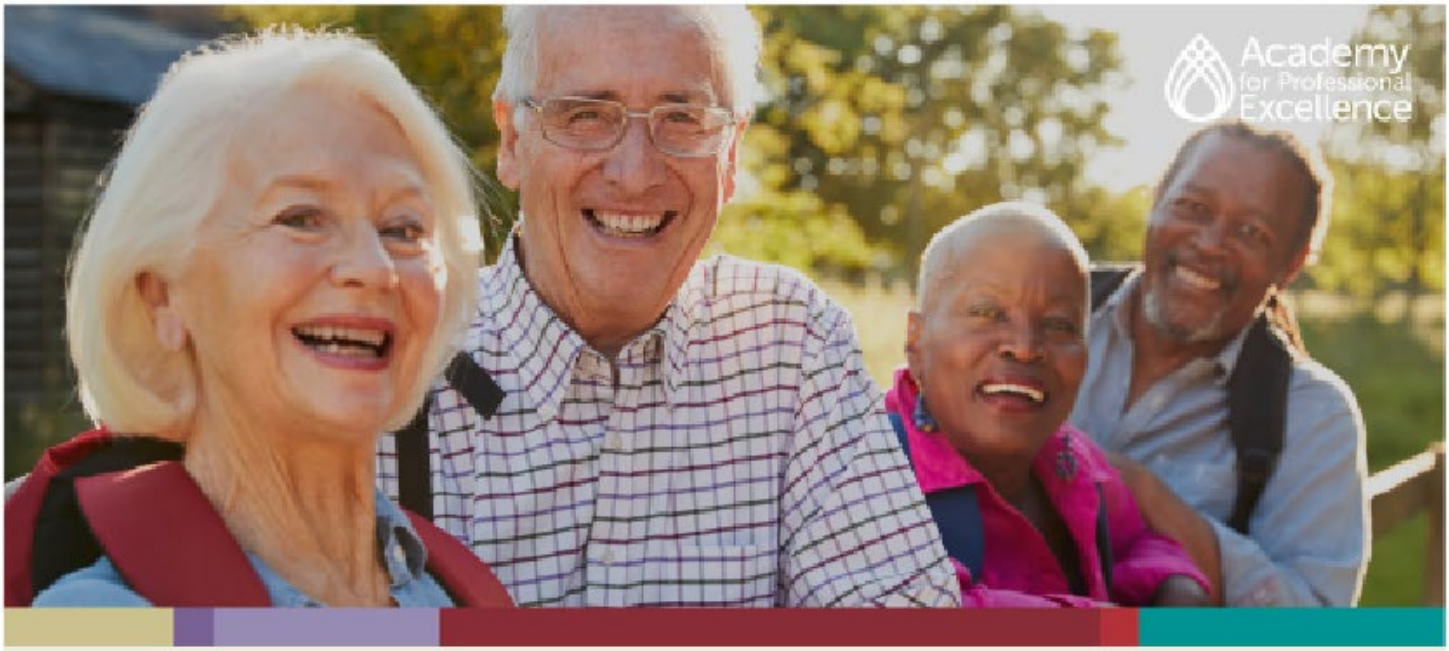

APSWI
Adult Protective Services
Workforce Innovations

Homelessness in Older Adults: Examining the Layers

Virtual Course

Trainer Manual

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

APSWI is a program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.

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

Curriculum Developer, 2021
Alice Joy Kirk, LCSW

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to **Homelessness in Older Adults: Examining the Layers Trainer 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
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WRAP-UP AND EVALUATION

HOW TO USE THIS MANUAL

This curriculum was developed as a virtual 2.5 hour workshop using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in-person by modifying activity and engagement prompts as necessary.

- Actions which the trainer takes during the training are written in **bold**.

Trainer Notes are written entirely in bold text box and are provided as helpful hints.

Moderator Notes are written entirely in bold text box and are provided as helpful hints.

- When there are both Trainer and Moderator notes on same page, Trainer and Moderator is **underlined**.
- Expected time per slide is provided next to slide number and topic on each page.
- The participant manual and trainer manual differ in page numbers. It's suggested you note the participant manual page number for activities and handouts to reference during training for ease.

Use of language: Throughout the manual, APS professional is used most often to describe APS line staff. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

"He" and "she" have been replaced with the gender-neutral "they" throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Customizing the Power Point:
This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

Hide a Slide Instructions:

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The slide number will have a line through it to show you have hidden it.
NOTE: The slide remains in your file even though it is hidden when you run the presentation.

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

Participant Manual:
The Participant Manual should also be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy. Encourage participants to review HANDOUT #- Definitions, prior to attending training.

TRAINER GUIDELINES

It is recommended that someone with education in behavioral health or experiencing working in the behavioral health field facilitate this virtual workshop. Co-presenting with an APS professional is encouraged.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 20-25 participants.

Teaching Strategies	The following instructional strategies are used: o Lecture segments o Interactive exercises (e.g., breakout rooms, chat box discussion, polling activities) o Question/answer periods o PowerPoint Slides
Materials and Equipment	**The following materials are provided and/or recommended:** o Trainer Manual o Participant Manual (fillable PDF) o PowerPoint Slides o Headset with microphone o Computer

VIRTUAL TRAINING TIPS

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

Assume nothing.

- Do not assume everyone has the same knowledge/comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.

Distractions are everywhere.

- Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.

Over explain when possible.

- The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.

Mute with purpose.

- "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.

Two screens can be a lifesaver.

- This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.

Rely on practice, not luck.

- Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.

Bring the energy.

- As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.

Be mindful of your space.

- Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
- It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.
- Are there objects in your background that can symbolize status, privilege and/or power? If so, consider removing them to dismantle any added power dynamics that already exist with you as the Trainer.
- Unknowingly, objects can come across as offensive or can activate unpleasant or traumatic memories, and can instantly discredit your rapport building. Think of neutral backgrounds that

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

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**; or
- 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.

Continued

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

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.

Continued

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.

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. (Oppositive 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.

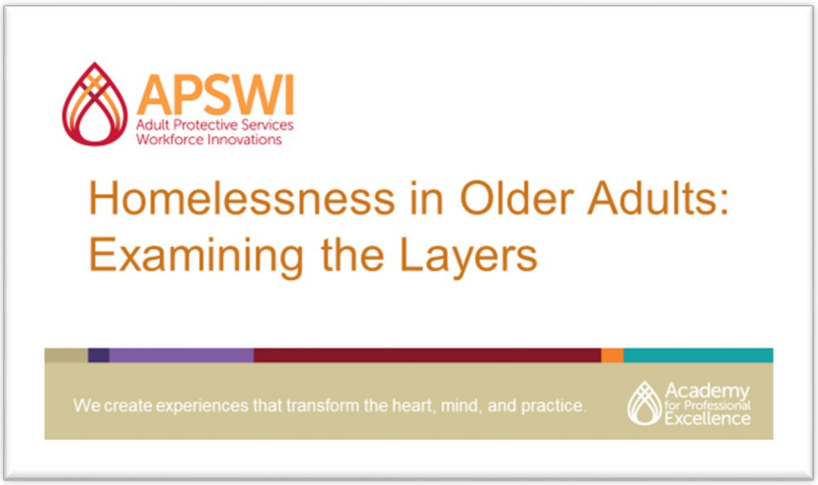
Transitional Housing Programs- provide people experiencing homelessness a place to stay combined with supportive services for up to 24 months.

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).

WELCOME, INTRODUCTIONS AND COURSE OVERVIEW
Time Allotted: 20 minutes

Slide #1: Welcome (5 minutes)

Trainer Note: If participants come early, it can be beneficial to remind them of Handout #1- Definitions and suggest they look over if they were unable to prior to training.



Allow for a few minutes for participants to settle in.

Chat Box:

Ask participants to type in their names, titles, and counties (or APS programs) for attendance purposes.

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

Introduce moderator(s) or **ask** moderator(s) to introduce themselves.

- **Describe** moderator's role—monitor the chat box, assign breakout rooms, handle any administrative issues, etc.

Slide #2: SDSU School of Social Work (1 minute)

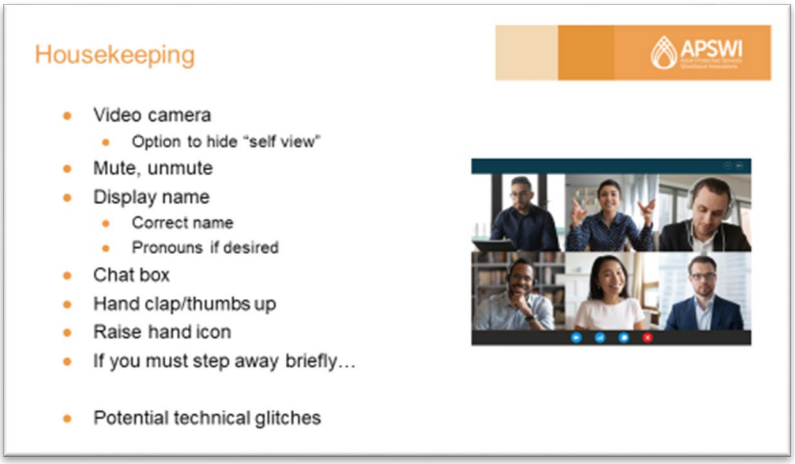
Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Slide #3: About APSWI and the Academy (1 minute)

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #4: Housekeeping (1 minutes)

<u>Trainer/Moderator</u> Note: If participants are equally comfortable with the virtual platform you are using, this slide might not be needed.



Cover housekeeping items.

- Muting self
- Ensure display name is correct
- Use of video
  - Zoom feature allows you to hide "self-view" where you no longer see yourself, but you're still on camera.
- Raise hand icon
- Chat box

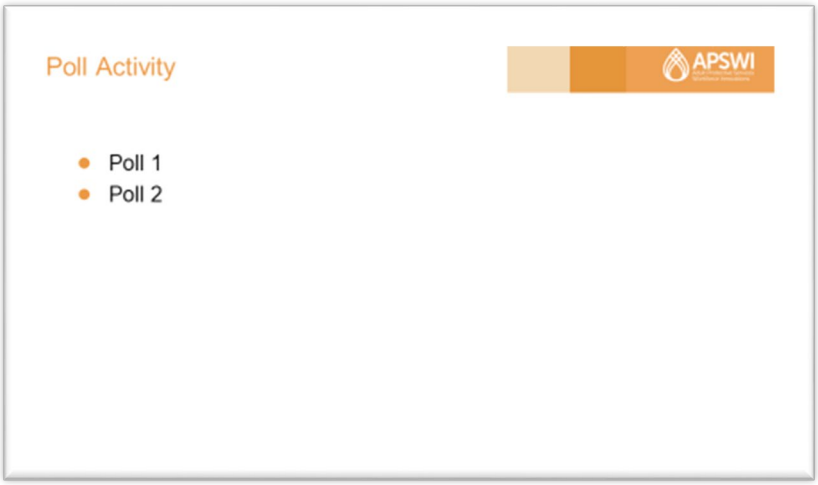
Explain that technical glitches are inevitable on both your end and the participants and **encourage** all to be patient and forgiving as you navigate them.

Share the following:

- We have many ways for you to participate today, including chat, polling, live discussions, breakout rooms and reactions. We know that people come to training for many reasons and like to participate in different ways.
- Some of you will take yourself off of mute and speak, some would rather use the chat function. When participants share verbally there is a break from hearing one voice. We truly appreciate the time used to be present.
- Please participate in the way that works for you. There will be pauses at times to give everyone a chance to share and allow for silence.

Slide #5: Poll Activity (5 minutes)

Trainer/Moderator Note: It's recommended to program polls before training beginnings.



Trainer Note: Depending on where you are training and where your learners are from, there may be a wide variety of knowledge of and experience with working with those who experience homelessness. There may be a wide variety of available resources (or gaps). It's helpful to acknowledge this at the beginning and throughout the course.

Poll:
Ask for participants to take the anonymous poll (single answer)
Launch Poll:

On a scale 1-10, 1 being not at all confident and 10 being very confident, "How confident are you understanding the needs of those who are facing the possibility of being homeless?

Share polling results and explain there is a wide variety of confidence, maybe related to experience.

Explain that you're about to launch another anonymous poll (single answer) with a similar question, but a slight difference.
Launch Poll:

On a scale 1-10, 1 being not at all confident and 10 being very confident, "How confident are you understanding the needs of those who have experienced homelessness for more than 1 year?

Share polling results.

Ask participants to type in the chat box some thoughts as to why there might be a discrepancy between APS professionals' confidence working with individuals about to be homeless and those who have been for a while and possibly chronically.

Answers may include:

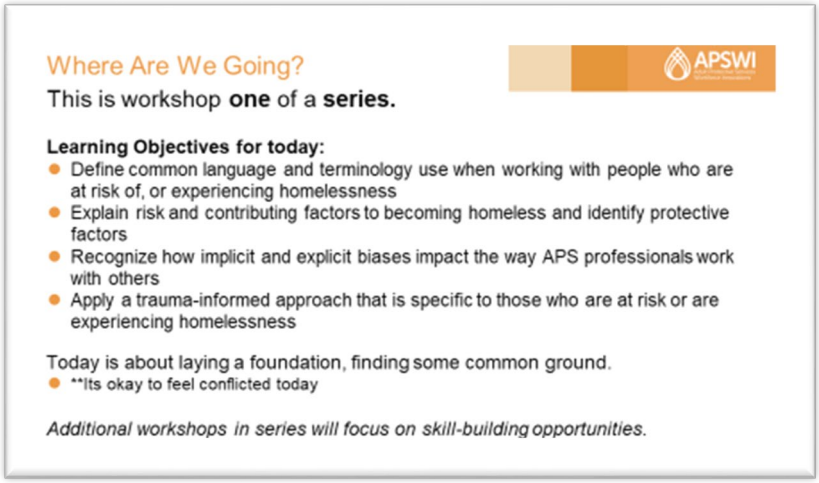
- *Time sensitive/urgency, resources may be plentiful when working with someone who is not yet homeless.*

Continued

- *Layers of dynamics, lack of resources, priorities vary when working with someone who has been experiencing homelessness.*

Ask for participants to type in the chat box if they're currently working with clients who are experiencing homelessness.
Invite those who have experience to share their tips and successes throughout this workshop.

Slide #6: Where are we going? (3 minutes)



Share the following in order to provide learners a road map and purpose of this training.

This is workshop **one of a series** on how to effectively work with older adults experiencing homelessness. The series is designed to provide APS professionals with knowledge, practical tools, and 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.

Review the learning objectives.

Participants will be able to:

- Define common language and terminology used 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 of or are homeless.

The goal of this first workshop is to lay a foundation and find some common ground which will then be accessed and utilized in the skill-building portion of the remaining two workshops.

Because the impact of homelessness affects our personal space, community space and professional space, working with those experiencing homelessness may affect us differently than working with someone on other allegations such as caregiver neglect or financial abuse. This can lead to conflicted feelings and thoughts about individuals who

Continued

are homeless and may require more consideration and insight into one's self then other populations do.

- It's okay to feel conflicted in this training. That's why we're here, together today.

With these learning objectives in mind, APS professionals can align their knowledge and professional values and maximize their effectiveness as they work with a homeless population.

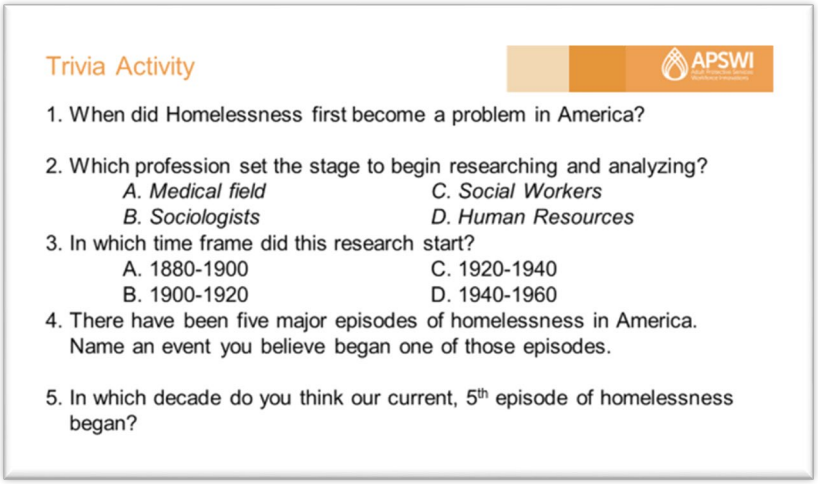
After this first workshop, participants will have the knowledge to better assess barriers for each individual they work with and help those individuals to increase their protective factors such as resiliency and self-care.

Remind participants they were provided a **Definitions Handout (Handout #1)** and they can refer to it when needed in the workshop.

Ask participants to locate the term Houseless in their Handout #1 and read silently. Share that you may fluctuate between houseless and homeless throughout the training, especially when discussing data or research, and they can use what they feel most comfortable with as well.

Slide #7: Trivia Activity (7 minutes)

Trainer Note: This slide is animated to allow you to ask and briefly discuss each question at the same time.



<u>Connection Activity: The history of Homelessness (5-7 min)</u>

Explain that we are going to do a quick history lesson in a trivia type format. This is supposed to be a fun, not serious, way to allow participants to share the knowledge they may already be bringing to the training with and provide a quick information sharing that will be reflected in other parts of this workshop.

Ask for participants to use the raise hand function if they know the answer to the question as you read each one. **Share** the answer and allow for short discussion if desired but **explain** some of the content in this training addresses the answers.

- **Ask**: When did homelessness become a problem in America?
  - *Trick Question: Homelessness has been a problem since the origin of America*
- **Ask**: Multiple Choice- Which profession set the stage to begin researching and analyzing homeless in America?
  - *A. Medical field*
  - *B. Sociologists*
  - ***C. Social Workers***
  - *D. Human Resources*
    - **Ask:** F/U bonus: Multiple Choice: In which timeframe did this research start?
      - *A.: 1880-1900*
      - ***B. 1900-1920***
      - *C. 1920-1940*
      - *D. 1940-1960*
- **Share**: There have been five major episodes of homelessness in America. Name a period or event you believe caused one.
  - *The movement of English to America, Pre-Industrial Period, After the Civil War, Great Depression, and our current Contemporary Period.*
- **Ask**: In which decade do you think our current, 5th episode of homelessness began?

Continued

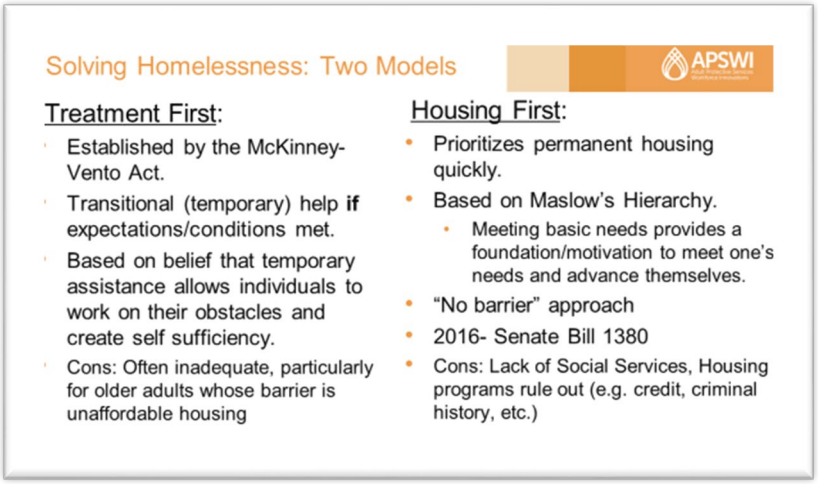
1980's

- ***Explain** that it brought about the McKinney-Vento Act of 1987, the only Federal legislation for the issue of Homelessness.*

(2007 National Symposium on Homelessness Research, 2007)

Slide #8: Solving Homelessness: Two Models (4 minutes)

Trainer Note: This slide is animated.



This slide looks at the two main strategies of helping people who are homeless.

Treatment first was the original strategy to help homeless individuals.

Ask participants to type in the chat box if they've heard of this strategy and if so, some thoughts on it, including any pros and cons.

Explain that this strategy came out of the Federal legislative response to homelessness, the McKinney-Vento Act.

- Treatment first is temporary housing given in order to allow individuals to address personal challenges related to; mental health, substance use, the need for job training, or other challenges that prevent them from being self-sustaining.
- Even with program revisions, Treatment First remains temporary housing which is based on the individual's proof of "house worthiness," and their adherence to programs that will help them overcome their problems.
- This is a symptom-based approach instead of a problem-based approach. The solutions are often inadequate, such as substance abuse programs that do not have the necessary time frame for recovery, or job training programs that do not provided adequate training to help individuals pay basic living expenses.
- Treatment First is frequently <u>not applicable</u> to older adults who are homelessness where the barrier is unaffordable housing paired with an insufficient income.
  McKinney.pdf (nationalhomeless.org)

The second is *Housing First.*

Ask participants to type in the chat box if they've heard of this strategy and if so, some thoughts on it, including any pros and cons.

Continued

Explain that in 2016 California passed a bill that requires all housing programs to adopt a housing first model.

- Housing First is based on Maslow's hierarchy; meeting basic needs allows a person to advance their lives.
- Housing First is recognized as evidence based. Itis gaining ground as research continues to show that it is more cost effective and stabilizes the population better then housing programs requiring proof of participation in addressing problems such as substance use or mental health issues.
- It is considered a "no barrier approach There are no conditions to gain housing).
- While Housing First acknowledges the importance of social services and care coordination, those are often not provided.
- Additionally, despite the no barrier approach, which states all applicants must be accepted regardless of prior history, that is not happening.
- And finally, there can be tremendous resistance to the idea that people with problems "are just being handed housing."

Housing First - National Alliance to End Homelessness
HOUSING FIRST (ca.gov)

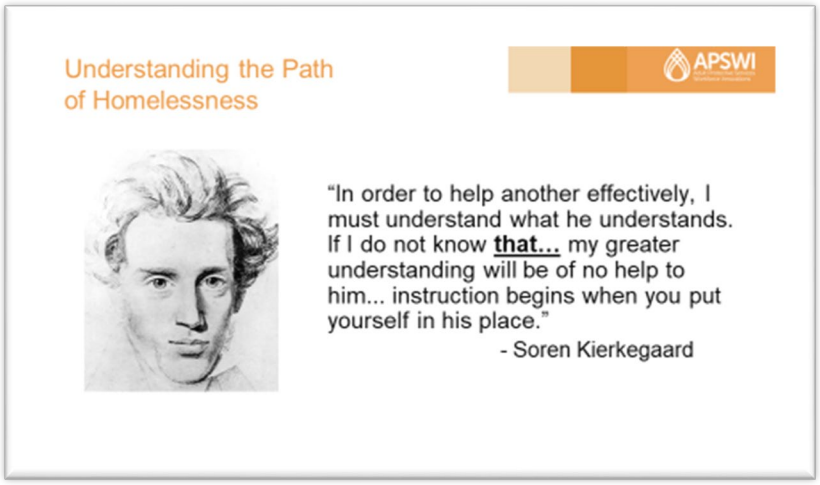
Ask this rhetorical question: How do we work with people who are possibly biased and resistant to the idea of providing housing first to individuals who need it?

Answer: We work to find out the reason behind their bias and provide the facts of benefits on housing first.

UNDERSTANDING RISK AND CONTRIBUTING FACTORS
Time Allotted: 20 minutes

Slide #9: Understanding the Path of Homelessness (2 minutes)

Trainer Note: It is recommended to look up the correct pronunciation of Soren Kierkegaard.



Read the following quote on *Slide: 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.*

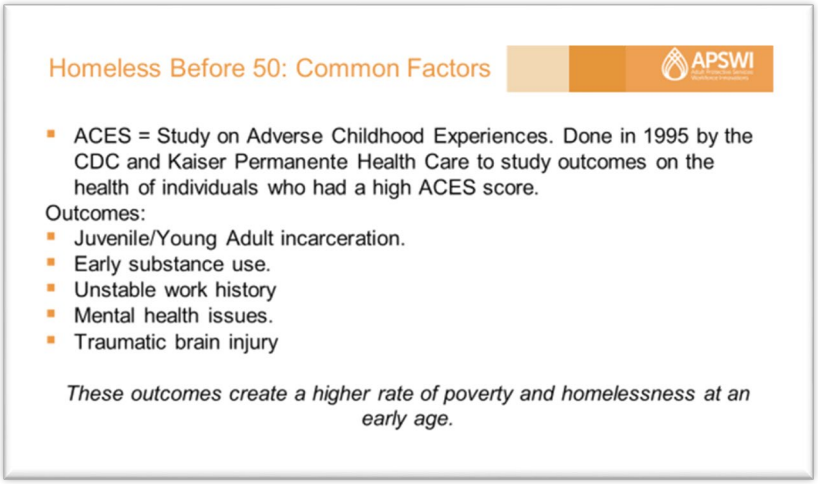
Soren Kierkegaard

Share that the quote is meant to focus on the importance of looking at each homeless individual as having different antecedents, strengths, challenges, and needs. There is a strong societal stigmatization of homelessness that can lead to them being seen as a homogenous (and a dehumanized) group. During this workshop, each APS professional will be asked to consider implicit and explicit biases, both societal, and personal, as well as being asked to consider how those could interfere with seeing an individual as a unique individual.

Explain: The term "older adult" is defined differently in various APS programs throughout the nation. However, the research shows two major divisions in older adult homelessness: Homeless before 50 and Homeless after 50. The reason for this split is twofold. Individuals who are homeless before 50 often have different foundational issues than individuals who become homeless after 50.

It is also important to note that homelessness has an extreme impact on someone's aging. Individuals who are homeless at 50 typically have the health problems of a person who is 10 to 20 years older. This will be discussed further, but it is important for the APS professional to keep in mind as they create their service plan.
(Brown, R. T., et al. 2016.)

Slide #10: Homeless Before 50: Common Factors (5 minutes)



Ask participants to either raise their hands virtually or physically if they have heard of, or have familiarity with, the Adverse Childhood Experiences (ACEs) study.

Note- depending on your audience's level of familiarity, you may need to expand.

Share as a reminder the ACEs is a study on adverse childhood experiences. This led to the creation of a ten question test about adverse childhood events, such as; growing up were you sexually abused? Were you frequently hungry and did not have enough to eat? Did you fear being hit, slapped, or pushed? Was your parent/caretaker incarcerated? Have mental health issues? Have a substance use disorder?

Explain that these adverse experiences, results in a continual and excessive activation of their stress response system. This leads to long lasting detrimental impacts on their mental and physical health. (Think of how a car would wear out if its engine was continuously revved hour after hour.) Individuals who experience homelessness before age 50 frequently have had a life path, with multiple adverse childhood events and a high ACES score.

Review some of the probable outcomes of early childhood adversity. Having high ACEs (resulting in a high ACEs score) has been associated with a higher probability of:

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

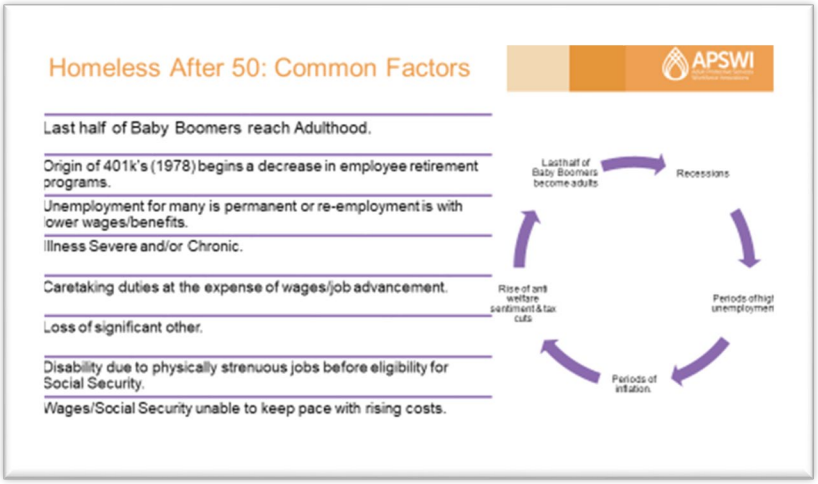
Explain that longer time periods of these experiences are associated with a higher probability of the early onset of homelessness. There is a bi-directional impact with many issues involving homelessness, where each one impacts the other.

Continued

- For example while mental health issues and substance use may predispose towards homelessness once an individual is homeless their substance use and mental health issues are likely to increase.
- All of these things lead to homelessness before 50.

(Brown, R. T., et al. 2016.)

Slide #11: Homeless After 50: Common Factors (5 minutes)



Ask: If adverse childhood experiences lead to predisposing factors for homelessness before 50, why does homelessness after 50 happen?

Share that individuals who first experience homelessness after age 50 often have been impacted by factors such as unexpected life events and unaffordable housing. At the same time there were societal and political events that impacted them. The aging process complicates their lives further with additional expenses and fixed income. Their needs may be drastically different.

Explain: The current episode of homelessness began in the 1980's. A wave of homelessness began, but certain events laid the groundwork for homelessness to continue growing. In 1978 the 401k began and resulted in a substantial decrease in employee retirement programs. In the 1980's the second half of the baby boomer group became adults. At the same time there were multiple recession periods, a rising pressure on service programs, tax cuts and a decrease of social services.
Other events that laid the groundwork for current older adult homelessness crisis were:

- Unemployment: Often permanent or people were re-employed at lower wages with less benefits.
- Illness, both severe and/or chronic.
- Caretaking duties (at the expense of earning a wage).
- Loss of significant other (severely impacted finances and future benefits, most frequently for females who had done non-paid labor).
- Disability due to physically strenuous jobs before eligibility for Social Security.
- Wages and Social Security Income were increasingly unable to keep pace with rising costs.

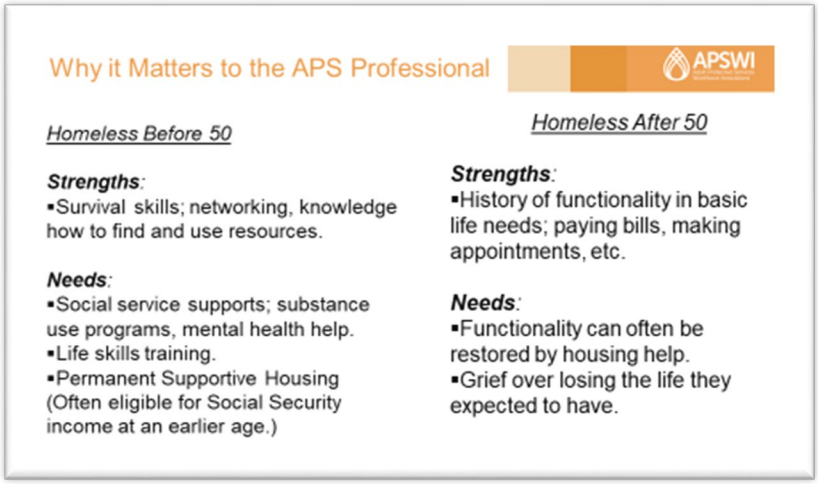
People who were able to keep afloat despite these problems rarely had resources to allocate for their future. Those who worked physically strenuous jobs frequently became unable to work before social security benefit age. This combination of factors has evolved into dramatically increased homelessness after 50.

Continued

Older individuals that become homeless can typically face more challenges than younger adults. Because of their reliance on Social Security which is frequently not adequate to pay living expenses, and because of their age and/or abilities they are less likely to find work and their income will not rise. They cannot “work their way out” of poverty like many people believe they can or should.

Slide # 12: Why it Matters to the APS Professional (4 minutes)

Trainer Note: This slide is animated.



Ask either for participants to type in chat box or taking themselves off mute why knowing these factors matters to them as APS professionals?

Take or read a few responses and then **share** the following:

- Older Adults who have been homeless before 50 have often spent a long time on the streets.
    - They have survival skills, street knowledge. They are more likely to know who to trust, where to stay, how to get basic needs met. Help them understand their survival skills are strengths and can used as such, (e.g. Verbalizing their needs to people who can help them such as APS professionals, social security, etc.).
    - They are also more likely to have long term problems, mental health conditions, substance use, history of incarceration, poor employment history, therefore reduced benefits.
    - Needs: focus on linkage to appropriate services that address the issues that predisposed them towards homelessness; mental health, substance use, social skills

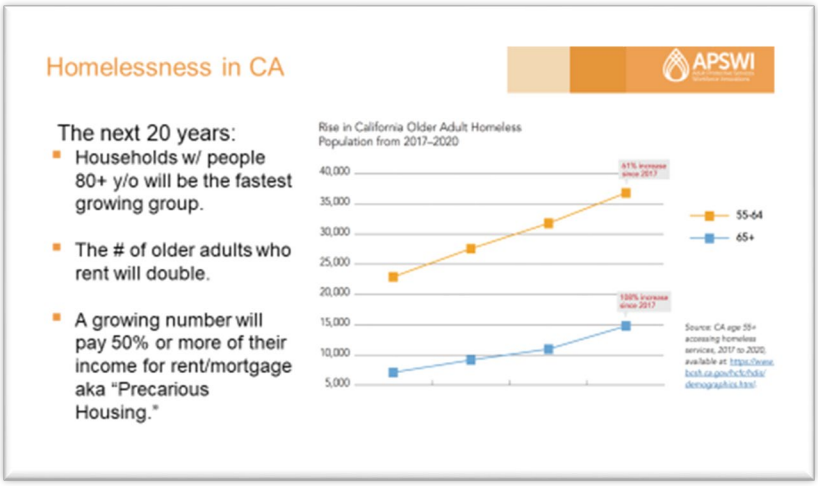
- Older Adults who became homeless after 50 often have fewer long-term barriers and are more likely to:
    - Be able to resume independence with life functions; paying bills, managing medical needs, making phone calls to get services, advocating for their needs.
    - This happens once they have been in supportive housing and have a way to resume normal function.
    - Helping them tends to be the less intensive, and a less expensive service.
    - This population often has to grieve the life they expected to have; aka "The Golden Years" which are not feeling so golden. They may have difficulty accepting their reduced circumstances.

Continued

Emphasize that both groups need a validation of their strengths and installation of hope. This is where you as an APS professional can excel!

Slide #13: Homelessness in CA (3 minutes)

Trainer Note: ***The slide shows a graph of how quickly the older population of homeless individuals are growing. CA*** **currently has the highest homeless population, with about 151,278 homeless people. This is about one-fifth of the total homeless population in the United States. ("Homeless Population by State 2021", 2021)**



Explain that APS professionals across the nation have expressed a need for more training on how to work effectively with this population. Previously, many APS programs did not work directly with homeless adults unless there were other protective services needed. As the older adult homeless population surges, APS professionals are searching for ways to help, including ways to justify helping, such as tying the protective services needed with being homeless to self-neglect.

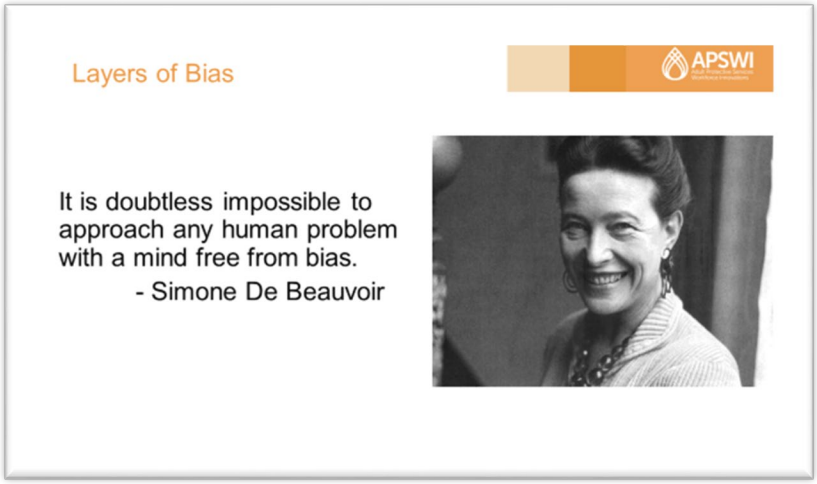
The older adult population in America is growing fast.

- In the next 20 years households with people in their 80's will be the fastest growing group.
- The number of older adults who are renting will double in that time period.
- A growing number of older adults will experience severe housing burdens, which is defined as 50% or more of income being used to pay rent/mortgage.
- This makes their housing precarious and difficult to sustain, which heightens the likelihood of becoming homeless.
  ("The Outlook for Older Adult Homelessness", 2021)

LAYERS OF BIAS
Time Allotted: 25 minutes

Slide #14: Layers of Bias (2 minutes)

Trainer Note: It is recommended to look up the correct pronunciation of Simone De Beauvoir's



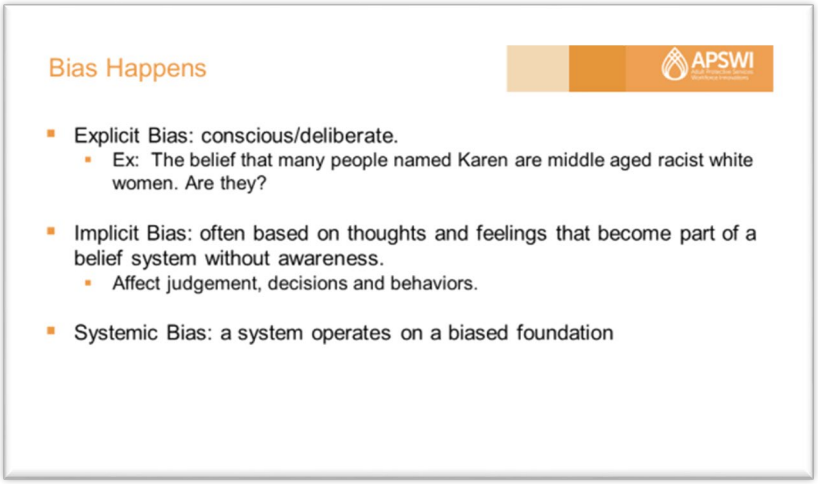
As we continue the discussion about the multiple layers of risk factors, we also enter into a discussion about how there are layers of bias. We start with a quote from Simone De Beauvoir.

The intent is to focus on the fact that personal bias, societal bias, are a normal occurrence as the brain continually categories pieces of information, not all of it on a conscious level.

- Incorrect categorization happens, such as "a homeless person does nothing all day" when the reality is being homeless can be hard work.
- These incorrect categorizations need to be seen and acknowledged so that dealing with bias becomes part of problem-solving rather than part of the problem.
- This may even be more challenging for APS professionals who are used to investigating allegations that are seen as more narrowed to someone's home or family, events that will not have any personal impact on them. Individuals who are homeless are a part of APS professional's life and community.

Slide #15: Bias Happens (4 minutes)

Trainer Note: This slide is animated.



Bias happens. It is generally divided into two types: explicit versus implicit. Explicit bias is conscious and deliberate. The person is fully aware they hold a negative view, or opinion of an object, group or person. Explicit bias is also seen in societal bias. This occurs when society and, thus it's individuals, hold negative or positive views of an individual, or group, based on their social identity, such as being white, or being gay.

- **Share** that you are about to provide an example of a social bias that may make some with an affiliation to the example uncomfortable. We're not giving any truth to reasons behind the bias, rather sharing a well-known example.
    - **Ask**: What immediately comes to mind or what feelings do you have when you hear the name Karen?- *this is rhetorical*
        - **Explain** that there has recently been a downward trend of the name Karen. In 2020 that name became associated with a certain type of person, one who was entitled or demanding. Someone who would use privilege to disadvantage others. People began using it as a derogatory term. The popularity of the name Karen plummeted. (Bologna, 2021)
- **Explain** that a common social bias of those experiencing homelessness is that people "did it to themselves" and just want them to pack up and leave.

Implicit bias is based on thoughts and feelings that are often not consciously examined and become part of a belief system without awareness. These biases tend to be automatic and unintentional. They affect judgement, decisions, and behaviors.

- An example would be seeing a black youth in a car next to you at a stoplight and locking your car doors. If you think about it you may justify it is "I'm just being safe." But where did that idea come from? Why do you see black youth as dangerous?

Trainer Note: You may want to share that research has shown that white youth stopped by police are more likely to have contraband. Inside 100 million police traffic stops: New evidence of racial bias (nbcnews.com)

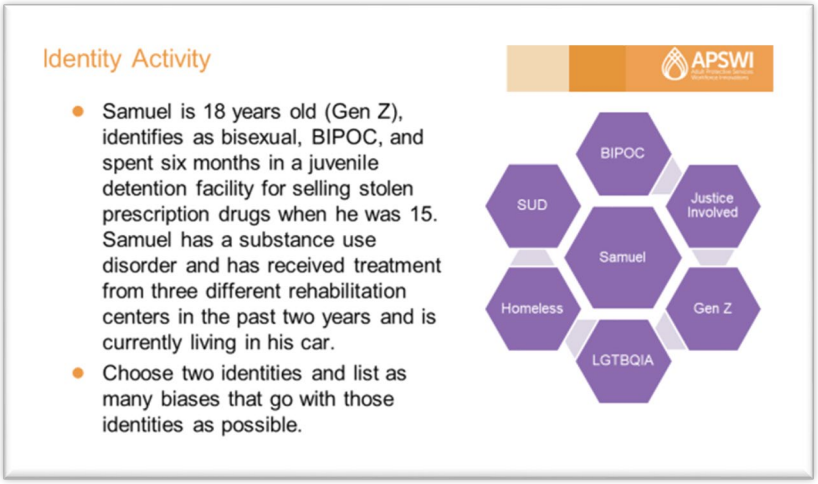
Continued

- Another example is seeing the tents of the homeless population clustered together on city streets and holding on tightly to your belongings or crossing the street for fear of being attacked.

Systemic bias, where a system operates on a biased foundation, is often implicit and invisible until the data is run and the larger number of people, or longer time period exposes a pattern (for those who want to see).

Slide #16: Identity Activity (12 minutes)

Moderator: **Assign breakout rooms prior to activity if possible. It's recommended no more than 3-4 people per breakout room.**



Breakout Room Activity: Identity (10 min)

Explain that in a moment, you are going to share a brief description of someone, highlighting their various identities. Then, participants will be put into groups of 3-4 and they need to choose at least two of the individual's identities and in seven minutes, quickly list as many biases they can think of that come with those identities. **Emphasize** that these may not be their personal biases, rather what they've heard from others or what they have seen in media. **Inform** them there will be no report of out of this activity, but they will be asked about how examining layers of biases relates to APS work when we gather again in the larger group.

> 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.

Moderator to **assign** and **launch** breakout rooms.
After 7 min, **close** breakout rooms and **welcome** everyone back

Thank everyone for being vulnerable, diving deep into the world of biases.

Share that as they hopefully just noticed in their groups, each identity we have come with various forms of biases that people or society attach. When we look at someone's whole self and all of their identities, *we're looking at bias on top of bias on top of bias.*

Ask for them to type in the chat box the answer to this question, "How might these explicit or implicit biases impact you when working with someone who is homeless?

Allow a few moments for participants to type and read. **Theme out** a few responses.

Continued

Ask for them to silently reflect on these questions:

- If Samuel qualified for APS services as a dependent adult, how would you feel if you realized the car he lived in was frequently in your office's parking lot?
- What if Samuel used the gas station you stopped at all the time to clean out his car and wash up in the restroom? What do you think might come up for you?

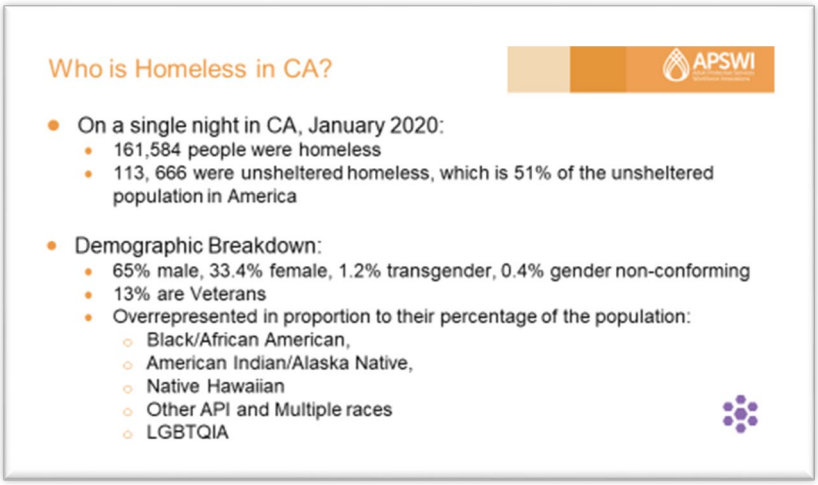
Share that throughout this workshop, learners are encouraged to realize that working with a homeless population may bring up thoughts and emotions other populations do not. Participants are encouraged to explore their feelings around why the separating the "personal from the professional" is easier at times than others.

Explain the next section of this workshop will discuss a few demographics and data, which all bring their own levels of biases.

Inform participants that they will continue to see the "Samuel graphic" throughout the PowerPoint to remind them about the layers of someone's identity and biases that may be attached.

Slide #17: Who is Homeless in California (6 minutes)

Trainer Note: If you have local data for the area you're training in, please insert here.



Explain that collecting data on those experiencing homelessness can fluctuate. However, this slide gives a brief snap shot of those who APS might work with.

A Single Night In California, January 2020:

- *161,584 people in California 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 general population:*
  - *Black/African American,*
  - *American Indian/Alaska Native,*
  - *Native Hawaiian*
  - *Other API and Multiple races*
  - *LGBTQIA*

Solicit a few comments regarding participant's thoughts on these statistics.

- Any surprises?
- What might be some of the reason for these majorities or disparities?
- Do they match who they're currently working with?

One of the reasons may be that systemically minoritized groups are more likely to have higher ACES scores, therefore they are more likely to have increased predisposing factors towards homelessness.

The importance of being aware of these disparities is to understand who is most at risk for homelessness, assess the person's whole self, and work to address the problems.

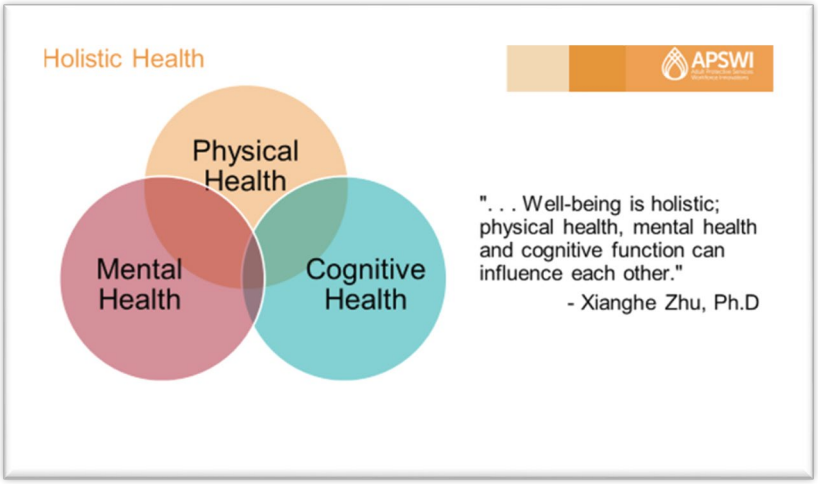
Continued

("State of Homelessness: 2021 Edition - National Alliance to End Homelessness", 2021)
("Homeless in California Statistics 2018. Homeless Estimation by State | US Interagency Council on Homelessness", 2021)
(Childhood Trauma and its Lifelong health effects more prevalent among minorities 2018)

INTERPLAY: MENTAL, COGNITIVE, AND PHYSICAL HEALTH
Time Allotted: 25 minutes

Slide #18: Holistic Health (2 minutes)

Trainer Note: it is recommended to look up the correct pronunciation of Xianghe Zhu



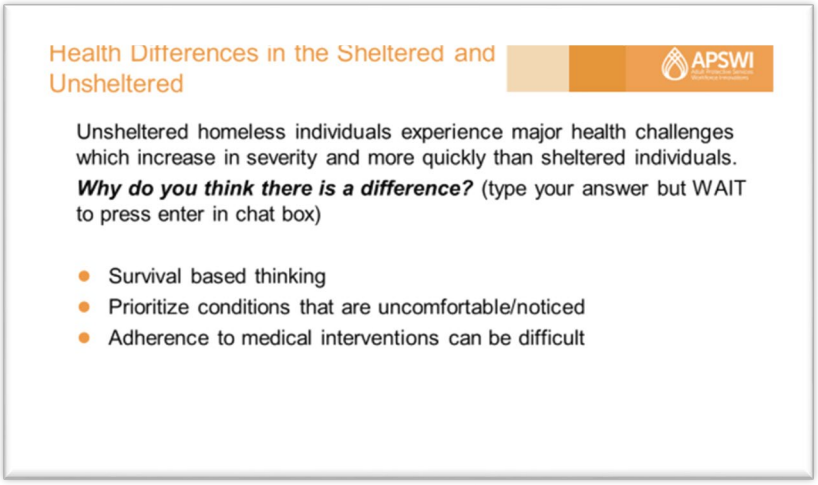
". . . Well-being is holistic; physical health, mental health and cognitive function can influence each other." Xianghe Zhu, Ph.D

Explain this quote begins a discussion on how physical, mental and cognitive health are all compromised by homelessness. Each of these issues can place an individual at greater risk for homelessness. In turn being homeless exacerbates all of these issues, which can then create decline in the other areas. The result can be a vicious cycle which creates substantially higher levels of suffering and early mortality. At the same time, if an APS professional can help the individual become healthier in any area it can propel health in other areas.

Explain that training on this topic can be frustrating for APS professionals because there is so much to be done at the Macro Level and APS professionals can feel they are helpless.

Challenge the participants to take notes in these next sections marking one or two things they can do to help an individual become healthier in any area!

Slide #19: Health Differences in the Sheltered and Unsheltered (4 minutes)



Remind participants of their Definitions Handout.

Unsheltered individuals experience major mental and physical health issues which increase in severity more quickly than sheltered individuals.

Chat box

Ask participants to first take 1-2 minutes to think of their answer to the next question and type in the chat box but do not press enter until prompted to do so.

- "Why do you think there is this difference in health issues between sheltered and unsheltered?"

Provide 1-2 min for participants to think and type and then **ask** them to hit enter.

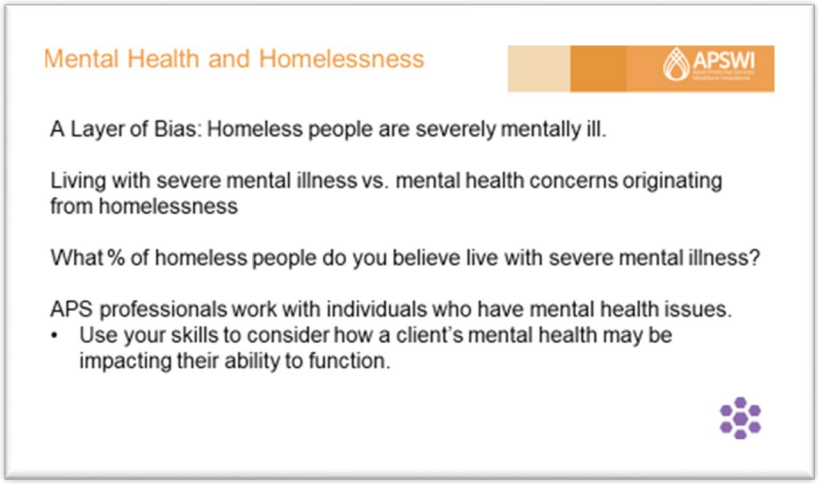
Moderate Note: Theme some answers.

Share:

- Living on the streets creates survival-based thinking: 'What are my most pressing needs? Pressing needs are basic needs: Food, shelter of some type, safety.
- A homeless individual may prioritize challenges that bring uncomfortable symptoms, but they are unlikely to prioritize long term mental or physical health needs. They are also less likely to have the energy to do so.
- Adherence to medical interventions is generally poor, not only because there is a lack of motivation, but also because there is lack of basic supports that allow for compliance, which we will soon discuss.

Slide #20: Mental Health and Homelessness: 2 minutes

Trainer Note: This slide is animated.



Explain that there is a common bias, which is layered onto homeless individuals, that many, or most, individuals are severely and persistently mentally ill. Explain while anyone who is homeless will be struggling with issues like trauma, depression and anxiety, that is different from having the societal perception of homeless people as "severely mentally ill".

Ask that people type into the chat box what percentage of the homeless population they believe live with severe mentally illness. Then **explain** that studies have consistently found that severe mental health issues in the homeless population are between 25% and 30%.

Point out that it's important to realize that when an APS professional has a buy-in to this bias it can impact the way they provide services. This is especially true because some mental health issues, such as anxiety or PTSD, when exacerbated by circumstances, can imitate severe and persistent mental health issues.

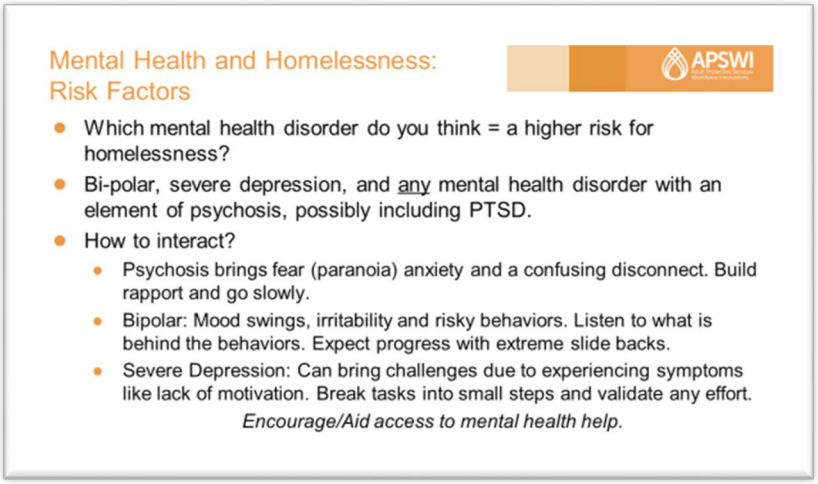
Share that APS professionals work with individuals with mental health issues all of the time. Those who are homeless have similar diagnosis but don't always meet the criteria for "severely mentally ill" as many people think. APS professionals can take their skills they already have working with individuals who are living with mental illness and apply that to those who are homeless when appropriate.

Remind participants that as with any client:

- Address issues as soon as they are seen.
- Refer as soon as possible to mental health resources.

Slide #21: Mental Health and Homelessness: Risk factors (4 minutes)

Trainer Note: This slide is animated.



Explain that mental health issues labeled as "severe and persistent" dominate an individual's life and require constant management and care for people to be functional. These mental health disorders are risk factors for becoming homeless before 50.

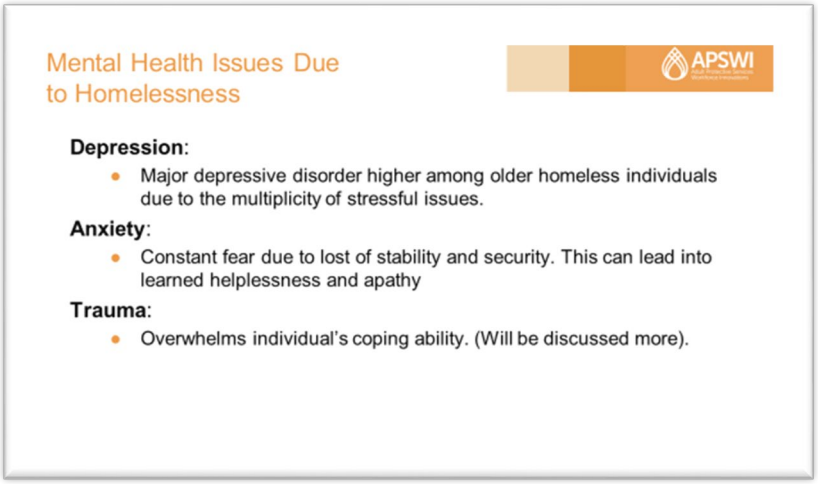
Ask participants to type into the chat box which mental health disorder they feel would put someone at higher risk for homelessness.

Read a few responses.

Discuss: that Psychosis, Bi-polar and Severe Depression are severe and persistent mental health disorders. There are different levels of trauma. PTSD, particularly with Veterans, is also a risk factor.

- Schizophrenia is often thought of as the only mental health issue where there is an element of psychosis. Other issues, such as depression and bipolar, and even PTSD can have an element of psychosis. Psychosis brings to the person experiencing it tremendous confusion, fear and anxiety. The APS professional may feel a confusing disconnect due to the internal stimuli the person can experience. Go slowly, be repetitive and calm. Build rapport.
- Bipolar disorders often encompass high risk behaviors, mood swings and irritability. These behaviors decrease an individual's ability to have stable periods of employment and housing, two potential antecedents of becoming homeless earlier in life. Listen to the person behind the irritability and what they are saying. Anticipate that there may be choices made due to mood swings or high risk behaviors that can sabotage progress.
- Symptoms of severe depression include lack of energy and motivation. This results in great difficulty providing for oneself or having a support group. Hopelessness tends to pervade their world. They have a difficulty following through. Break tasks into small steps and focus on instillation of hope. (Watson 2010)

Slide #22: Mental Health Issues Due to Homelessness: (2 minutes)



Explain that the experience of being homeless can increase or result in some mental health issues such as depression, anxiety and trauma.

- Depression: Multiple studies have found major depressive disorder to be higher among older homeless people then the homeless population in general. Their current life events; severe health issues, victimization and hopelessness are factors in the higher levels of depression. (Yano, et. al., 2021)
- Anxiety: Losing stability and security, having to survive on the street and scramble for resources can easily create anxiety. As the anxiety continues and the individual's best efforts does little to change their situation, anxiety can turn to learned helplessness and apathy. (Rich, et. al., 1995)
- Trauma: Occurs when an event, series of events, or set of circumstances is experienced by an individual as physically or emotionally harmful. It overwhelms the individuals coping abilities and has a *lasting* adverse impact on their functioning and their well-being. Trauma informed care will be discussed later.

Slide #23: The Unique Needs of Homeless Older Adults with Mental Health Issues (5 minutes)

Explain that older homeless adults have specialized needs for treatment of mental health issues overall.

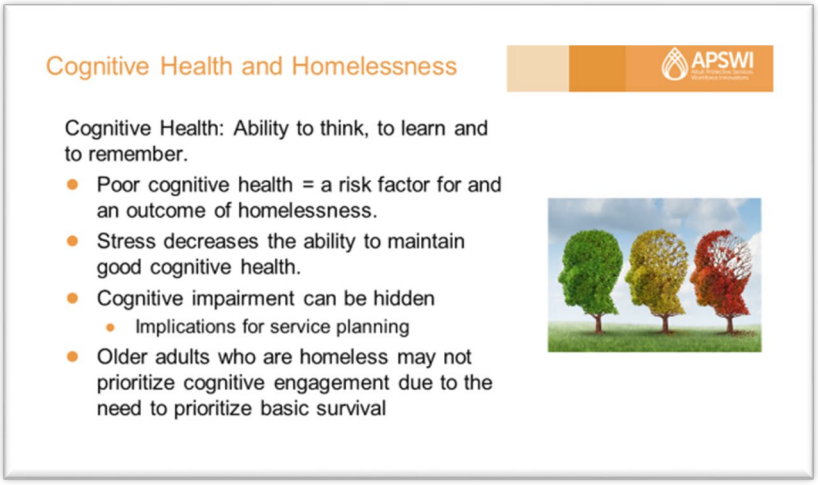
Share the following Five Categories of unique needs:

1. Being older—some mental health issues intensify while at the same time the energy and mental ability to manage these issues decline. They have more grief and loss. And they may have difficulty finding mental health concerns to be legitimate due to the stigmatization by their peers of mental health issues.
2. Subpopulations:
    - Homeless Older Veterans: History of PTSD and substance use
    - Older adults with a history of incarceration are frequently institutionalized and struggle with the lack of structure. They can have tremendous anxiety and fear when released because it can feel like they are in free fall with impossible demands being made on them.
3. Co-occurring disorders (mental health and substance use issues). Treatment programs are based on needs of younger populations.
4. Medication Management—Lower ability to manage medications both because of cognitive issues and lack of a stable environment in which to do so. For example, do they have access to refrigeration for certain medications?
5. Outreach and Engagement—
    - Some older adults may decline services or intervention for a multitude of reasons. When this happens, this may put them at a higher risk for isolation. Also, when someone is living with a mental health disorder, as a coping mechanism, they may isolate themselves or decline services.
    - APS professionals may struggle to build rapport due to case load and program restraints. During outreach and engagement, an APS professional's attitude can be everything- it can even provide the individual they are working with a "safe place". When APS professionals can build rapport with an individual, that person may open up to the idea of services.

> Rapport is more easily accomplished when someone truly feels listened to without judgement and feels equal. (Watson, 2010)

Explain an APS professional can be aware of and consider these five unique needs in their assessments. This can help determine direction of engagement.

Slide #24: Cognitive Health and Homelessness (2 minutes)



Remind participants of the definition's handout.

Explain that cognitive health is the ability to think, learn and remember.

- Cognitive health can be impaired by many other issues; physical conditions such as a UTI. Mental health issues which can mix confusingly with cognitive declines.
- Poor cognitive health can be both a risk factor for, and an outcome of, homelessness.
- Research has shown that the ability to maintain good cognitive health is made more difficult when stress levels are high.
- Not surprisingly cognitive impairment is much higher in homeless adults then in the general population. One study found 1/3rd of older homeless adults had cognitive impairment.
    - People experiencing cognitive impairment are often not forthcoming about their circumstance. They may be embarrassed and/or have a tremendous fear of institutionalization.
    - Since having this impairment can create rigidity in thought, difficulty understanding *and* retaining new information, along with a decreased ability to problem solve those older adults who are struggling with cognitive issues but hiding it can appear to be uncooperative. Service providers may attribute their behaviors to willfulness, opposition, and a refusal to help themselves.

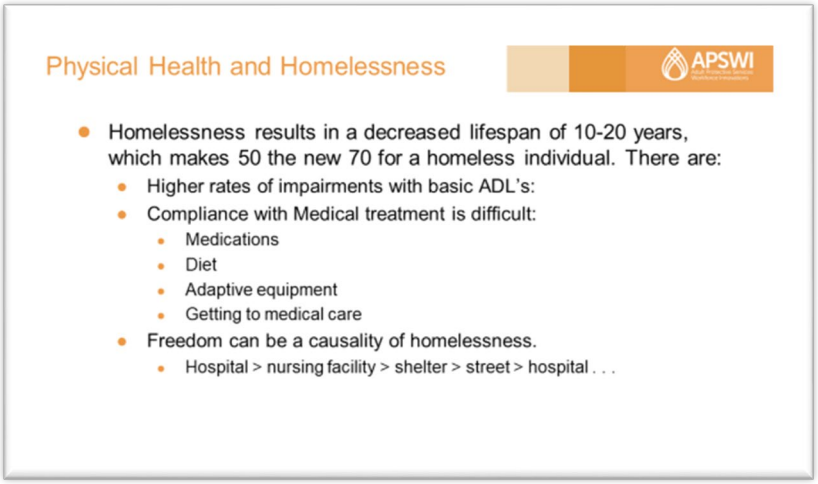
Cognitive engagement (exercise of the brain) is an accepted way to prevent cognitive issues, or further decline. Unfortunately, when an adult is homeless, efforts to exercise their cognitive abilities have little importance. They are focused on basic survival.

If cognitive health issues are suspected the APS professional should encourage/help the individual get physical or mental health assessments to rule out (or in) those

Continued

possible causes of cognitive impairments. Keep in mind when a person is more stably housed that can also create a positive change.
(Souza et al., 2020)
(North Carolina, 2021)

Slide #25: Physical Health and Homelessness (4 minutes)



Explain that because homeless individuals have a 10 to 20 year decrease in lifespan, they are older adults at age 50, meaning they have the similar health and face the same dynamics of aging of those who are 60 or 70.

- At an earlier age they are experiencing a higher rate of impairment with basic ADL's (bathing, dressing, eating, transferring, toileting) and they have higher rates of visual impairment, hearing impairment and incontinence then do stably housed individuals of the same age.
- When a person is diagnosed with a chronic illness such as diabetes, high blood pressure, heart disease or mobility issues *environment is an important factor* in adapting to the diagnosis and stabilizing the issue.
- Older homeless adults have extensive problems with medication compliance, specialized diets, and using adaptive equipment. All of these things are easily lost, damaged or stolen. Getting to doctor appointments may not be possible.
- The use of emergency services and hospitalizations when problems become severe is the more common way a homeless individual will get medical help.

(Lee et al., 2016)
(Brown et al., 2015)

- The freedom of an older homeless individual can be a casualty of their difficulty managing their health problems. Due to the lack of funding for other (cheaper) solutions individuals struggling with physical health issues may be prematurely placed into a skilled nursing facility or another institution because there is funding available for those places. Some individuals may begin a cycle of:
    - hospital> institution > shelter > street > hospital, and so on.

  ("Aging on the Streets: America's Growing Older Homeless Population | Simmons Online", 2021)
  (Goldberg et al., 2016)

Ask for participants to raise their hand and answer the following:

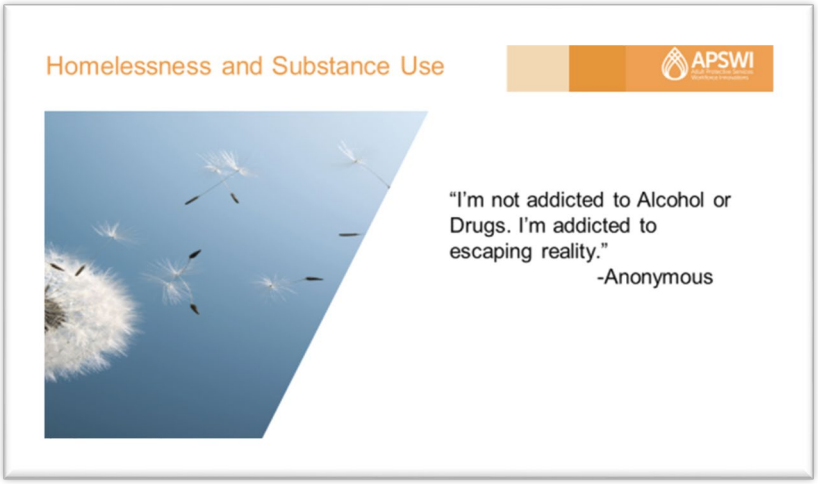
Continued

> "If you take an older adult who has the ability to be self-sufficient and place them into a situation where they lose freedom, ability to choose simple things like when to eat or sleep, and there is a high delivery of services they may not need, what does this do to their ability to live independently?"

Solicit some answers and **explain** that helping the individual make a choice to protect themselves by not avoiding small physical health issues can be a protective factor. Addressing health issues means 'I may have more freedom and not be institutionalized.'

HOMELESSNESS AND SUBSTANCE USE
Time Allotted: 15 minutes

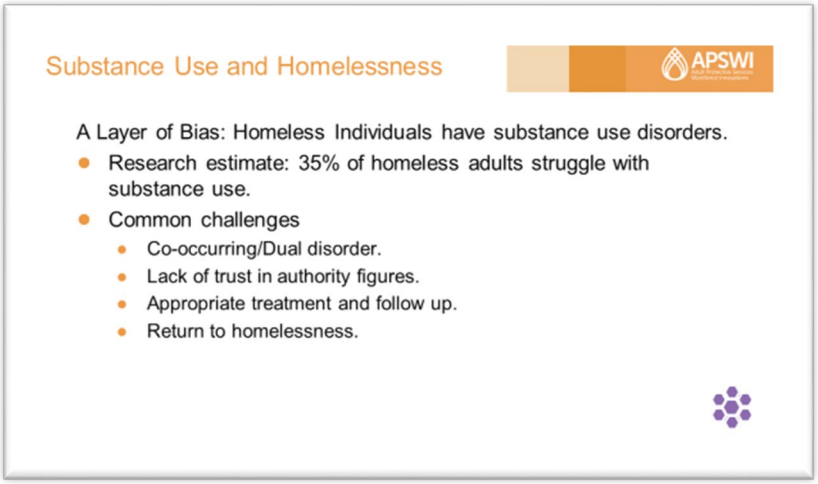
Slide #26: **Homelessness and Substance Use (2 minutes)**



Quote: "I'm not addicted to alcohol or drugs. I'm addicted to escaping reality."
-Unknown

Share that substance use is often thought of as a choice, or even a weakness. Substance use and Substance Use Disorders have many origins and a discussion of them is beyond the scope of this presentation. However, a common denominator of people who use substances is a need to escape a reality that feels unendurable.

Slide #27: Substance Use and Homelessness (3 minutes)



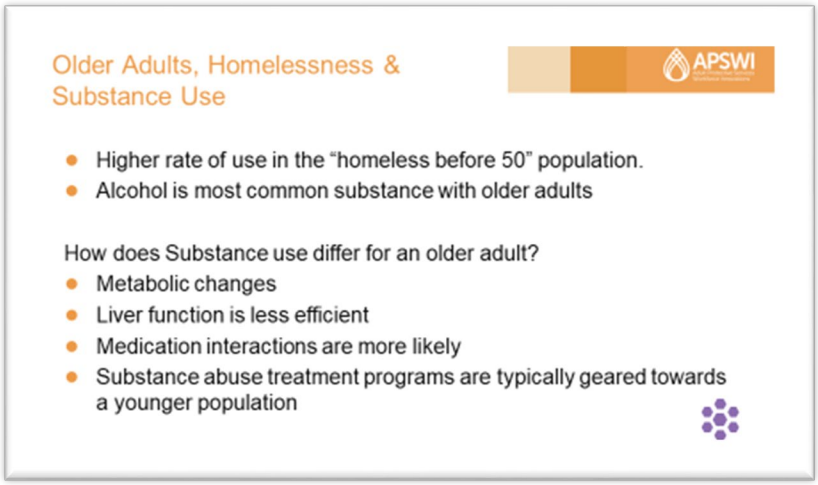
Mention that another layer of societal bias common of homeless individuals is an assumption the majority are substance users.
Share that estimates for homeless individuals who struggle with substance use issues are approximately 35%. One of the most challenging circumstances is when an individual has a co-occurring disorder. This is also termed dual diagnosis and is a combined diagnosis of a substance use disorder and mental health disorder. Due to the difficulty of gathering data the research varies on the estimate of homeless individuals with co-occurring disorders. However, there is agreement these individuals are over represented in the homeless population.

There are some common challenges when helping a person with substance use issues get into treatment:

- Lack of integrated programs for those with co-occurring diagnosis. Integrated programs, that can meet a multiplicity of needs are not the standard.
- Success in recovery and length of program are correlated. However, substance use disorder treatment is often minimal. The standard 30 to 90 days cannot sufficiently address a problem numbered by years.
- Returning a homeless person back to the streets often returns them back to the circumstances that promotes the use of substances.
- Engaging a homeless individual in treatment is often problematic due to the lack of trust in authority figures.

(Zerger, 2002)

Slide #28: **Older Adults, Homelessness and Substance Use (3 minutes)**



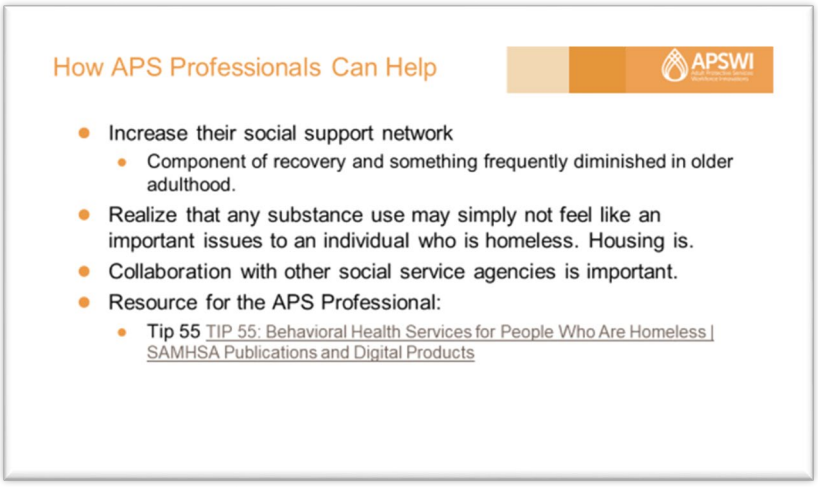
Share the following:

- Older adults who are homeless with substance use issues have often become homeless before age fifty and have aged on the streets.
- For individuals who became homeless after 50 there is a lower rate of substance use/dependence.
- However homeless individuals overall with substance use remain over represented.
- For the older population the most common drug is alcohol.

Older adult substance use can be more severe. If medications are paired with other substances like alcohol, there can be negative interactions. In older individuals there are metabolic changes due to aging, and less efficient liver function. This creates a higher possibility of negative impact and damage to the body. Also, when under the influence, a fall for an older adult can be catastrophic. Despite this, substance use programs are geared towards younger populations meaning older adults are unlikely to receive the help they need.

Research show that while older homeless individuals have a lower rate of substance use then their younger counterparts they are also less likely to have a sustained recovery from the use of substances. It is possible that inadequate resources for treatment is potentially part of the problem.
(Gordon 2012)
(Spinelli et al.,2018)

Slide #29: **How APS Professionals Can Help (5 minutes)**



Validate that working with individuals with substance use disorders can be challenging at times, and then there are added layers of being homeless and older. As with all other service planning, having multiple tools (e.g. motivational interviewing) in your toolbox, no matter how small the tool might seem, can be helpful.

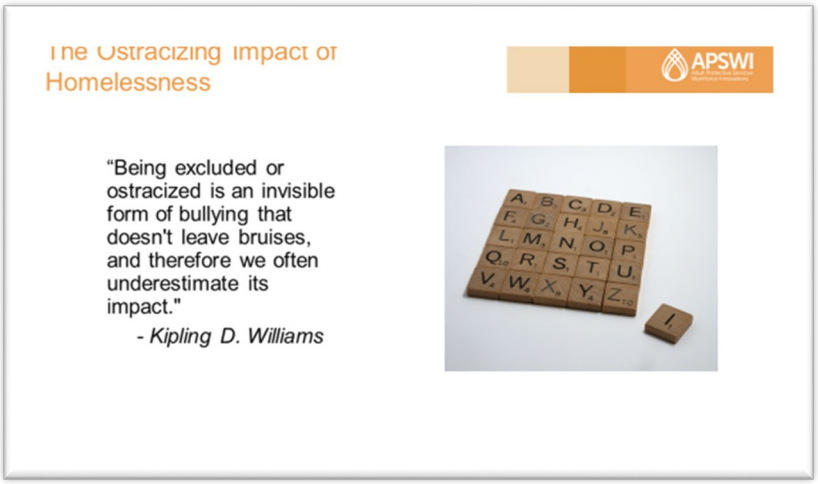
Share the following**:**

- More social support equates better psychological health and a better outcome for recovery from substance use. Let the lack of social support be a sign of what needs to be done. APS professionals can explore access to social networks currently present, and work on helping the individual explore new social resources; 12 step groups, or other support groups, senior centers, as well as spiritual or religious organizations.
- Create a safe space for them during outreach. Fearful people do not want to be told what they must do. And if they do not trust you they do not listen to you.
- Understand that when a person is homeless, substance abuse treatment may not seem all that important compared to securing safe housing. Is there anyone who is ready to do away with the coping skill, but keep the problem?
- Collaboration with other social service agencies has proven to be an effective way to provide the support system that allows people to recover.
- Harm reduction for those who have found their alcohol use to be problematic, has been shown to be more effective than abstinence.
- **Explain** there is a free book that can be downloaded, or a print copy ordered. It has a lot of information to help APS professionals understand and work with homeless individuals that have substance abuse issues. TIP 55: Behavioral Health Services for People Who Are Homeless | SAMHSA Publications and Digital Products

(Warren, et al., 2007)
(Collins et al., 2015)
(Zerger, 2002)

THE OSTRACIZING IMPACT OF BEING HOMELESS
Time Allotted: 10 MINUTES

Slide #30: The Ostracizing Impact of Homelessness (2 minutes)



Quote: "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, Ph.D.

Ask for a volunteer to read the quote out loud.

Ask participants to recall the earlier discussion on the layers of bias.

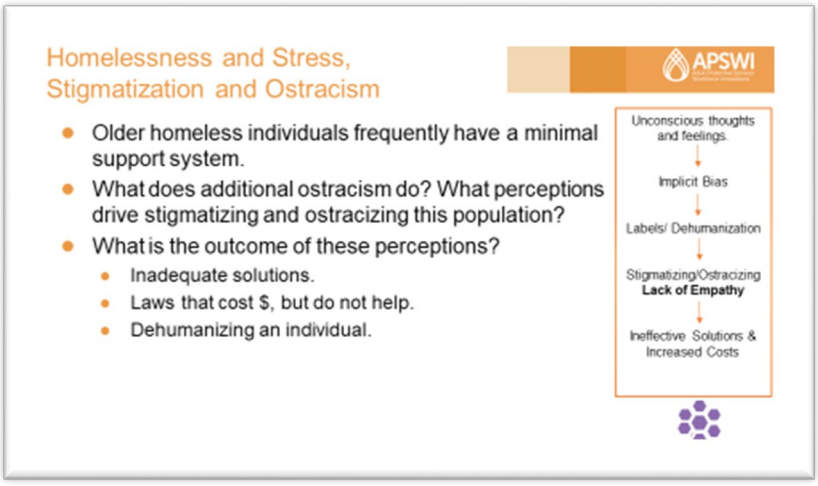
Underline the importance of remembering that implicit bias is often based on unconscious thoughts and feelings that create automatic judgements. These judgements have deep consequences for homeless individuals. It takes away the basic human need to be seen and accepted. It means when people look at them they see labels such as; "lazy", "mentally ill", "addicts", "criminals", etc.

Explain The outcome of bias towards homeless individuals, is to stigmatize them as a group, to disapprove and disrespect them, which has an ostracizing effect and excludes them from society. To view these individuals as a collective group, dismiss their individuality and strengths, attribute negative qualities to them, is to dehumanize each person that label is stuck on.

- This is one reason why using the term houseless over homeless is being explored.

Share that we will consider the attitudes and beliefs towards homeless individuals in general and the outcomes of those attitudes and beliefs. We will then look at what an APS professional can do to relieve some of the very real suffering that emanates from societal views of homelessness.

Slide #31: Homelessness and Stress, Stigmatization and Ostracism (2 minutes)



Explain: Older adults often have already seen their support systems decrease because loved ones have died, moved, or become disconnected. The additional experience of being stigmatized and ostracized can create a sense of pointlessness to life. What drives that ostracizing? Some widely held perceptions and beliefs of the homelessness are:

- Homelessness is caused by bad decisions and failures.
- Homeless individuals have chosen to be nonproductive members of society who do not deserve help.
- Homeless individuals don't have to be homeless. They want to be.
- Homeless individuals are criminals and/or drug users. They need to straighten up.

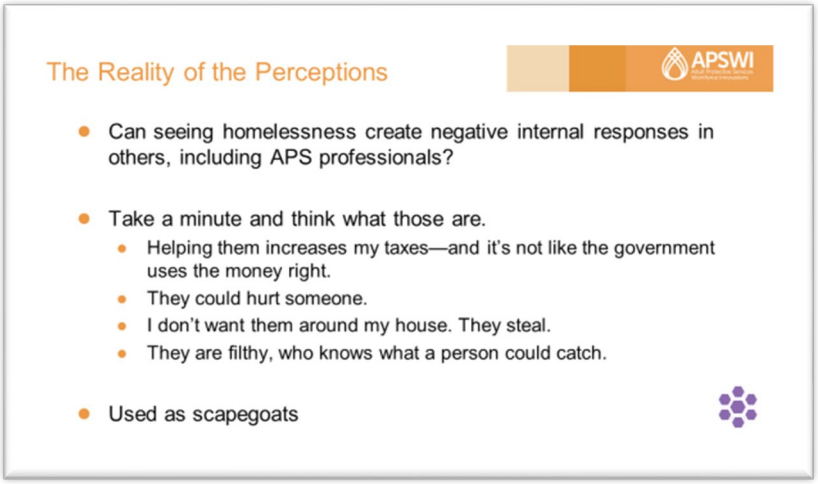
When individuals in society express and discuss these thoughts, or biases, often backing them up with anecdotal, unproven, statements (not facts) they legitimize the process of stigmatizing and ostracizing homeless individuals. This, in turn, *effectively reduces empathy*. And the result of that reduced empathy is;

- Not funding viable solutions.
- Higher costs due to the increased severity of problems.
- Criminalizing the actions that allow homeless individuals to survive; laws that prohibit sleeping and eating and even standing too long in public places.
- Curfew laws, anti-soliciting laws and leaving their items *anywhere* on the streets illegalized.
- At this point in time the most significant end results have been an increase in policing costs.

(O'Neill et al., 2017)
(Turner et al., 2018)
(Johnstone et al., 2015)

Slide #32: The Reality of the Perceptions (6 min)

Trainer Note: This slide is animated.



<u>Activity</u>: Leaning into Fear to Build Empathy (5 min)
Individual and Large Group

Explain that as APS professionals start to work with new clients in this population, they will experience different internal responses from other individuals they work with. APS professionals are use to work that they can drive away from. However, this population is impacting an APS professional on many levels and as the homeless population grows that will continue. Your personal views on the issues of homelessness can easily create multiple thoughts and feelings, some of which can be conflictual.

Ask participants to take 1-2 minutes to think about why people/society have these biases or perceptions of anyone experiencing homelessness.
Pause for one minute and then **ask** for volunteers to take themselves off mute or type in chat box their thoughts.

Discuss with the group, and **explain** that people who stigmatize and ostracize the homeless are often unaware of their own emotions and fears. The following are some fears from an article, *The Stigma of Homelessness: The Impact of the Label Homeless on Attitudes Towards Poor Persons*:

- Helping them will increase my taxes and then the government wastes my money without helping them.
- Homeless people have mental health issues. They could hurt someone.
- I don't want them by my house, they steal.
- I'm not safe if they are around
- They live in filth. Who knows what a person can catch.

(Phelan et al., 1997)
(Van Zalk & Smith, 2019)

Continued

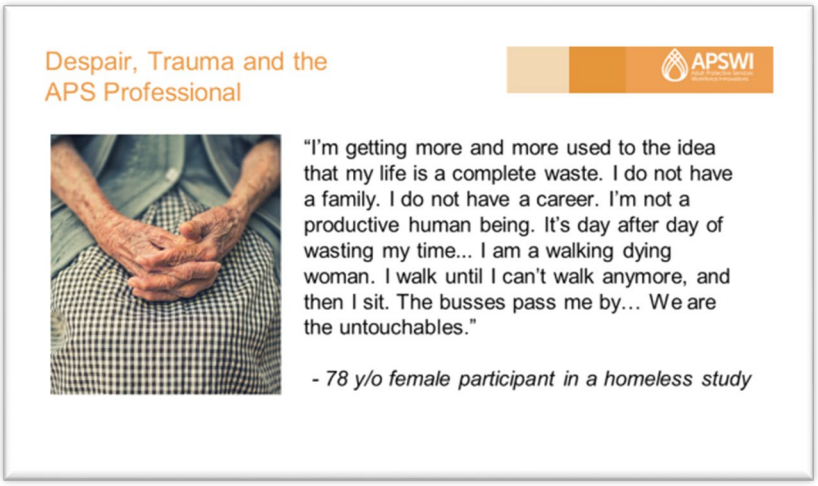
Explain that in addition to these thoughts people can scapegoat the homeless population. For example, when there are wildfires in certain areas of California or structural fires in city areas some common questions seen on social media have been: “Was it the homeless people?” or “It was the homeless encampment, right?”

A goal of this workshop series is to better equip APS professionals to work with a population that has been so stigmatized and dehumanized and one way to do that is by working from a trauma-informed care and person-centered approach.

EXISTENTIAL DESPAIR, APS VALUES AND TRAUMA INFORMED CARE

Time Allotted: 20 minutes

Slide #33: Despair, Trauma and the APS Professional (2 minutes)



Ask for a volunteer to read the quote on the slide.

Quote: "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-year-old woman)

The Thing That Really Gets Me Is the Future: Symptomology in Older Homeless Adults in the Hope Home Study

Validate that this quote might seem familiar with clients whom participants have worked with.

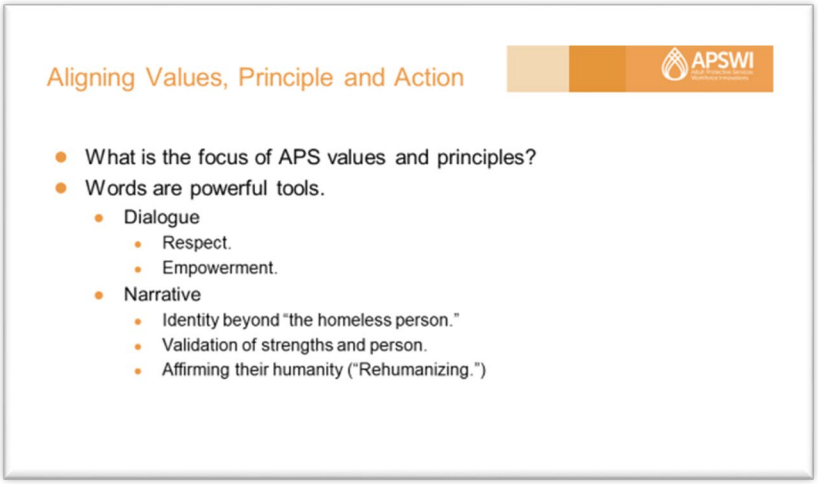
Ask participants to think for a moment about what makes their life worth living?
Possibly knowing what meaning it holds? Being seen? Being cared for? A sense of belonging?

For the older homeless adult all this has been taken in a trauma inducing manner. To work with an individual who is homeless is not a one dimensional issue. That person has been impacted body, mind and soul. Their understanding of how life works has been ripped apart. This is an existential shattering. This is trauma. To help address the impact on a human life these things must also be addressed.

Share the following:

- Trauma and adversity is not a choice, but growth can be.
- The "How" (do I get out of this) matters. But when facing enormous barriers and overwhelmed by hopelessness the "Why" (should I try?) becomes important also.
- That is where the APS professional with their principles, values and ethics can make a difference.

Slide #34: Aligning Values, Principles, and Actions (4 minutes)



Explain: As the rising tide of older adult homelessness grows into one of the defining elements of homelessness in America, APS professionals are faced with a difficult task. They are seeking out new interventions and tools, while remaining focused on working by their principles and guidelines.

Ask participants to silently read over the principles and guidelines on their **Handout #2**. **Give** them a moment to do so.

> **Trainer Note: Provide the page number in the Participant Manual to allow participants to easily access the Handout.**

Discuss: Many of these principles and guidelines are focused on helping the older adult feel respected, honoring their choices, and helping them to define their life direction, while at the same time keeping them safe. Words are powerful tools in this endeavor. Both dialogue and narrative have value.

A dialogue with the individual can:

- Use the principles and guidelines to convey the respect and the intent of the APS professional.
- It can help the older homeless adult realize they have an opportunity to regain some control over their life.
- Personal narratives for older adults can be tremendously impactful. Drawing out their narrative can help remind them of who they are beyond "the homeless individual."
    - It can create awareness of their strengths and accomplishments, the times they overcame difficult circumstances—because older adults are seasoned veterans of difficult times. Hearing their story allows APS professionals to validate the individual's despair and generate hope. It puts the "Why" in place, it helps them see their meaning and it lifts their existential despair.

Continued

Ask if anyone has any thoughts about how they use words to help others.
Solicit a few volunteers and be prepared to share an experience of your own.

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

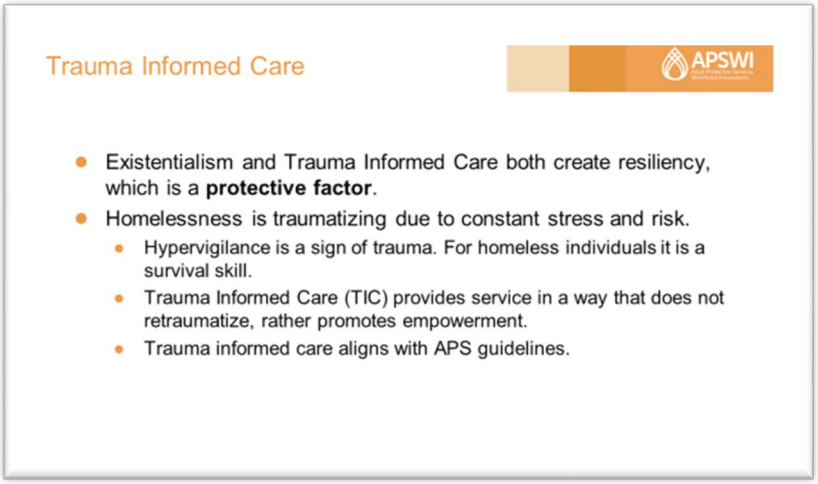
- Adults have the right to be safe
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others
- Adults have the right to accept or refuse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

1612 K Street NW #200, Washington, DC 20006
Phone: 202-370-6292 e-mail: info@napsa-now.org

Slide #35: Trauma Informed Care (3 minutes)



Explain:
Trauma informed care began to be explored in the 1980's as the Veteran's Affair (VA) tried to understand what was happening to soldiers returning from Vietnam. In 1994 the Substance Abuse and Mental Health Administration (SAMSHA) began to study trauma in women, essentially bringing to light the impact of trauma in daily life. Trauma research became extensive and widespread. The importance of eliminating re-traumatizing ways of providing services began to gain traction for human service providers.

Existentialism and Trauma Informed Care (TIC) both create resiliency and hope which are internal protective factors. Growth from adversity is the end goal for both.

- The APS value of the individual's right to self-determination includes supporting them in deciding if they can make adaptive meaning out of their traumatic experiences.
- Remember that individuals can transcend their low points, times that appear to hold little value, and move on to use those times to create meaning and make contributions to society.

Experiencing homelessness is traumatizing.

- As a homeless individual there is constant stress, constant risk.
- Hypervigilance, a symptom of PTSD, is a survival skill for a homeless individual.
- Their nervous system is chronically in a flight, fight, or freeze pattern until it is their normal state of being, no longer an emergency response.

When an APS professional is working with a homeless individual, they are working with someone who has and is experiencing trauma.

- That person's system is continually tensed, on edge, and ready to defend. Someone who has experienced trauma can see danger when it does not exist.
- To understand the principles of Trauma Informed Care is to provide services in a way that does not activate or increase trauma. Instead it promotes the

Continued

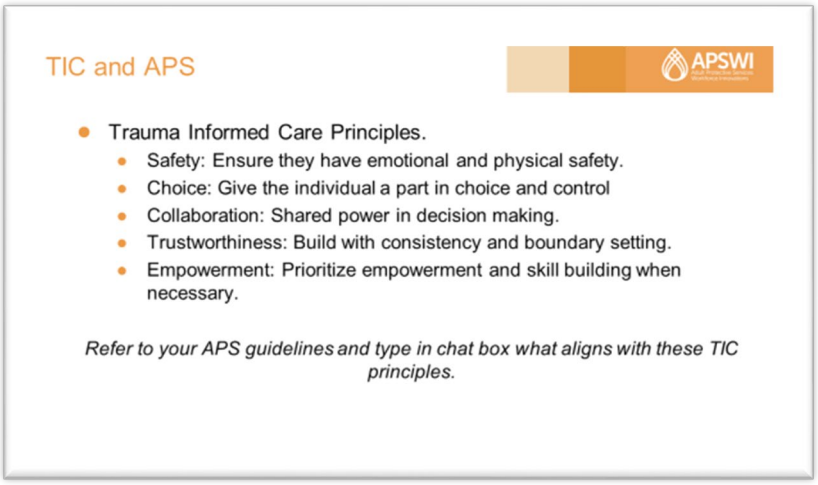
individual's empowerment. Individuals who are homeless benefit from the trauma informed care approach.

- The model of trauma informed care with it's five basic principles aligns with APS guidelines. We will cover those five principles next.

(Hopper et al., 2010) "What is Trauma-Informed Care?", 2021)

Slide #36: TIC & APS (7 minutes)

Trainer Note: This slide is animated.



Explain: One of the most common ways service providers re-traumatize is by expecting individuals to repeatedly explain their story, which causes them re-live the trauma. Other ways are taking away their choice, doing necessary steps for them rather than collaborating with them, seeing them as a label (homeless) or a job to get done. Refusing them the opportunity to dialogue about what they want. All of these things extend trauma. Instead, APS professionals can apply the TIC guiding principles:

- Safety: Ensure they have physical and emotional safety.
- Choice: Give some choice and control.
  - A good way to demonstrate Choice is by asking the individual what they see is their main priority instead of assuming based off your understanding.
- Collaboration: Shared power in decision making.
- Trustworthiness: Build trust with consistency & boundary setting.
- Empowerment: Prioritize empowerment and skill building when possible.

Ask for participants to refer back to the NAPSA's Principles and APS Practice Guidelines in **Handout #2** and type in chat box which guidelines most closely align with these five TIC principles.

Trainer Note: Provide the page number in the Participant Manual to allow participants to easily access the Handout.

Answer:

- The right to be safe.
- The right to make choices when the individual is able to do so.
- As possible, involve the individual in developing their service plan.
- Maintain clear and appropriate boundaries.
- Maximize the vulnerable adult's independence.
- Do no harm through inadequate or inappropriate intervention.

Continued

Share that because there are some similarities between the TIC guiding principles and practice guidelines, APS professionals are *potentially already practicing these strategies*. This workshop series acts as an opportunity to boost those skills when working with someone who is also homeless.

Explain: Trauma informed care is a way to address the underlying issues of homelessness and empower an individual to make choices on their own care. It is way to invalidate the bias, stigmatization and victimization that is part of homelessness and provide autonomy and identity.

WRAP-UP AND EVALUATIONS
Time Allotted: 20 minutes

Slide #37: Putting it All Together (7 minutes)

Trainer Note: It may be helpful to change the scenario's financial details to best match the economic status in the area you are training in to be more realistic for participants.

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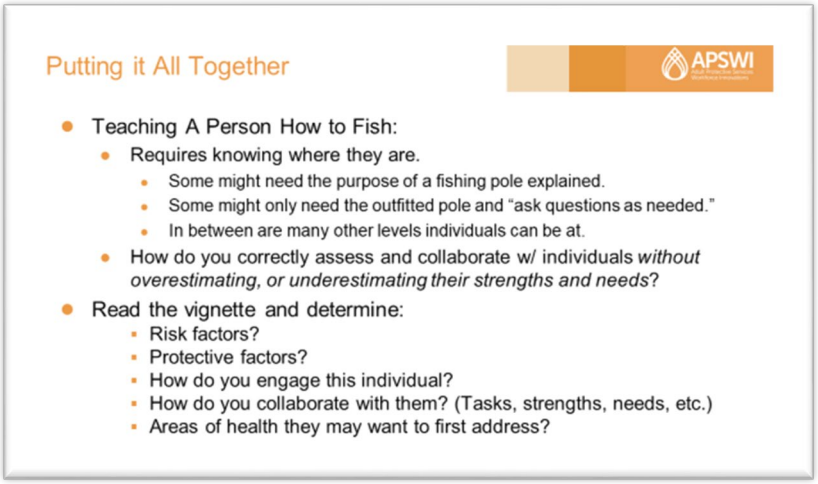


Share the following:

- This workshop has worked towards providing APS professionals with knowledge on the experience of being homeless, including antecedents and how public perception impacts the individual.
- However, you will be the one standing in front of the individual and trying to determine what your actions can to do to change their situation.

Explain there is saying; "If you give a person a fish, you feed them for one day, if you teach a person to fish, you feed them for a lifetime"
Let's take that metaphor a little further. If you were to give fishing lessons you would find great variation in ability. Some people you will hand the pole to and they will have some experience, or intuitive knowledge and off they go, catching fish. Some people will look at the pole and ask, "What is it? In between those two extremes you have many other levels.

- It is the same when you are standing in front of someone experiencing homelessness. As you already know, the uniqueness of the individual has to be considered. Not only because there is a tremendous variance in the levels of ability. But also:
  - Some will be *in a frozen stance,* unable to make decisions and carry out simple actions.
  - Some will be more able to help themselves.
  - The unique compilation of strengths and challenges of each individual has to be considered, then worked with according to APS values, guidelines and principles. Added into this is what information was learned today. It is like putting together a complicated puzzle.

Continued

Group Activity: Teaching a Person How to Fish (5 minutes)

Explain there will be a large group activity to "put it all together" and discuss some potential interventions and service plans. It is important to remember the parallel values of APS professionals and Trauma Informed Care: *Individuals have the right to self-determination through having a voice in defining the goals of services, as well as having some control in the choices made.*

- **Direct** participants to read their vignette in **Handout #3** along with any key takeaways they've noted in their participant manuals.
- **Explain** they have:
  - 4 minutes to read the vignette after which there will be a group discussion.
  - Using your knowledge, APS values and TIC principles consider these questions as you read and formulate a service plan:
    - What are some risk factors?
    - What are some protective factors?
    - How do you engage with this person?
    - How do you collaborate with this person?
      - Tasks, empowerment, using strengths, etc.?
    - Areas of health they may want to first address?

Trainer Note: If you are more than 20-25 minutes ahead of your schedule, you may want to consider having participants complete this activity in breakout groups. Note- that will increase the time of this activity.

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.

Continued

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 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.

Slide #38: Activity Debrief (5 minutes)

Trainer Note: This slide is animated.

Ask participants to either share verbally or type in chat box what they came up with on each of the following and **allow** for brief discussions if needed.

- What are some risk factors?
  - *Possible answers: Poor credit, prior experience with homelessness*
- What are some protective factors?
  - *Possible answers: Resourceful, receives Social-Security, at times sees the big picture*
- How do you engage with this person?
  - *Possible answers: Provide time for them to talk and me listen, discuss their strengths about finding temp work, room sharing, ask what they would like to address*
- How do you collaborate with this person?
  - Tasks, empowerment, using strengths, etc.?
    - *Possible answers: Discuss if there are places to get a spare tent just in case. See if they meet criteria for any other income, Discuss Home-Safe program and if they would be interested. Hotel vouchers?*
- Areas of health they may want to first address?
  - *Possible answers: Depression? Diabetic?*

Slide #39: Closing and Evaluations (5 minutes)

Remind participants that this workshop is one of a series. The other two will build upon these foundational concepts and provide some practical skill-building opportunities.

APS work is never simple, and working with older adults who are experiencing homelessness adds additional layers. It makes the work challenging.

Seeing any person as a holistic person, who has many layers to their lives, and addressing those various layers is a great place to start.

Remind participants that individuals who are homeless may be have competing priorities:

- safe, affordable, secure housing
- mental health
- physical health
- cognitive health
- isolation and need for connection

When it comes to service planning, it's important to remember that what the APS professional thinks is the urgent priority, may not be what is to the individual. APS can work towards making any aspect of the person's life healthier and/or safer.

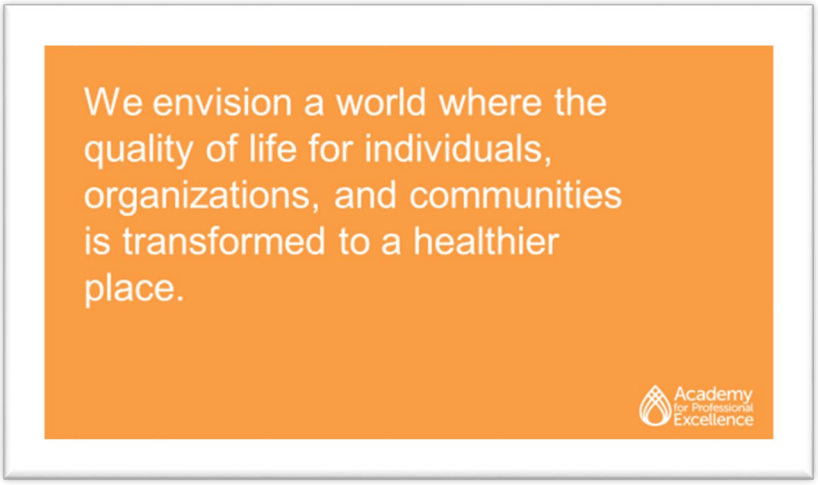
If time allows, **ask** for participants to share in chat box, or verbally, at least one takeaway from today's workshop.

Provide information on evaluations (if applicable)

Slide #40: Thank You (1 minute)

Thank the participants for their time and participation today with a complex topic and for the work they do each and every day.

Slide #41:



MODERATOR/CO-HOST TIP SHEET

Slide #1: Welcome

*Update your name to read: *Moderator/Tech Support.
Make the trainer a co-host.
Have PowerPoint downloaded, open and ready.
Have Trainer Manual up and ready
Have Participant manual available to upload to Zoom

Slide #4: Overview of Technology,

- Help participants navigate the functions of the virtual platform:
    - **Video Camera**: Click the video icon to share and unshare your camera.
        - A neat and newer feature is that you can hide "self view" where you won't have to see yourself, but we can all still see you.
        - **Mic icon**: Click the microphone icon for audio options. To mute and unmute yourself.
        - Please remember that while you are listening or others are speaking, please mute yourself. Unmute if you are about to speak or while in breakout rooms.
    - **Participant Tab**: Click participants to update your name if needed and include your pronouns if you'd like. To do this, you'll hover over your name, select more, then select rename.
    - **Chat box**: Which we are going to be using a lot, **Ask** participants to type their name, county and role if they have not done so already or ask them to type "got it" once they located chat box.
    - **Reactions-** where you can raise hand, give us a hand clap or thumbs up:.
        - **Icons to facilitator:** slow down, need a break.
    - **Breakout Rooms**: Let participants know we will be using breakout rooms. They are able to leave the breakout room at any time and can signal the trainer for assistance if needed.
- **Explain** that technical glitches are inevitable on both your end and the participants and encourage all to be patient and forgiving as you navigate them.

Slide #5 Polls

Launch Poll #1 and share results
Launch Poll #2 and share results

Slide #7 Trivia

Slide is animated

Slide #8 Solving Homelessness

This slide is animated

Slide #15 Bias Happens

This slide is animated

Slide #12 Why it Matters to the APS Professional

This slide is animated

Slide #16 Identify Activity

Launch breakout rooms, no more than 3-4 people per breakout room
Type instructions in chat box: Choose at least two identities of Samuel and list as many biases that go with those identities as possible
Breakout rooms open for 7-8 minutes
Close breakout rooms.

Slide #19 Health Differences in the Sheltered and Unsheltered

Help Facilitator theme out the responses that come in through the chat

Slide #20 Mental Health and Homelessness

This slide is animated

Slide #21 Mental Health and Homelessness (Risk Factors)

This slide is animated

Slide #29 How APS Professionals can Help

Place link into chat box: https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734

Slide #32 The Reality of the Perceptions

This slide is animated

Slide #34 Aligning Values, Principles and Actions

In the chat box, provide the Participant Manual page number of Handout #2

Slide #36 TIC & APS

This slide is animated

Slide #37 Putting it All Together

This slide is animated
Discuss with Facilitator ahead of time if completing activity as breakout room

Slide #38 Activity Debrief

This slide is animated

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