



# Behavioral Health Outreach Program

An Innovative Program to Increase Housing Stability

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June 15, 2022

# What is the Behavioral Health Outreach Program?

An innovative collaboration between Sound, a behavioral health agency, and the Seattle Housing Authority designed to reduce loss of housing and improve the quality of life of Seattle Housing Authority tenants with behavioral health issues through short term behavioral health intervention.



Olive Ridge, Jefferson Terrace, and Bayview Tower LIPH buildings. Pics Courtesy of SHA.



# Learning objectives



- Participants will learn benefits of the Behavioral Health Outreach Program.
- Participants will learn how an innovative program developed from an idea to a fully funded program.
- Participants will identify how integrated behavioral health can increase housing outcomes for residents of public housing

# Why Did SHA Think BHOP Was Needed?

- Years of anecdotal reports
- Our existing social service providers were great, but...
- The Behavioral Health Needs Assessment
  - More is better
  - Enrollment ≠ utilization
  - Coming out of chronic homelessness
  - The ‘acute situation’ gap

**“SHA says if it’s mostly noise, call 911. If the cops show up they tell me it’s a management issue.”**

*University West resident on the confusion and frustration of reporting regular loud partying late at night*

**“From day one she was a disaster – brawls, screaming and yelling...”**

*Olive Ridge resident on her upstairs neighbor*

# What makes this program significant from a behavioral health perspective?



- Targets root-causes of Homelessness, Social Determinants of Health
- Prevents people from being unhoused
- Partners internally and externally to provide holistic health intervention
- Provides behavioral health training and feedback to Landlords to support individuals with behavioral health issues in maintaining housing



# Clinical Context

- Individuals with SMI are in the community and typically in urban settings, locations where community health and housing programs are located
- Individuals with SMI typically qualify for public housing, but are at risk for eviction.

*As of 2019 [2 million](#) people received SSDI benefits due to a mood, psychiatric, or other mental disability, amounting to [one in five](#) SSDI beneficiaries. Currently, about [eight million](#) individuals rely on SSI benefits, including many people with severe mental health conditions.*

*Mental illness affects [one in five](#) U.S. adults, and [one in 20](#) adults has a **Serious Mental Illness**. For many individuals, their symptoms, and the unpredictability of those symptoms, can interfere with getting or keeping employment “ --- NAMI*

- Housing Authorities have limited training in behavioral health, even if there is an implicit connection between the need for affordable housing, people receiving disability benefits, and the legacy of institutionalization and de-institutionalization in the U.S.
- People living in Public Housing communities are culturally diverse.



# Providers, Housing, and Community integration



- Public housing residents with SMI are often socially isolated
  - Lease requirements and Stigma – *Programs often combine older adults and individual adults with disabilities regardless of age*
- Environmental factors impact One's Health
  - Social Isolation, and therefore some public housing settings, can be a toxic environment for individuals without adequate supports
  - “Neighborhood collective efficacy, concentrated socioeconomic disadvantage, immigrant concentration and residential instability as neighborhood characteristics... are predictors of crime and health outcomes (Sampson, Raudenbush, and Earls, 1997; Browning and Cagney, 2002). “Built environment” characteristics... presence of graffiti, lack of recreation space, abandoned buildings, and environmental characteristics such as noise, and crowding, have also been found to be significant predictors of depressive symptoms in community samples (Weich et al., 2002; Halpern, 1995). Some preliminary research has also suggested that the degree of “fit” between an individual with mental illness and the neighborhood where he or she finds housing, rather than any specific characteristics of the community per se, is the most important factor in determining community integration (Yanos, Barrow, and Tsemberis, 2004) -Beyond “Landscapes of Despair:” *The Need for New Research on the Urban Environment, Sprawl, and the Community Integration of Persons with Severe Mental Illness*, Philip T Yanos, Ph.D.

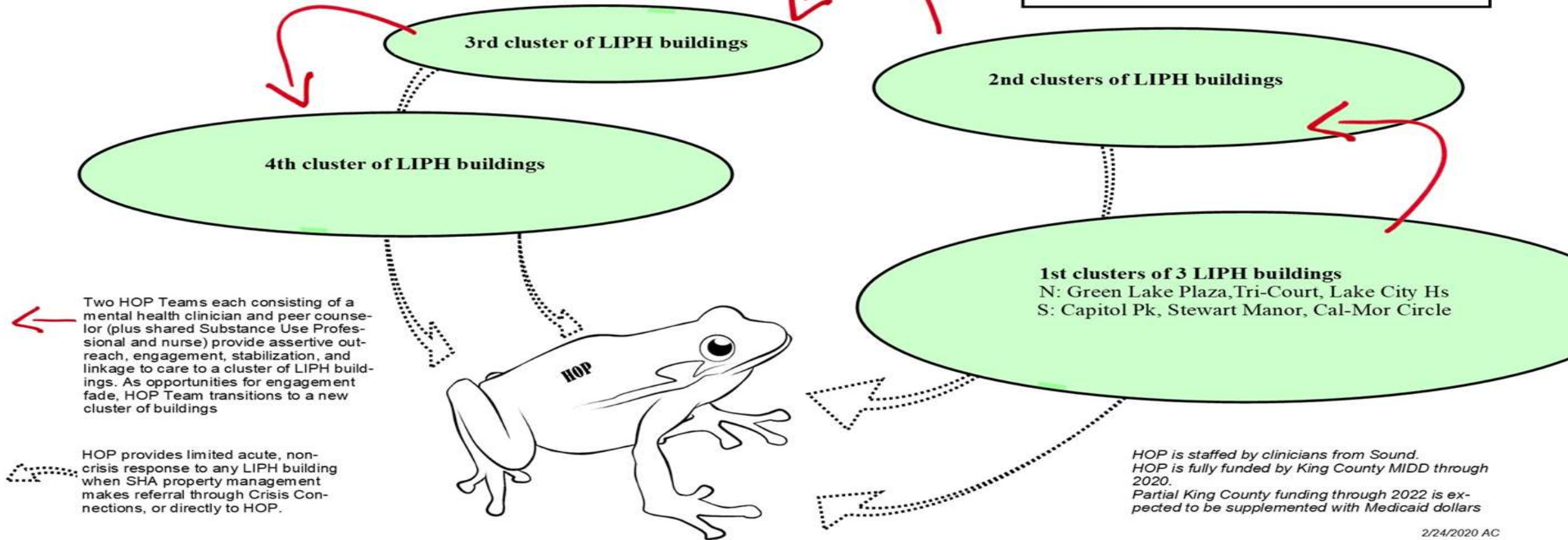
# From Networking to Development

- Establishing partnerships
- Recognizing common goals
- Design based on the need
- Building regional coverage
- Finding the right provider



## How Housing Outreach Partners Works

*Why HOP? SHA's LIPH property management have long reported significant challenging behaviors related to unmet mental health and substance use needs among their resident population. HOP's goal is to make a major impact on those unmet needs, across a broad swath of LIPH communities.*



# Clinical Model

## Behavioral Health Outreach Program

aka 'housing outreach'

Interdisciplinary team includes:

- Mental Health Professionals
- Case managers
- Clinical and undergraduate interns
- Social work and nursing students
- SUDP
- Nursing staff

This is not a “Housing First” model, but a partnership providing resources to community members and consultation to staff in an independent housing setting



# Behavioral Health Outreach Program

BHOP provides brief therapeutic assessment and interventions as well as connection to:

- Longer term health services including behavioral health (Mental Health and SUD)
- Resources for social connection and support
- Coordination of care with health care, behavioral health care, and a variety of community resources to resolve housing challenges and decrease risk of eviction



# How is BHOP different than a traditional clinic based Behavioral Health model?

## CLINIC BASED

- Meet individuals in the office
- If the individual becomes disengaged, likely outreach efforts might include letters and phone calls

## BHOP

- Meet individuals in their homes or in the place of residence
- Outreach efforts include phone calls and home visits
- Goal is to engage referred person to ongoing care

# Clinical Model

## Behavioral Health Outreach Program

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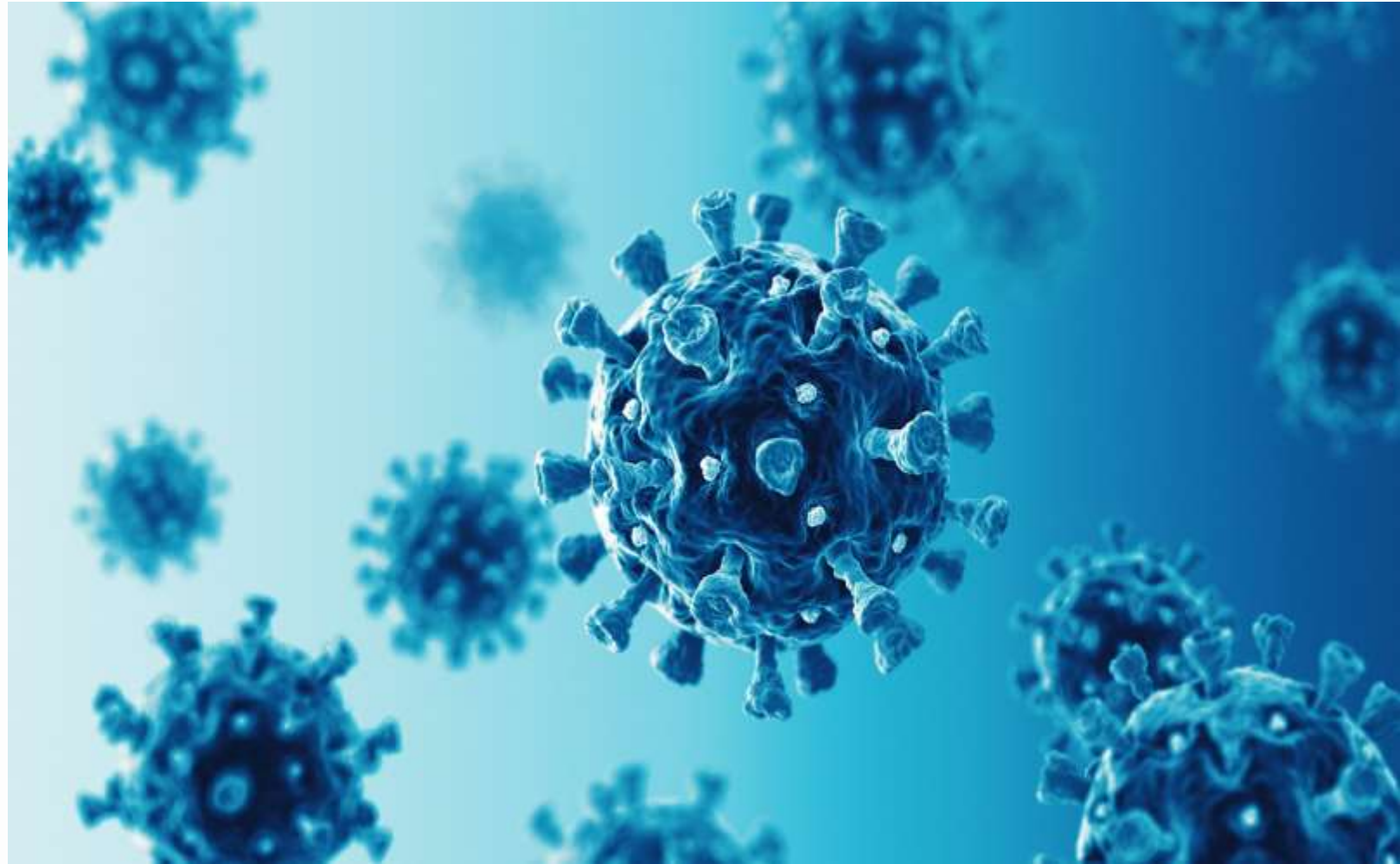
### Key Partnerships:

- Aging & Disability Services
- Full Life Care
- Southeast Youth & Family Services
- University internship programs
- Public Health

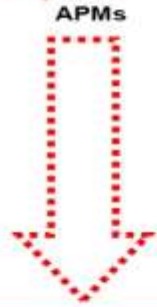


# Obstacles

- When a global pandemic hits the fan...
- Staff in multisector partnerships don't always speak the same language
- Training is key



## Getting Help with Challenging Behaviors

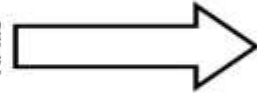


If you have **any** concern that a behavioral issue is so severe that:

- It cannot wait 48hrs or
- Involves actual self-harm or
- Involves threat of self-harm or
- Involves threat of harm to others

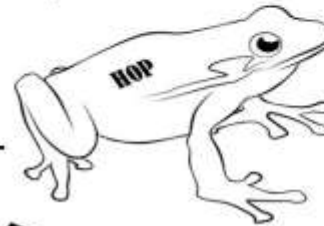
**Call Crisis Connections at  
866-427-4747**

APMs



For acute behavioral issues\* that can wait at least 48 hrs:

Email HOP at  
[hop.sha@sound.health](mailto:hop.sha@sound.health)  
Put 'ACUTE' in subject  
and cc your PM



- HOP clinicians will contact you back within one business day to confirm the referral and/or get more details.
- They may be able to tell you their general response plan.
- They may not be able to tell you exactly what they will do.

### What is HOP?

'HOP' is Housing Outreach Partners—a multidisciplinary team of clinicians from Sound, whose goal is to reach out to and engage SHA residents with unmet mental health and substance use needs.

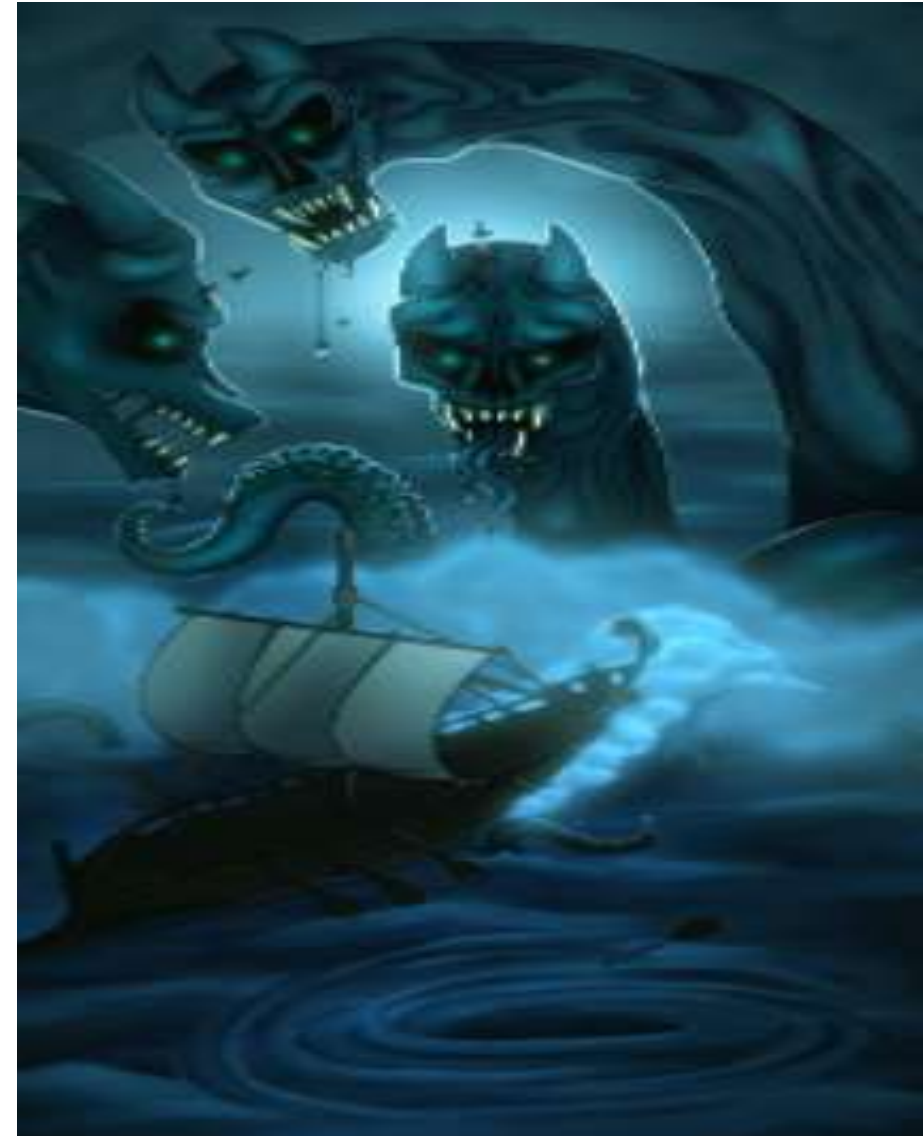
### \*What's an 'acute behavioral issue'?

An acute behavioral issue can be any number of things related to a problem with mental health or substance use including:

- A person whose behavior seems to be changing, and increasing less safe or erratic (e.g. continuous exposure to cold weather, nonsensical speech and impairment that is not typical for the person)
- A person who appears more sad or more disorganized than usual and may need more support or assessment
- Someone being drunk and disorderly in public night after night
- Someone shouting and screaming to herself all day
- Someone engaging in multiple episodes of minor vandalism.
- Someone engaging in multiple acts of apparently risky behavior
- Someone who makes random threats to staff or residents, sometimes for no apparent reason
- Etc.

# Existential program threats during program development

- MIDD Tax - Funding TAX Revenue-based with King Co Behavioral Health & Recovery Division
- Not secure during Covid due to ‘competing’ public health priorities ; review process not balanced by multiple entities
- SHA funding secured, evaluated annually, subject to economic forces



# Outcomes: qualitative findings

- Most referrals relate to SMI, Crisis
- Clients self-referring often experience social isolation, depression, trauma, barriers to accessing providers quickly or close to their location
- Common issues relate to Barriers to Health Care:  
Technology; Communication; Insurance: availability of providers;  
Cultural considerations; behavioral health issues impacting ADLs,  
hygiene, caregiving staff relationships
- Many Clients seek therapy but are discouraged by waiting lists, Covid stressors, lack of culturally relevant services
- Participants – 400 , 2 years, LIPH, Scattered Site, HCV, Sec 8



# Findings and Next Steps

- Not all Evictions can be prevented, but some transfers to new housing settings will be optimized
- There is still a tension between ‘public safety’ and safety of a person with SMI
- Obfuscation of Mental Health disability in Independent Housing prevents accommodation in current paradigm— but this is being addressed by staff and collaborative process
- Consumers have agency and choice in finding services and providers that best fit their needs and preferences
- The COVID Pandemic is still affecting the most vulnerable people in society, and healthcare availability; unpaid rent moratoriums did not prevent nuisance evictions



# Implications for Sustainability & Generalizability: Looking to the future



- Funding
- National Landscape
- State & County

# QUESTIONS?



# Resources and Links to Sources

- King County Dept of Community & Human Services – Behavioral Health & Recovery – MIDD programs

<https://kingcounty.gov/depts/community-human-services/mental-health-substance-abuse/midd.aspx>

- Seattle Housing Authority

<https://www.seattlehousing.org/supportive-services/health-and-social-services>

- SOUND

<https://www.sound.health/>

- Rosenberg, Kenneth Paul. DuLong, Jessica. (2019). **Bedlam : an intimate journey into America's mental health crisis**. New York : Avery, an imprint of Penguin Random House
- Rosenberg, Kenneth Paul. Bedlam (2019). **Bedlam** . [Film]. Upper East Films.
- Yanos, P. T., Stefancic, A., & Tsemberis, S. 2012). **Objective community integration of mental health consumers living in supported housing and of others in the community** ( *Psychiatric Services*, 63(5), 438–444 <https://doi.org/10.1176/appi.ps.201100397>
- PT Yanos, D Roe, PH Lysaker (2010). [The impact of illness identity on recovery from severe mental illness](#) - American journal of psychiatric rehabilitation, 2010
- PT Yanos, D Roe, K Markus, PH Lysaker (2008.) , [Pathways between internalized stigma and outcomes related to recovery in schizophrenia spectrum disorders](#) - Psychiatric services
- Yanos, P. T., Barrow, S. M., & Tsemberis, S. (2004). Community Integration in the Early Phase of Housing Among Homeless Persons Diagnosed with Severe Mental Illness: Successes and Challenges. *Community Mental Health Journal*, 40(2), 133–150. <https://doi.org/10.1023/B:COMH.0000022733.12858.cb>

## About Sound

Founded in 1966, Sound offers comprehensive, quality behavioral health services for all ages, many cultures, and in all parts of King County.

A central tenet of our work is Reaching Recovery, an evidence-based clinical care model that promotes high levels of client engagement, improves healthcare outcomes and enables providers to better measure a client's recovery.

Sound is a private, non-profit 501(c)(3) organization, and is a United Way partner agency.

## Contact Information

HOP.SHA@sound.health

(206) 461-3614

## Corporate Headquarters

6400 Southcenter Boulevard

Tukwila, WA 98188

(206) 901-2000

www.sound.health



### Our Mission

To strengthen our community and improve the lives of our clients by delivering excellent health and human services tailored to meet their needs.

### Our Vision

To provide effective and innovative whole healthcare for the people and community we serve.

Service locations throughout King County

www.sound.health

(206) 901-2000

Toll free: (800) 828-1449

Fax: (206) 901-2010

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Happen Here!**



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**Behavioral Health  
Outreach Program**

**GUIDE FOR CLIENTS**





## Advocacy & Health Services

The Behavioral Health Outreach Program (BHOP) provides connection to:

- Health services, including primary care & dental
- Transportation
- Resources for older adults
- Vocational and educational resources
- Interesting groups and recreational activities
- Help with social engagement and relationship difficulties
- Support for problems with sleep, confusion
- Advocacy for support with daily living tasks
- Support for mood issues, worry, etc.
- Support with addressing communication challenges with others in the community and other community issues
- Mental health counseling
- Grief counseling
- Substance use recovery support and referrals
- Connection to meaningful and healthy activities, resources, groups—your interests and community



## A Community of Support

BHOP provides support and resources for residents and staff of Seattle and King County Housing Authority properties so that residents may enjoy a high quality of life and receive assistance when health and psychosocial concerns may compromise housing stability.

## Behavioral Health Outreach Program

### BHOP Disclosure

BHOP is the result of a collaboration between Sound, Seattle Housing Authority (SHA), King County Housing Authority (KCHA), and the King County Behavioral Health and Recovery Division (BHRD).

During this collaboration, Sound will report the general types of health and psychosocial issues addressed with BHOP participants to SHA. Sound will also report the frequency of contacts with residents for the purposes of program evaluation and contract reporting.

**Sound Admissions Department**  
**Phone: (206) 302-2300**

**Contact BHOP**  
**HOP.SHA@sound.health**  
**(206) 461-3614**