Behavioral Health Coaching: A Promising Model to Address Complex Needs
Atlanta Regional Commission

• Regional planning and intergovernmental coordination agency for the 10-county area
• Dedicated to unifying the region's collective resources to prepare the metropolitan area for a prosperous future

• Focus Areas:
  • Land Use
  • Natural Resources
  • Transportation
  • Workforce
  • Research and Analytics
  • Aging and Independence Services (AAA)

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Older Adults with Mental Illness in Affordable Housing

• Psychiatric disorders are estimated to be 50% higher among elderly residents of public housing than among the general elderly population
  • Dementia (10%)
  • Depression (8%)
  • Psychotic disorders (5%)
  • Alcohol abuse (4%)

• Without treatment, symptoms of these disorders put residents at increased risk of nursing home placement or loss of housing due to termination of lease or eviction

• A 2007 study by ARC/ROSS Grant cited mental health as one of the greatest concerns among residents and staff at a large HUD housing provider

Rabins et al, 1996
Weinberger et al., 1986; Freedman, 1996; Black, Rabins, & German, 1999
Bernstein, 1982; (Weinberger et al., 1986; Freedman, 1996; Black, Rabins, & German, 1999
Older Adults Continued...

• The majority of elderly public housing residents who need mental health care do not receive treatment

• Throughout the community, older adults with mental illness are less likely than younger people to be diagnosed and treated
  • Suspiciousness
  • Fearfulness
  • Social withdrawal
  • Irritability
  • Cognitive impairment
  • Physical health problems
2007

ARC / ROSS Grant

2009-2015

- Fuqua Center part-time nurse practitioner(s) and 1 social worker make home visits
- 11-18 affordable senior apartment buildings (2,500-3,000 residents)
- **Funding:** Jesse Parker Williams Foundation, Fuqua Foundation, health insurance billing

2011 - Present

Monthly meetings on behavioral health with housing partner staff

2013 - 2016

Series of Mental Health First Aid trainings for housing staff and residents

2015 - Present

ARC creates Behavioral Health Coach position and contracts with Fuqua Center for clinical supervision

2016 - Present

Aging & Behavioral Health Care Collaborative bi-monthly meetings at ARC
ARC’s Behavioral Health Coach Team

Atlanta Regional Commission

- Angela White and Pier Holder, BH Coaches
- Kristin Schillig, BH Unit Manager
- Cara Pellino, ADRC Program Coordinator
- Sue Burgess, LTSS Manager
- Becky Kurtz, Manager A&IS/Director AAA

Fuqua Center for Late-Life Depression at Emory

- Jocelyn Chen Wise, Program Director
Behavioral Health Coach Team Model

**Area Agency on Aging**
- Director
- Assistant Director
- Managers
- Behavioral Health Coaches

**Housing Partner**
- Leadership
- RSCs
- Property managers
- Maintenance
Behavioral Health Coach Model

- Functions as an extension of the ADRC
- Is person-centered and recovery-based
- Provides periodic in-home or on-site visits with clients
- Develops working relationships with housing partners and service providers
- Works collaboratively with resident services coordinators and other Atlanta Housing staff
- Clinical oversight from Fuqua Center at Emory University
Multi-tiered service approach

• Behavioral Health Crisis Management
• Behavioral Health Initial Assessment
• Behavioral Health Coaching
  • Information & Referral
  • Options Counseling
  • Behavioral Health linkage
• Behavioral Health Group Support
Program Outcomes

• Reducing:
  • Lease violations
  • Homelessness
  • Behavioral Health symptoms

• Improving:
  • Housing Stability
  • Quality of life
  • Access to community-based services
  • Stronger linkage to BH support
Components of Success

• Addresses Social Determinants of Health
• Creative and flexible funding
• Dedicated staff with strong BH backgrounds
• Concentrated focus on population served
• Solution-focused
• Strong relationship with partner agencies
• Strong interdisciplinary approach
BH Coaching: The Numbers

- Number of clients served to date: 316
- Average new referrals per month: 9
- Average monthly visits: 60
- Average time spent per client: 1.5 hours per session
Why Are Residents Being Referred? (AH/BH Clients)

Referral Reason

- Physically Abusive
- Hospital/ER Visit
- Police Intervention
- Medication Non-Compliance
- Safety Concerns
- Isolating
- Verbally Abusive
- Building Security Called
- Disturbing Other Residents
- Psychotic/Delusional
- Resident Requested
- Lease Violation
- General Behavior Change
Resident Benefits of BH Coaching

- Eliminated lease violations (preserved housing), 99%
- Access to transportation, 45%
- Access to medical services, 40%
- Access to food, 40%
- Access to in-home supports, 40%
- Benefits enrollment, 45%
- Furniture replacement, 25%
- Assistive Technology, 10%
Case Discussion - Internal Referral

• 72 yo female spoke to I&R Specialist
• I&R Specialist referred case to BH Coach who followed up by phone
  • 41 year old son, diagnosed with schizophrenia. Son lives alone. Mother has guardianship.
  • He is refusing medication, became paranoid and aggressive. Was recently hospitalized at state mental health hospital.
  • Has a good relationship with a psychiatrist at a local clinic.
Case Discussion - Internal Referral

• BHC explored interventions that have helped motivate the son to engage in medication and appointments in the past.

• Discussed Georgia Crisis & Access Line, Assertive Community Treatment (ACT) teams, day programs and potentially getting an Order to Apprehend.

• Mother states that she will get OTA if her son continues to refuse to go to his doctor appointment.

• During phone call, he agreed to go tomorrow.

• Mother will contact coach if he does not go to appointment or if any further assistance is needed.
Case Discussion - Housing Referral

• 67 yo divorced female living alone in Senior High-rise

• Diagnosis: schizophrenia, psychosis
• Due to psychosis and hallucinations, client:

• At-risk of eviction due to multiple lease infractions (conflict with other residents, letting strangers in the building, knocking on neighbors doors at all hours and screaming at them)
• Guarded and refusing BH treatment
• Non-compliant with medication
• No primary care physician
Case Discussion Outcomes

• Client is currently:
  • Without any lease violations
  • Accessing MH services
  • Successfully connected with PCP
  • Accessing MARTA Mobility Transportation
  • Receiving Medicare’s “Extra Help” to subsidize Medicare Part D
  • Receiving Medicare Limited Income NET benefits to avoid a gap in health insurance and to further reduce prescription costs
  • Successfully using injectable medication to improve non-compliance
  • Accessing MARTA Mobility for transportation
  • Receiving home-delivered meals
  • Reporting that she feels “stronger mentally and physically”
Housing Stability Hoarding Pilot

- May – June 2016
- 20 clients, hoarding or severe housekeeping problems
- BH Coach spent from 6-40 hours per client

Costs
- Total amount spent: $10,604
- Lowest cost intervention: $87
  - 4 hours of cleaning
- Highest cost intervention: $1,534
  - Included cleaning, decluttering specialist, supplies, furniture replacement
- Total average amount per client: $530
Housing Stability Hoarding Pilot

- Eliminated lease violations (preserved housing), 100%
- Access to medical services, 40%
- Access to food, 50%
- Access to in-home supports, 40%
- Benefits enrollment, 45%
- Furniture replacement, 25%
Client Survey Feedback

I feel better about my home environment

I have started to receive a helpful service that I did not have before (e.g., meals, Rx discount, transportation).
I have a contact and number for someone I can call if I need help.

Yes

I have more access to my doctor or healthcare provider(s).

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

72%

4% 4% 20% 0% 0%
Client Survey Feedback

I feel more spiritually or emotionally supported.

- **Strongly disagree**
- **Disagree**
- **Neutral**
- **Agree**
- **Strongly agree**
Resident Quotes

“You have someone build you up and help you find that balance when you have lost your way. That’s what the behavioral health coach has done for me.”
- 68-year-old man

“......I’m beginning to feel better and take pride in my home.”
- 63-year-old man
Resident Quotes

“The behavioral health coach has taught me so many organizational skills. Having a clutter free home has allowed me so much tranquility and sense of peace.”
- 78-year-old woman

“It’s good to know that someone cares about your well-being.”
- 88-year-old man
Strategies

• Identify flexible funding
  • For internal funding, keep close accountability to funding criteria
  • Contributions from partner agencies

• Social determinants of health are key to preventable homelessness and engagement in new health behaviors
  • Transportation
  • Food insecurity
  • Assistive technology
  • Emergency household items
Strategies

• Clinical supervision is necessary, especially with new BH Coaches
  • Team approach

• Dedicated full-time staff time provide more effective services

• Congregate model
  • Frequent presence can increase engagement
  • Peer/social integration
Strategies

• Don’t underestimate the importance of FUN!
  • Lunches
  • Meals with peers
  • Pro-social activities
Thank you!

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