UNPACKING HOPE

Understanding the Unique Needs of Children, Youth and Families Experiencing Homelessness

Thursday, April 12, 2018
Crowne Plaza Mission Valley

BHETA

Academy for Professional Excellence

County of San Diego Children's System of Care Training Academy

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Description

Homelessness in San Diego County is a complex and persistent problem. For children, youth and families experiencing homelessness, the challenges can be amplified because of their unique needs and experiences. Challenges can begin early, and without intervention can continue throughout the lives of children who have experienced homelessness. This conference will provide national and local data and research on the extent of homelessness in America. It will address the importance of the recognition of resilience, the impact of trauma, and strategies and techniques to utilize when working with youth and families experiencing homelessness. Conference participants will be challenged to identify their own internal barriers and biases, to improve their efforts in identifying culturally responsive interventions, innovative tools and available resources to support self-sufficiency for children, youth and families experiencing homelessness.

Learning Objectives

Upon completion of this conference, participants will be able to:

- List common risk factors children, youth and families face for becoming homeless
- Describe experiences and events that can interfere with engagement and services for children, youth and families experiencing homelessness
- Identify culturally responsive interventions, tools and resources to housing and supportive services
- Provide services that support self-sufficiency for children, youth and families experiencing homelessness

This conference meets the qualifications for 7 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. The Academy is approved by the American Psychological Association to sponsor continuing education for psychologists and the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy is approved by the California Board of Registered Nursing, Provider # BRN CEP15014; CCAPP-EI, Provider # 1S-98-398-0818, and CAADE Provider # CP10-906-CH0320 for 7 contact hours/CEHs. The Academy maintains responsibility for this program and its content. CE certificates will be available for download 3-5 business days after course completion. Click here for information on how to obtain CE Certificates. Click here for the CE Grievance Procedure.

Master of Ceremonies - Joel Mendoza, Oasis Clubhouse

8:00-8:30	**Registration and Continental Breakfast**	**Foyer & Grand Ballroom**

8:30-8:45	**Welcoming Remarks**	**Grand Ballroom**

Holly Salazar, Assistant Director
County of San Diego Health & Human Services Agency, Behavioral Health Services

8:45-10:00   **Opening Keynote**

Bryan Samuels, MPP

Bryan Samuels, Executive Director of Chapin Hall at the University of Chicago, will present results from Voices of Youth Count, a recent research initiative on the extent of youth homelessness in America. Mr. Samuels will present new national data, as well as results from a local San Diego County youth count. The unique needs of this heterogeneous population in terms of their experiences, cross system involvement, and demographics and characteristics of those most at risk will be the focus of the presentation, as well as emerging national and local recommendations. Mr. Samuels will introduce the financial trends in the United States that have resulted in increased levels of residential instability for families with children, and the specific vulnerabilities for families, women and children who experience homelessness. He will briefly outline the service infrastructure available to families and young people, the types of services available, the benefits of those services, while also exploring the dearth of evidence about the effectiveness of services.

10:00-10:15   **Break**

10:15-11:30   **Youth and Family Panel**   **Grand Ballroom**

Moderator: *Indie Landrum*

Participants: *Cheryl Jackson Canson, Autumn Mercy and Meghan W., Jessie Zelayandia*

The word homeless typically does not bring to mind images of children and youth. Currently the data collected around youth experiencing homelessness is significantly lower than what service providers and schools are finding. There are many reasons for this discrepancy with the most challenging reason being shame and stigma. The reasons youth experience homelessness vastly vary. Some youth's whole family unit are in need of housing. Some youth are fleeing unsafe homes. Here we will have the opportunity to hear from experts. Some questions may be more systemic, some may be more personal. We are not entitled to their stories. As this is a privilege to witness, we must collectively hold a safe space for them to share their truths and opinions.

11:30-12:45   **Lunch**   **Kona Coast**

12:45-2:15 **Workshop Session I**

Clinical Services for Youth Experiencing Homelessness   **Coral Reef**
Vanessa Arteaga, LMFT, Diana Rabban, LCSW
Youth experiencing homelessness experience complex trauma and present with unique behavioral health needs. This workshop will review techniques to utilize when working with youth experiencing homelessness, including strength-based and trauma-informed approaches, using evidence-based modalities, and incorporating creative interventions.

Cultural Responsiveness in Working with Families Experiencing Homelessness   **Harbor Lagoon**
Leah Porter, MS, MA, AMFT
The workshop will focus on cultural responsiveness when working with families experiencing homelessness in San Diego. Participants will discuss barriers to traditional treatment and education that people may experience. Participants will identify strategies that providers and community members can utilize to support this population. Participants will also be challenged to identify their own barriers and biases in supporting children and families experiencing homelessness.

Education Students Experiencing Homelessness   **Lahaina Bay**
Susanne Terry, MPH
Education is a critical issue for child and youth homelessness. Recent research found that youth who do not complete a High School Diploma or GED are 4.5 times more likely to experience homelessness in the future. Not only does education provide a pathway out of homelessness and to stable employment but schools are also a source of caring adults, stability, and support for students who are suffering or have suffered traumatic experiences. Are you interested in how best to support these students? Do you know what state and federal law exists to remove educational barriers for this population? This session will provide answers to these important questions including: information on how to identify students experiencing homelessness; the impacts of homelessness on education; and strategies to support the success of these students.

2:15-2:30   **Break**

2:30-4:00   **Workshop Session II**
                 (Repeat of earlier breakouts)

4:00-4:30   **Closing Comments**   **Grand Ballroom**
                 Yael Koenig, LCSW, Deputy Director Behavioral Health Services, Children, Youth and Families
                 County of San Diego Health & Human Services Agency

Presenter Biographies

Vanessa Arteaga, LMFT is a Program Manager at San Diego Youth Services. She has 10 years of experience working with youth and families experiencing homelessness. Previously she worked with families involved with CWS, at a Domestic Violence shelter, and a group home for teenage girls. She has facilitated teen group at a homeless family shelter and was a clinician with SDYS Counseling Cove for homeless and runaway youth. Vanessa has been trained in CHAT, TF-CBT, MI, EMDR, play therapy, and Seeking Safety. She currently oversees programs which provide a drop in center for transitional aged youth (TAY), an art expressive program aimed at destigmatizing mental illness, short term housing for TAY, and street outreach for runaway and homeless TAY. She holds a B.S. in Sociology and minor in Criminal Justice from Cal State San Marcos, a Master's degree in Counseling from National University, and is a Licensed Marriage and Family Therapist (LMFT).

Indie Landrum is a youth advocate and artist who has had their own personal experiences with homelessness. They are dedicated to social justice and centering the voices of youth. They have worked as a community organizer, youth support partner, and case manager in San Diego with youth for the last six years. Indie has a wonderful dog and two grumpy cats who they love spending time with when they aren't working.

Leah Porter, MS, MA, AMFT first joined the behavioral health field in 2011, working primarily with children who have experienced severe trauma and behavioral challenges. She moved into working with adults and worked as the Program Manager for CalWORKs East, focusing on addressing mental health barriers to employment for CalWORKs recipients and people experiencing homelessness in East County. Currently, Leah works with people experiencing Severe Mental Illness (SMI), and is the Program Manager for Action Central, an intensive program focused on serving people who are experiencing homelessness and co-occurring disorders. Personally, Leah grew up traveling all of the world, as her family worked in countries like Malaysia, India, Israel, and Mexico. This unique upbringing allowed her to develop a tremendous love and respect for various cultures. She is married to her high school sweetheart and has three children, ranging in age from 1 year old to 11 years old. She and her husband plan to retire one day in his home country, the Pacific Island nation of Palau.

Diana Rabban, LCSW is a Program Manager at San Diego Youth Services Counseling Cove. Counseling Cove is funded by the county of San Diego to provide community based outpatient mental health services to youth experiencing homelessness. She has worked with youth experiencing homelessness in various roles over the past nine years. Previously she worked at an emergency shelter for teens, a group home for teens involved in the child welfare and/or juvenile probation systems, and was a clinician with SDYS Counseling Cove prior to becoming the program manager. Diana has a trauma-informed and strength-based approach and has been trained in various treatment modalities including EMDR, TF-CBT, MI, and Seeking Safety. She holds a B.A. in Psychology and Child & Family Development from San Diego State University, a Master's Degree in Social Work from University of Southern California, and is a Licensed Clinical Social Worker (LCSW).

Presenter Biographies, Continued

Bryan Samuels, MPP is the Executive Director of Chapin Hall at the University of Chicago, one of the nation's leading research and policy centers focused on improving the well-being of children and youth, families, and their communities. Under Samuels' leadership, Chapin Hall has continued to build its reputation as a center for excellence in data analysis, innovative research, and policy expertise. His tenure has been marked by a commitment to furthering the rigor and depth of Chapin Hall's research, and by fostering connections with partners around the University of Chicago, within Illinois, and throughout the nation. He has also helped establish Chapin Hall as a national leader on issues ranging from child well-being to youth homelessness.

Before joining Chapin Hall, Samuels was appointed by President Barack Obama as Commissioner of the Administration on Children, Youth, and Families (ACYF), making him from 2010-2013 the highest-ranking federal child welfare policymaker in the country. As ACYF Commissioner, he emphasized the importance of child well-being and the use of data-driven approaches to improve the welfare of vulnerable children and youth. Samuels has over twenty years of experience in child welfare, including having served as the Chief of Staff of Chicago Public Schools under Arne Duncan and as Director of the Illinois Department of Children and Family Services. He was also a lecturer at the University of Chicago's School of Social Service Administration from 1997 to 2003. He has a bachelor's degree in economics from the University of Notre Dame and a master's from the University of Chicago Harris School of Public Policy.

Susanne Terry, MPH has 25 years of experience in human services and education. She has served as an adjunct professor at the University of Southern California; was the Administrator of Maui County Drug Court; spent 11 years as Director of a non-profit child abuse prevention agency and has consulted on a number of issues relating to the education of students in foster care, experiencing homelessness or those who identify as LGBT. Currently she is the McKinney Vento Homeless Liaison for the County Office of Education and provides support to the over 23,000 children experiencing homelessness and the 42 school districts that serve them in San Diego County.

Children, Youth and Families System of Care Academy

The Children, Youth and Families System of Care Training Academy began as a grassroots effort and supports countywide cross-system reforms and initiatives. It was initially created as the hub for Children's System of Care and Wraparound training. The Academy has grown into a strong collaborative of families, educators, public, and private providers. The Academy aligns training priorities, advances system reform and initiatives, and promotes knowledge and skill development necessary for fidelity of core principles and practices.

System of Care Principles

1. **Collaboration of four sectors:** The cornerstone of the CYFSOC is a strong four sectors partnership between youth/families, public agencies, private organizations, and education that ensures accountability to achieve SOC goals & quality outcomes consistent with the System of Care philosophy.
2. **Integrated:** Among the four sector partners, services are comprehensive, accessible, coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports.
3. **Youth guided, family driven:** Youth and families actively participate in service delivery, planning, and program & policy development.
4. **Individualized:** Services are flexible and designed to meet and build upon the unique needs, strengths, and potential of each youth and family.
5. **Strength-based:** Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.
6. **Community-based:** Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.
7. **Outcome driven:** Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.
8. **Culturally Competent:** Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.
9. **Trauma Informed:** Sector partners recognize that trauma and chronic stress influence coping strategies and behavior, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care and resilience.

System of Care Council Mission

The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with the System of Care values and principles.

System of Care Vision

San Diego youth are healthy, safe, successful in school, and in their transition into adulthood, while being law abiding, and living in a home & community that supports strong family connections.

Unpacking Hope: Understanding the Unique Needs of Children, Youth and Families Experiencing Homelessness

Bryan Samuels, Executive Director of Chapin Hall

Children, Youth and Families System of Care Conference

April 12, 2018

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Bridging the gap between what we know and what we do

Chapin Hall at the University of Chicago is a research and policy center, focused on a mission of improving the well-being of children and youth, families, and their communities.

Chapin Hall provides public and private decision-makers with rigorous data analysis and achievable solutions to support them in improving the lives of society's most vulnerable children, youth and families.

What do you know?

How do you know that?

Claim + Evidence + Reasoning = Explanation

How do you define success?

How does your evidence support your claim?
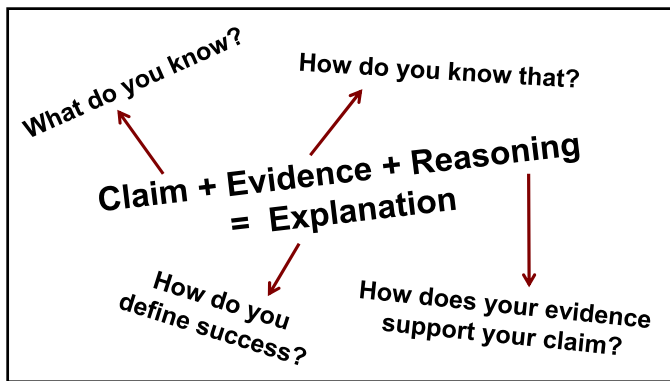
What We Know: Young children are most vulnerable

"In the United States, there is an increasing trend in the number of children experiencing poverty, with **47% of children** who are younger than 3 years living in **families with low incomes**. Families with low incomes endure a variety of stressors that can include but are not limited to **residential instability**, lack of health insurance, caregivers who are under- or unemployed, lacking in education, experiencing food insecurity, and hunger."

Hurley, et al. 2018.

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

What We Know: Infants are most likely to live in shelters

"In addition to the combination of stressors experienced by families with low incomes, some families have the additional hardship of homelessness. Families with young children are one of the most rapidly increasing groups with homelessness nationwide. **One in 30 children was homeless** in the United States during 2013 (National Center on Family Homelessness, 2016). **Infancy** is the time a person in the United States is **most likely to be living in a homeless shelter.**"

Hurley, et al. 2018

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

What We Know: Families are exposed to traumatic experiences

"Trauma is a ubiquitous issue in this population: more than **90% of homeless women** have been physically or sexually assaulted, and rates of **posttraumatic stress disorder are 3-fold higher** in homeless women compared to age-matched peers…. More than **80% of children** in homeless families have been exposed to a **serious violent event by 12 years of age**…..Repeated exposure to potentially **traumatic events is the norm** rather than the exception for homeless parents and children."

Doran, et al. 2013

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

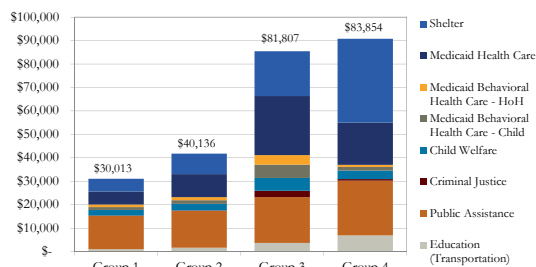---

What We Know: Families are displaced and disrupted

"When families become homeless and live in precarious short-term arrangements or public shelters, they are **geographically and emotionally displaced** from their core institutional supports: neighborhood, community, and school.

Parents' and children's mental and physical health, basic social supports, and educational and vocational progress are **threatened by the massive disruption** brought about by homelessness."

Doran, et al. 2013

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

What We Know from Data: One size may not fit all

Legend:
- Shelter
- Medicaid Health Care
- Medicaid Behavioral Health Care - HoH
- Medicaid Behavioral Health Care - Child
- Child Welfare
- Criminal Justice
- Public Assistance
- Education (Transportation)

Group 1: $30,013
Group 2: $40,136
Group 3: $81,807
Group 4: $83,854

Data analysis courtesy of Dennis Culhane, Penn School of Social Policy, University of Pennsylvania

What We Know: Supportive housing works

"Placing people who are homeless in **supportive housing** — affordable housing paired with supportive services such as on-site case management and referrals to community-based services — can lead to improved health, reduced hospital use, and decreased health care costs, especially when frequent users of health services are targeted. These benefits add to the undeniable human benefit of moving people from homelessness into housing."

Doran, et al. 2013

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Evidence-informed Policy Making for Family Homelessness

- Permanent/supportive housing
- Geographically-targeted accessible affordable housing
- Coordinated entry into homeless services
- Trauma-informed care supported by Medicaid
- Parent-child supports through home-visits, WIC, early care and education

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

What We Know: Limited evidence of program effectiveness

"This systematic review highlights the underdeveloped and neglected nature of effectiveness research to end family homelessness, and explains the lack of evidence-based practices and interventions for these families and children. Of the 559 unduplicated abstracts identified from the peer-reviewed literature, none was rated as eligible for review…. In these studies, the interventions are **poorly defined and the methodological rigor is generally weak**. Only one recent randomized control study was identified and its outcomes are not yet available (Family Options Study)."

Bessuk et al. 2014

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

What We Know: Limited evidence of effectiveness interventions

- Current evidence suggests more attention must be paid to the quality of individual services provided to homeless families
- Limited evidence on what works for high need, multi-system families
- Understand how our interventions affect families across the most important domains by examining not only child welfare and housing stability outcomes, but also measures of child well-being
- More efforts are needed to build interventions that can be replicated and brought to scale

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

"The precise number of homeless and runaway youth is unknown due to their residential mobility and overlap among populations. Determining the number of these youth is further complicated by the lack of a standardized methodology for counting the population and inconsistent definitions of what it means to be homeless or runaway."

Congressional Research Service, 2013

What we know: Previous estimates of youth homelessness

- AHAR – Jan. 2016 PIT counts (UHY under 25): **36,000**

- MV schools data (2014-15, unaccompanied students): **95,000**

- Ringwalt (1992-93 YRBS – 12-month prevalence; youth 13-17): 5% – 7.6% (**1 – 1.6 million**)

Population-based surveys capture far larger numbers than PIT / admin data counts

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Chapin Hall's Goals for VoYC

1. Develop methodology for estimating size and dominion of problem
2. Use data to drive policy and practice changes
3. Apply solution-focused approach to policy research
4. Close gap between what we know and what we do in frontline practice

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

VoYC Research Components

Chapin Hall will use a **multipronged, quantitative and qualitative approach**:

1. **Reliable estimate** of RHY (including training and observation protocol)
2. Collection of national **household survey** data
3. **In-depth** qualitative **interviews** with RHY
4. In-depth investigation of **existing data sets** (i.e. schools) related to characteristics and experiences of RHY, including a detailed look at youth with current and prior child welfare involvement
5. **Systematic review of evidence** on relevant prevention and intervention programs that could begin to address the challenges faced by RHY as a whole, as well as key subpopulations (i.e. LGBTQ youth, former foster youth, pregnant and parenting youth, etc.); and
6. A **policy review** at federal level.

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

VoYC 22 Partner Communities

What we're learning from the Voices of Youth Count

Youth homelessness is broad and largely hidden

About 2.5 million youth, ages 13-25, experience any form of 'homelessness' in a year
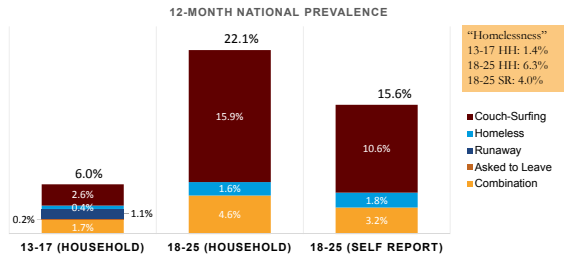
1 in 10

young adults ages 18 to 25 endures some form of homelessness in a year. Half of the prevalence involves couch surfing only.

1 in 30

adolescent minors ages 13 to 17 endures some form of homelessness in a year. A quarter of the prevalence involves couch surfing only.

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

A Hidden Problem

12-MONTH NATIONAL PREVALENCE

"Homelessness"
13-17 HH: 1.4%
18-25 HH: 6.3%
18-25 SR: 4.0%

- Couch-Surfing
- Homeless
- Runaway
- Asked to Leave
- Combination

13-17 (HOUSEHOLD): 6.0% (2.6%, 0.4%, 0.2%, 1.1%, 1.7%)
18-25 (HOUSEHOLD): 22.1% (15.9%, 1.6%, 4.6%)
18-25 (SELF REPORT): 15.6% (10.6%, 1.8%, 3.2%)

San Diego: Where youth 13-17 slept last night

	Sheltered	Unsheltered	Staying with others	Other
San Diego County*	51%	19%	9%	22%
Large County**	48%	13%	24%	15%
22-County Aggregate***	45%	13%	28%	14%
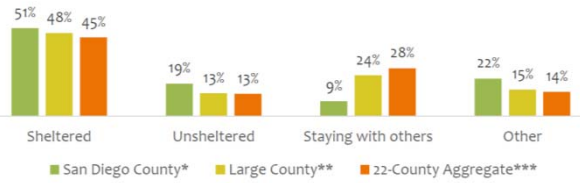
San Diego: Where youth 18-25 slept last night

	Sheltered	Unsheltered	Staying with others	Other
San Diego County*	33%	36%	12%	19%
Large County**	51%	22%	17%	10%
22-County Aggregate***	48%	25%	18%	9%

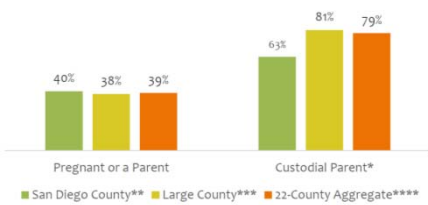## Youth homelessness involves diverse experiences & circumstances
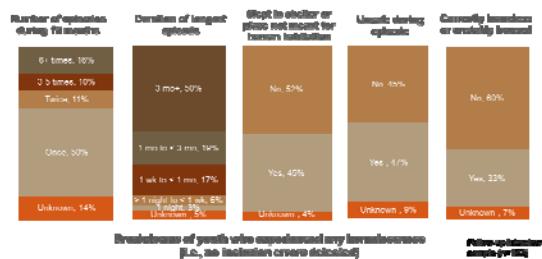
Prevention and early intervention are essential

About half of the youth who experienced homelessness over a year faced homelessness for the first time.
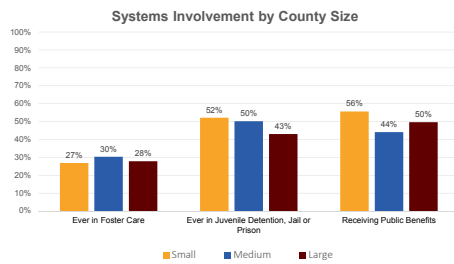
San Diego: Prevention/early intervention are essential

Figure 15. Pregnancy and Parenthood among Females

	Pregnant or a Parent	Custodial Parent*
San Diego County**	40%	63%
Large County***	38%	81%
22-County Aggregate****	39%	79%

Youth homelessness affects rural youth at similar levels

Youth 13-17
4.2% Household prevalence in urban counties.
4.4% Household prevalence in rural counties.

Young Adults 18-25
9.2% Population prevalence in urban counties.
9.6% Population prevalence in rural counties.

Cross system involvement is common in large and small counties

Systems Involvement by County Size

	Small	Medium	Large
Ever in Foster Care	27%	30%	28%
Ever in Juvenile Detention, Jail or Prison	52%	50%	43%
Receiving Public Benefits	56%	44%	50%

San Diego: Cross system Involvement is common compared to other large counties

	San Diego County*	Large County**	22-County Aggregate***
Currently receiving public benefits	57%	50%	49%
Ever spent time in detention or jail or prison	45%	43%	46%
Ever spent time in foster care	33%	28%	29%
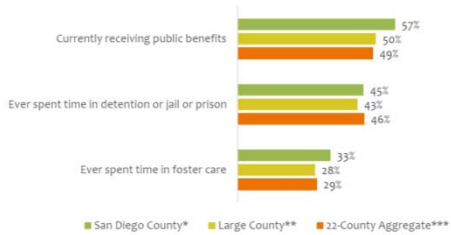
Some youth are at greater risk of homelessness

346%
Youth with less than a high school diploma or GED had a 346% higher risk

162%
Youth reporting annual household income of less than $24,000 had a 162% higher risk

83%
Black or African American youth had an 83% higher risk

120%
LGBT youth had a 120% higher risk

33%
Hispanic, non-White youth had a 33% higher risk

200%
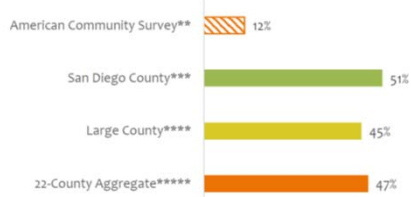Unmarried parenting youth had a 200% higher risk
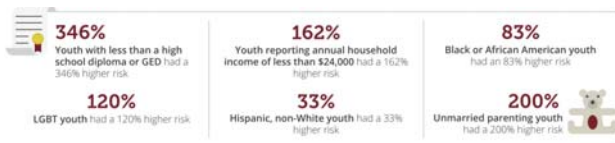
San Diego: Large number of disconnect youth

Figure 13. Disconnected 16- to 24-year-olds*
Disconnected youth is defined as neither in school or work

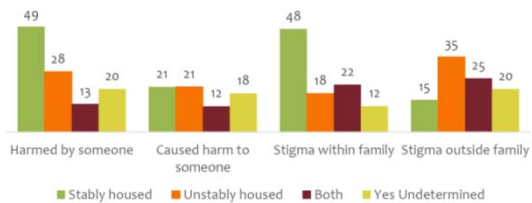|	
American Community Survey**	12%
San Diego County***	51%
Large County****	45%
22-County Aggregate*****	47%

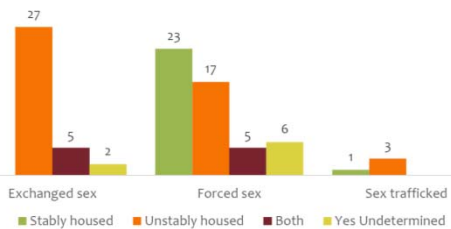## Youth report high levels of trauma/adversity

The following identities and statuses were associated with higher than average scores:
- Sexual Minority identity, LGBQA (3.6)
- Gender Minority Identity (3.4)
- Multiracial Identity (3.2)
- Foster care history (3.2)
- Detention/incarceration history (3.1)
- White identity (3)
- Female identity (2.9)
- Being over 18 (2.9)

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

San Diego: Harmed by family and others

	Harmed by someone	Caused harm to someone	Stigma within family	Stigma outside family
Stably housed	49	21	48	15
Unstably housed	28	21	18	35
Both	13	12	22	25
Yes Undetermined	20	18	12	20

■ Stably housed ■ Unstably housed ■ Both ■ Yes Undetermined

San Diego: Adversities tied to sex

Stably housed   Unstably housed   Both   Yes Undetermined

	Exchanged sex	Forced sex	Sex trafficked
	27, 5, 2	23, 17, 5, 6	1, 3

Initial federal recommendations

- Conduct national estimates biennially.
- Fund housing interventions, services, outreach, and prevention to meet the need.
- Encourage assessment and service delivery decisions that are responsive to the diversity and fluidity of youth homelessness.
- Build prevention efforts in key systems: child welfare, justice systems, and education.

- Adapt services to unique developmental and housing needs of a young population.
- Tailor supports for rural youth experiencing homelessness to account for more limited service infrastructure over larger terrain.
- Develop strategies to address disproportionate risks for homelessness among specific subpopulations.

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Upcoming analyses on sub-groups & reporting on evidence review

1. Rural Youth Homelessness
2. Evidence on Programs and Practices
3. Pregnant or Parenting Youth Homelessness
4. LGBT Youth and Homelessness
5. Youth Trajectories into Homelessness
6. Youth Homelessness with Child Welfare Involvement
7. Education and Youth Homelessness

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Clinical Services for Youth Experiencing Homelessness

SDYS Counseling Cove Program Manager-Diana Rabban, LCSW

SDYS TAY Academy Program Manager-Vanessa Arteaga, LMFT

Effects of Homelessness

- ▶ Homelessness exacerbates or can lead to serious mental and physical health problems.
- ▶ Elevated risk of mental health problems, including anxiety disorders, depression, post-traumatic stress disorder, and suicide.
- ▶ High rates of substance use
- ▶ Physical or sexual victimization
- ▶ Engaging in illegal of unsafe activities to meet basic needs

What is Trauma?

Trauma is the *unique* individual **experience** of an event or enduring conditions in which the individual's ability to integrate his/her *emotional experience* is *overwhelmed* and the individual experiences (either objectively or subjectively) a threat to his/her life, bodily integrity, or that of a caregiver or family (Saakvitne, K. et al, 2000).
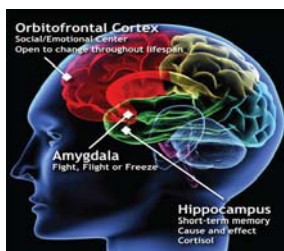
What is Trauma?

- Acute
  - Car accident, sudden illness, natural disaster, one-time assault
- Chronic
  - Living in a warzone, repeated abuse over time, presence of intimate partner violence in household
- Manifest over time
  - Consistent exposure to stresses of discrimination (racism, homophobia, classism, gender discrimination)
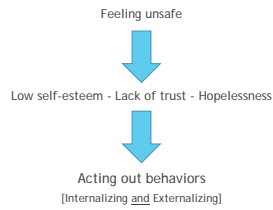- Historical
  - Impacts entire communities

Prevalence of Trauma

- ~90% of youth involved with the juvenile justice system have experienced one or more types of trauma (Abram et al., 2004; Baglivio, Wolff, Piquero, & Epps, 2015; Costello, Erklani, Fairbank, & Angold, 2003; Dierkhising et al., 2013; Evans-Chase, 2014; Fox, Perez, Cass, Baglivio, & Epps, 2015; McCoy, Leverso, & Bowen, 2016)
- ~60% of youth have experienced trauma in the first 5 years of life (Dierkhising et al., 2013)
- Over 80% of homeless youth report experiencing one or more types of trauma (Wong, Clark, & Marlotte, 2016)
- ~25% of youth meet the criteria for PTSD (Dierkhising et al., 2013; Fox, Perez, Cass, Baglivio, & Epps, 2015)
- An estimated 40% to 60% of youth who begin treatment discontinue care before completion (EBT; Kazdin, 1996, 2011; Murphy et al., 2014)
- 100% of youth report one ACE exposure, 67.5% report 4 or more, and 24.5% report 6 or more (Baglivio & Epps, 2016)
- Youth who experience childhood sexual assault are 2 to 3.5 times more likely to experience other types of trauma (Dong, Anda, Dub, Gile, & Felitti, 2003; O'Brien, White, Wu, & Killian-Farrell, 2016)

The Brain and Human Responses

Impact of Trauma

Feeling unsafe

⬇

Low self-esteem - Lack of trust - Hopelessness

⬇

Acting out behaviors

[Internalizing _and_ Externalizing]

Tips for Engaging Youth

- Be present and in the moment.
- Be genuine, honest and open-minded
- Be consistent - understand they will push and challenge, it is not about you. Just keep showing up for the child, especially when they push you away.
- Share services available to the youth, offer to connect and keep checking in. Let the youth decide when they are ready and refrain from pressuring them into services.
- Establish hope, build rapport, take an extra moment to reach out, take on walks, get to know youth (not just their trauma history, but their likes/dislikes, dreams, goals, favorite foods, etc).
- Know the child and not just their file.
- Be prepared for anger, aggression, hurt, profanity. Remember this is their survival skills kicking in. Make it a strength!

Created by SDYS STARS in conjunction with CWS and
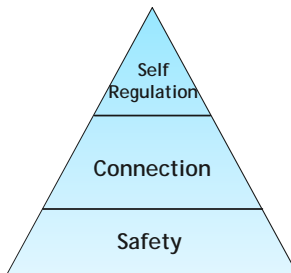Office of Juvenile Justice Delinquency Prevention

---

What is TIC?

- Trauma Informed Care (TIC) is a collaborative philosophy that acknowledges the impact of one's life experiences and guides our interactions to promote connection, inspiration, strength, and healing.
- Trauma explains behavior
  - Does not _excuse_ behavior
- Behaviors are trauma responses
  - _Not_ symptoms

Trauma Informed Care

- *"What happened to you?"* Instead of *"What's wrong with you?"*
- *Realizes* the widespread impact of trauma
- *Recognizes* the signs and symptoms of trauma
- *Responds* by fully integrating knowledge about trauma
- Resist re-traumatization (SAMHSA, 2014)
- We are <u>all</u> survivors of our life experiences.

Trauma Informed Care

Self Regulation

Connection

Safety

Harm Reduction Model

- Recognize that negative behaviors **ARE** coping skills, ask how the behavior makes the person feel better/safer

- Acknowledge when there is **ANY** reduction in the behavior

- Discuss/suggest alternative positive coping skills

- Acknowledge **ANY** improvement in the use of coping skills

Trauma Treatment Modalities

- EMDR
  - "An integrative psychotherapy approach that has been extensively researched and proven effective for the treatment of trauma." (EMDRIA)
  - "A set of standardized protocols that incorporates elements from many different treatment approaches with the use of bilateral stimulation." (EMDRIA)
  - 8 Phases

- TFCBT
  - Key components: PRACTICE
    - Psycho-education
    - Relaxation skills
    - Affective modulation skills
    - Cognitive coping: connecting thoughts, feelings, and behaviors related to the trauma
    - Trauma narrative: assisting the child in sharing a verbal, written, or artistic narrative about the trauma(s) and related experiences, and cognitive and affective processing of the trauma experiences
    - In vivo exposure and mastery of trauma reminders if appropriate
    - Conjoint parent-child sessions
    - Enhancing future personal safety and enhancing optimal developmental trajectory through providing safety and social skills training

Motivational Interviewing

- **Open-ended Questions**
  - A question that cannot be answered with yes or no, that opens up a larger conversation.

- **Affirmations**
  - Recognition of the client's strengths.

- **Reflective Listening**
  - Listen to the client and focus on change talk. Reflect back to them what they have told you, making connections between themes.

- **Summary**
  - Announce that you are going to summarize, list selected elements of what the client has told you, and ask them to make meaning of these things.

Stages of Change

Creative Interventions

- Art
- Music
- Basic Needs
- Meeting location
- Office space
- Sports
- Incorporating client's interests
- Journaling

Collaboration

- Our approach has to include working together – across systems, across all branches of government, on all levels of government, with non-profits, with philanthropy, and with community institutions and organizations

- Families/Natural Supports

- Building communities of hope will require that we:
  - Serve children in the context of their families and communities
  - Implement cross-systems integrated responses and interventions
  - Nurture hope

(William Bell, 2015)

Vicarious Trauma

- Vicarious trauma (VT) is the process of change that happens because you care about other people who have been hurt, and feel committed or responsible to help them
- Some common symptoms associated with vicarious trauma include:
  - Difficulty managing your emotions
  - Difficulty making good decisions
  - Problems managing the boundaries between yourself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives)
  - Problems in relationships
  - Physical problems such as aches & pains, illnesses, accidents
  - Difficulty feeling connected to what's going on around and within you
  - Loss of meaning and hope.
  - Vicarious trauma can negatively affect your work, your colleagues, the overall functioning of the organization, and the quality of assistance being provided to those you are working to help

-Headington Institue

Self Care

50 Ways to Take a Break

Questions?

Cultural Responsiveness in Working with Families Experiencing Homelessness

LEAH PORTER, MS, MA, AMFT

Introduction & Goals

Intro:

▶ My background and experience working with families experiencing homelessness in San Diego

Goals:

▶ Learn about cultural responsiveness in working with families experiencing homelessness in San Diego

▶ Understand barriers that people experience as a result of homelessness

▶ Identify strategies that providers and community members can utilize to support this population and provide culture competency

▶ Identify barriers to supporting people experiencing homelessness and how to address your own barriers


Cultural Competency & Homelessness

▶ The American Psychological Association (APA) defines cultural competency as:

"The ability to understand, appreciate, and interact with people from cultures or belief systems different than one's own."

▶ The National Center for Culturally Responsive Educational Systems defines cultural responsiveness as:

"The ability to learn from and relate respectfully with people of your own culture as well as those from other cultures."

▶ How do we achieve this as providers and how does this challenge change/increase when working with families experiencing homelessness?

▶ A key component is to allow families and individuals we work with to educate us on their needs. Encouraging them to communicate this can provide us the critical information necessary to meet those needs and support their cultural identity throughout services.

What Words Would You Use to Describe Her?

- ► 3rd Grader
- ► Artistic
- ► Dancer
- ► Music Enthusiast
- ► African-American
- ► Female
- ► Smart
- ► Funny
- ► Amazing Smile
- ► Beautiful……………

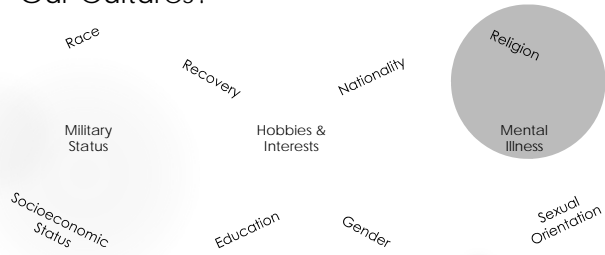► Homeless
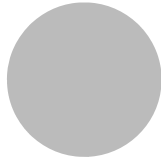
Interview with Kal Barre

"This is the only place that I've heard of where if you're homeless with kids, it's not illegal. In most places, if you don't have a place to stay, you lose your kids."

Credit to Kal Barre @streetpopulace

Homelessness in San Diego

- ► San Diego has 4th largest homeless population of any city in the U.S.
- ► As of 2017, there are approximately 10,000 active homeless individuals in San Diego County.
- ► Of those 10,000 people, approximately 18% are families with children.
- ► San Diego has a significant transplant aspect in the homeless community. Families come here for safety and a new start…Sometimes it's by choice and sometimes they were shipped by bus because other cities didn't want them.
- ► We, as providers, have a responsibility to support them in a culturally responsive way as they try to get back on their feet.

(Data provided by 2017 Annual Homeless Assessment Report to Congress by the U.S. Department of Housing & Urban Development)

What Are Some Ways We Identify Our Cultures?

Race

Recovery

Nationality

Religion

Military Status

Hobbies & Interests

Mental Illness

Socioeconomic Status

Education

Gender

Sexual Orientation

What Words Are Often Used in Society to Describe People Experiencing Homelessness?

Dirty

Beggar

Bum

Smelly

Crazy

HOMELESS

Drug Addict

Uneducated

Lazy

Poor

Criminals

Impact of These Labels

- ► Think about the words you use to describe someone who is experiencing homelessness. Do you lead with a culturally responsive description or with their state of homelessness?
  - Example: "The homeless guy across the street" vs "The tall Caucasian man with beard?"
- ► Often times experiencing homelessness becomes a primary identifier for people seeking services and their families, above and beyond any other cultural identity that it is important to them.

Unique Factors in Homeless Culture

- Safety
  - It can be common for those within the homeless community to carry weapons (such as knives) at all times. Typically, it is meant for self-protection and not as a threat.
  - People experiencing homelessness may feel particularly unsafe at night and stay up all night to ensure the safety of themselves, their families, and their belongings. This has a high correlation to substance use as well.
- Trauma
  - Nearly every individual and family experiencing homelessness has experienced (and may currently be experiencing) severe trauma(s). As we provide services, it is critical to utilize a trauma-informed approach in order to support them and ensure our interactions promote healing the trauma, rather that triggering their trauma.
  - Consider how difficult it may be for someone who has been traumatized and harmed by others to trust you...a stranger. Developing rapport make take more time when working with individuals and families experiencing homelessness. However, taking the time to build the rapport can make or break services and create the opportunity to help them.
- Legal Issues
  - Trolley tickets, loitering, and disturbing the peace are all very common violations that cause legal issues for people experiencing homelessness. They typically are unable to afford the penalty fees which worsens their legal issues.
- Childcare
- Transportation

The Basics

- Maslow's Hierarchy of Needs provides helpful, basic insight into challenges families face while also experiencing homelessness.
- As we work with families, we need to keep in mind that it may be difficult for them to work on healthy relationships, communication, or other behavioral health goals when they are unable to meet their own physiological and safety needs.

Self-actualization
desire to become the most that one can be

Esteem
respect, self-esteem, status, recognition, strength, freedom

Love and belonging
friendship, intimacy, family, sense of connection

Safety needs
personal security, employment, resources, health, property

Physiological needs
air, water, food, shelter, sleep, clothing, reproduction

Barriers to Cultural Identity for Families Experiencing Homelessness

- Finances & Location: Many times cultural experiences have a financial cost.

  Example: For many Mexican Americans, it is traditional to make tamales for Christmas Eve, but it requires access to a kitchen and finances to purchase the supplies. A family may not be able to participate in basic cultural celebrations, ceremonies, and activities as a result of limited resources from being homeless.

- Isolation: Often times, families experiencing homelessness feel ashamed of their circumstances and are isolated from their cultural connections.

  Example: A family may want to go to Temple as part of their cultural and religious beliefs, but may feel uncomfortable to do so if they are dirty and not dressed for the environment.

Break-Out Groups: 15-20 Minutes

- Review your case study as a group and address the following:
  - List 5-10 possible cultural identifiers for the family
  - List 3-5 strengths that the family has
  - List 3-5 barriers that the family has
  - Develop some strategies that you could utilize to help this family overcome their barriers in line with their cultural identities
    - Get creative! There are no wrong answers.
  - How do you think that experiencing homelessness impacts the family?
  - Each group will pick a presenter to discuss your findings

---

What Does Cultural Responsiveness Look Like in the Work Place?

- Office Environment
  - Is the space culturally sensitive?
  - Does the space include artwork or other decorations that will make people comfortable and encourage them to celebrate their culture?
    - My Examples: Office Renovation & Mural
  - Do the individuals receiving services have a sense of ownership in the space that you provide them services?
    - My Example: Client Art
- Attire
  - Be mindful of the way that you dress and how it impacts the people receiving services.
  - My Example: Client "Kat"
- Make your clients the teacher! We are experts in our field, but they are experts about themselves and their cultures. We should empower them to educate us.

Hurdles to Helping

- Personal Biases
  - Our life experiences, personal cultures, and core beliefs may impact the way we view our clients and their cultural identities.
- Countertransference
  - How do we (as providers in the community) handle our own feelings about our client's cultures and experiences?
- Barriers Specific to Homelessness
  - Example: A family was unable to have proper hygiene and had a very pungent smell during sessions in a small office space. The family was aware and self-conscious but lacked the means in the short-term to maintain appropriate hygiene. The therapist utilized an oil diffuser to make the space comfortable and ensure that hygiene issues did not distract from important work with the family. Additionally, the therapist provided resources to support the family in accessing supplies and a location to shower.
- Remember that biases aren't always negative. We can have a bias that motivates us to help a family that much more, but we still need to be aware of these biases and ensure they do not impact the quality and ethics of our work.
  - My Examples: Veterans and Middle Eastern Families

Overcoming the Hurdles

▶ As providers, there are a variety of ways we can maintain cultural responsiveness while assisting families experiencing homelessness:

  ▶ Attend Trainings

  ▶ Seek Supervision: No matter how experienced we may be, sometimes reaching out if we experience countertransference or barriers can make a world of difference.

  ▶ Learn from Colleagues, Peers, People Receiving Services, and Supervisors: Every person we interact with has different cultural identifiers than we do in one way or another. Being aware of this and learning from one another supports our own cultural responsiveness.

     Example: Cultural Lunches at the Office

Break-Out Groups: 15-20 Minutes

▶ Review your case study again as a group and identify the following:

  ▶ What barriers or biases might come up for you in working with this family?

    ▶ Be honest! The more open we are with ourselves, the easier it becomes to overcome these challenges and support our families.

  ▶ What steps could you take to address your personal barriers and biases?

  ▶ Each group will pick a presenter to discuss your findings

Conclusion

▶ Cultural responsiveness is really about accepting and respecting the differences we have with our peers, colleagues, and clients.

▶ Everyone has barriers and biases that may come up over the course of your work – Addressing them appropriately is key!

▶ Remember that families experiencing homelessness have unique challenges that require extra attention from their providers. Being aware of this and supportive of this enables us (as providers) to assist the families in reaching their goals.

▶ San Diego is rich in resources. Everyone in this room serves as a tool toward providing culturally competent services to those experiencing homelessness. Reach out to one another and utilize these resources to help our clients and community thrive!

Thank you for attending!

NOTES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTES

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

NOTES

Thank you to the planning committee for their work, dedication, and support in planning this conference.

Vanessa Arteaga, LMFT
Program Manager
TAY Academy
San Diego Youth Services

Elisa Barnett, BA
Assistant Program Manager
Behavioral Health Education and Training Academy
Academy for Professional Excellence

Stephen Carroll, LCSW
Director of Services
San Diego Youth Services

Minola Clark Manson, MA
Program Manager
Behavioral Health Education and Training Academy
Academy for Professional Excellence

Shane Drosi
Community Developer
Children, Youth and Family Liaison
NAMI San Diego

LaTysa Flowers
Family Support Specialist
Parents Empowerment Services

Ariel Gibbs
Administrative Assistant
Behavioral Health Education and Training Academy
Academy for Professional Excellence

Terri Hagmann, CATC II, CSC
Division Director
North County Serenity House
HealthRIGHT360

Pamela Hansen, LCSW
Senior Director of Specialty Clinical Programs
San Diego Center for Children

Brittany Hartman
Program Assistant
ParentCare East
Vista Hill

Celeste Hunter
Family Partner/Certified Grief Recovery Specialist
Alliance for Community Empowerment (ACE) Program
Union of Pan Asian Communities (UPAC)

Shiva Jaimes, BA
Training Specialist
Behavioral Health Education and Training Academy
The Academy for Professional Excellence

Linda Ketterer, BA
Lead Trainer
Children, Youth and Family Liaison
NAMI San Diego

Edith Mohler
Administrative Analyst
Children, Youth and Families
Behavioral Health Services

Mina Nilchian
Master of Social Work Administrative Intern
Academy for Professional Excellence

Shawnda Numan, BA
Coordination Assistant
Behavioral Health Education and Training Academy
The Academy for Professional Excellence

Children, Youth and Families System of Care Training Academy

Understanding the Unique Needs of Children, Youth and Families Experiencing Homelessness

Thank you to the planning committee for their work, dedication, and support in planning this conference.

Diana Rabban, LCSW
Program Manager
Counseling Cove
San Diego Youth Services

Golby Rahimi, LMFT
Vice President
Mental Health Systems

Nilanie Ramos, MSW
Health Planning and Program Specialist
Behavioral Health Services

Katharine Sabo, AA
Data Entry Specialist
Behavioral Health Education and Training Academy
Academy for Professional Excellence

Suzette Southfox
Director of Education
NAMI San Diego

Susanne Terry, MPH
McKinney Vento Homeless Liaison
San Diego County Office of Education

Rose Woods, BS
Assistant Program Manager
Behavioral Health Education and Training Academy
Academy for Professional Excellence

Behavioral Health Education and Training Academy (BHETA) is a County of San Diego contracted program of the Academy for Professional Excellence, a project of the SDSU School of Social Work.