APSWI
Adult Protective Services
Workforce Innovations

Housing Instability: Engagement, Assessment, and Support

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

Academy for Professional Excellence

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About Us

Academy for Professional Excellence | APSWI Adult Protective Services Workforce Innovations

Providing approximately 50,000 learning experiences to health and human services professionals annually, the Academy's mission is *to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.*

APSWI, or Adult Protective Services Workforce Innovations, is a program of the Academy that provides innovative workforce development to APS professionals and their partners.



San Diego State University

SDSU College of Health and Human Services School of Social Work

The Academy for Professional Excellence is a project of SDSU School of Social Work. Funding is administered by SDSU Research Foundation.

SDSU Research Foundation

Purpose of Land Acknowledgement



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The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.

Land Acknowledgement

National Deliveries

For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony.

As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land and its original inhabitants of this Nation.

Making a statement isn't enough. It is important that we share ways people can take action to support Native American people and land back efforts. This can involve researching and learning more about the indigenous communities of the lands you are on at Native Land Digital; returning artifacts and land to their appropriate tribal communities; working to protect and preserve the land, and much more.

For more information and resources, see our Land Acknowledgement page.

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Housekeeping

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Technology



Agenda



Agreements

Prepare to Engage

Welcome and Polling



1. On a scale from 1-10, 1 being not experienced, 10 being very experienced, **how experienced are you in your ability to assess the immediate needs of someone who is experiencing homelessness**?

2. How many months or years have you been working with individuals experiencing homelessness?

Course Overview

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One

- Focuses on risk factors, bias, and trauma-informed care as the foundation for this series

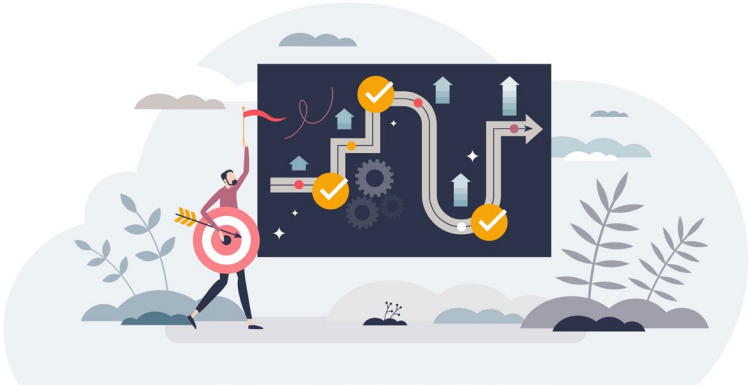
Two

- Builds skills for engaging, assessing, and supporting older adults experiencing homelessness

Three

- Explores systems navigation, collaboration, and accessing resources

Learning Objectives



- Summarize the unique traits, challenges, and needs of older adults who are experiencing housing instability.
- Identify effective methods and plan for challenges when conducting outreach and engagement.
- Apply practical techniques when completing the initial assessments.
- Develop a personal plan for self-care and building resilience as an APS professional.

Shifts in Practice



- 2016, California passed Senate Bill 1380: Requires state-funded housing programs to adopt a Housing First approach.
  - **Housing First** prioritizes immediate to housing without preconditions.
  - Based on belief stable housing is a foundation for recovery.
- Assembly Bill 135 expanded APS' ability to participate in multidisciplinary teams, supporting more coordinated responses.
- California's "Master Plan for Aging" had increased focus on providing affordable housing.
- Services vary significantly by county.

How Has Practice Changed?



Discuss as a group:

- What changes have you seen in how APS responds to homelessness among older adults in the last few years?
- What has worked well?
- What has been more challenging in applying these new laws and rules?

Why This Work Matters

"To value someone who is otherwise devalued, to believe someone who is otherwise disbelieved, to stand by someone who is otherwise alone, may be a powerful means to help them 'find the world' again."

- Henderson and Pochin, 2001

- **Ethical Considerations**
- **APS Practice Dimensions**
- **Community Responsibility**

Considerations



- Increased vulnerability
- Mistrust of systems
- Unrealistic service plans
- Aging in a changing world
- Experiences of ageism
- Limited eligibility for age-based benefits or housing programs
- Accelerated aging

Which Would Feel Safer

You have been living outside for several months. You know where to get food, where to charge your phone, where you can use a restroom, and where to sleep that feels semi-safe. You know what places and people to avoid and who you trust. You have a pet. You do not feel safe all the time, but you understand the rules of your current environment. You know what to expect.

Now, imagine that you are offered a place to stay for a while. But in order to get in you need:

- A form of identification.
- A doctor's note for any medication you take.
- A urinalysis that must indicate no substance use.

And there are expectations: You eat their food, share a room, obey rules about daily activities, your possessions may not be safe. And you cannot bring your pet.

Length of Homelessness

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Imminent

- Financial Abuse
- Eviction
- Self-Neglect

Newly Unhoused

- Structural economic constraints
- Social situations
- Against medical advice

Chronic

- Complex/Chronic health needs/risks
- Lack of supports
- Deny help
- Mental health/substance misuse disorders

Safety Strategies Prior to Meeting

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Before Meeting

- Document your location and make sure another staff/supervisor is aware.
- Note any potential risks or dangers in the location.
- Work in teams if possible and conduct gear-ups and debriefs.
- Always carry identification.
- Create a "code word" amongst the team that can be used to indicate a safety issue.

During the Meeting

- Make your presence known before you are too close.
- Never hesitate to leave a situation that feels unsafe.
- Maintain the confidentiality of your client as best as possible.
- Refrain from petting animals/dogs, these are family and may be "security".

Safety Strategies While Engaged

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- Introduce yourself, explain your role, and why you are there.
- Use a calm, respectful approach and avoid arguing.
- Pay attention to verbal and nonverbal signs that someone may be uncomfortable, frightened, overwhelmed, or not ready to talk.
- If you encounter dangerous or illegal activity, leave the area without drawing attention to yourself or others.
- If a person appears intoxicated, consider rescheduling.
- Use caution around animals and ask permission before interacting.
- Remember that trust and engagement may take time. Not every interaction needs to accomplish everything in one visit.

Additional Safety Strategies

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Collaboration and Consultation:

- Assembly Bill 135 expanded MDT membership to include additional partners: Housing providers, homelessness service agencies, behavioral health, medical providers, and others who can help support the client.
- Multidisciplinary Teams (MDTs) identify shared goals and coordinate services
- Build relationships, process difficult cases, and identify strategies and options for individuals experiencing homelessness.

Training and Preparation:

- Advocate for agency-wide trainings.
- Review individual and team safety protocols regularly.
- Encourage staff to debrief difficult situations and discuss lessons learned.

Meet Iris



Safety Considerations

- What safety concerns might exist for Iris?
- What safety concerns might exist for the APS professional?
- How would you approach someone who is guarded but still open to talking?

Outreach Questions

- What would be your first goal in working with Iris?
- What strengths does Iris have that could be built upon?
- What barriers might make it difficult for Iris to accept help?

Trauma-Informed Care and Outreach

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SAMHSA's Trauma-Informed Care Principles:

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice, and Choice
- Cultural, Historical, and Gender Responsiveness



Principles of Outreach



- Practice trauma-informed care
- Timing matters
- Build trust before pushing services
- Respect autonomy and choice
- Understand the person’s environment

Outreach Challenges



- Differences in perspectives among team members, agencies, or systems
- Unmanaged mental illness, substance use, or cognitive impairment
- Lack of readiness, trust, or follow-through
- Limited community resources
- Staff burnout, secondary trauma, and turnover

Developing my Outreach Style

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Individual Reflection:

- What is the core purpose of your work?
- How do you perceive your professional interactional style?
- What strengths do you bring to outreach conversations?

Small Group Discussion:

- How does your personal style influence the way you build rapport during outreach?
- Which of your strengths best supports the principles of outreach (timing, trust-building, autonomy, understanding environment)?
- Which trauma-informed care principles feel most natural for you to apply in your outreach with clients?

Engagement and Assessment Strategies

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- **Learn the client's narrative** — listen for experiences, values, and goals.
- **Acknowledge strengths** — highlight coping skills and resilience.
- **Show empathy** — meet the person where they are.
- **Be consistent and visible** — reliability builds trust.
- **Follow through** — communicate boundaries and limitations honestly.
- **Be mindful of safe spaces** — understand routines and safe places.
- **Let the client lead** — support goal-setting that fits their readiness.
- **Watch for disengagement** — respond with curiosity, not judgment.
- **Adapt communication** — use plain language or creative formats.

Psychoeducation

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In APS Work, Psychoeducation means:

- Educating clients to improve health outcomes
- Increasing engagement by clarifying what to expect and how services help
- Sharing information clearly and allowing time for questions
- Including support systems when possible

It is effective when:

- Brief, concrete, and repeated over time
- Tailored to health literacy, cognition, and immediate needs
- Linked to immediate concerns (e.g., wound care, diabetes, pain, medication, sleep, transportation, clinic visits)
- Delivered practically and collaboratively, connected to the person’s own goals

Key Areas for APS Engagement



- ✓ Immediate safety and urgency
- ✓ Physical health and daily functioning
- ✓ Support and practical needs
- ✓ Service planning and linkage
- ✓ Collaboration and continuity

What does Iris need right now?

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Read "Meet Iris Part Two" and consider:

- What concerns feel most urgent with Iris?
- What information might Iris need in order to make informed choices?
- How can you check to see if she understands the information?
- How do you help her retain the information?

- What has allowed you to build rapport with Iris and how do you continue building trust?
- What SMART goal might Iris be willing to set?
- What would it look like to slow down, but not give up?

The Recovery Model

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- **Self-Direction** — clients guide their own recovery
- **Person-Centered** — many pathways based on individual needs and culture
- **Empowerment** — clients choose among options and participate in decisions
- **Holistic** — recovery includes mind, body, spirit, and community
- **Nonlinear** — progress includes growth and setbacks
- **Strengths-Based** — builds on abilities and resilience
- **Peer Support** — mutual support strengthens recovery
- **Respect** — dignity and acceptance are essential
- **Responsibility** — clients take ownership of their self-care
- **Hope** — belief in a better future motivates change

Applying the Recovery Model to Complex Needs

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Severe Mental Health Issues

- Symptoms may affect trust, communication, and follow through.
- Clients may have difficulty recognizing that they need help.
- They may be fearful of providers and systems.
- Consistency is important.
- *DO NOT* argue about delusions or unusual beliefs.

Substance Use

- Engage around immediate needs over stopping substance use.
- Harm reduction may be the more realistic place to begin.
- Clients may have fluctuating motivation.
- Relapses are part of recovery and should not be viewed as failure.

Cognitive Impairment

- Difficulty remembering information or understanding tasks.
- Repetition, visual reminders, written information, and simple language.
- Break things into small tasks.

Recovery Model and Iris

Read Handout: The Recovery Model and Iris

Your Tasks:

- Respecting Iris's autonomy.
- Considering safety and the right to self-determination.
- Identifying realistic next step without overwhelming Iris.

How would you answer these questions:

- Would possible cognitive issues change how you work with Iris?
- What short term goals could be important right now?
- What Recovery Model principles would apply?

Vicarious Trauma and Burnout

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Burnout

- Emotional, mental, and physical exhaustion caused by chronic stress, heavy workloads, and feeling overwhelmed.
- Associated with issues of high caseloads, lack of resources, productivity pressure, and feeling unsupported.

Compassion Fatigue

- Emotional exhaustion that can happen when helping professionals repeatedly witness suffering and trauma.
- Helpers may begin to feel numb, detached, hopeless, or irritable.

Vicarious Trauma

- Over time, this exposure can shift a person's worldview, beliefs about safety, trust, and control.
- APS professionals may experience emotional strain, such as anxiety, sadness, anger, or feeling on edge.

Mitigating Burnout and Compassion Fatigue

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Compassion Satisfaction

- The positive feelings people get from helping others and doing meaningful work.

Burnout

- Feelings of frustration, exhaustion, hopelessness, or being overwhelmed by work demands.

Secondary Traumatic Stress

- Stress reactions that can happen after hearing about or witnessing the trauma of others.

Recognizing Risk

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Who may be vulnerable:

- High empathy
- Personal trauma history
- Perfectionism or high self-expectations
- Difficulty setting boundaries
- Limited social support
- Heavy workloads or high caseloads
- Feeling unsupported at work

Common signs:

- Emotional exhaustion or numbness
- Irritability, frustration, or cynicism
- Doubting effectiveness or skills
- Disconnection from clients or coworkers
- Changes in sleep, focus, appetite, or health
- Feeling overwhelmed or "checked out"
- Loss of meaning or purpose

Building Vicarious Resiliency

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Take 2–3 minutes to think about the past few weeks at work and identify one of the following:

- Something you did at work that you are proud of
- A thank you, compliment, or positive comment you received
- A small success or positive moment you were part of
- A client strength, survival skill, or moment of resilience that stayed with you

Always be aware of:

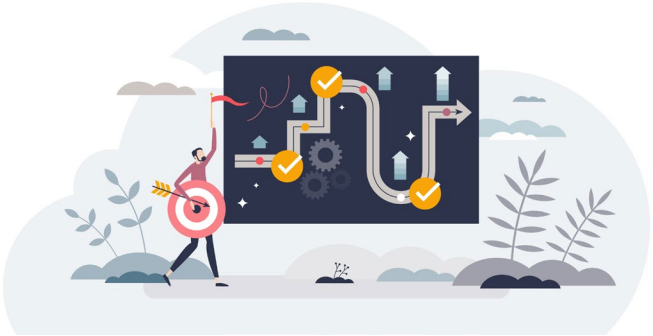
- What helps you recharge after difficult work?
- What are your self-care strengths?
- What is one form of self-care or support you would like to improve?
- How do you stay connected to supportive people in your life?
- What helps you remember why you do this work?

Workshop Review

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Safety and Outreach:

- ✓ Preparing for the first meeting
- ✓ Using safe outreach practices
- ✓ Identifying client's schedule and needs



Engagement and Assessment:

- ✓ Using empathy, patience, and active listening
- ✓ Building rapport without pushing an agenda
- ✓ Assessing immediate needs, risks, strengths, and supports
- ✓ Using psychoeducation and motivational interviewing

Considerations and Interventions:

- ✓ Applying Recovery Model principles
- ✓ Recognizing what can impact engagement
- ✓ Respecting self-determination while still addressing safety concerns

Activity: Iris Summary Reflection



- If you only had one opportunity to meet with Iris, what would be your top priorities?
- What would you leave behind with Iris (business card, written information, shelter list, hygiene items, transportation support, wound care supplies, etc.)?
- If Iris was not ready to accept help, what could you still do during that one interaction?

P-I-E

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Priceless piece of information

- What has been the most important piece of information to you today?

Item to implement

- What is something you intend to implement from our time together today?



Encouragement you received

- What is something that you already are doing and were encouraged to keep doing?

Evaluations

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Your feedback is valuable!

- Please complete evaluations

Thank you for taking this time for your professional development.

Thank you for what you do for our communities!

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Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.

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