

APS TARC

Adult Protective Services Technical Assistance Resource Center

enhancing
effectiveness of
APS programs

Strategies for APS Cases Involving Homelessness/Housing Insecurity

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Krista Brown, Training Specialist III, APS TARC, WRMA, Inc.



Disclaimer

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About the APS TARC

The mission of the APS TARC is to enhance the effectiveness of state APS programs by:

- Supporting federal, state, and local partners' use of data and analytics,
- Applying research and evaluation to practice, and
- Encouraging the use of innovative practices and strategies.

Peer to Peer Calls

Have you ever wished that you could tap into the expertise of other APS workers, supervisors or state administrators who are struggling with the same issues and concerns that you deal with daily? The APS TARC provides Peer to Peer calls for workers, supervisors and managers/state administrators.

- **Workers' Call:** The 2nd Wednesday of each month
- **Supervisors' Call:** The 3rd Wednesday of each month
- **Administrators'/Managers' Call:** The 4th Wednesday of each month

Register via the link sent out at the end of each month by the APS TARC or email us in order to receive the registration link!

Housekeeping

- Handouts/Slides are available for download in the "Handouts" section of your webinar control panel. You may download them at any time.
- Please use your computer speakers to access audio for this webinar. Please make sure the speaker volume is adjusted to your desired volume.
- If you experience audio problems due to internet connection speeds or hardware issues, we recommend exiting the webinar and re-entering.

Housekeeping

- You may ask questions of our presenter at any time by typing them in the "Questions" box. We will relay as many as we can to the speaker when we pause for questions.
- This webinar is being recorded and all registrants will receive an email when the recording is made available on the APS TARC website.
- All attendees will receive an automatically generated email approximately 24 hours after the webinar ends with a link to a certificate of attendance.

Quick Attendee Poll

Which of the following do you identify the most with?

- Adult Protective Services Professional
- Other Social Services Professional
- Medical Professional
- Legal Professional
- Other

Introductions & Acknowledgements



- Krista Brown, Training Specialist, APS TARC
- Thank you to Katherine Preston-Wager, APS Workforce Innovations, Academy for Professional Excellence and curriculum developers
 - Webinar adapted from *Effectively Working APS Cases for Persons Experiencing Homelessness Series*

Setting the Stage: Poll Questions

Q1. Are you currently working with clients who are experiencing homelessness?

- Yes
- No
- Unsure

Q2. How confident are you at understanding the needs of those experiencing homelessness or who are facing the possibility of being homeless?

- Confident
- Neutral
- Not confident
- N/A

Part 1 – Unique Traits, Challenges, and Protective Factors



Definitions (Handout)

Chronic Homelessness: HUD Definition

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.

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.

(Excerpted from APSWI Homelessness in Older Adults: Examining the Layers Participant Manual (2021). San Diego State University School of Social Work, Academy for Professional Excellence.)

Definitions (Handout)

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

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

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).

(Excerpted from APSWI Homelessness in Older Adults: Examining the Layers Participant Manual (2021). San Diego State University School of Social Work, Academy for Professional Excellence.)

Homelessness – Before 50

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

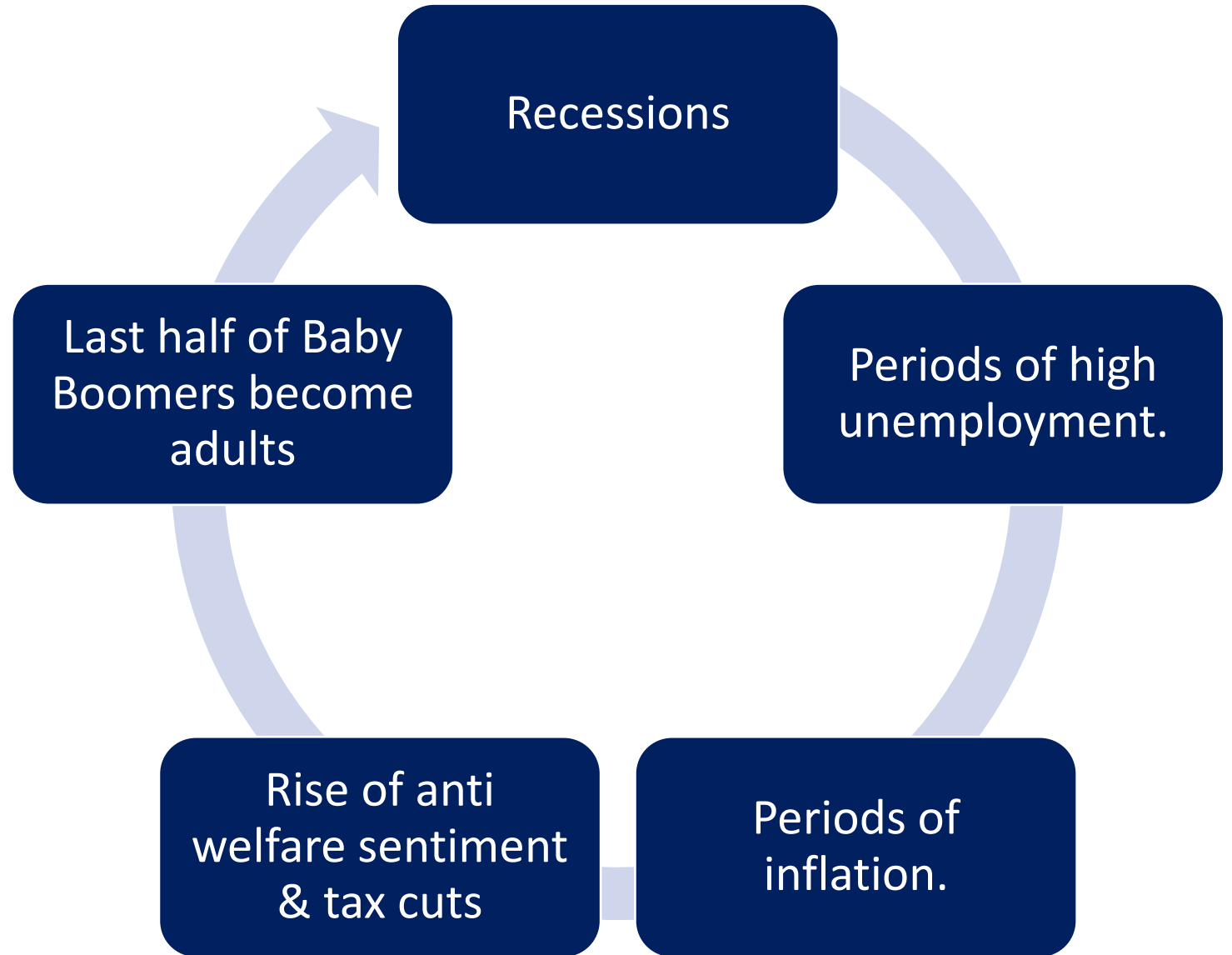
Outcomes:

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

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

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

Homelessness – After 50



Why it Matters to APS Professionals

Homeless Before 50

Strengths:

- Survival skills; networking, knowledge how to find and use resources.

Needs:

- Social service supports; substance use programs, mental health help.
- Life skills training.
- Permanent Supportive Housing (Often eligible for Social Security income at an earlier age.)

Homeless After 50

Strengths:

- History of functionality in basic life needs; paying bills, making appointments, etc.

Needs:

- Functionality can often be restored by housing help.
- Grief over losing the life they expected to have.

Length of Homelessness

IMMINENT:

- Financial abuse (self or others)
- Eviction
- Self-neglect (ADL's)

NEWLY HOMELESS

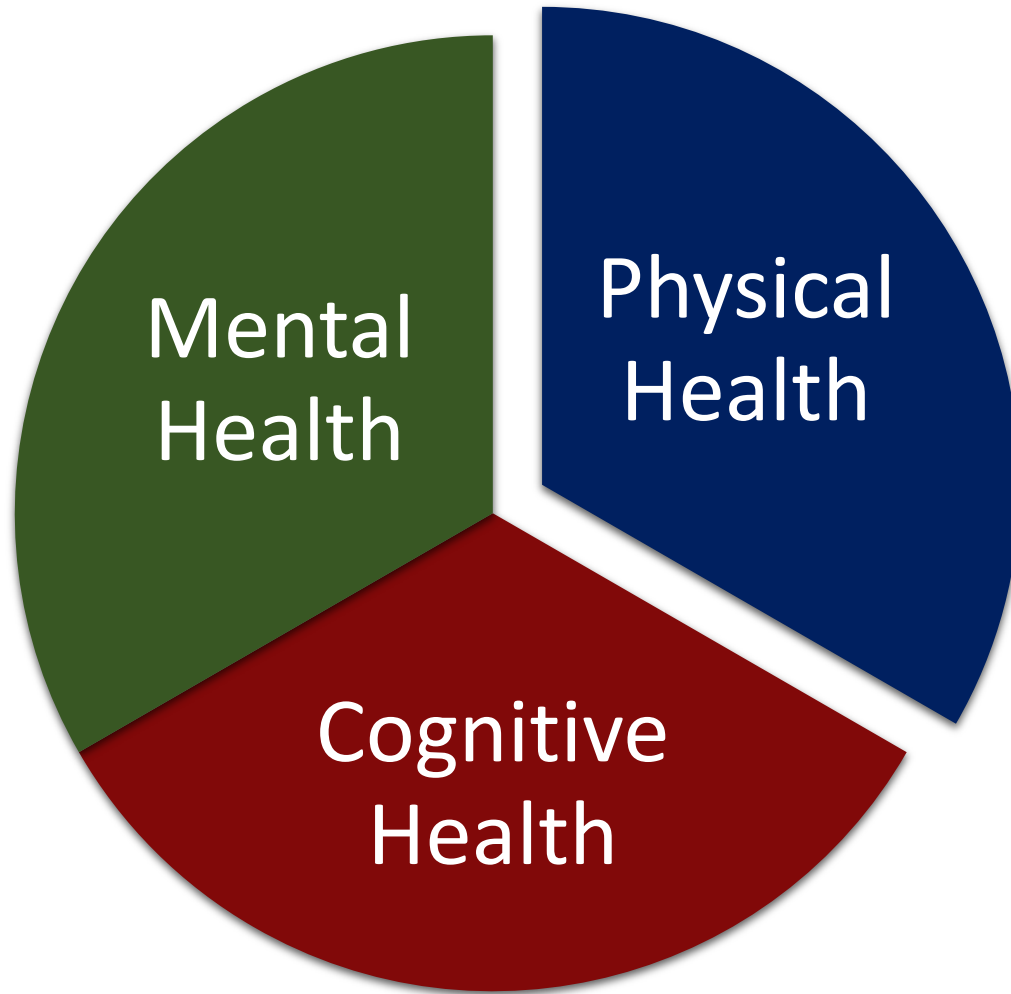
(transitional):

- Result of structural economic constraints
- Impact of social situations
- Left against medical advice

CHRONIC:

- Complex and chronic health needs/risks
- Lack of support from family/friends
- Often refuse help
- Serious and persistent mental illness and/or drug use

*All share inherent trauma of experiencing homelessness



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

- Xianghe Zhu, Ph.D

Chat Question

Of the APS referrals accepted for investigation, involving homelessness, what co-occurring condition(s) are also present?

- Psychiatric/Behavioral Health
- Substance Use
- Neurocognitive (e.g. dementia)
- Physical
- Other

Physical Health and Homelessness

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

Mental Health and Homelessness

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

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

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

APS professionals work with individuals who have mental health issues.

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

Mental Health & Homelessness: Risk Factors

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

Encourage/Aid access to mental health help.

Mental Health Issues Due to Homelessness

Depression:

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

Anxiety:

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

Trauma:

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

Unique Needs of Homeless Older Adults with Mental Health Concerns

Five Categories of Unique Needs:

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

Cognitive Health and Homelessness

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

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

Substance Use and Homelessness

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

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

Older Adults, Homelessness & Substance Use

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

How does Substance use differ for an older adult?

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

How APS Professionals Can Help

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

Part 2 – Methods to Work the Case Effectively and Safely



Safety Prior to Meeting

- **Teams**
 - Pairs
 - Develop a contingency plan before leaving the office.
 - “Code word” (e.g. “Where’s Charlotte?”)
 - Conduct regular gear up/debrief
- **Strategies**
 - Keep others informed
 - Plan for safer locations
 - Approachable or not?
 - PPE
 - People who are sleeping, peeking/touching tents

Safety During the Meeting

- Introductions and appearance
- Don't interrupt sales of drugs or sex.
 - If you suspect that a client is under the influence, consider rescheduling and visiting on a different day.
 - Do not accept or hold any type of controlled substance.
- Refrain from petting dogs/animals that may belong to your client or “community”.
- In an emergency, call, or have another person call 911.

LISTEN TO YOUR INTUITION (GUT)

Safety Upon Completion

- Consultation
 - Providers can gain insight and share experiences, successes and areas of improvement
 - Regular case conferencing
 - Weekly team meetings
 - Multidisciplinary Teams: may include agency partners, such as housing representatives and mental health providers
- Training
 - Agency-wide safety trainings (i.e., Non-violent Crisis Intervention)
 - Regular review of individual and team safety protocols

Meet Iris



- Iris, late sixties, has been homeless for five years.
- Referred to APS by the County Homeless Outreach & Engagement Team (O&E).
- Iris typically stays alone near the park benches, but often visits the local Senior Center.
- She has a prepaid cell phone and one bag of personal belongings.
- O&E reporting self-neglect: Iris has diabetes and a large wound on her left foot, but she has not sought medical treatment in several months.
- Reports that Iris is friendly but may have some untreated mental health issues.
- She receives a monthly disability check and is a Medicaid/Medicare recipient.

Outreach

Making contact with individuals in non-traditional settings who might otherwise be ignored or underserved.

- “Inreach” – ‘walking’ with the client
- Initial approach
- Time of day
- Gatekeepers
- “Three homes”
- Respond, don’t react
- Be culturally responsive
- Trauma-informed Care
- Contact information and anticipated follow up
- Repeat visits
- Hygiene kits, water, incontinence products

(NHCHC, 2013)

Engagement & Assessment

- Get to know the client's personal narrative
- Have a consistent presence
- Follow up and follow through
- Let the client lead
- Encourage client to set goals
- Work towards small steps (SMART)
- Move at the client's pace
- Pay attention to health literacy

We must continuously balance the client's freedom of choice with the severity of conditions and limitations of your role.

Tasks

- Complete assessment (biopsychosocial)
 - Assess need for emergency treatment, self-neglect, physical condition
 - Support system
 - Shelter options
 - Housing First Model
- Assist with completing forms
- Explore and introduce linkage with outside providers
 - May include warm handoff
 - Does the client have an established relationship with another agency?

Engaging Iris

What skills and attitudes would you use/have with Iris depending on the phase of engagement/where you are in the case?



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Psychoeducation

- What it might look like when working with people experiencing homelessness:
 - Information and education about illness (mental health and/or substance use, medical issues), including options for treatment
 - Coping skills, recognizing triggers, relapse prevention, medication management
 - Behavioral interventions (sleep hygiene, nutrition, etc.)
- Considerations when sharing information:
 - Build off client strengths and resiliency
 - Interactive, structured and comprehensible
 - Allow time for clients to ask questions
 - Include caregivers/family in the discussions if possible

(Motlova et al., 2017)

Poll Question

What is your most frequently used method of handling cases involving homelessness/housing insecurity?

- Refer to housing/homeless services
- Attempt to find placement in public housing
- Attempt to find placement in APS-funded temporary housing
- Other (*please use Question Box*)

Part 3 - Models to Address the Need

California

Changes to statute

- Age
- [HomeSafe](#) Program (administered at the county-level)

County-level

- HomeSafe +Longer Term Case Management
- [Multi-Disciplinary Outreach Team \(MDOT\)](#)



West Virginia

- Partnering with Homelessness Coalition to fund APS Liaison and Elder Resource Navigator.

South Carolina

- Home Stabilization Program – Partnering with AAAs through grant process for home stabilization work/home repairs/upkeep.

Tennessee

- Collaborative Response to End Self-Neglect in Tennessee (CREST) Program – Partnering with local AAADs for One-time rental assistance, short-term case management.

Resources

- APSWI Effectively Working APS Cases for Persons Experiencing Homelessness Series Curricula - <https://theacademy.sdsu.edu/programs/apswi/advanced-training/>
- APS TARC Webinar - Urgent Housing Programs for APS Clients - <https://youtu.be/WzvuvahB-2g> ([slides](#))
- APS TARC Substance Abuse and Mental Health Toolkits - <https://apstarc.acl.gov/Education/Toolkits.aspx>
- Housing and Services Resource Center - <https://acl.gov/HousingAndServices>

Questions?

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<https://apstarc.acl.gov/>
apstarc-ta@acl.hhs.gov



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