OREGON OFFICE of RURAL HEALTH

2023 Forum on
Aging in Rural Oregon

OPPORTUNITY Just knock.

# THE BIG 3: Aging, Housing and Behavioral Health Supports

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Thank you to our partners:

GOBHI

CAMBIA health foundation

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# THE BIG 3:
# Aging, Housing and Behavioral Health Supports

Presented by:

Randi Moore and Lucy Zammarelli

# Setting the Stage

Oregon 2020 Census Data (https://www.census.gov/quickfacts/OR)

- 4,237,256 total state population:
  - 18.6% are over age 65, with 8-10% living in poverty (gross income under $16,379)
  - 65+ age group was the fastest growing, increasing 46.9% between 2010 and 2021
- 2021 data (https://www.ohsu.edu/oregon-office-of-rural-health)
  - 33% (1,397,718) of Oregon's population lives in rural areas
  - 2% (94,404) live in frontier counties (10 of Oregon's 36 counties are frontier counties)
  - 65% (2,789,625) live in urban-suburban areas.

# Our Systems Could Work Together Better

- The Aging and Disability Services System assists with the needs of older adults and all adults with physical disabilities that affect their physical and cognitive functioning
- The Housing Assistance System assists with shelter and housing through a variety of federal, state and local resources that vary widely in rural regions
- The Behavioral Health System assists with the needs of those with diagnosed mental illness and substance use disorders (with additional resources for gambling and tobacco use)

# Rob: Based On A True Story

- Rob, age 63, lives alone in a once forested valley burned by the 2020 wildfires; he lost the home that had been in his family for several generations and is now living on his land in a borrowed RV, utilizing retirement savings for household expenses. He has become deeply unhappy and is suspicious of others since his girlfriend left him last summer. He does not believe in government assistance but is experiencing health issues that require medical care which he cannot afford.

# Beth and Bill: Based On  A True Story

- Beth and Bill, married for many years and now retired, are utilizing savings and Social Security resources to stay on their small country homestead with their many pets (chickens, rabbits, cats and dogs) and a house bursting with possessions.  They are both on Medicare. Beth has begun wandering away from home, necessitating repeated Sheriff's calls for assistance; she believes Bill wants to harm her so she refuses to stay in their home.  Beth told the Deputy she just needs to get to a safe place.

# Sally: Based On  A True Story

- Sally is an artist who made clothing to sell at the Oregon Country Fair and Portland Saturday Market; she rents a home (which needs repairs) in a very small town in the Coast Range. As she nears 70, her vision has degraded and she has stopped driving, making it impossible for her to attend fairs. Sally has lost her connection with her “social family” as well as her income. She wants to continue her business but doesn’t know how she can do that; her monthly Social Security amount is small and she feels worried and lonely most of the time.

# WHAT IS GOING ON? WHO CAN HELP?

- IS THERE MENTAL ILLNESS?
- IS THERE AGING, FRAILTY, OR DISABILITY?
- IS THERE DEMENTIA OR COGNITIVE IMPAIRMENT?
- IS THERE A LACK OF SAFE and SECURE SHELTER OR HOUSING?
- IS THERE A BRAIN INJURY OR HEAD TRAUMA?
- IS IT MEDICAL OR MEDICATION RELATED?
- IS THERE SUBSTANCE ABUSE?
- IS THERE EMOTIONAL TRAUMA?
- IS IT MORE THAN ONE OF THE ABOVE?
  - Underlying issues; co-occurring conditions

# AGING AND DISABILITY SERVICES SYSTEM:

**FRIENDS WITH BENEFITS!**

- Clear assessment of cognitive and physical functioning using recognized assessment tools and documentation of ADL needs (Activities of Daily Living) based on a physical disability, an injury, a dementing illness, or aging frailty.
- Eligibility specialists determine eligibility related to resource and income levels for a variety of programs.
- Case managers complete functional assessments to determine if there a physical need for services, and once open can be a touch point for support and providing resources.

# What Can Aging Services Offices Help You With?

- Aging and Disability Resource Connection (ADRC) - Information and Assistance Specialists who can provide resource information about programs at aging offices and other community partners
- Help with ADLs and caregiving
- Transportation assistance
- Supports like emergency response systems, medication reminders
- Food – SNAP or Meals on Wheels
- Adult Protective Services

# What Factors Impact Eligibility?

- Age, income, personal resources
- Need for hands-on care that set the bar high
- Self determination and desire for services
- Variability of Aging Services Office structure
  - Area Agencies on Aging
  - County Aging and People with Disabilities
  - Type Bs – Mostly along the I-5 corridor
- Rural residents can access eligibility services remotely

# The High Bar of Care Needs:

## Need for Hands-on Assistance:

- Dressing and grooming – the ability to dress, undress and groom one's hair
- Bathing and personal hygiene – ability to bathe and wash hair including getting in and out of bathtub or shower
- Mobility – ability to get around inside and outside, using items like a cane, walker, or wheelchair if necessary. This includes transfers to and from chair to bed, bathroom, transportation.
- Bladder and Bowel – catheter care, ostomy care, enemas, suppositories
- Elimination/Toileting – cleansing, adjusting clothing to eliminate, change soiled supplies, cueing to prevent incontinence or accidents

# Aging Services Case Managers:

- Monitor caseloads, track services, and assist in areas where needed
- Provide resources and referral suggestions to residents, caregivers, family
- Will connect eligible residents to residential facilities for acute care needs
- Can assist residents living in shelters with receiving personal care assistance
- Can make referrals to other housing resources if they are aware of opportunities
- ADRC is always open to assessing referrals!

# IS THERE A SAFE PLACE TO LIVE?

HOUSING AND SHELTER SYSTEM:

Is there safe, sanitary and secure housing? This is the minimum federal standard for a home.

Rural residents prefer to stay rural...but have few housing options

Independent living in their home is preferred by most older adults; Multi-Generational Family Homes can be helpful too (or they may be exploitative)

Communal living in complexes and parks (trailers or RVs, condos, shared homes);

Assisted Living, Long Term Care and Memory Care are usually non-rural options that might be needed

# Housing System Access/Challenges

- Are there immediate shelter possibilities? (Generally not in rural areas.)
- The Shelter System for unhoused is rarely designed for older adults, yet many are moving into homelessness due to poverty.
- Where do rural older adults get help for housing, when assistance is usually located in urban areas? (Telephone or on-line resources might help.)
- Housing resources in rural communities are rare; rural culture is often “government averse” and may be averse to “low-income” housing models.

# Some Uniquely Rural Issues:

- Rural rental issues: leases less common, and landlord-tenant arrangements are often informal, leaving renters especially vulnerable
- Lack of awareness of housing funds and their availability
- Emergency event preparation and disaster planning is critical; transport time to hospitals is an issue--rural fire departments generally don't transport but will respond to calls for medical assistance
- Second homes are common in rural areas and they affect community values and "social capital" creating less connected relationships among residents

# Housing Considerations

- Pets and animal safety may be a consideration
- Downsizing...stuff!  Collecting and hoarding...most older adults have a lifetime of possessions that are meaningful to them, but may create safety issues in their homes/barns/etc.
- Upkeep of homes is challenging as people age; rural lands need attention for safety, fire resistance/hardening, and varmint/vermin control
- Aging with dignity may be more challenging to achieve in rural homes; care-giver transportation is challenging and personal care assistance is more difficult in homes with imperfect/aging HVAC, water and sewer systems.
- **Where do we go for help???**
  - Low income housing assistance is generally county or regionally managed, along with non-profit partners. Start here!

# ROCC-Rural Oregon Continuum of Care

- The Rural Oregon Continuum of Care (ROCC) encourages member communities to develop comprehensive systems to address the range of needs of unhoused (and at-risk of homelessness) populations by providing a framework for organizing and delivering housing and services.
- Provides assistance to utilize services and housing in the local communities to move people without housing into appropriate shelter, services, and housing programs on a path to achieve self-sufficiency and permanent housing.
- ROCC: https://oregonbos.org/

# ROCC serves rural and frontier counties:

- Currently, the ROCC includes members from the 26 counties that are not covered by any other housing Continuum of Care:
- Baker, Benton, Clatsop, Columbia, Coos, Curry, Douglas, Gilliam, Grant, Harney, Hood River, Josephine, Klamath, Lake, Lincoln, Linn, Malheur, Morrow, Sherman, Tillamook, Umatilla, Union, Wallowa, Wasco, Wheeler, and Yamhill.

# CAPO-Community Action Partnership of Oregon

- The State Association for Oregon's Community Action network of 17 Community Action Agencies and one statewide agency serving farmworkers.

https://caporegon.org/who-we-are/the-community-action-network/

**Services Offered by Community Action Agencies:**

- See which services your area offers at Map, Programs and Services Matrix (PDF) or CAA Stats Matrix (PDF).

# HOUSING CASE MANAGEMENT SERVICES ASSESS:

- Shelter and housing options
- Poor credit history/past rental defaults
- Need for cash assistance to maintain current housing
- Need for cash assistance to get into a new rental
- Section 8 and other low income resources/eligibility
- K-Plan resources for disability renovations/caregiver support
- The Housing Managed Information System (HMIS) tracks individual and population data for those using housing services to best meet individual needs

# And what else might be needed?

**EMOTIONAL AND MENTAL HEALTH CARE?**

- Behavioral health services can offer treatment and support for addiction and mental health issues and other behaviors that affect life functioning and sustainability:
- Schizophrenia, Bipolar, Psychosis (SMI-Serious Mental Illness)
- Self-harm, Suicidal thoughts, Eating Disorders
- Depression, Anxiety, Obsessive-Compulsive Disorders, many other diagnosable conditions
- Substance Use Disorders (generally, when use stops these disorders can clear over time, so abstinence or medication replacements are extremely helpful)
- Gambling Disorders (treatment is free for all Oregonians)

# BEHAVIORAL HEALTH SYSTEM

- Can provide a clear assessment of behavioral health conditions and documentation of deficits stemming from mental health disorders and/or substance use; may have residual psychotic symptoms and ongoing dysregulated behaviors based on a non-disability cause.
- Medication-both prescribing and on-going management
- Therapists, counselors, case managers, peer supports such as Community Health Workers

# Behavioral Health Eligibility

- Oregon Health Authority and Oregon Administrative Rules guide this system.
- Behavioral health service relies on the Diagnostic Statistical Manual 5th Edition (DSM-5) for diagnoses and insurance coverage.
- Services are covered by medical insurance including the Oregon Health Plan with Coordinated Care Organizations (CCOs); Medicare (somewhat limited); Private insurance; Indigent funding through the Federally Qualified Health Clinic system; Self payment.
- BH assistance is voluntary, and individuals must consent to get help.
- Stigma keeps many people from using BH services.
- There are generally no cash benefits in this system.

# Behavioral Health Assessments

- Bio-Psycho-Social Assessment for Mental Health and Substance Use Disorders
- Psychological testing
- Social Determinants of Health review for basic needs
- Assess trauma impacts
- Rule out:  Physical health conditions, and cognitive impairment, intellectual/developmental disorders

# A Few Special BH Considerations:

- The rate of suicide among males was 27.6 per 100,000, while females had a rate of 8.1 per 100,000. The highest suicide rates occurred among males **aged 85 years and older**, while among females the highest rate occurred among 45-54 year olds.
  - 56% of all suicides involved a firearm.

Research shows that a combination of medication and therapy can successfully treat substance use disorders, and some medications can help sustain recovery. Medications are also used to prevent or reduce opioid overdose.

| Tobacco Use-Urban or Rural Residency | Percent of population using tobacco |
|---|---|
| Rural | 21.9 |
| Urban | 14.9 |

# SO WHAT ABOUT A COMPLEX CASE?

- Person may have unmet ADL needs, or is unable to access help, or rejects services
- Person may have unstable housing or is without shelter
- Person may have a serious chronic mental health condition—perhaps undiagnosed, or treatment was refused
- Person may have substance use disorder; addiction may prevent accepting assistance or treatment is rejected
- Person may need caregiving or nursing; economic resources may not be available

# Why can’t our systems work in tandem?

The federal government provides funding to Oregon specific to each system, which affects the ability of the systems to work smoothly together due to funding and responsibility silos. Which system funds, and is accountable for, meeting someone’s needs?

# Assessment Is Needed For Decisions Regarding the Correct System

- Aging frailty and/or disabilities present?
- Mental health, substance use, psychiatric evaluations needed?
- Neuropsychological testing and Neurology consultations; Cognitive screenings; Diagnostic imaging – MRI, CAT, PET scans?
- Housing stability; Safe, secure and sanitary home?

# And Documentation is important!

- Clear documentation of behaviors and actions that place health and safety at grave risk.
- Financial documentation may be needed.
- Identity documentation and other documentation may be necessary.
- **Must have consent and signed releases for information sharing between systems...perhaps from legal guardians...this is an issue that vastly complicates coordination!**

# Helpful Community Partners

- Medical Partners assist with acute and chronic physical health conditions
- Health insurance care coordinators can be helpful
- Community Programs provide food, clothing, and assistance with other needs
- Senior Centers provide focused social and recreational resources
- Law Enforcement and Corrections Partners assist with safety and prevention
- End-of-Life partners help with life transitions

# Let's Build System Relationships!

Ideas to Nurture Cross-Sector Collaboration:

- Invite partners to meet with you by setting up regular meetings (we recommend specific invitations) and stay focused on housing, aging and behavioral health; include time to share and mingle so that everyone gets to know everyone else.
- Learn about your partner systems (you don't have to be the expert, but some general understanding is helpful) and share the complexities of each system.

# There will be challenges...

- Reach out when barriers arise (maybe there is no solution, but opening the dialogue can help identify the gaps and strengthen the relationships so that the barriers are understood to be shared across systems.)
- Invite housing, aging and BH partners to Multi-Disciplinary Team and High Risk Team meetings, as well as system coordination meetings.
- ...Basically, let's get into each other's systems!

# What happened to Rob?

- Nearly 2 years after the wildfire, Rob made a connection with a Disaster Case Manager, and eventually applied for cash assistance from FEMA; he also accepted help to apply for OHP, and then he received SNAP benefits. He spoke highly of his OHP assister, and he was assigned to a primary care doctor in a nearby rural health clinic. With his medical issues managed and food support, he feels more in control of his life. He is also considering his doctor's suggestion for counseling therapy, which he says he will get "if he needs it!"

# Beth and Bill's next chapter...

- Beth and Bill accessed help through a hospital Emergency Department after Beth spent a night in the woods, with transportation provided by a Sheriff's Deputy following a missing person search and rescue. With the assistance of ADRC and case management, Beth was placed in a memory care facility where Bob visits as often as he can. He reports that her distress at seeing him has lessened a little. He continues to dwell in their home and finds that he is less stressed now that Beth is safe, and he has been slowly sifting through their possessions and donating (or disposing) of things no longer needed.

# Carol prepares to move...

- Carol still struggles to make ends meet, but a friend encouraged her to apply for rental assistance with her county housing program. A housing case manager helped her review some options and eligibility benefits, and she will soon be moving to a nearby coastal town that has a strong artisan community and a senior center that offers art classes and a community lunch once a week.  She was surprised that she qualified for so much housing assistance, and she especially looks forward to having a social community again.

# THE BOTTOM LINE

- Build relationships across systems now
- Be person centered in your advocacy, and find ways to help people succeed.
- Remember that people have to be motivated to receive help...help them find their motivations, and approach change from that perspective.
- Utilize resources from all available systems!
  - Aging/Disability Services
  - Shelter and Housing Resources
  - Behavioral Health System

# Some Resources

- https://www.adrcoforegon.org/
- https://oregonbhi.org/reports/
- https://www.samhsa.gov/
- https://www.oregon.gov/ohcs/housing-assistance/
- https://caporegon.org/who-we-are/the-community-action-network/
- https://oregonbos.org/

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# THANK YOU!

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OPPORTUNITY Just knock.

# Thank you!

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