



# Aging in Place in Mental Health Housing

## Exploring the Needs of Older Adults with SMI

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# The Bridge



The Bridge's mission is to change lives, by offering *help, hope and opportunity* to the most vulnerable in our community. We offer a comprehensive range of evidence-based rehabilitative services, including mental health and substance abuse treatment, housing, vocational training and job placement, healthcare, care coordination, education and creative arts therapies.

# Presentation Goals



Today, we will:

Outline the ways The Bridge identified a service gap, assessed older adult needs, developed aging-in-place services, and integrated them into residential services

Discuss the micro- and macro- level interventions taken with older adults with SMI

Identify barriers to successful aging-in-place with older adults with SMI and potential practice, programming, and policy solutions

# Aging and Homelessness

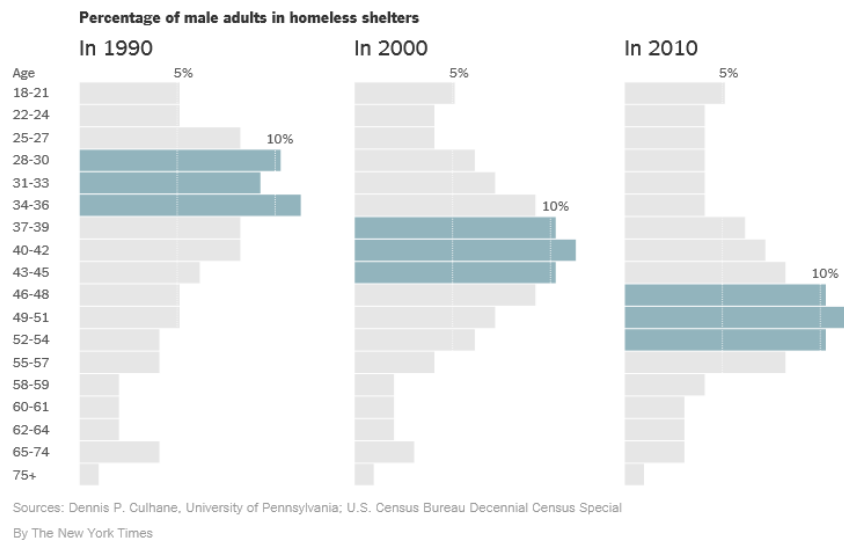


Nationally, it is estimated that elderly homelessness (over age 65) will increase by 33% in 2020 (44,172 in 2010 to 58,772 in 2020). By 2050, the elderly homeless population is projected to more than double, with 95,000 elderly persons expected to be living without stable housing.

There were 306,000 people over 50 living on the streets in 2014, the most recent data available, a 20 percent jump since 2007, according to the [Department of Housing and Urban Development](#). They now make up **31 percent** of the nation's homeless population.

## Nation's Homeless Growing Older

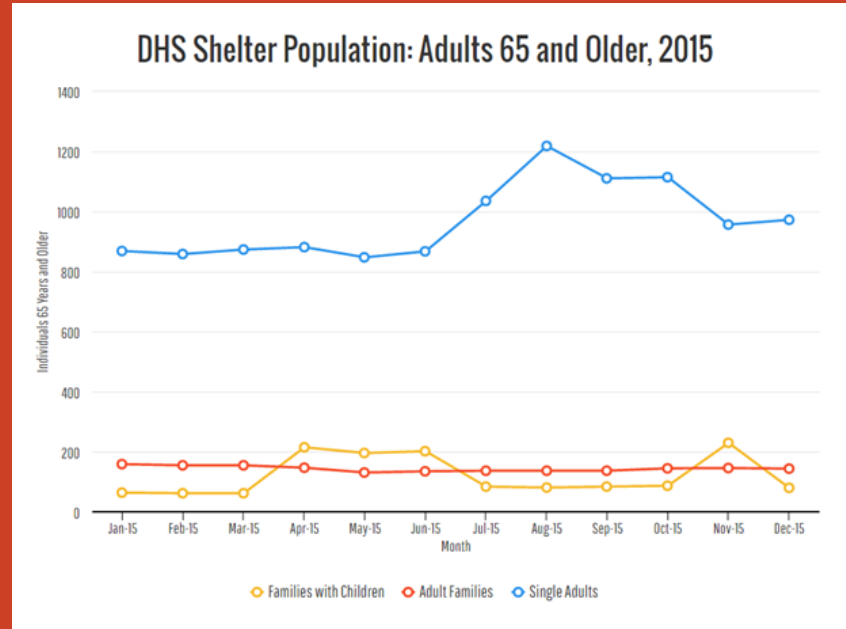
The surge in older homeless people is driven largely by a single group — younger baby boomers born between 1955 and 1965, according to an analysis by Dennis P. Culhane, a University of Pennsylvania professor who studies homelessness. This group has made up a third of the total homeless population for several decades.



# Aging and Homelessness (cont'd)

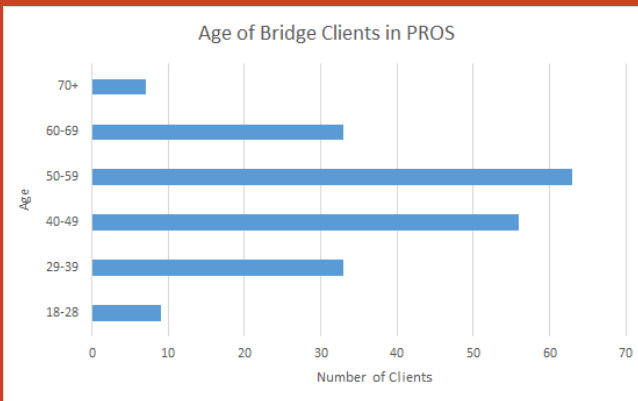
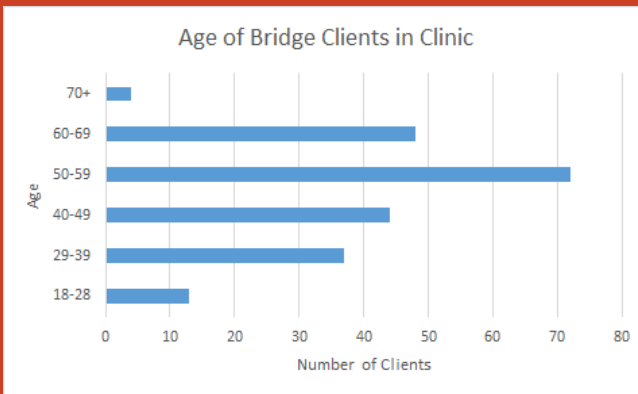
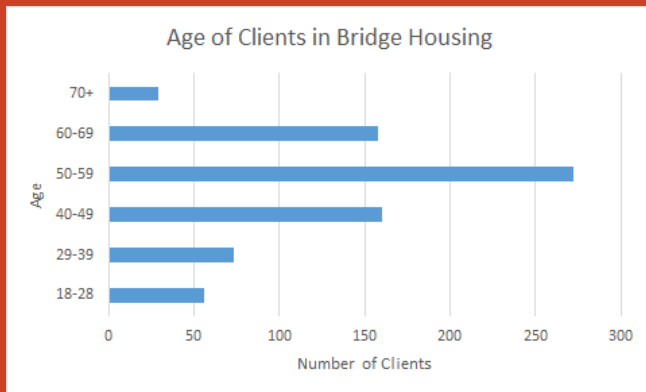


In 2015, DHS shelters took in **14,786 adults** age 65 and older. **78.5%** of this age group entered the shelter system as homeless single adults. According to the Corporation for Supportive Housing, elderly individuals experiencing homelessness have a mortality rate that is three to four times that of the general population, largely due to untreated illnesses, severe impairment, or addictions.



# Identifying A Need

- Noticing a need for aging services



# Identifying a Need (cont'd)



## Specialty Aging Services necessary due to

- diagnoses of serious mental illness
- serious/ earlier onset of medical conditions
- homelessness
- Institutionalization
- psychiatric treatment
- illicit drug use
- low socioeconomic status
- Health Homes ineligibility

# Systems Change



**In order to stay in tune with MRT goals, we had to establish a suite of services that would achieve the Triple Aim for older adults:**

1. Improved outcomes
2. Improved experience of care for the individual
3. Reduce costs



# Peter Beitchman House



In 2007, The Bridge opened Peter Beitchman House located in the South Bronx, specialized permanent housing for individuals with co-occurring mental health diagnoses and serious medical conditions.

16 DHS beds referred from shelter

8 beds for non-homeless



Building features studio apartments, 24/7 staffing, on-site nursing and medical coordination, medication monitoring and assistance, wellness groups and health education, ADA accessibility, outdoor space

# Aging In Place



- 1) affordable and accessible housing
- 2) convenient transportation
- 3) work, education, and volunteer opportunities
- 4) access to health and support services
- 5) participation in civic and cultural activities
- 6) intergenerational connections

- 1) role/identity
- 2) relationships
- 3) possibility of enjoyment
- 4) autonomy
- 5) security
- 6) potential for personal growth

# Program Funding Sources



Van Amerigen Foundation in 2015 + NYC DOHMH Geriatric Mental Health Initiative

Cobbled funding to hire a Registered Nurse by creating efficiencies in our NYS OMH Housing Contracts

Fan Fox Grant – Case Manager and Peer

Hunter School of Social Work, Silberman Center on Aging – 2 students

# Inception of Aging Services



Assessment and evaluation of all aging clients

Client education regarding health and mental health

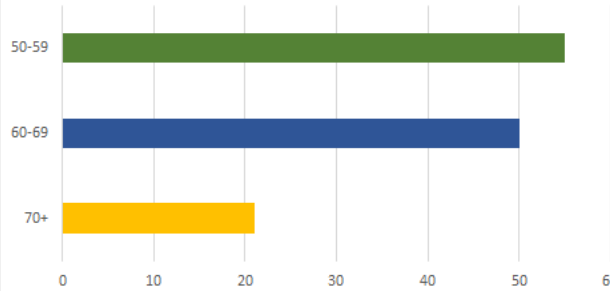
Direct mental health and case management with aging clients

Advocacy & referral to community services

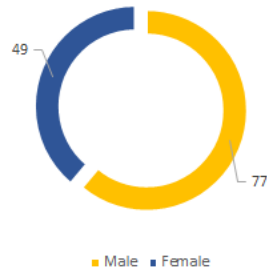
Building agency capacity through consultation and training

# Demographics

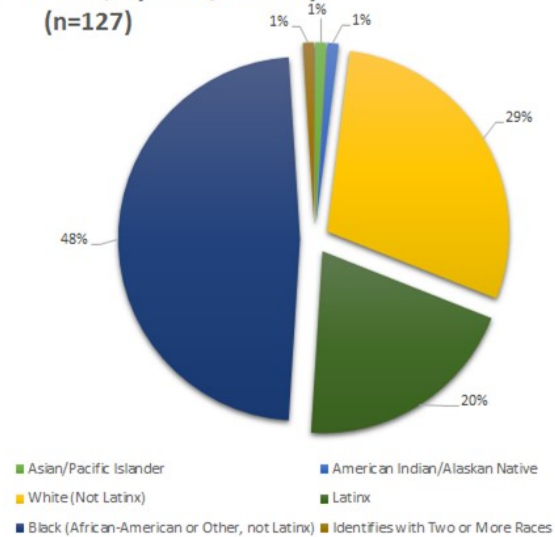
Aging Services, by Cohort  
(n=127)



Aging Services, by Sex  
(n=127)



Aging Services Clients, by Race/Ethnicity  
(n=127)



# Annual Older Adult Needs Assessment



Brief form completed by primary case workers for **every client over 50**

Assessment covers:

- Insurance coverage

- Enrollment in programs

- Functional assessment (ADLs/IADLs): based off of Section F of the UAS

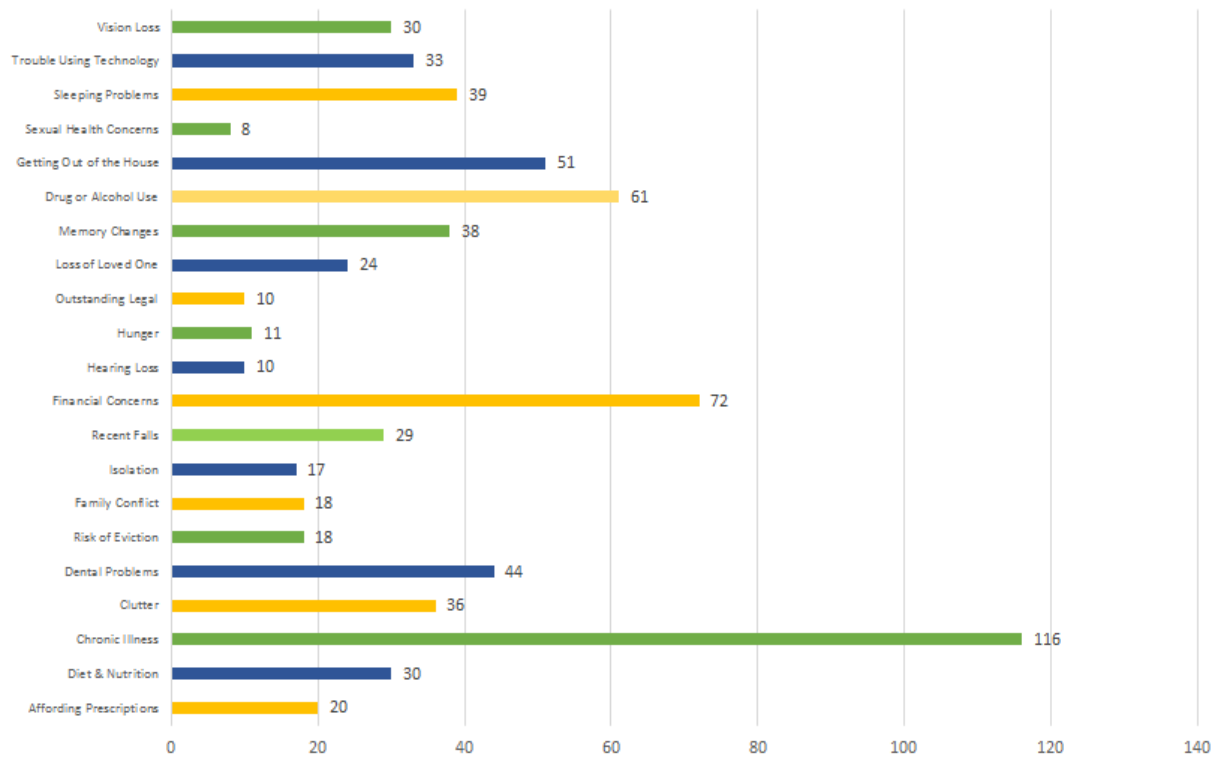
- Enrollment in home care

- Physical Environment

- Common aging issues (e.g. financial issues, isolation, etc)

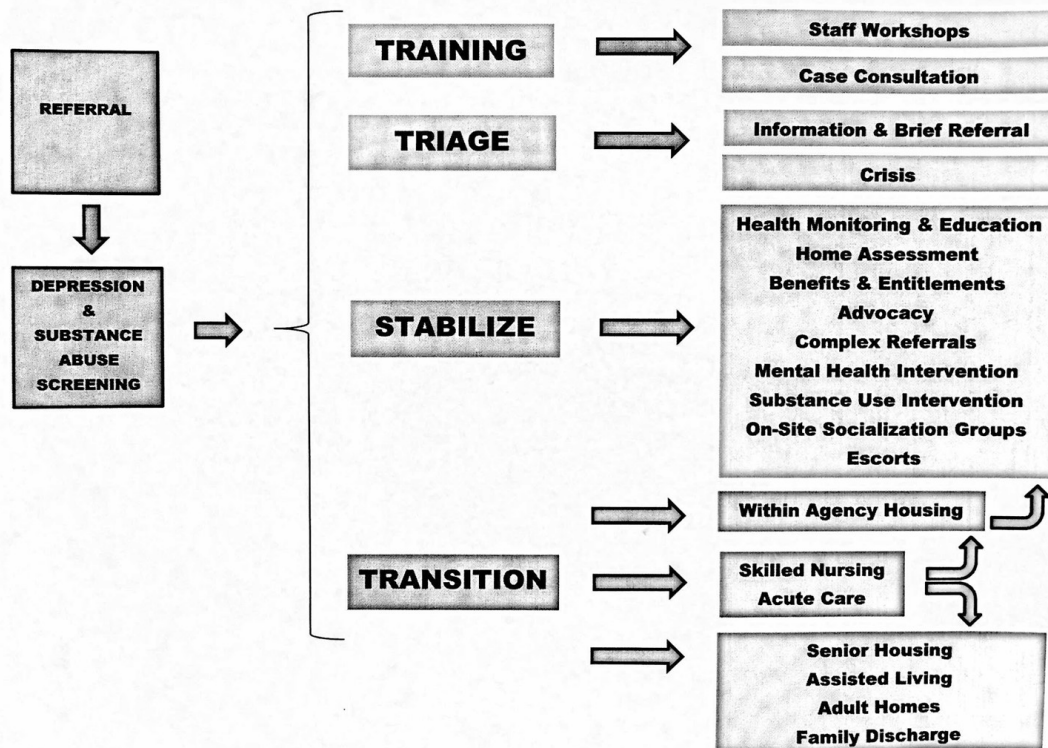
# Older Adult Needs Assessment Findings

Older Adult Needs Assessment 2015 Findings: Common Senior Issues (n=423)



# System Components

## System Components of *Older Adults Aging In Place Program*





# Social Work Intervention



## *Case Study: L.P.*

65-year-old Caucasian female, diagnoses include schizophrenia, diabetes, hypertension, high cholesterol, glaucoma

30 years in 24 hr supervised housing

Incontinence, refusal to wear Depends

Refusal to be medically examined

Some decline in ADLs

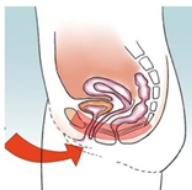
Ethical dilemmas: capacity vs. consent

**Interventions:** Increased HHA hours, psychoeducation of staff re: language, modeling/behavioral therapy, observational learning, Kegel exercises

# Social Work Intervention

## Kegel Exercises

Kegel exercises make your **pelvic floor muscles stronger**. These muscles control your urine flow and help hold your pelvic organs in place.



Kegel Exercises are good for:

**Stress incontinence** - This means leaking urine when you laugh, cough, sneeze, or lift something heavy.

**Urge incontinence** - This is a need to urinate that is so strong you can't reach the toilet in time.

**Pelvic floor weakness due to childbirth** - Childbirth can stretch and weaken pelvic floor muscles.

Kegel exercises you can do every day:

- **Quick Hit**
  - Do 10 contractions of the pelvic floor muscles as fast as you can. Rest. Repeat 5 times
- **Relaxer**
  - Squeeze the pelvic floor muscles as hard as you can for 2 beats. Then slowly relax. Repeat 5 times
- **Reverser**
  - Like the Relaxer but instead of just relaxing at the end, you breathe out forcefully. Like you are pushing air out of your mouth and vagina at the same time. Repeat 10 times
- **The Bridge**
  - Squeeze your butt up and do a Kegel contraction. Then lower and release. Repeat 5 times



# Case Management



## *Case Study: B.W.*

72 yr old woman with residual schizophrenia, diabetes, hepatitis C, hypertension, CKD

Decreased ability to perform ADLs and IADLs

Increased falls

Increased visits to hospital for medical and psychiatric causes

resistant to suggestion of increasing HHA hours

**Intervention:** established working partnership with client, advocacy with HHA provider, participation in yoga for fall prevention & on-site socialization groups

# Senior Socialization & Support Groups



## Other groups at The Bridge include:

Yoga for Fall Prevention

Film & Discussion Group

Intergenerational Knitting

Bereavement

## We also offer:

Health workshops on common chronic illnesses (e.g. diabetes, obesity, and COPD)

Group trips to coat drive, 12 Step meetings, etc.

# Senior Socialization & Support Groups



## *Case Study: Arts & Culture Group*

Forming a group to meet the needs of East Harlem House seniors

Group activities: use of art, music, and activity as tools

Group as intervention to systemic barriers

Culture and language and their role in group

Impact on group members

# Nursing



## Most Common Medical Issues:

Diabetes  
Asthma  
Hepatitis  
Chronic Obstructive Pulmonary Disease (COPD)  
Chronic Kidney Disease / renal failure (CKD)  
Physical trauma (falls, history of difficult lifestyle)  
Memory & Neurological Disorder  
Cardiac conditions (CHF, hypertension, etc)  
Arthritis  
Glaucoma  
Obesity

## Services Offered:

Health Education & Client Workshops  
  
Health Monitoring  
  
Hospital Visitation and Advocacy  
  
Case Consultation and Assessment  
  
Staff Training

# Recovery Peer Services



## What is a Recovery Peer Specialist?

## Why do we need peer services for older adults?

60% report using tobacco

11% report using alcohol

8% report using illicit drugs (e.g. marijuana, cocaine, crack, heroin, hallucinogens, K2, etc)

18% of Aging Services clients identify as “in recovery”

### *Case Study: L.F.*

56 year old man with history of polysubstance abuse and homelessness, diagnosed with glioblastoma in Spring 2016

**Intervention:** relocation, family intervention, escorts to medical appointments, faith community, and advocacy

# Death with Dignity



Expanding capacity for dying-in-place, at-home hospice care within housing

Advocating against nursing home placement when appropriate

Educating hospital and hospice workers on SMI/ behavioral challenges

Decision-making for clients ahead of time



# Facilitating Connection



## Looking past traditional views of caregiving

### Caregiver support

- death and dying

- entitlements and benefits

- housing

- relationship negotiation

### Community partnerships

- What do mental health providers want and need to know about aging?

- What do aging service providers want and need to know about mental health?

- Redefining “retirement” for SMI populations

# Results / Outcomes



## Success measured based on the following:

1. reduce preventable hospitalizations/ER visits
2. increase number of Bridge tenants accessing community services aimed toward seniors
3. improve health education training for clients and staff
4. reduce preventable placements in higher levels of care
5. increase # of older clients receiving mental health and substance abuse services

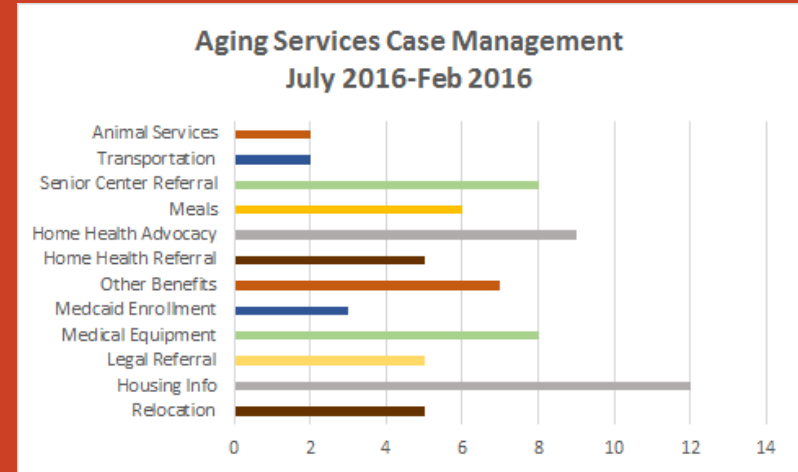
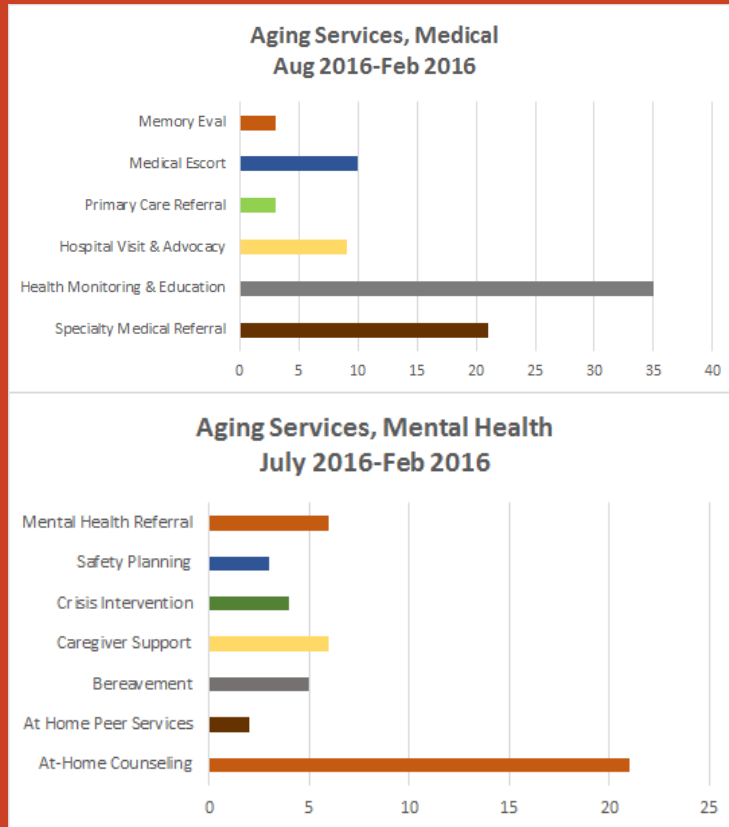
## 2016-2017 grant year so far:

30% increase of accepted mental health support and referral among older adults screening positive on depression and substance abuse screenings between year 1 and year 2

Over 60 trained on aging issues, both groups and in one-on-one consultation

Residential renovations

# Services Provided



# Online Resource Guide



<http://thebridgeny.org/resource-guide-aging-services>

# Barriers



## Micro:

- Adherence to referrals
- Barriers to Medicaid enrollment

## Mezzo:

- workflow interruptions in summers
- turnover in housing creates barriers for longitudinal data collection
- Time restraints

## Macro:

- Housing crisis
- Stigma
- Age of eligibility
- Transitional housing

## Proposed solutions:

- Increased capacity for escorting clients
- Increased trainings on how to discuss psychosocial barriers with older people
- Referrals to transportation services
- Summer internship opportunities
- Title V employee
- Higher-tech survey tools
- Increased partnerships
- Advocacy paper
- Development of permanent housing units within agency
- Dissemination of information and tools

# Sustainability of the model



## Value-based Payment

Invited to submit a full application to NYS Health Foundation

## Capacity Building

CUNY Hunter Silberman School of Social Work student unit

In-house training

## Housing Redesign/Policy

more fully accessible units in our buildings

allowing for flexibility in admission criteria re categorical eligibility in new construction

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