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The National Resource Center for Engaging Older Adults

Addressing Social Isolation Through Senior Housing During COVID-19

February 24, 2021

n4a
advocacy | action | answers on aging

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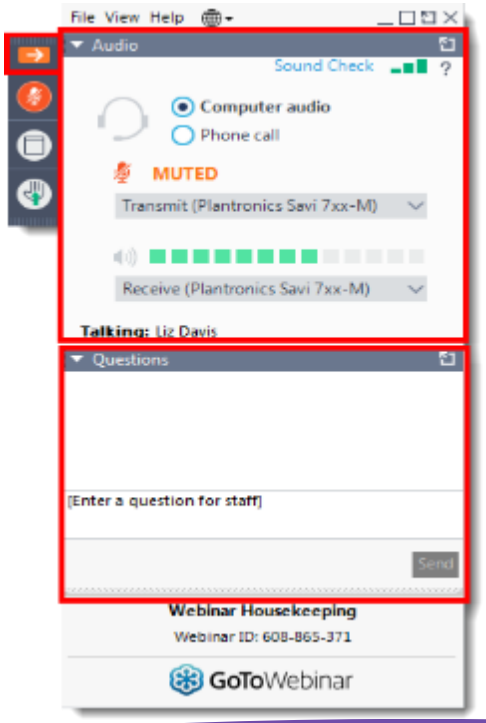
Webinar Instructions

- **Audio options**
  - Use your computer speakers or dial in to the conference call
- **“Questions” box**
  - Q&A session will be at the **end** of the presentation, but feel free to submit your questions at any time during the presentation. Click on the dropdown arrow icon “ ” to pop out the questions box where you can type and submit your questions.
- **Webinar recording will be available**



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- National effort to increase social engagement among older adults, people with disabilities and their caregivers
- Administered by the National Association of Area Agencies on Aging (n4a)
- 17 Project Advisory Committee members: www.engagingolderadults.org/partnerships
- Funded by the U.S. Administration on Aging, which is part of the Administration for Community Living

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Presenters

Michelle Missler
President & CEO, American Association of Service Coordinators

Justin Moor
Vice President, Planning & Program Development, Area Office on Aging of Northwestern Ohio, Inc.

Meredith Wagoner
Director, RSVP Program, Area Office on Aging of Northwestern Ohio, Inc.

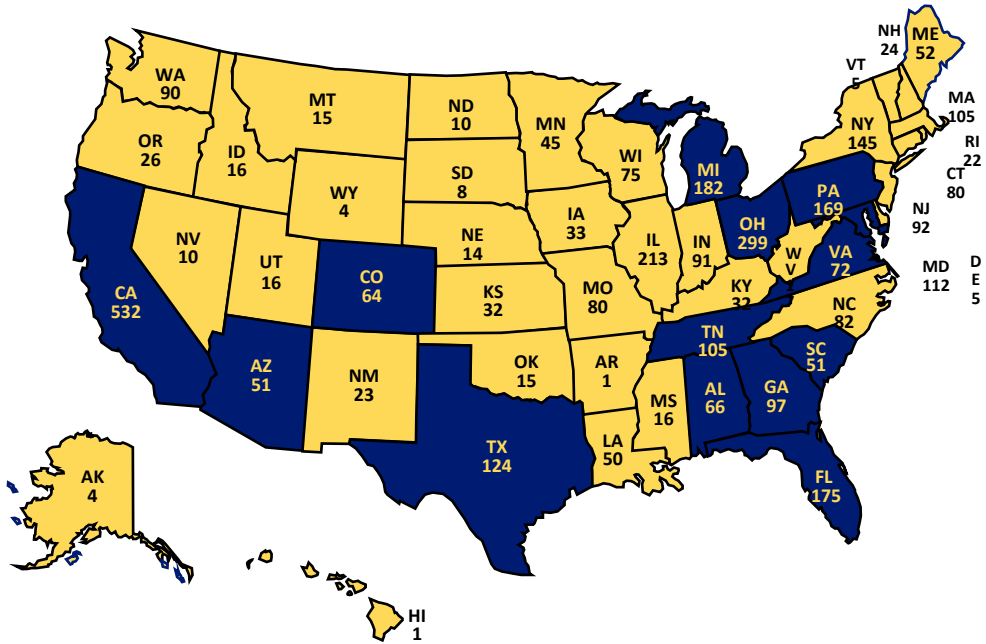
Mary Newton
BH Team Manager, Atlanta Regional Commission

Service Coordination

AASC
American Association of
Service Coordinators

AMERICAN ASSOCIATION OF SERVICE COORDINATORS

- 3,700 members from every state and U.S. territory
- 1,000 member organizations
- Mission: Education and advocacy
- Annual conference, webinars, AASC University, PSC
- Technical assistance
- AASC Online
- My Community Directory



SERVICE COORDINATORS IN SENIOR HOUSING

- 6,000+ Service Coordinators in HUD Senior Housing
- Multifamily & Resident Opportunities and Self Sufficiency (ROSS) service coordinators assist older adults in HUD housing
- More service coordinators in properties funded through tax credits
- IWISH Demonstration in seven states pairs service coordinators with wellness nurses to assist older adults

Average # of services provided per participant*

37

4

Average # of chronic medical conditions reported per participant

16,276

Health and wellness programs developed by SCs to address chronic medical conditions

93%

of residents with service coordinators continued to live independently in 2020

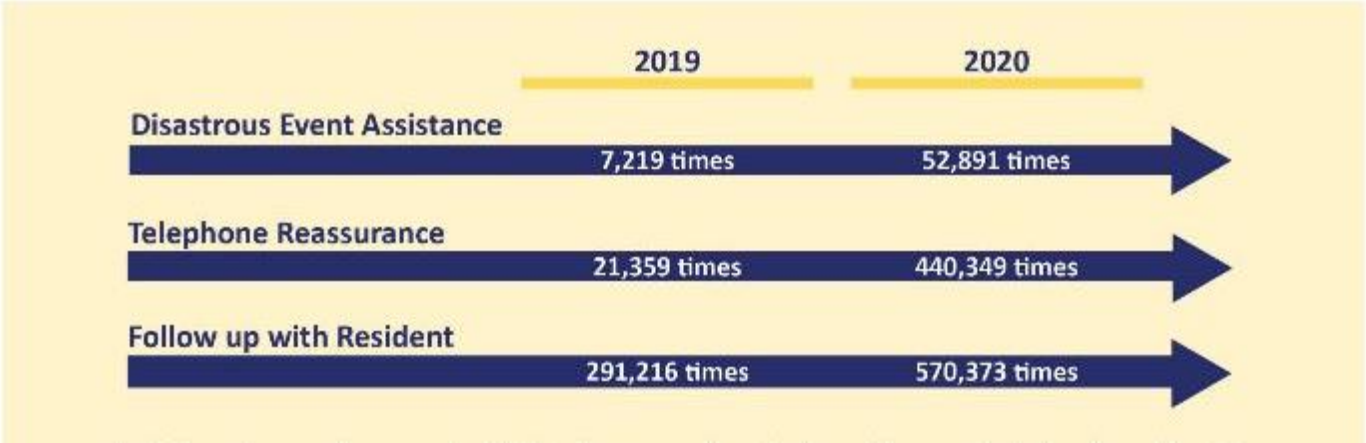
How much less it costs nationally for older adults to live independently instead of in nursing homes

Average age of residents

SERVICE COORDINATION BY THE NUMBERS

COVID-19 RESPONSE

In 2020 service coordinators using AASC Online* reported providing residents with information about infectious disease screenings 113,822 times and infectious disease prevention 254,134 times. They also reported completing 770,201 infectious disease wellness checks in that time. Overall service coordinator outreach has increased since COVID-19 began spreading in the U.S.



Service Coordinator interactions with residents increased 31% after COVID-19 first appeared in the U.S.

AASC Salutes You, Service Coordinators!


Boredom
Busters

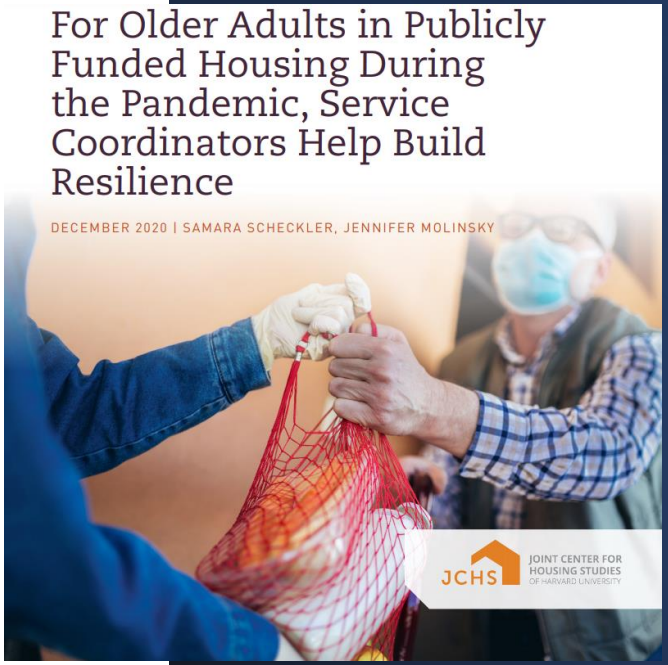

HOME
IS WHERE YOU
IS


OUTREACH
OUR HEROS
THANK


HAPPY BIRTHDAY!
100
MOM
WE LOVE YOU!

LESSONS FROM COVID-19

- 46% of service coordinators spent more time coordinating with family and informal supports
- 34% of service coordinators spent more time coordinating with formal healthcare resources
- 50% of service coordinators spent more time facilitating virtual medical care
- Service coordinators said they wanted more professional medical and mental health partners



VULNERABILITY REPORT

Resident Vulnerability Report

The Resident Vulnerability Report takes into consideration AASC Online data points that indicate a resident may be at a higher risk of having negative outcomes in times of emergencies. This report is intended to help Service Coordinators work with local health professionals to understand vulnerable residents' unique needs. See the Forms Library for a definition of each Risk Score Factor in the Vulnerable Resident Report Score Guide.

Resident with a higher risk score factor are at greater vulnerability risk.

Property	Resident (Unit #)	Gender	Age (years)	Risk Factor Score												Total Risk Factor
				Elderly Age Score	No Primary Physician	Food Insecurity	Medication Access	Oxygen Use	Incontinence Needs	Adult Day Care	Home Health / Nurse	Care Giver	Social Isolation Risk	Pet in Unit	Medical Condition	
Griffin Park	Manning, Eli (120)	Unknown	99	4	1	0	0	0	0	0	0	0	0	0	6	11
Griffin Park	Tally, Mary (452)	Female	85	3	1	1	0	1	0	0	0	0	2	0		9
Griffin Park	Jones, Brenda (113)	Unknown	74	2	1	0	0	0	0	0	0	0	0	0		8
Griffin Park	Nelson, Wilma (411)	Male	102	4	1	0	0	0	0	0	0	0	0	0		8
Griffin Park	Price, Lane (905)	Unknown	95	4	1	0	0	0	0	0	1	0	0	0		8
Griffin Park	Thomson, Nathan (281)	Female	92	4	1	0	0	1	0	0	0	0	1	0		8
Griffin Park	Walsh, Ryan (125)	Male	98	4	1	0	0	0	0	0	0	0	0	0		8

Michelle Missler

mmissler@servicecoordinator.org

614.848.5958

www.servicecoordinator.org

AASC

American Association of Service Coordinators

Socialization Impacts Health

Research shows that loneliness and social isolation are as damaging to our health as smoking 15 cigarettes a day.

Source: Holt-Lunstad, (2015). *Loneliness and Social Isolation as Risk Factors for Mortality*

Area Office on Aging of Northwestern Ohio, Inc.

Socialization Impacts Health

More than **1-in-4 older adults** age 60+ report being ***lonely***.

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Supportive Housing

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AOoA Subsidiary Properties

- Island Parkwood Manor | Defiance, Ohio
- Riverview Terrace | Napoleon, Ohio
- Westhaven Apartments | North Baltimore, Ohio

Service Coordination

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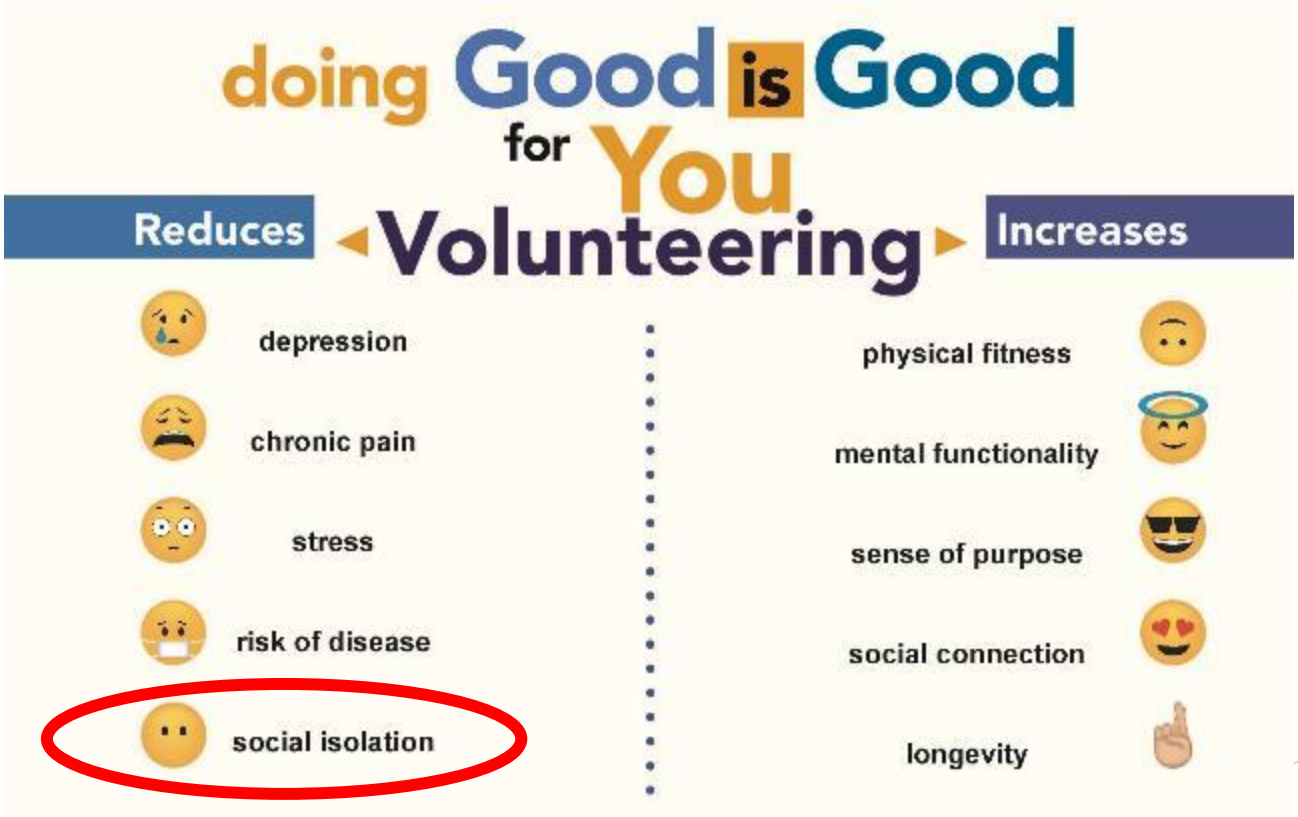

Area Office on Aging of Northwestern Ohio, Inc.

Area Office on Aging
of Northwestern Ohio, Inc.

Goal: Provide a social connection through weekly phone calls.

Area Office on Aging of Northwestern Ohio, Inc.

GUIDELINE

- HIPAA and Confidentiality
- Volunteer Job Description
- Phone Call Script, Guidelines, and Tips
- Tracking Log
- Referrals
- Senior Resources

Area Office on Aging of Northwestern Ohio, Inc.

- Listening Skills
- Compassion and Empathy
- Focus on Strengths, Abilities, and Accomplishments
- Weekly Conversation Ideas

Area Office on Aging of Northwestern Ohio, Inc.

List of Conversation Topics

- Daily activities
- Their home
- Family history
- Grandkids
- Past employment
- Hobbies
  - Books
  - Games
- School
- Friends
- Childhood memories
- Special moments
- Best part of everyday
- Favorite food
- Values and principles
- Life lessons
- Pets

Goal:

Find Common Ground

Area Office on Aging of Northwestern Ohio, Inc.

Other Senior Resources

- Area Office on Aging
- Local Senior Centers
- Local Libraries
- Religious Organization Retiree groups
- Support/Social Groups
- Volunteer Groups

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Bill Harris
Board
Chairman

Billie Johnson
President /
CEO

Addressing Socialization through Housing During COVID

Area Office on Aging
of Northwestern Ohio, Inc.

Call us at 419-382-0624 or visit us at
www.AreaOfficeOnAging.com

Atlanta Regional Commission Behavioral Health Coaching Program

n4a engAGED Webinar

Mary S. Newton

BH Team Manager

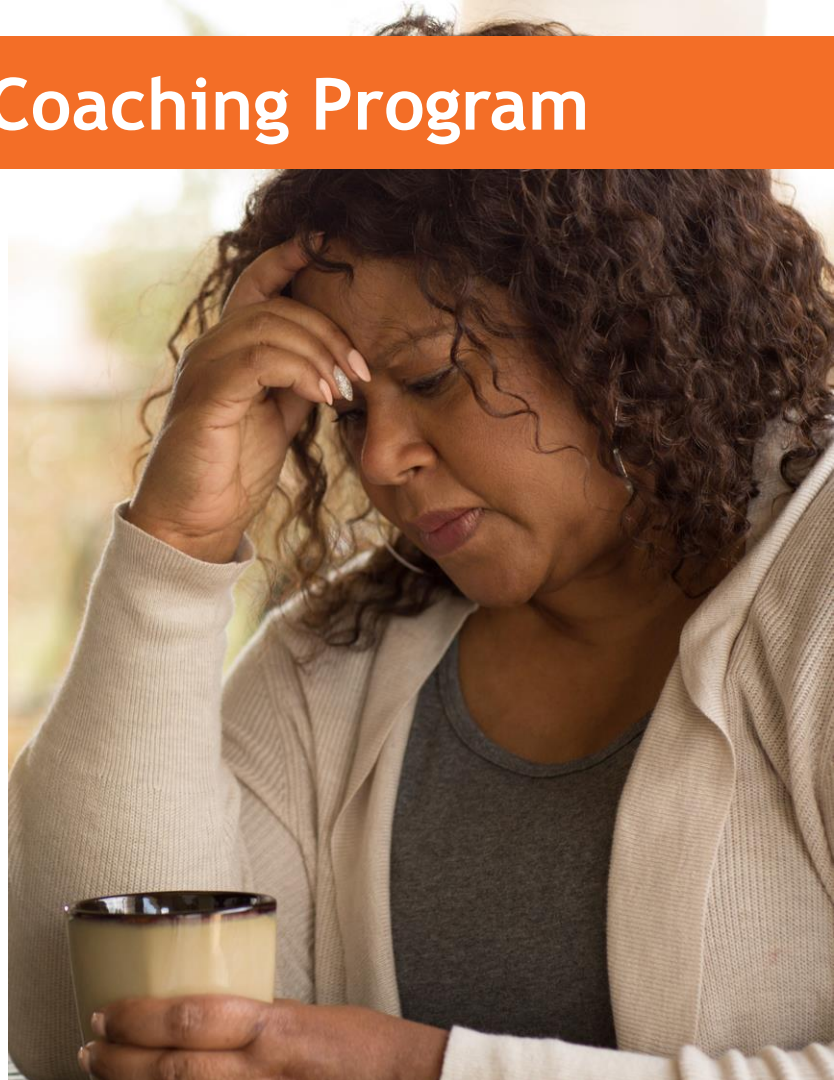
Atlanta Regional Commission

Area Agency on Aging

ARC's Behavioral Health Coaching Program

Helps older adult residents in metro Atlanta's affordable housing communities better manage behavioral health challenges and reduce the risk of eviction, while improving quality of life.

- *Person-Centered approach*: promotes individual engagement and self-determination.
- Supports access to mental health treatment
- Addresses unmet social determinants of health needs (SDOH)
- Creates more lasting behavioral change and
- Preserves independence and housing



A Promising Model to Address Complex Needs

- Began in 2007 with grant funding
- Fuqua Center/Emory University, ARC and area housing provider explored how to meet resident needs
- Beginning in 2017, an affordable housing provider began paying ARC to provide this distinct service in their high-rises
- Seeking other funding to meet the requests we get for services

Fuqua Center for Late-Life Depression

EMORY HEALTHCARE

Why Focus on Behavioral Health

- Mental health and well-being are as important in older age as at any other time of life.
- Mental and neurological disorders among older adults account for 6.6% of the total disability for this age group.
- Approximately 15% of adults aged 60 and over suffer from a mental disorder.
- According to the National Institute of Mental Health, for any mental illness, just 43% of people with mental illness received treatment in 2016.

15%

adults aged 60 and over suffer from a mental disorder

Why Focus on Older Adults in Affordable Housing

Throughout the community, older adults with mental illness are less likely than younger people to be diagnosed and treated due to:

- Suspiciousness/fearfulness
- Social withdrawal
- Irritability
- Cognitive impairment
- Physical health problems

- The majority of elderly public housing residents who need mental health care do not receive treatment.
- This can be further compounded by social determinants of health (SDOH), co-morbidities and chronic conditions.
- 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

BH Coaching: Expansion

Congregate Setting

A formal service partnership established with the housing provider; key housing staff identified and educated about the behavioral health coach referral process

- Signed MOU in place
- Resident service coordinators are often the main source of referrals
- Residents may self-refer for behavioral health coach services.
- Clients must be experiencing behavioral health issues.

Community Coaching (2020)

Expansion to other communities/ residences where older adults may need mental/behavioral health support

- Referral may come directly from ADRC counselors upon completion of preliminary screening; and appropriate assessments to ascertain waitlist eligibility/level of need, etc.
- May come from subcontract agencies; partners or HCBS Case Managers;
- May be proactively identified by behavioral health coaches

BH Eligibility: Who Can Participate?

Individual experiencing behavioral health issues, which has the potential to result in lease infractions and/or evictions, such as:

- Psychiatric illness such as depression, anxiety, bipolar disorder, schizophrenia;
- Substance use disorder such as alcohol misuse, prescription drug abuse, illegal drug use; and/or
- Cognitive disorder such as dementia due to stroke, Alzheimer's Disease, or Parkinson's Disease
- Individual has had a recent, significant change in life situation that worsens behavioral health symptoms. For example, a person experiencing social isolation due to COVID-19 restrictions
- Clients with no behavioral health issues but with a physical disability or need benefits enrollment will be referred to an ADRC I&R specialist for assistance
- Clients who are already in eviction proceedings *may not be referred* to behavioral health coach services

Note: Priority is given to those at greatest risk of eviction, homelessness or premature transition to nursing homes.

Referral Process

Potential clients are referred by the housing partner using ARC form; resident coordinators are main source of referrals

Coach conducts initial screening and intake that determines appropriateness of admission to the program and identification of immediate service needs

BH Coach performs the following activities as needed:

- Provides person-centered coaching and support
- Supports clients and their family members or other care partners (as appropriate)
- Conducts face-to-face or telephone interaction with client (as needed)
- Creates an action plan with client; they collaboratively determine goals
- Provides engagement with and advocacy on behalf of the client

***Clinical Support** provided Fuqua Center for Late-Life Depression, Emory University Medical School

Multi-Tiered Service Approach

Includes:

Assessment and Reassessment

- Goals
- Strengths
- Needs
- Risk
- Clinical support in conjunction with client's mental health provider

Advocacy (system/person)

- Housing
- Quality of Life
- Access to Community-Based Services

Frequency of Intervention

Varies based on client needs/stability/alignment

- Standard
- Intensive
- Maintenance

Initial referral contact within 3-5 business days of referral; initial assessment within 10 business days

	Standard Support	Intensive Support	Maintenance Support
Month 1	2 contacts minimum **First contact:** face-to-face or telephonic within 3-5 business days of referral **Second contact**: f-2-f or telephonic within 30 days of initial contact	3 contacts minimum **First contact:** face-to-face or telephonic (within 3-5 business days of referral) **Second contact:** face-to-face or telephonic within 3-5 days of initial visit **Third contact**: f-2-f or telephonic within initial 30 days	Four contacts within a year
Month 2	Minimum 1 contact/visit	Minimum 2 contacts/visits	Minimum 1 contact/visit
Month 3	Minimum 1 contact/visit	Minimum 2 contacts/visits	Minimum 1 contact/visit
Month 4-6	Minimum 1 contact per month. Once stable, transition to Maintenance Support	Minimum 2 contacts per month. Once stable, transition to Maintenance Support	Minimum 1 contact/visit

Pre-COVID

- Regular, ongoing on-site presence and support
- Pro-social/educational individual group activities to engage client and reduce sense of social isolation
- Offered in-person Evidence-based classes and AmeriCorps Senior presentations thru ARC

AmeriCorps Seniors

Social Engagement During COVID

- Reduced on-site presence but continue to serve clients
- We continue to provide services/support (telephonically and in-person)
- Connect to One-2-One Telephone Reassurance Program
- AT: comfort kitties; grand-pads to connect to friends/family

Program Impact

99%

maintained their housing

$1,000 - $4,900

saved by housing provider per household by avoiding eviction

\+ Added staff, clinical support with new grant funding

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Questions and Discussion

Please use the questions tab in your GoToWebinar module to submit your questions or comments.

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Thank You!

- Thank you for attending today's webinar!
- The recording will be available on www.engagingolderadults.org.