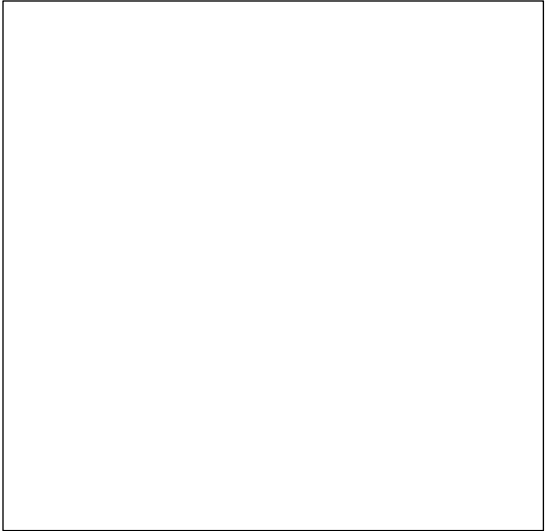


Housekeeping



- Video camera
 - Option to hide "self view"
- Mute, unmute
- Chat box
- Hand clap/thumbs up
- Raise hand icon
- If you must step away briefly...

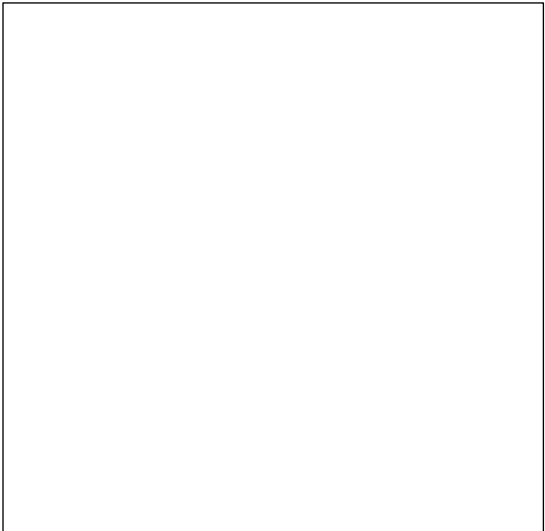
- Potential technical glitches



Poll Activity



- Poll 1
- Poll 2



Where Are We Going?



This is workshop **one** of a **series**.

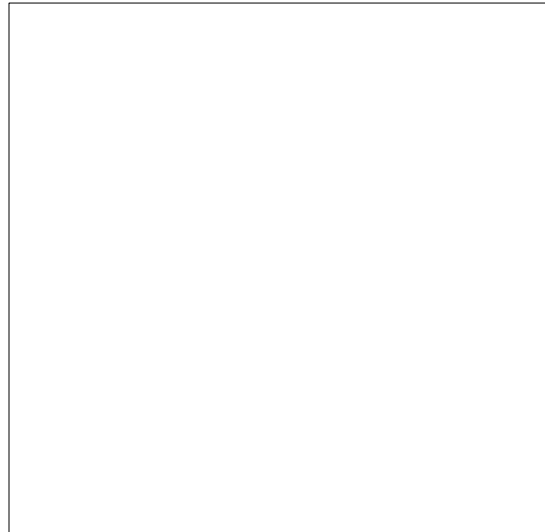
Learning Objectives for today:

- Define common language and terminology use when working with people who are at risk of, or experiencing homelessness
- Explain risk and contributing factors to becoming homeless and identify protective factors
- Recognize how implicit and explicit biases impact the way APS professionals work with others
- Apply a trauma-informed approach that is specific to those who are at risk or are experiencing homelessness

Today is about laying a foundation, finding some common ground.

- **Its okay to feel conflicted today

Additional workshops in series will focus on skill-building opportunities.



Trivia Activity



1. When did Homelessness first become a problem in America?
2. Which profession set the stage to begin researching and analyzing?
 - A. Medical field
 - B. Sociologists
 - C. Social Workers
 - D. Human Resources
3. In which time frame did this research start?
 - A. 1880-1900
 - B. 1900-1920
 - C. 1920-1940
 - D. 1940-1960
4. There have been five major episodes of homelessness in America. Name an event you believe began one of those episodes.
5. In which decade do you think our current, 5th episode of homelessness began?

Solving Homelessness: Two Models



Treatment First:

- Established by the McKinney-Vento Act.
- Transitional (temporary) help if expectations/conditions met.
- Based on belief that temporary assistance allows individuals to work on their obstacles and create self sufficiency.
- Cons: Often inadequate, particularly for older adults whose barrier is unaffordable housing

Housing First:

- Prioritizes permanent housing quickly.
- Based on Maslow's Hierarchy.
 - Meeting basic needs provides a foundation/motivation to meet one's needs and advance themselves.
- "No barrier" approach
- 2016- Senate Bill 1380
- Cons: Lack of Social Services, Housing programs rule out (e.g. credit, criminal history, etc.)


Understanding the Path of Homelessness



"In order to help another effectively, I must understand what he understands. If I do not know **that...** my greater understanding will be of no help to him... instruction begins when you put yourself in his place."

- Soren Kierkegaard

Homeless Before 50: Common Factors

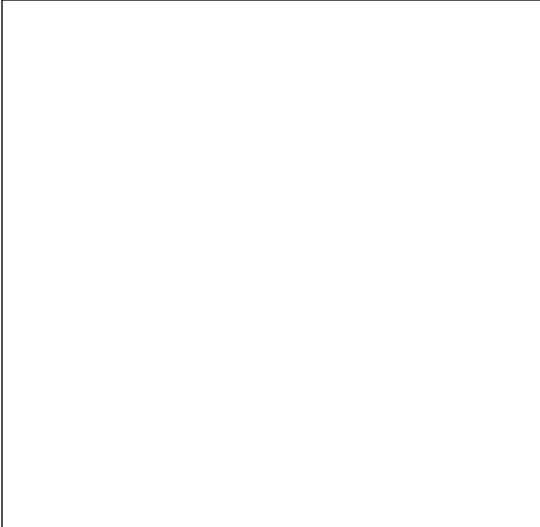


- ACES = Study on Adverse Childhood Experiences. Done in 1995 by the CDC and Kaiser Permanente Health Care to study outcomes on the health of individuals who had a high ACES score.


Outcomes:

- Juvenile/Young Adult incarceration.
- Early substance use.
- Unstable work history
- Mental health issues.
- Traumatic brain injury

These outcomes create a higher rate of poverty and homelessness at an early age.



Homeless After 50: Common Factors



Last half of Baby Boomers reach Adulthood.

Origin of 401k's (1978) begins a decrease in employee retirement programs.

Unemployment for many is permanent or re-employment is with lower wages/benefits.

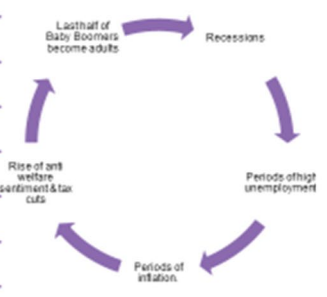
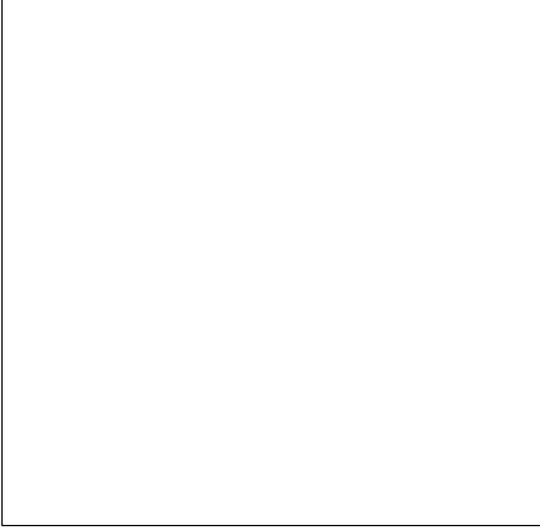
Illness Severe and/or Chronic.

Caretaking duties at the expense of wages/job advancement.


Loss of significant other.

Disability due to physically strenuous jobs before eligibility for Social Security.

Wages/Social Security unable to keep pace with rising costs.


Why it Matters to the APS Professional



<p><u>Homeless Before 50</u></p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ Survival skills; networking, knowledge how to find and use resources. <p>Needs:</p> <ul style="list-style-type: none"> ▪ Social service supports; substance use programs, mental health help. ▪ Life skills training. ▪ Permanent Supportive Housing (Often eligible for Social Security income at an earlier age.) 	<p><u>Homeless After 50</u></p> <p>Strengths:</p> <ul style="list-style-type: none"> ▪ History of functionality in basic life needs; paying bills, making appointments, etc. <p>Needs:</p> <ul style="list-style-type: none"> ▪ Functionality can often be restored by housing help. ▪ Grief over losing the life they expected to have.
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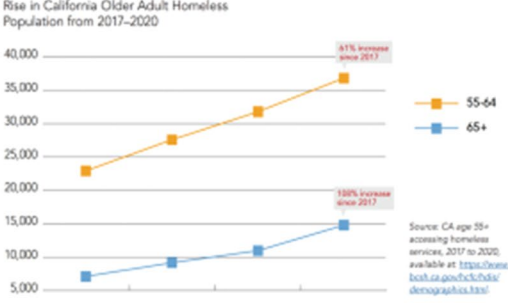
Homelessness in CA



The next 20 years:

- Households w/ people 80+ y/o will be the fastest growing group.
- The # of older adults who rent will double.
- A growing number will pay 50% or more of their income for rent/mortgage aka "Precarious Housing."

Rise in California Older Adult Homeless Population from 2017-2020




Age Group	2017	2020	% Increase
55-64	~22,000	~35,000	61%
65+	~6,000	~12,000	100%

Source: CA age 55+ accessing homeless services, 2017 to 2020, available at <https://data.ca.gov/dataset/ca-55-64-demographics.html>


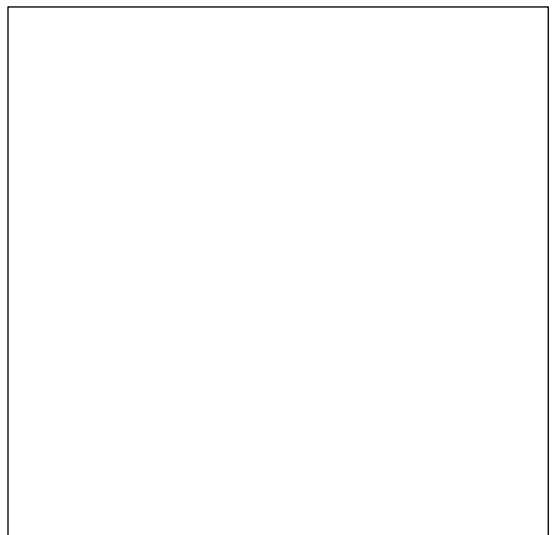


Layers of Bias




It is doubtless impossible to approach any human problem with a mind free from bias.

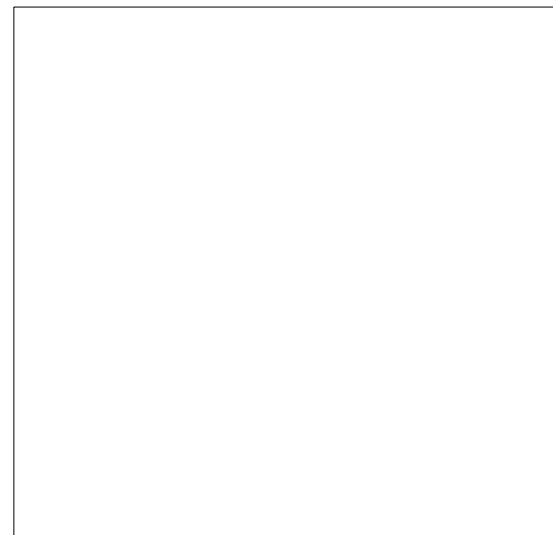
- Simone De Beauvoir

Bias Happens



- Explicit Bias: conscious/deliberate.
 - Ex: The belief that many people named Karen are middle-aged, racist white women. Are they?
- Implicit Bias: Often based on thoughts and feelings that become part of a belief system without awareness.
 - Affect judgement, decisions and behaviors.
- Systemic Bias: a system operates on a biased foundation




Identity Activity


- Samuel is 18 years old (Gen Z), identifies as bisexual, BIPOC, and spent six months in a juvenile detention facility for selling stolen prescription drugs when he was 15. Samuel has a substance use disorder and has received treatment from three different rehabilitation centers in the past two years and is currently living in his car.
- Choose two identities and list as many biases that go with those identities as possible.



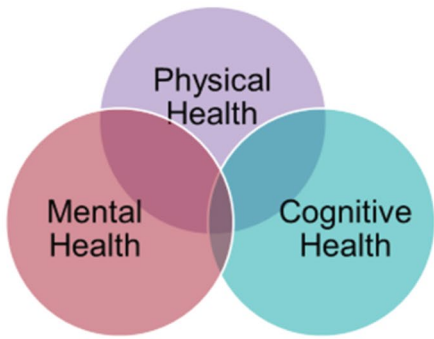

Who is Homeless in CA?



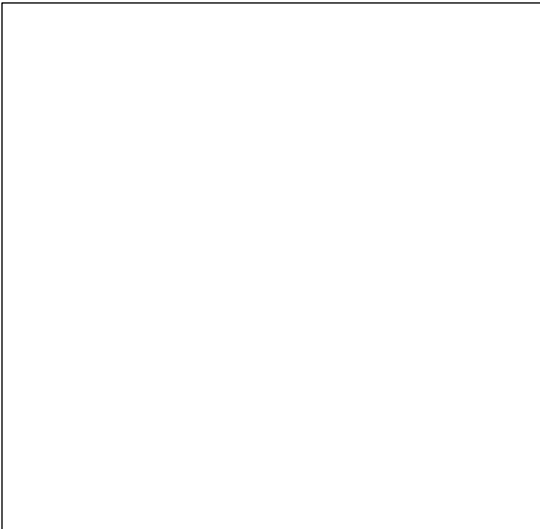
- On a single night in CA, January 2020:
 - 161,584 people were homeless
 - 113,666 were unsheltered homeless, which is 51% of the unsheltered population in America
- Demographic Breakdown:
 - 65% male, 33.4% female, 1.2% transgender, 0.4% gender non-conforming
 - 13% are Veterans
 - Overrepresented in proportion to their percentage of the population:
 - Black/African American,
 - American Indian/Alaska Native,
 - Native Hawaiian
 - Other API and Multiple races
 - LGBTQIA




Holistic Health



"... Well-being is holistic; physical health, mental health and cognitive function can influence each other."
- Xianghe Zhu, Ph.D



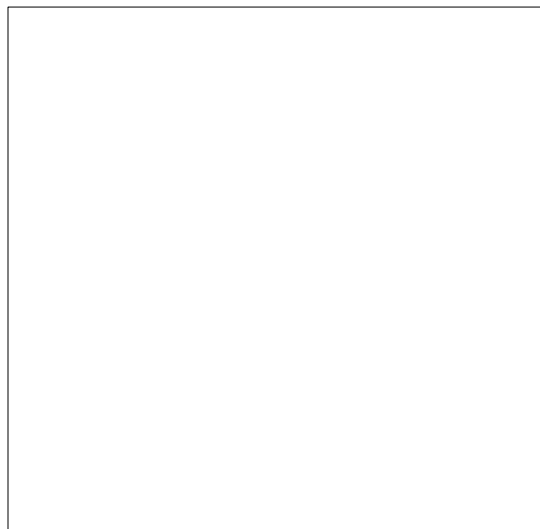
Health Differences in the Sheltered and Unsheltered




Unsheltered homeless individuals experience major health challenges which increase in severity and more quickly than sheltered individuals.

Why do you think there is a difference? (type your answer but WAIT to press enter in chat box)

- Survival based thinking
- Prioritize conditions that are uncomfortable/noticed
- Adherence to medical interventions can be difficult



Mental Health and Homelessness 


A Layer of Bias: Homeless people are severely mentally ill.


Living with severe mental illness vs. mental health concerns originating from homelessness

What % of homeless people do you believe live with severe mental illness?

APS professionals work with individuals who have mental health issues.

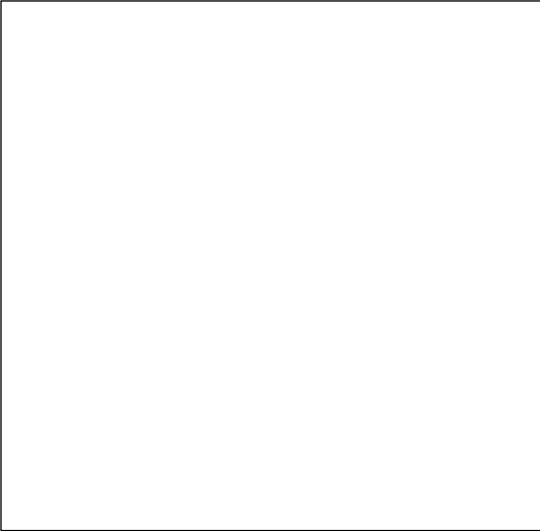
- Use your skills to consider how a client's mental health may be impacting their ability to function.





Mental Health and Homelessness: Risk Factors 

- Which mental health disorder do you think = a higher risk for homelessness?
- Bi-polar, severe depression, and any mental health disorder with an element of psychosis, possibly including PTSD.
- How to interact?
 - Psychosis brings fear (paranoia) anxiety and a confusing disconnect. Build rapport and go slowly.
 - Bipolar: Mood swings, irritability and risky behaviors. Listen to what is behind the behaviors. Expect progress with extreme slide backs.
 - Severe Depression: Can bring challenges due to experiencing symptoms like lack of motivation. Break tasks into small steps and validate any effort.

Encourage/Aid access to mental health help.



Mental Health Issues Due to Homelessness 

Depression:

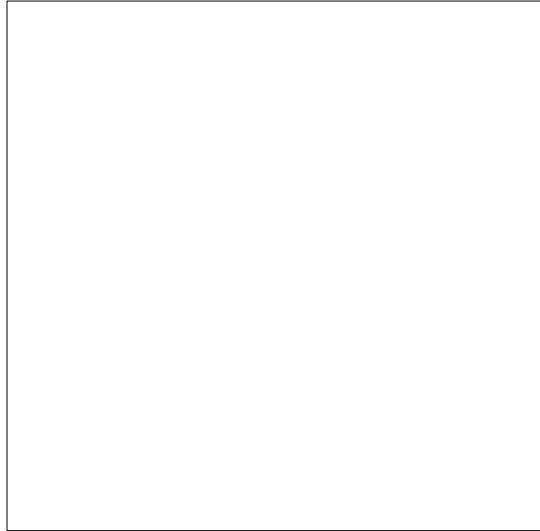
- Major depressive disorder higher among older homeless individuals due to the multiplicity of stressful issues.

Anxiety:

- Constant fear due to lost of stability and security. This can lead into learned helplessness and apathy

Trauma:

- Overwhelms individual's coping ability. (Will be discussed more).

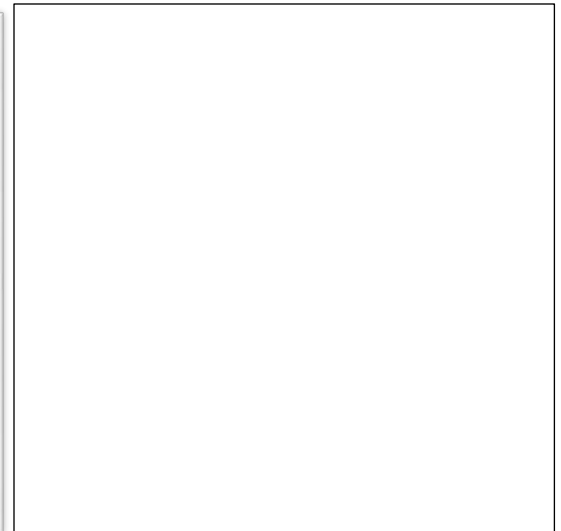


Unique Needs of Homeless Older Adults with Mental Health Concerns.



Five Categories of Unique Needs:

- Dynamics of aging/ Therapeutic Needs
- Subpopulations:
 - Veterans
 - History of Justice Involved
- Co-occurring disorders
- Medication Management
- Outreach and Engagement

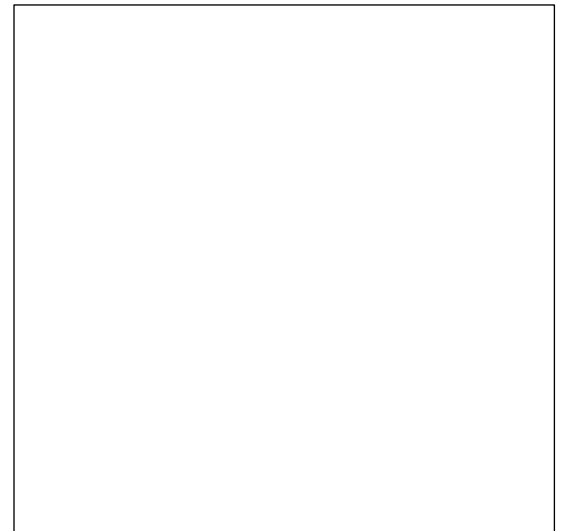


Cognitive Health and Homelessness



Cognitive Health: Ability to think, to learn and to remember.

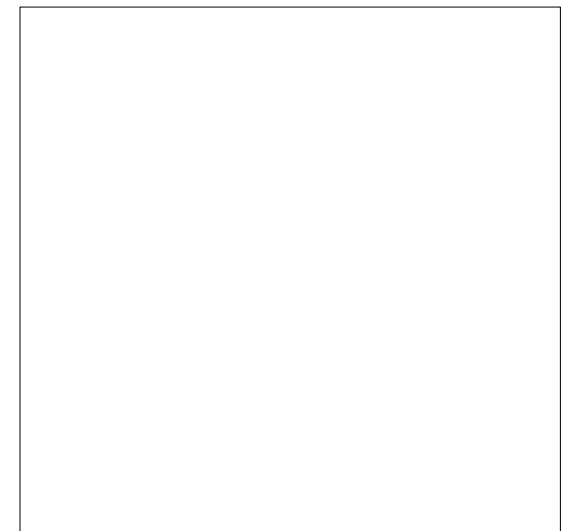
- Poor cognitive health = a risk factor for and an outcome of homelessness.
- Stress decreases the ability to maintain good cognitive health.
- Cognitive impairment can be hidden
 - Implications for service planning
- Older adults who are homeless may not prioritize cognitive engagement due to the need to prioritize basic survival



Physical Health and Homelessness



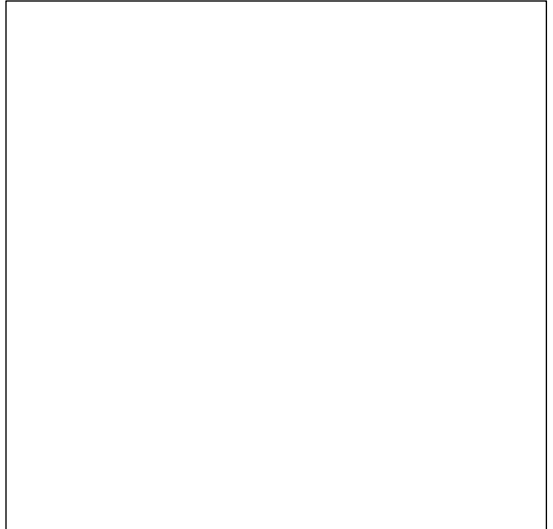
- Homelessness results in a decreased lifespan of 10-20 years, which makes 50 the new 70 for a homeless individual. There are:
 - Higher rates of impairments with basic ADL's:
 - Compliance with Medical treatment is difficult:
 - Medications
 - Diet
 - Adaptive equipment
 - Getting to medical care
 - Freedom can be a causality of homelessness.
 - Hospital > nursing facility > shelter > street > hospital...



Homelessness and Substance Use



"I'm not addicted to Alcohol or Drugs. I'm addicted to escaping reality."
- Anonymous

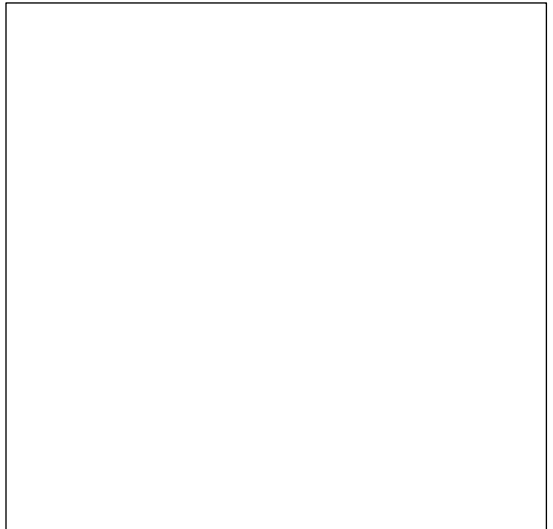


Substance Use and Homelessness



A Layer of Bias: Homeless Individuals have substance use disorders.

- Research estimate: 35% of homeless adults struggle with substance use.
- Common challenges
 - Co-occurring/Dual disorder.
 - Lack of trust in authority figures.
 - Appropriate treatment and follow up.
 - Return to homelessness.



Older Adults, Homelessness & Substance Use



- Higher rate of use in the "homeless before 50" population.
- Alcohol is most common substance with older adults

How does Substance use differ for an older adult?

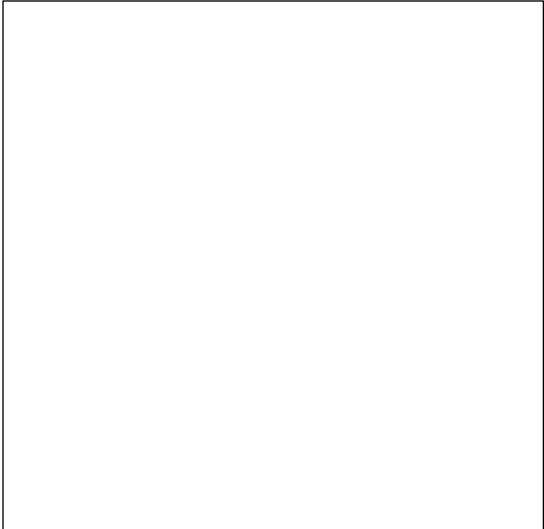
- Metabolic changes
- Liver function is less efficient
- Medication interactions are more likely
- Substance abuse treatment programs are typically geared towards a younger population



How APS Professionals Can Help



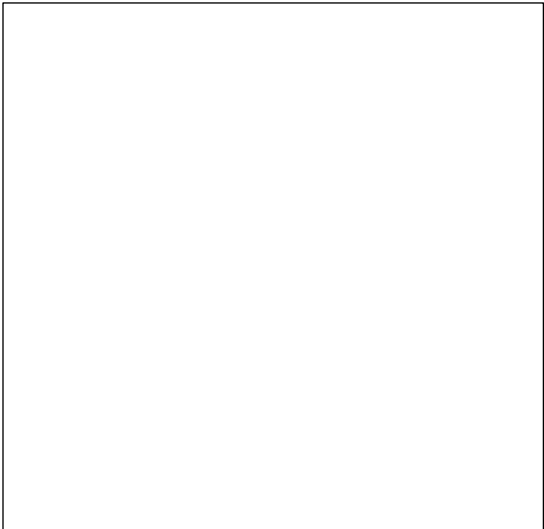
- Increase their social support network
 - Component of recovery and something frequently diminished in older adulthood.
- Realize that any substance use may simply not feel like an important issues to an individual who is homeless. Housing is.
- Collaboration with other social service agencies is important.
- Resource for the APS Professional:
 - Tip 55: <https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734>



The Ostracizing Impact of Homelessness



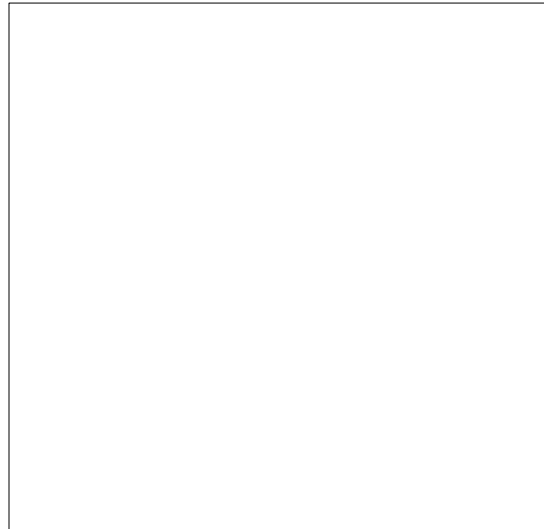
"Being excluded or ostracized is an invisible form of bullying that doesn't leave bruises, and therefore we often underestimate its impact."
 - Kipling D. Williams



Homelessness and Stress, Stigmatization and Ostracism



- Older homeless individuals frequently have a minimal support system.
- What does additional ostracism do? What perceptions drive stigmatizing and ostracizing this population?
- What is the outcome of these perceptions?
 - Inadequate solutions.
 - Laws that cost \$, but do not help.
 - Dehumanizing an individual.



The Reality of the Perceptions



- Can seeing homelessness create negative internal responses in others, including APS professionals?
- Take a minute and think what those are.
 - Helping them increases my taxes—and it's not like the government uses the money right.
 - They could hurt someone.
 - I don't want them around my house. They steal.
 - They are filthy, who knows what a person could catch.
- Used as scapegoats



Despair, Trauma and the APS Professional



"I'm getting more and more used to the idea that my life is a complete waste. I do not have a family. I do not have a career. I'm not a productive human being. It's day after day of wasting my time... I am a walking dying woman. I walk until I can't walk anymore, and then I sit. The busses pass me by... We are the untouchables."

- 78 y/o female participant in a homeless study

Aligning Values, Principle and Action



- What is the focus of APS values and principles?
- Words are powerful tools.
 - Dialogue
 - Respect.
 - Empowerment.
 - Narrative
 - Identity beyond "the homeless person."
 - Validation of strengths and person.
 - Affirming their humanity ("Rehumanizing.")

HANDOUT #2: NAPSA'S ETHICAL PRINCIPLES**Ethical Principles and Best Practice Guidelines**

dedicated to the memory of Rosalie Wolf © NAPSA 218

Adult Protective Services programs and staff promote safety, independence and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value: *Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.*

Secondary Value: *Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring and respect.*

Principles

- Adults have the right to be safe
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others
- Adults have the right to accept or refuse services

Practice Guidelines

- Recognize that the interests of the adult are the first concern of any intervention
- Avoid imposing personal values on others
- Seek informed consent from the adult before providing services
- Respect the adult's right to keep personal information confidential
- Recognize individual differences such as cultural, historical and personal values
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand
- To the best of one's ability, involve the adult as much as possible in developing the service plan
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity
- Use the least restrictive services first whenever possible—community-based services rather than institutionally-based services
- Use family and informal support systems first as long as this is in the best interest of the adult
- Maintain clear and appropriate professional boundaries
- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest
- Use substituted judgment in case planning when historical knowledge of the adult's values is available
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention

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Trauma Informed Care



- Existentialism and Trauma Informed Care both create resiliency, which is a **protective factor**.
- Homelessness is traumatizing due to constant stress and risk.
 - Hypervigilance is a sign of trauma. For homeless individuals it is a survival skill.
 - Trauma Informed Care (TIC) provides service in a way that does not retraumatize, rather promotes empowerment.
 - Trauma informed care aligns with APS guidelines.

TIC and APS



- Trauma Informed Care Principles.
 - Safety: Ensure they have emotional and physical safety.
 - Choice: Give the individual a part in choice and control
 - Collaboration: Shared power in decision making.
 - Trustworthiness: Build with consistency and boundary setting.
 - Empowerment: Prioritize empowerment and skill building when necessary.

Refer to your APS guidelines and type in chat box what aligns with these TIC principles.

Putting it All Together



- Teaching A Person How to Fish:
 - Requires knowing where they are.
 - Some might need the purpose of a fishing pole explained.
 - Some might only need the outfitted pole and "ask questions as needed."
 - In between are many other levels individuals can be at.
 - How do you correctly assess and collaborate w/ individuals *without overestimating, or underestimating their strengths and needs?*
- Read the vignette and determine:
 - Risk factors?
 - Protective factors?
 - How do you engage this individual?
 - How do you collaborate with them? (Tasks, strengths, needs, etc.)
 - Areas of health they may want to first address?

HANDOUT #3- VIGNETTE

At 62 years of age I've had life where things were always not working out. My employment history is pretty sketchy. My credit isn't too good. I've made life work though, through temp jobs, borrowing money, getting unemployment, renting rooms, staying with others. A few times I was on the street. Once I rented this little tiny studio apartment for a while. That was great while it lasted.

Getting older has made some opportunities dry up. I've burned through friends and it's hard to work at anything. Lately I'd been couch surfing with someone I kind of know. But my blood sugars got out of control and I had to go to the hospital. The social worker at the hospital helped me get social security and find a room to rent. My social security is about 865.00 a month. Every month. Non-stop. That was a relief until I start figuring out my expenses. Renting a room at \$750 a month wasn't going to work. I talked to the house manager and he said if I moved into a shared room he'd only charge \$550.

So I did. It leaves me \$315.00 for expenses. And I get medi-cal and food stamps. I was hopeful. This could work. But then I got in another fight with my roommate, who is so annoying! That jerk does this on purpose, antagonizes me. The house manager wouldn't even listen to my side of the story after this last fight. He gave me an eviction notice. I have to leave by the beginning of next month, which is about 29 days. That means a deposit for another place. The cost of another credit check. I hope they don't call this house manager because he might take my roommate's side and say I cause problems. How do I find another place anyway? And when I move, oh my gosh, how do I make sure all those people, medi-cal and food stamps and social security know where to send my benefits? Plus, rented rooms have gone up. Shared rooms are now running \$600 to \$650. That means even less for normal living expenses like shoes and clothes and medications.

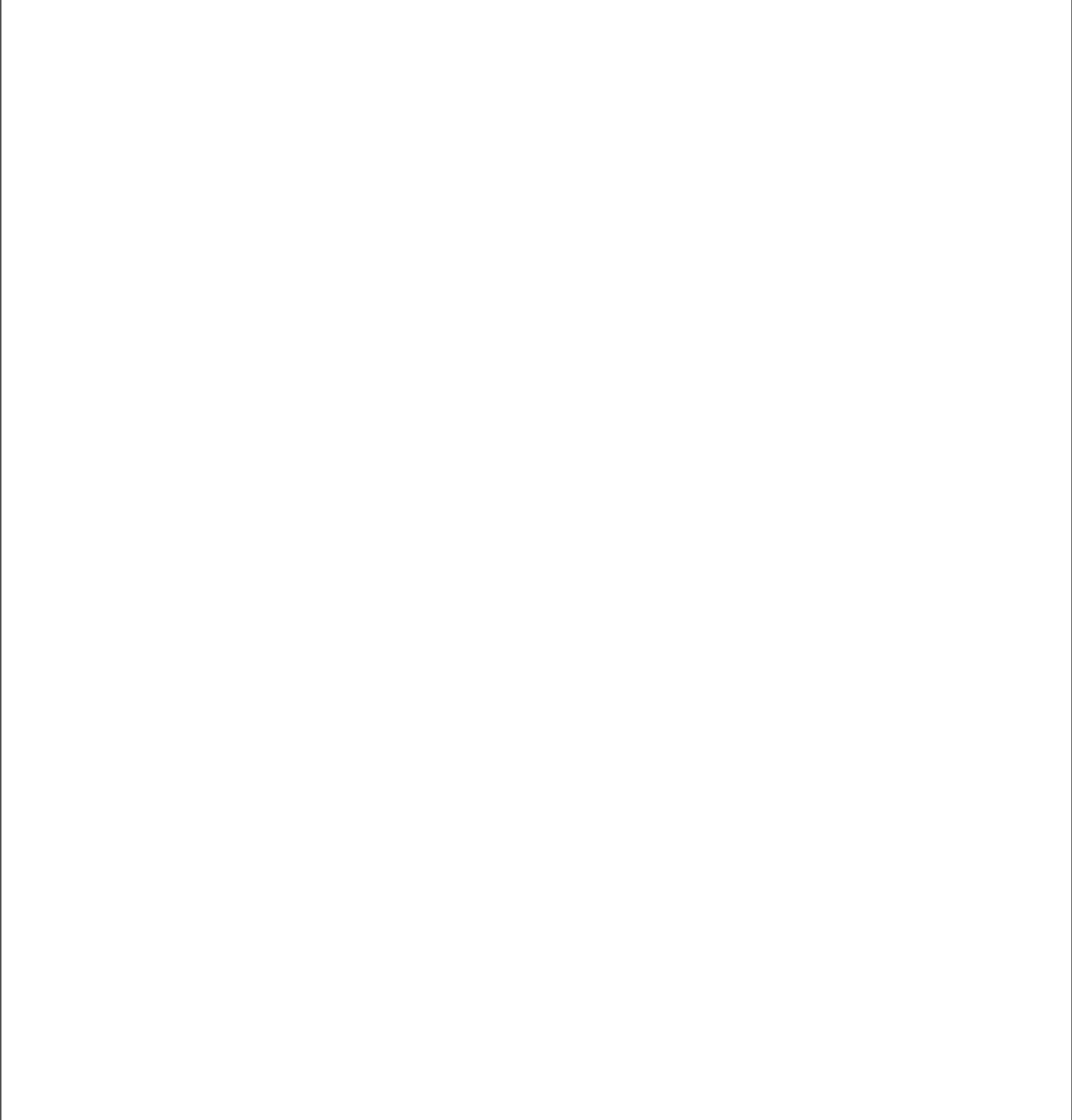
It is only a while from the first of the year. At least my social security will be raised. Except it's only \$57.00. Can you imagine? Someone told me that was good! They said that usually the increase is more like \$20 to \$40 dollars. Seriously, does Social Security really think that covers anyone's increase in expenses for a whole year? I feel kind of mad. I can't live like this. Social security has to give me more money. Oh geez, who am I kidding? I can't win a fight with social security.

I start looking at the big picture. It's kind of tough. After years of ups and downs I had thought things were finally going to come together. I was going to carve a little safe place in this world, have a door to close when I needed a moment. Except it's not looking so good. And this is the best life gets right? I don't know. What is the point?

But no. I'm not a quitter. I can do this. I can do the living outside thing again. Go back to the place I stayed last. Nice field. Lots of trees. Close to a convenience store. I wonder if there

Continued

are still people I know there. Maybe someone who will keep an eye on my tent if I go to the doctor? It's crazy how fast someone can slit the side of a tent and clean things out. Then the tent is no good, and like everything else, those cheap little tents, the prices are going up. But really, none of this matters. What has to be done has to be done. At least long enough for me to build up some money to get into another place with.

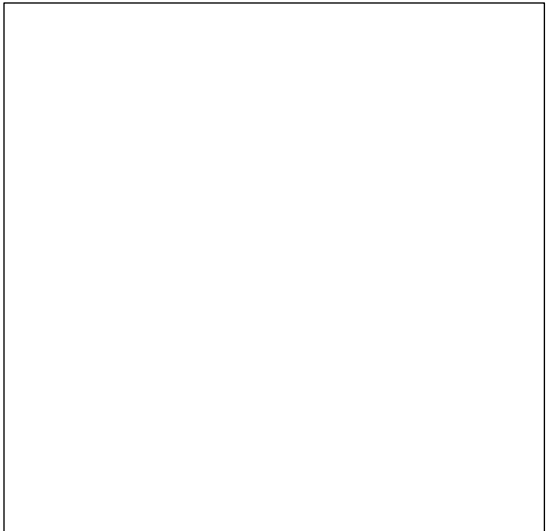


Activity Debrief



What did you come up with?

- Risk Factors
- Protective Factors
- How do you engage?
- How do you collaborate with them?
- Areas of health they may want to address first?

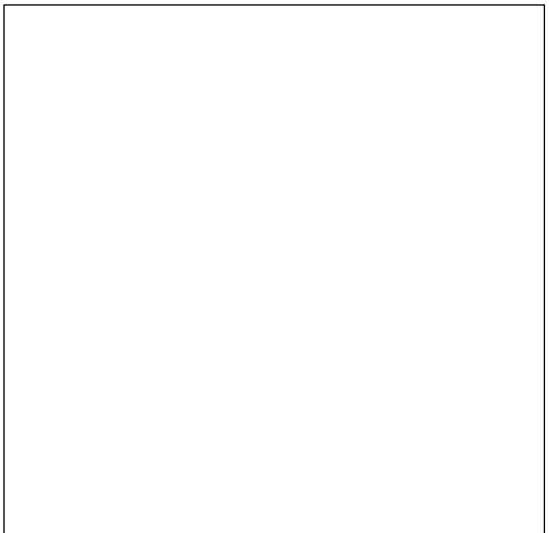


Closing and Evaluations



- This was workshop one of series
- Humans have multiple layers and each bring bias
- Person-led interventions

- Questions?
- Thank you for participating in this training.
- Thank you for your commitment to all individuals in our communities.
- Evaluations



Thank You!



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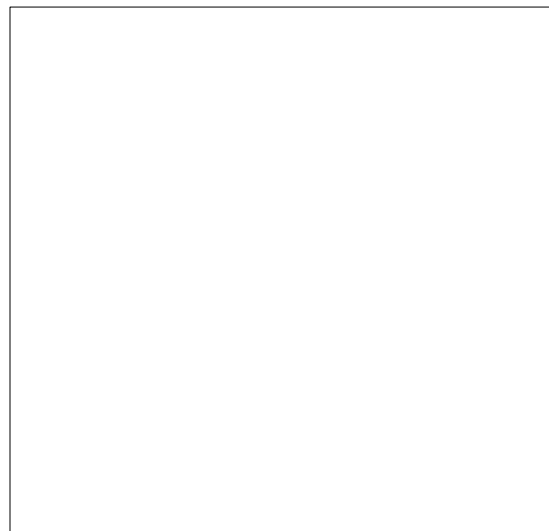
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APPENDIX A

HANDOUT #1- DEFINITIONS

ACES: Adverse Childhood Events. Ten-question test. Children with an ACES score of over 4 are predisposed toward multiple challenges in childhood and adulthood, including homelessness.

Bi-directional: When two things impact each other. Ex. A contributing cause of homelessness may be substance use or mental illness. However, once a person is homeless, that frequently contributes to a decline in mental health or increase in substance use.

Black, Indigenous, Person of Color (BIPOC): Black, Indigenous, People/Person of Color. The term is frequently used to acknowledge that Black and Indigenous people are severely impacted by systemic racial injustices.

Chronic Homelessness: (HUD Definition [CoC and ESG Homeless Eligibility - Definition of Chronic Homelessness - HUD Exchange](#))

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
 - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
 - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**;
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuums of Care: (CoC)- local planning bodies responsible for coordinating the full range of homelessness services in a geographic area, which may cover a city, county, metropolitan area, or an entire state. In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must meet the HUD definition of chronically homeless.

Couch Surfing: to stay temporarily in a series of other people's homes, typically by sleeping on their sofas.

Dehumanizing:

1. to deprive (someone or something) of human qualities, personality, or dignity.
2. to address or portray (someone) in a way that obscures or demeans that person's humanity or individuality

Continue

Existentialism: a philosophical theory or approach which emphasizes the existence of the individual person as a free and responsible agent determining their own development through acts of the will.

Existential Despair: a painful sense that no human activity of any kind could ever be of any worth.

Explicit bias: Conscious and deliberate, the person is fully aware they hold a positive or negative view of a group or person.

Fundamental attribution error: refers to an individual's tendency to attribute another's actions to their character or personality, while attributing their own behavior to external situational factors outside of their control. Frequently used to explain other's problems such as homelessness.

Harm reduction: refers to policies, programs and practices that aim to minimize negative health, social and legal impacts associated with drug use, drug policies and drug laws. Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that they stop using drugs as a precondition of support.

Houseless: A term being used to describe people who are homeless because the word homeless has taken on a pejorative meaning and automatically disconnects and ostracizes individuals. "Houseless" describes individuals as having a connection, a place in society even though they do not have a physical space, a house, to live in.

Implicit bias: Occurs automatically and unintentionally. Affects judgements, decisions and behaviors.

LGBTQIA2s +: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or Ally, Two Spirit, Other non heterosexual individuals, such as pansexual.

Maslow's Hierarchy of Needs: Maslow's hierarchy of needs is a motivational theory in psychology comprising a five-tier model of human needs, often depicted as hierarchical levels within a pyramid. From the bottom of the hierarchy upwards, the needs are: physiological (food and clothing), safety (job security), love and belonging needs (friendship), esteem, and self-actualization.

Permanent Supportive Housing: (PSH)- a housing model designed to provide housing assistance (project- and tenant-based) and supportive services on a long-term basis to people who formerly experienced homelessness. HUD's Continuum of Care program, authorized by the McKinney-Vento Act, funds PSH and requires that the client have a disability for eligibility.

Precarious Housing: currently housed, but likely to become homeless, generally because the housing is unaffordable.

Rapid Rehousing- a housing model designed to provide temporary housing assistance to people experiencing homelessness, moving them quickly out of homelessness and into permanent housing.

Continue

Safe Havens- Supportive Housing Programs which serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services. This is *temporary shelter* and services for to hard-to-serve individuals.

Severe Housing Burden—50% or more of income going to housing payment.

Severe Mental Health Issues- a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with, or limits, one or more major life activities.

Sheltered Homelessness- refers to people who are staying in emergency shelters, transitional housing programs, or safe havens. (Opposite of unsheltered homelessness which refers to people living directly on the streets).

Societal bias- can be positive or negative and refers to being in favor, or against individuals or groups based on their social identities, race, gender, etc. It includes stereotyping (thoughts), prejudice (feelings) and discrimination (behaviors).

Sustained recovery- Recovery from alcohol and drug use through a process of change in which an individual achieves abstinence and improved health, wellness and quality of life.

Systemic bias- also called **institutional bias**, and related to **structural bias**, is the inherent tendency of a process to support particular outcomes, such as racial profiling.

Transitional Housing Programs- provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

Unsheltered Homelessness- refers to people whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (for example, the streets, vehicles, or parks).

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