## Behavioral Health Coaching: A Promising Model to Address Complex Needs

National Aging and Disability I&R/A Pre-Conference Summit

June 2, 2019

#### **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

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

**Clinical Consultant** 

#### **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

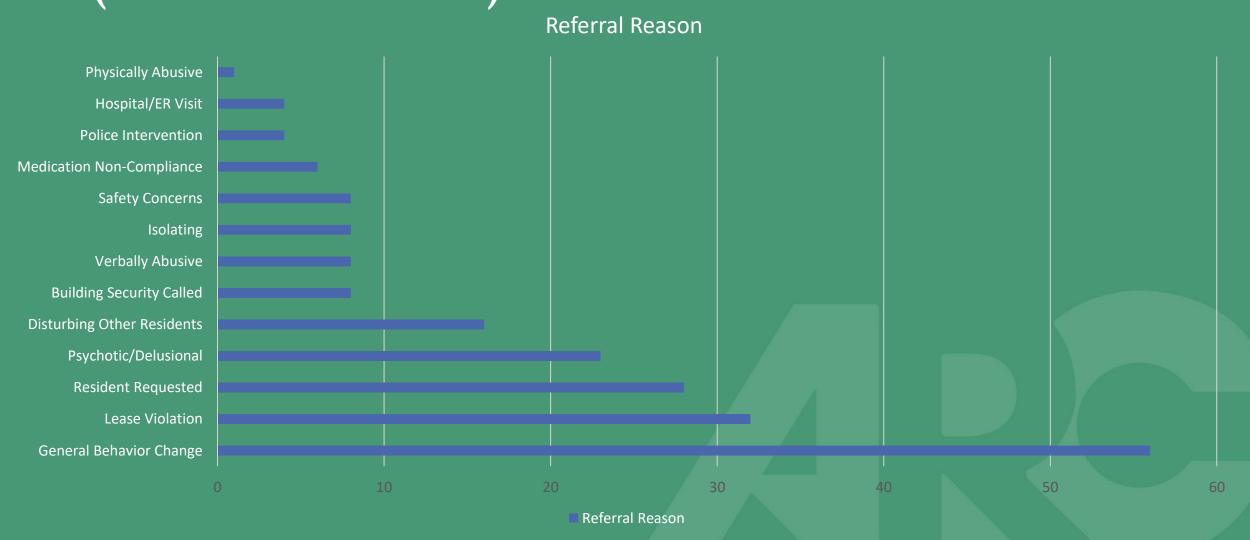
#### Components of Success

- 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)



## 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"

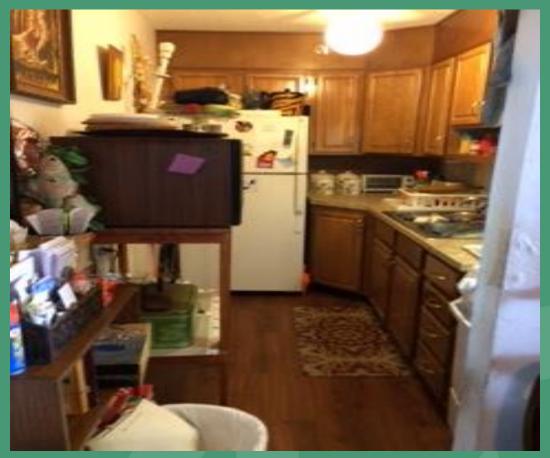
### Housing Stability Hoarding Pilot

- 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

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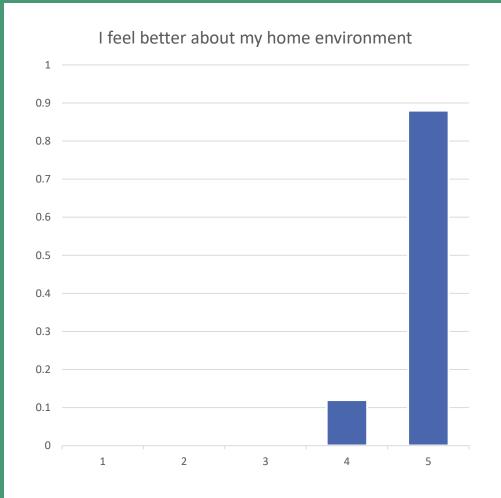
Before After

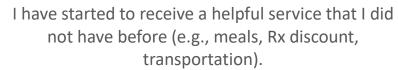


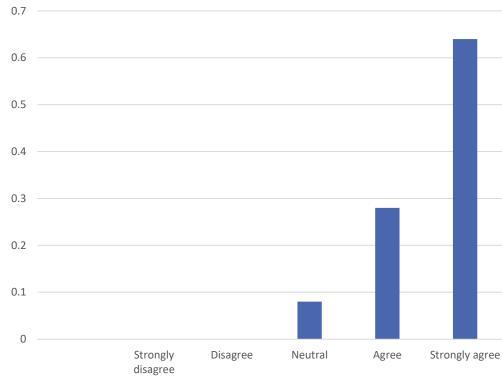


Before After

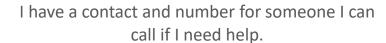
## Client Survey Feedback

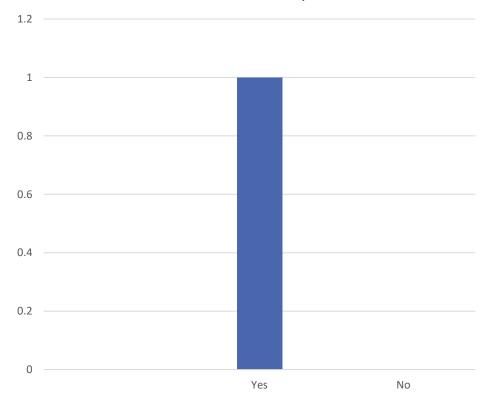


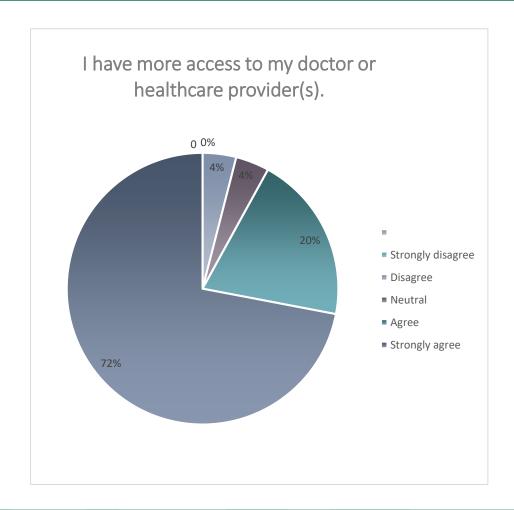




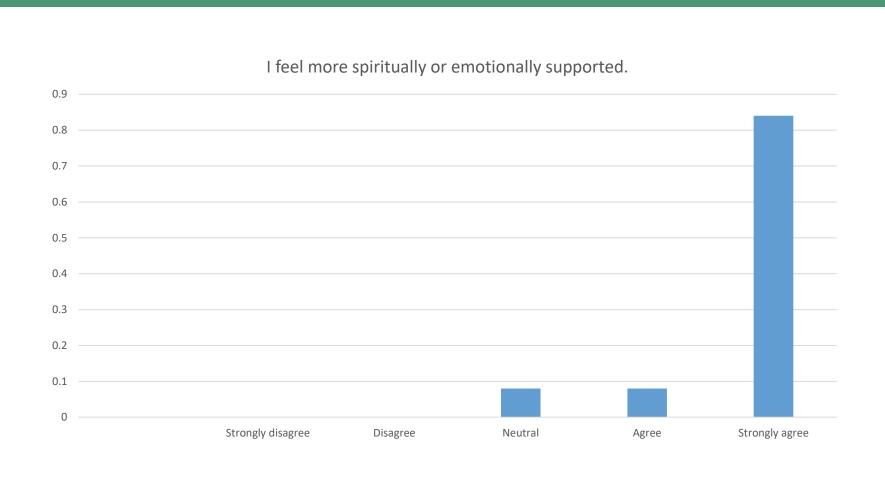
## Client Survey Feedback







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#### 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 <u>FUN!</u>
  - Lunches
  - Meals with peers
  - Pro-social activities

#### Thank you!



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Fugua Center for Late-Life Depression