

HOMELESS YOUTH
Capacity Building Project

**Improving Outcomes in TAY Housing
Through Harm Reduction**

October 26th at 10:00 a.m.

**Presented by the
John Burton Foundation**

Call-in phone number for live audio: 213-286-1201

Access code: 502-019-986

Webinar Technical Details

- Call-in phone number for live audio: 213-286-1201
- Access code: 502-019-986
- To submit live questions, click on the “Questions” panel on your screen, type your question, and click “Send”
- Presentation materials and audio will be posted at www.cahomelessyouth.org



Outline of Presentation

- Harm Reduction Background and History
- Drug Use and Youth Development
- Harm Reduction Housing
- Harm Reduction in Practice
- Q and A

Today's Presenters

- Moderator: Debbie Raucher, John Burton Foundation
- Jeannie Little, Harm Reduction Therapy Center
- Dr. Lisa Rohe, TLC Child and Family Services

Jeannie Little, Harm Reduction Therapy Center



Jeannie Little, LCSW

20 years creating dual diagnosis treatment services for homeless adults

- Executive Director, Harm Reduction Therapy Center
- Certified Group Psychotherapist – developed harm reduction groups
- Trainer, consultant and supervisor for therapists, community-based case managers and housing staff
- Author of several papers and 2 books about harm reduction

10 years with children and adolescents in domestic violence shelters, group homes and residential treatment

The Harm Reduction Therapy Center is an outpatient dual diagnosis treatment organization whose mission is to practice, research, and teach harm reduction therapy in diverse settings.

Harm Reduction

Any intervention aimed at reducing the harm caused by the use of drugs to the user, his or her family, and the community.

The *harms* caused by drug use, not the drug use itself, are the focus of attention.

Examples:

- Clean needles
- Methadone maintenance (and buprenorphine)
- Condom use
- HOUSING FIRST

Harm Reduction History

1980's – Public health interventions in European countries to prevent blood borne disease transmission (clean needles, drug substitution)

1990's onward –

- Public health around the world
- Advocacy in America and other countries that punish rather than treat drug use and abuse
- Counseling approaches that encourage motivation (motivational interviewing and harm reduction therapy)

2000's –

- Housing First

Housing

Each of us has a right to a roof over our head.



Homelessness

A violation of a basic human need, and therefore human right

Only existed in modern times since 1979

Before that, we had

- Hobos
- Bag Ladies
- Drifters



1980's: Dramatic social and economic changes

- **Redistribution of wealth**
- **Gentrification of city neighborhoods; skyrocketing housing costs**
- **Decreasing federal funding for public housing**
- **De-institutionalization of the mentally ill**

1980's, continued

- Cheap drugs – crack –introduced to inner cities
- HIV “discovered” and named
- The War on Drugs declared in 1985
- Federal funds moved out of the Community Mental Health System and into the War on Drugs

By 1990, a new kind of American

Homeless mentally ill drug users



...and a new type of housing

New subsidized housing – Supportive Housing – e.g., Shelter + Care, HOPWA, and “transitional housing”

- Operated by property management companies
- Staffed by programs charged with the task of helping people to become self-sufficient

Whose house is it anyway?

We are in a new era of government intervention in the places where people live. People who need subsidized housing have to earn their right to get and keep a home by:

1. Ceasing certain behaviors, such as drug use and domestic violence
2. Engaging in other behaviors, such as participating in drug treatment and taking psychiatric medications

Homelessness

**is not a cure for anything –
not trauma, not drug abuse,
not domestic violence,
not bad behavior,
not mental illness!**

What has all this to do with YOUTH?

- 5 - 7.7% of homeless are unaccompanied minors
- 40-55% of foster youth who age out in California are homeless within 18 months
- **CHILD ABUSE and NEGLECT:** The most common reason for separation of youth from their families and from the expected process of growing up.
- Kids either leave home involuntarily to be placed in foster care OR
- They leave home voluntarily and become homeless youth.

Developmental Tasks of Childhood



Children have several important tasks to accomplish in order to become vibrant adolescents. They need to:

- Experience successful ***relationships***
- Develop a sense of self (***autonomy***)
- Learn to play by the rules (***competence***)

Growing up, cont.



Teenagers have a different set of tasks that, if accomplished, will help them to live well as adults. They need to:

- Select friends and mentors
- Experiment outside the rules
- Develop judgment and decision-making skills
- Decide who and what to be in the next phase of life

Child Abuse & Neglect = TRAUMA

Homelessness = TRAUMA

TRAUMA interferes with all of the developmental tasks of childhood and adolescence. It:

- Creates relationships based on fear and suspicion.
- Induces self-doubt, shame, guilt and self-hatred.
- Breaks all the rules.
- Damages the brain's neurotransmitter systems that regulate emotion.
- Impairs the part of the brain responsible for executive function, i.e., judgment and decision-making.

Trauma leaves young people:

- ❖ With damaged emotional, relationship and mental skills to negotiate the transition from youth to adulthood
- ❖ With twice the work, many more obstacles and far, far less time to mature and learn to live well than other youth
- ❖ With a far greater likelihood of developing a relationship with drugs

Drugs (Psychoactive)

1. Any substance – whether whole plant, extract of a plant, or human-made – that crosses the blood-brain barrier and causes alterations in mood, cognition, or consciousness.



2. Use of: the most common reason for exclusion from supportive housing.

Drugs, continued

People take drugs for reasons that we always have – for at least 8000 years

THEY WORK!

We have basic human drives to

- enhance pleasure
- minimize pain
- alter consciousness

The problem with drugs

Problems with drugs occur when
we incur negative consequences.

For youth, negative consequences include

- impaired cognition and memory
- spending money that they do not have
- overdose
- emotional cushion that interferes with the development of relationships
- HIV and hepatitis, malnutrition, other medical issues

The problem with drugs

The problem with drugs is...

They're not a problem!

For youth who have been traumatized, what could be *better* than impaired cognition and memory, an emotional cushion, and few relationships?

The problem with drugs

The problem with drugs is...

We have *made* them a problem ---

- Certain drugs (not alcohol, caffeine or nicotine) are illegal
- People who use drugs are arrested, incarcerated, permanently lose their right to vote (in some states)
- Publicly funded housing is contingent on abstinence from drugs

Harm Reduction Principles

Harm reduction believes in certain realities

- People use drugs, always have, and always will
- Drug USE is a normal and expected part of human existence
- Drug ABUSE is a health, not a legal or a moral concern

Harm Reduction Arenas

Public health: Goal: save lives -- clean needles, condoms, safer sex education and overdose prevention

Advocacy: Goal: sane drug policies that do not punish drug use *or* abuse

Treatment: Goal: ANY POSITIVE CHANGE

Housing: Goal: housing = Housing First

Harm Reduction Housing



Principles

- Having a roof over one's head is a right not a privilege.
- Housing should be offered without any demands for behavior change as a condition of that roof.
- Having a roof over one's head is the first step to recovering from trauma

Harm Reduction Housing



Principles, continued

- *Tenants* live in *homes*, not in *programs*
- *Programs* exist to help tenants learn to live well
- Living well = fulfilling basic tasks of survival and getting along with others

Harm Reduction Housing

Roles

- *Tenants* can and should be held accountable for their behavior.
- *Landlords* enforce restrictions on behaviors that affect the safety of others: violence, damage to property, non-payment of rent, excessive visitors, etc.
- By creating programming and counseling that teaches participants how to live well: *Support staff* support!

Harm Reduction Housing

Challenge

How to help tenants who

- Resist responsibilities of tenancy
- Resist program participation
- Violate tenancy agreements

MOTIVATIONAL INTERVIEWING

MI: The most well-thought out approach to helping people *develop* motivation for behavior change

- Motivation is a function of interactions with others
- Motivation is fluid and can be influenced
- “Readiness” is a function of motivation
- MI is non-intrusive, respectful and collaborative – thus non-traumatizing

HR Housing: What yields success?

Pre-move-in Interviews

- Beginning of relationship
 - Staff projects warm welcome and excitement
- Discuss tenant's history of home
 - Staff projects curiosity
- Discuss tenant's expectations of *this* home
 - Staff projects interest
- Share with tenant history and culture of program – its experience of success with other tenants *and* its weaknesses
 - Staff projects spirit of collaboration

HR Housing: What yields success?

Post-move-in Agreements

- Make AGREEMENTS: Discuss *how* tenant would like to relate to support staff
 - What if tenant wants help?
 - What if staff person is worried – how and when should s/he seek out tenant?
 - Staff projects spirit of collaboration

HR Housing: What yields success?

Community

People who have been deprived of successful nurturing relationships need community, not self-sufficiency. They need to learn to live WITH others, not without them!

Staff creates community FOR tenants
Tenants learn to live through community



**Dr. Lisa
Rohe, THPP
Director**



TLC Child and Family Services

Provides comprehensive services to children including:

- Foster Care and Adoption Services
- Group Homes
- Children's Emergency Shelter Services
- Special Education High School
- Mental Health and Counseling Services
- THPP and THP+

THP+ Program Philosophy

- “Fail proof” program philosophy
- Program is fundamentally a housing program: services are geared towards helping participants maintain housing
- Participants are obligated to terms of lease, rather than program rules



Philosophy (cont.)

- View participants as independent adults.
- Non-punitive approach to encouraging participation in program.
- Emphasis on strengths rather than deficiencies.
- Relationship between staff and participants should not be adversarial.
- Allow for maximum flexibility to help participants maintain housing.

Approach to Drug Use

- Focus on impact of use - e.g. ability to keep job, effect on children, etc.
- Use of drugs alone is not basis for dismissal.
- Program participants have had substance use issues and successfully maintained employment and housing.



Philosophy Actualized

- Use of term “participant” rather than “child”, “kid” or “youth” in written materials.
- If participant loses housing unit, does not result in automatic termination from program.
- Work with participants who owe back rent
 - Payment plans
 - Allow use of savings in some circumstances
- Use of fun events to help participants feel more invested and connected to program.

Results



- Only 5 involuntary dismissals since 2008
- 80% of departures are voluntary
- Average length of stay is over 18 months.
- Over 70% are known to have exited the program into stable housing

Upcoming Trainings



Regional Training

- **Monday, December 6th, 10:30 – 2:30:** *Relationships Matter: How Your Organization Can Approach Attachment Patterns Amongst Homeless and Foster Youth*, The California Endowment, Los Angeles

Web Seminar

- **Tuesday November 30, 10:00 – 11:30:** *Promising Partnerships: Collaboration between homeless youth providers and social service agencies*

Don't Forget to Fill Out Our Survey!!!

HOMELESS YOUTH Capacity Building Project

Questions or comments?

Enter questions on your screen now by clicking the “Questions” panel, typing your question, and clicking “Send.”

Or direct later questions or comments to:

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