

# Bridging the Gap: Behavioral Health and Oral Health in Public Housing

November 9, 2020

Webinar

# Mental Health Status & Service Utilization Among a Sample of Public Housing Residents:

Guidance for Public Housing Primary Care Health Centers

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National Center for Health in Public Housing



# Agenda



Background on Residents  
of Public Housing



Study Objectives



Methodology



Results



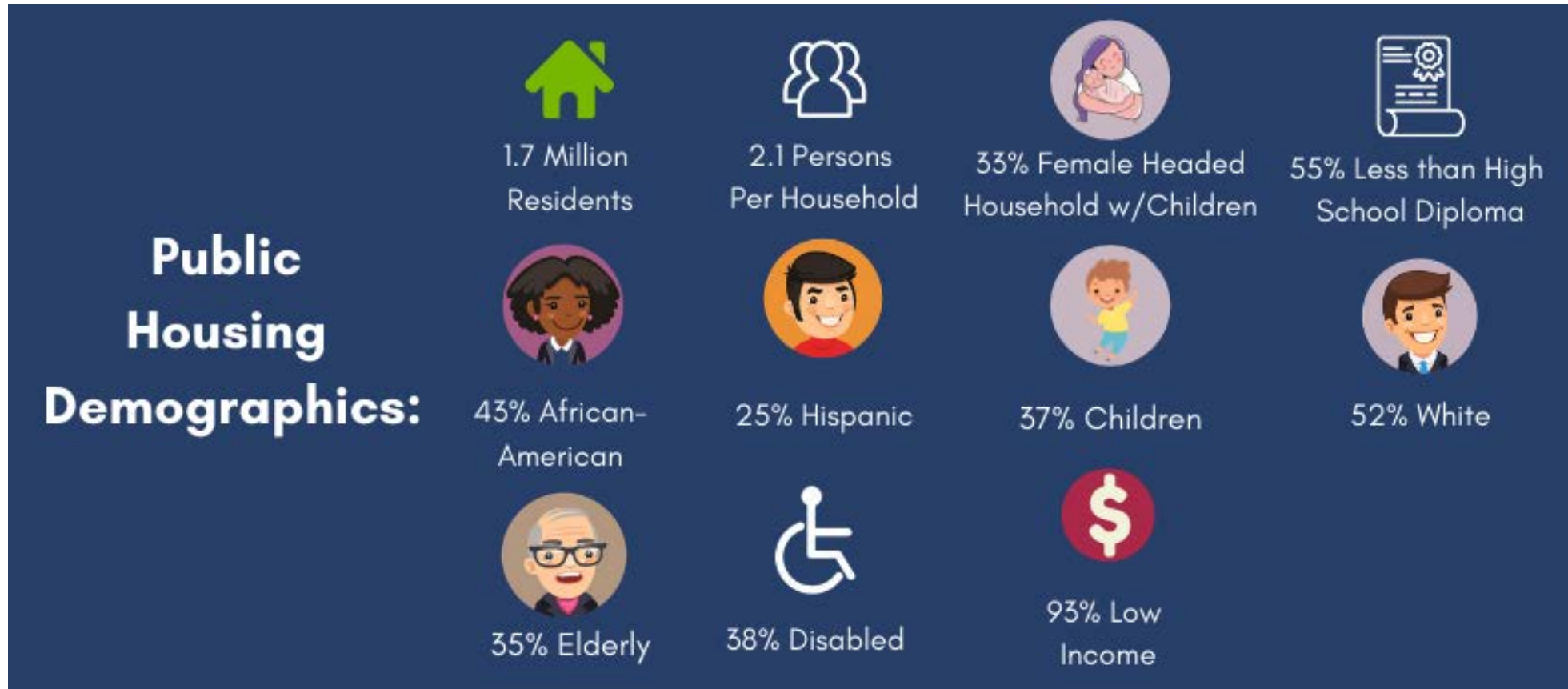
Summary and  
Recommendations

# National Center for Health in Public Housing



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$2,004,000 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

In 2020, there were roughly 1.7 million residents of public housing. Approximately 93% were living below poverty, 33% were headed by a single female, 37% of the households had children, and 38% had a member that was disabled. (Source: HUD)

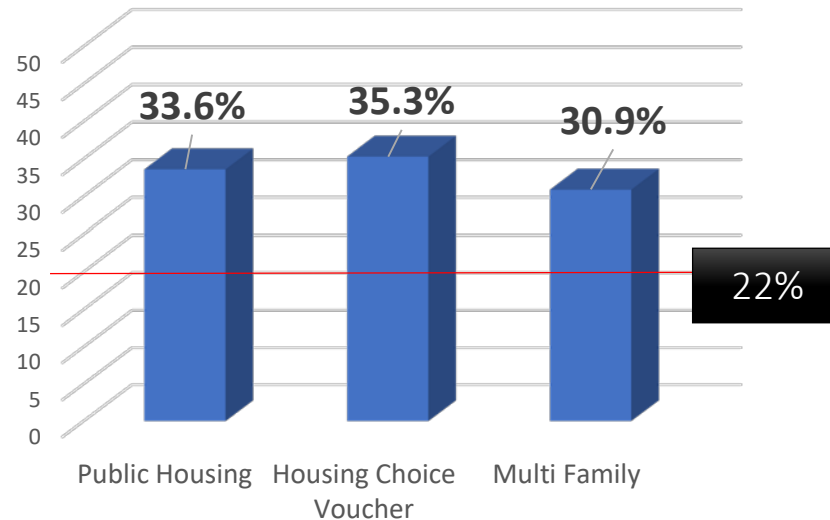


Source: HUD Resident Characteristics 2020

# A Health Picture of HUD-Assisted Adults, 2006-2012

Adults in HUD-assisted housing have higher rates of chronic health conditions and are greater utilizers of health care than the general population.

**Adult Smokers with Housing Assistance**

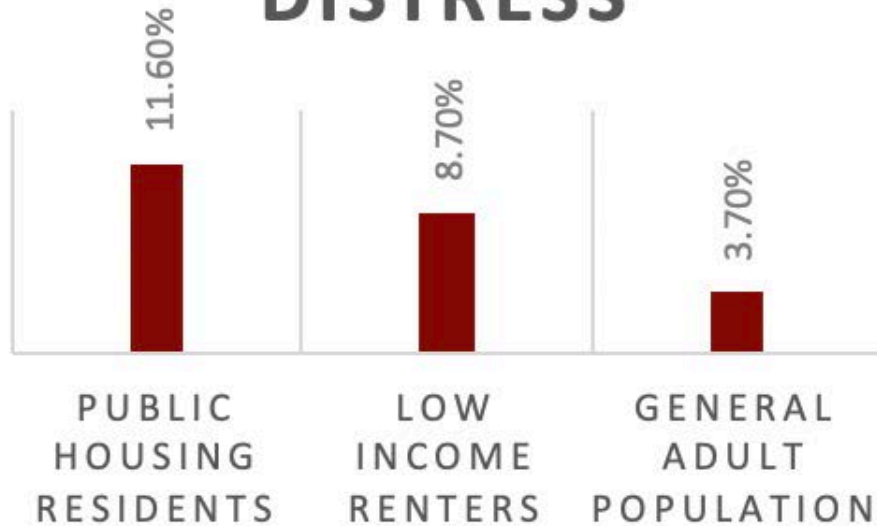


Source: Helms VE, 2017

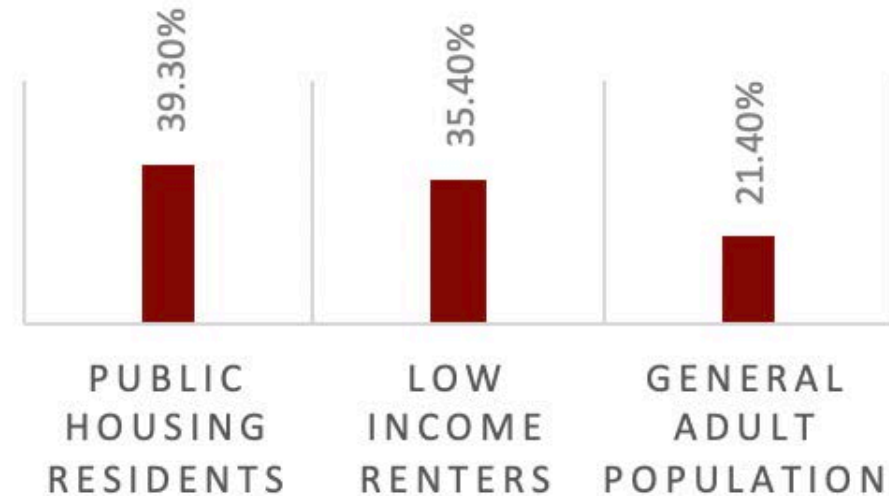
	HUD-Assisted	Low-income renters	All Adults
Fair/Poor Health	35.8%	24%	13.8%
Overweight/Obese	71%	60%	64%
Disability	61%	42.8%	35.4%
Diabetes	17.6%	8.8%	9.5%
COPD	13.6%	8.4%	6.3%
Asthma	16.3%	13.5%	8.7%

Individuals that receive housing assistance are more likely to report feelings of anxiety, depression, and hopelessness, and those feelings are more likely to interfere with daily activities compared to the general population.

## SERIOUS PSYCHOLOGICAL DISTRESS



## DISTRESS WITH MENTAL HARDSHIP



According to  
the 2018  
National Survey  
on Drug Use  
and Health:

17.7 million age 18 or  
older in 2018 with  
depression



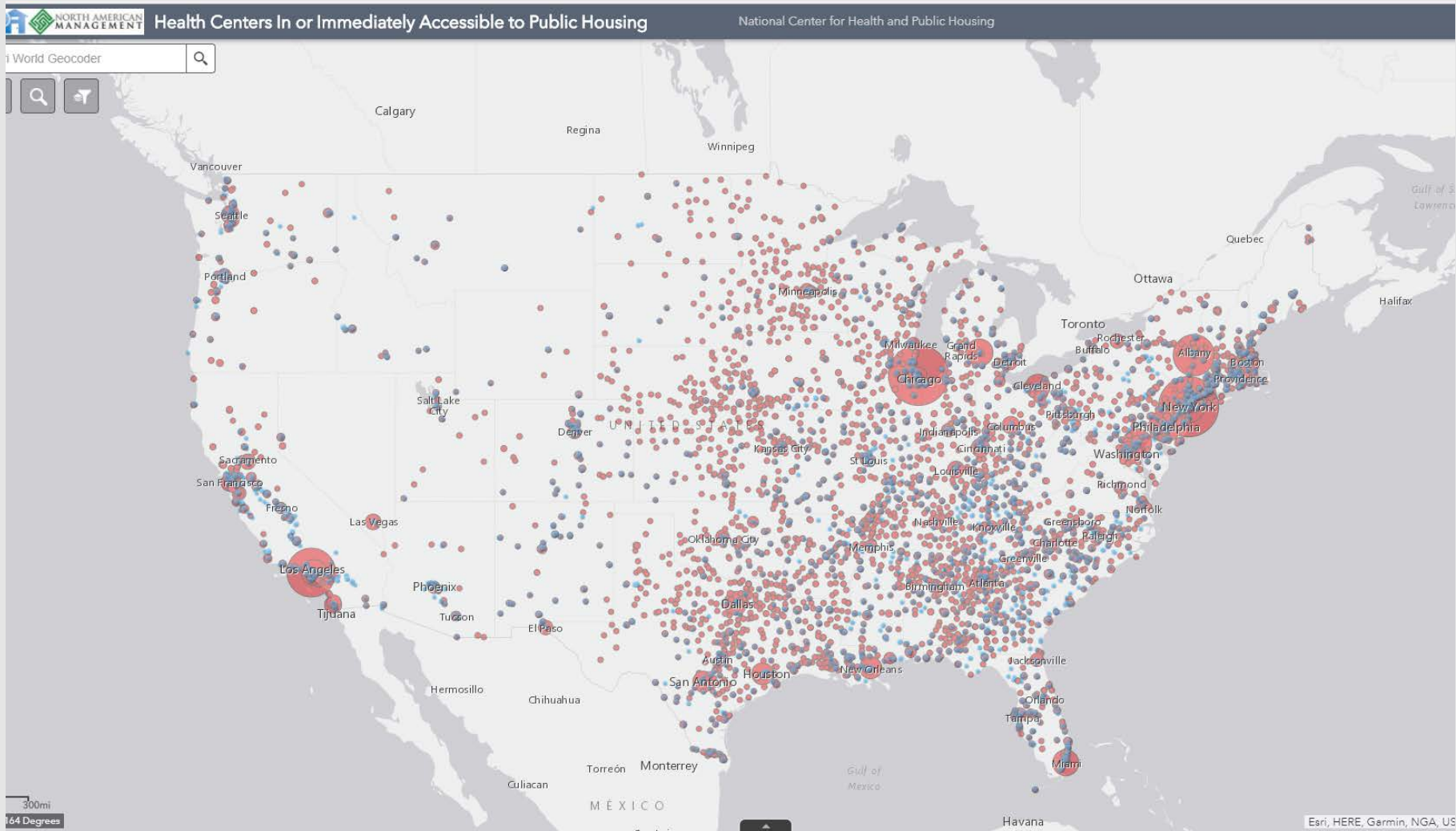
64.8% received  
treatment

21.2 million age 12 or  
older with need for  
substance use disorder  
treatment



11.1% received  
treatment





1,400 Federally Qualified Health Centers (FQHC)=30 million

433 FQHCs near Public Housing= 5.2 million patients

108 Public Housing Primary Care (PHPC) = 856,191 patients

# Study Objective

- To identify:
  - **Behavioral Health Status**
    - self-reported experiences of depression, anxiety, and substance use;
  - **Use of Behavioral Health Services**
    - use of medication, counseling, and doctor's visits for mental health and substance use disorders; source of care
  - **Behavioral Health Needs**
    - the need for mental health or substance use information, treatment, and services;
  - **Challenges**
    - challenges in obtaining needed information;
  - **Health Center Perceptions**
    - views on whether health centers are a good source of care for behavioral health needs.

# Methodology

- 31-item survey
- National Alliance of Resident Services in Affordable and Assisted Housing (NAR-SAAH) conference
- criteria: (1) at least 18 years old, (2) English-speaking, and (3) a public housing resident or affordable housing stakeholder.

## Adult Groups Examined:

- Individuals receiving housing assistance
- Individuals receiving any public assistance
- Individuals without any public assistance

# Results

- 53% response rate (160 out of 300)
- 45% with housing assistance unable to work due to disability (compared to 6% without assistance)
- Medicaid 60%
- Medicare 64%

	AFRICAN AMERICAN	WHITE	HISPANIC	ASIAN/PACIFIC ISLANDER	NATIVE AMERICAN	OTHER
HOUSING/RENTAL	71.05%	6.58%	6.41%	2.63%	0.00%	19.74%
ANY PUBLIC ASSISTANCE	71.17%	8.11%	8.04%	1.80%	0.00%	18.92%
NO PUBLIC ASSISTANCE	85.71%	8.57%	0.00%	0.00%	2.86%	2.86%
TOTAL	74.66%	8.22%	6.00%	1.37%	0.68%	15.07

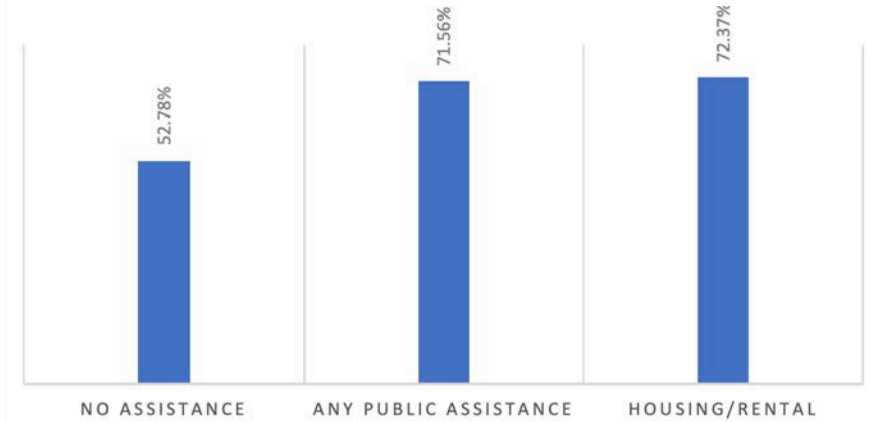
	Percent	Number
Housing/Rental	51.63%	79
Utility	7.19%	11
SSI	27.45%	42
Unemployment	0.65%	1
Food Stamps	47.71%	73
No Public Assistance	25.49%	39
Any Public Assistance	74.50%	114
Total*		160

# Mental Health Status

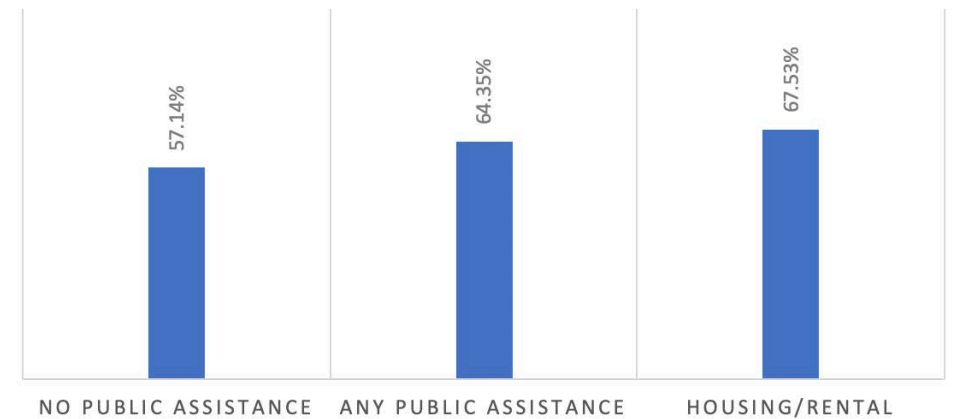
## Self-Reported Mental Health Status



## Self-Reported Depression, Past Year



## Self-Reported Anxiety, Past Year



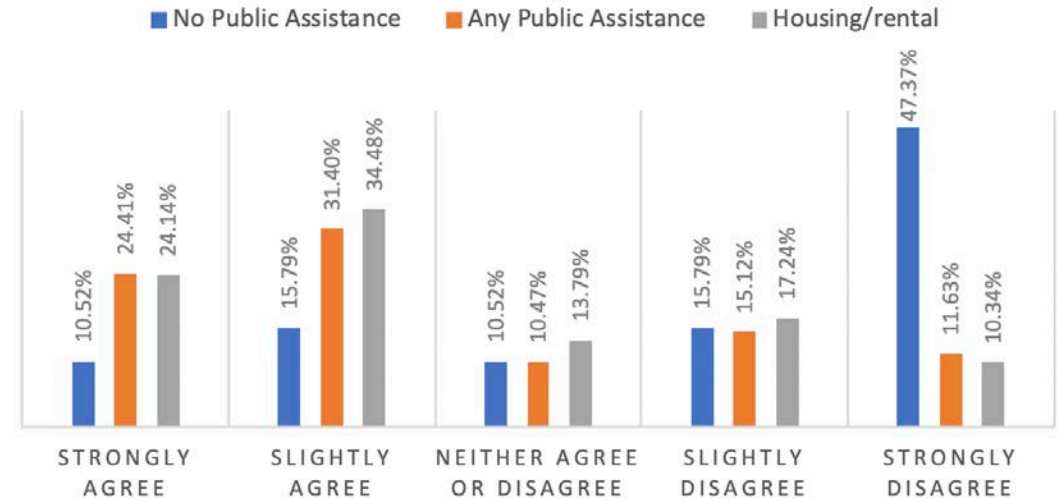
# Depression or Anxiety with Hardship

Individuals that receive housing assistance are more likely to report that their anxiety or depression interferes with daily activities compared to the general population.

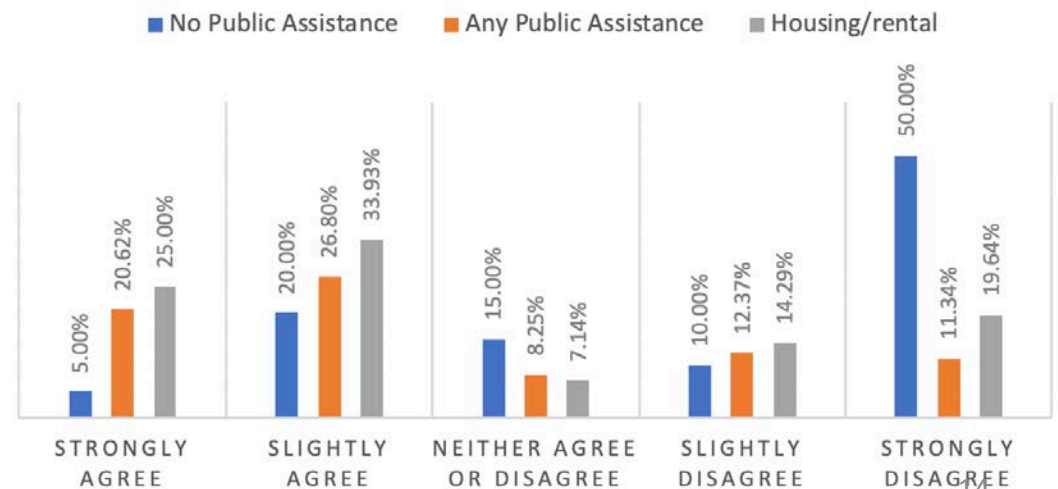
Anxiety- 59% vs. 26%

Depression- 59% vs. 25%

## Self-Reported Depression with Hardship

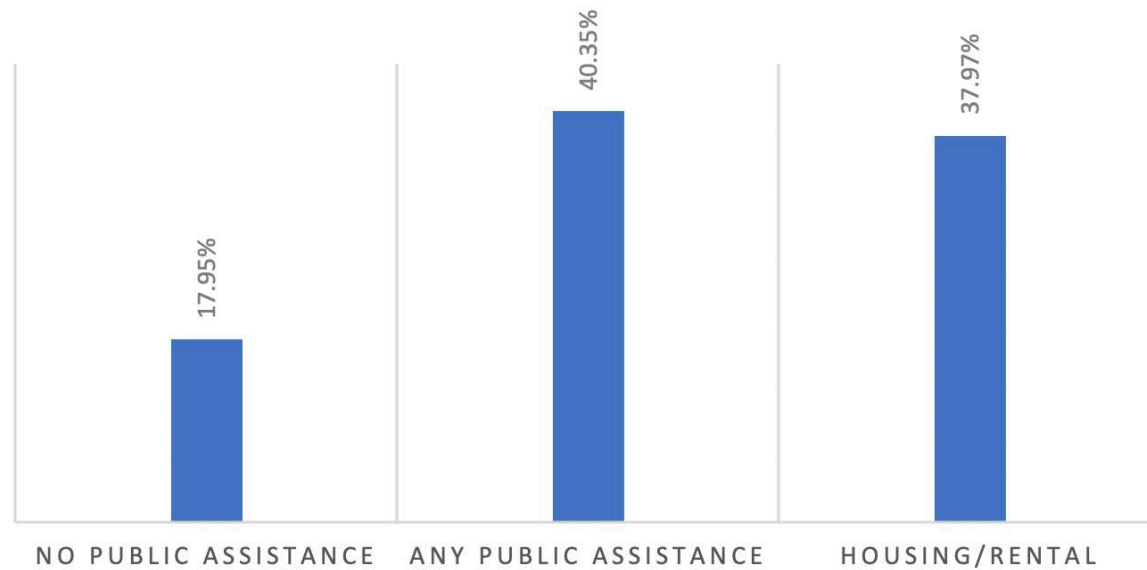


## Self-Reported Anxiety with Hardship

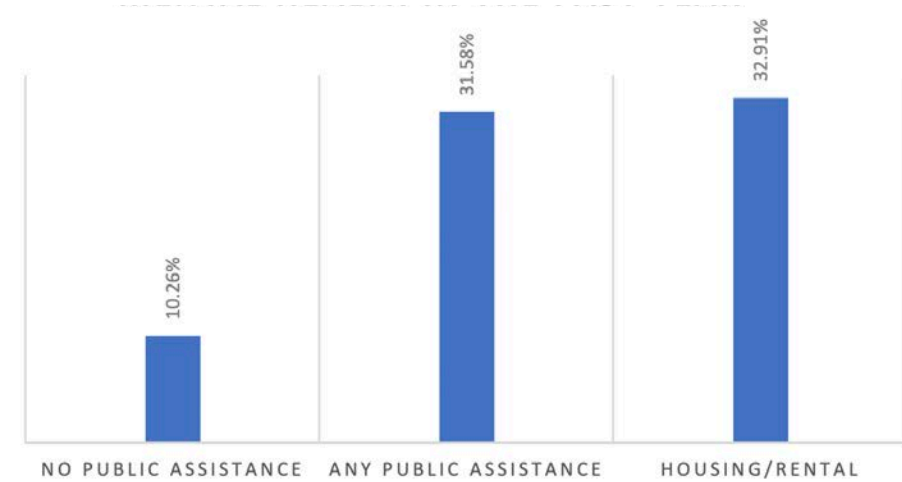


# Mental Health Services

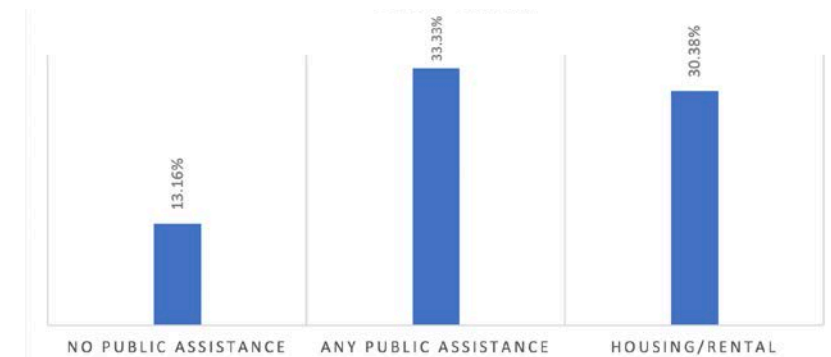
## Doctor Visit for Mental Health, Past Year



## Medication, Past Year

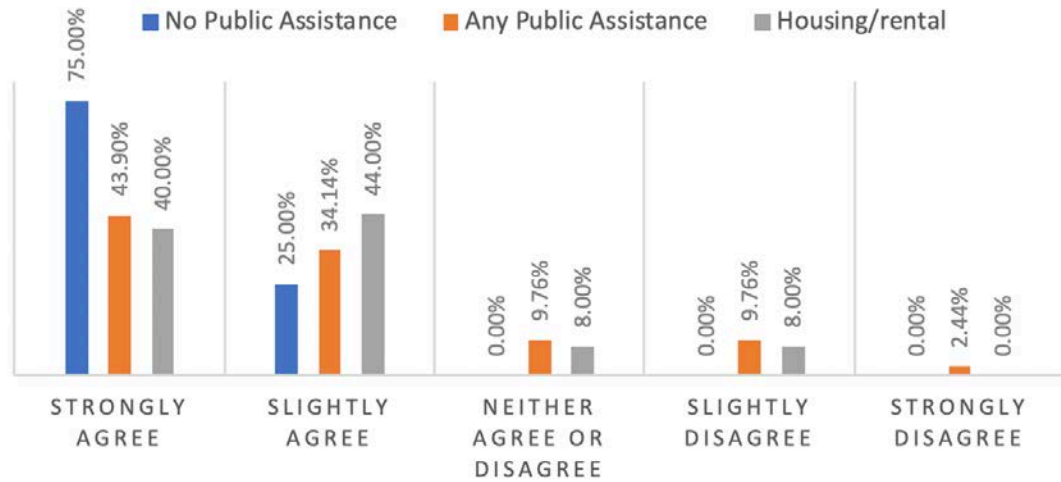


## Counseling, Past Year

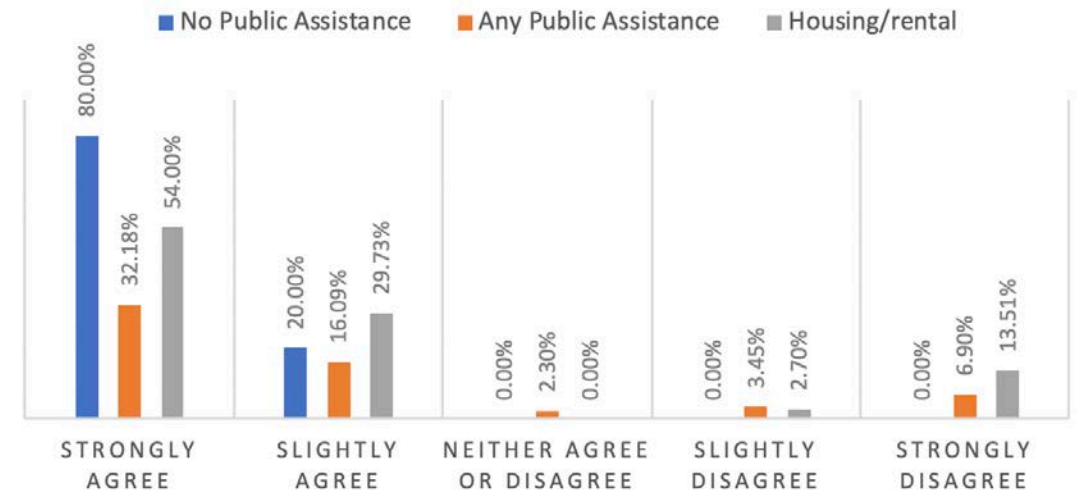


# Unmet Mental Health Needs

## Enough Counseling Received

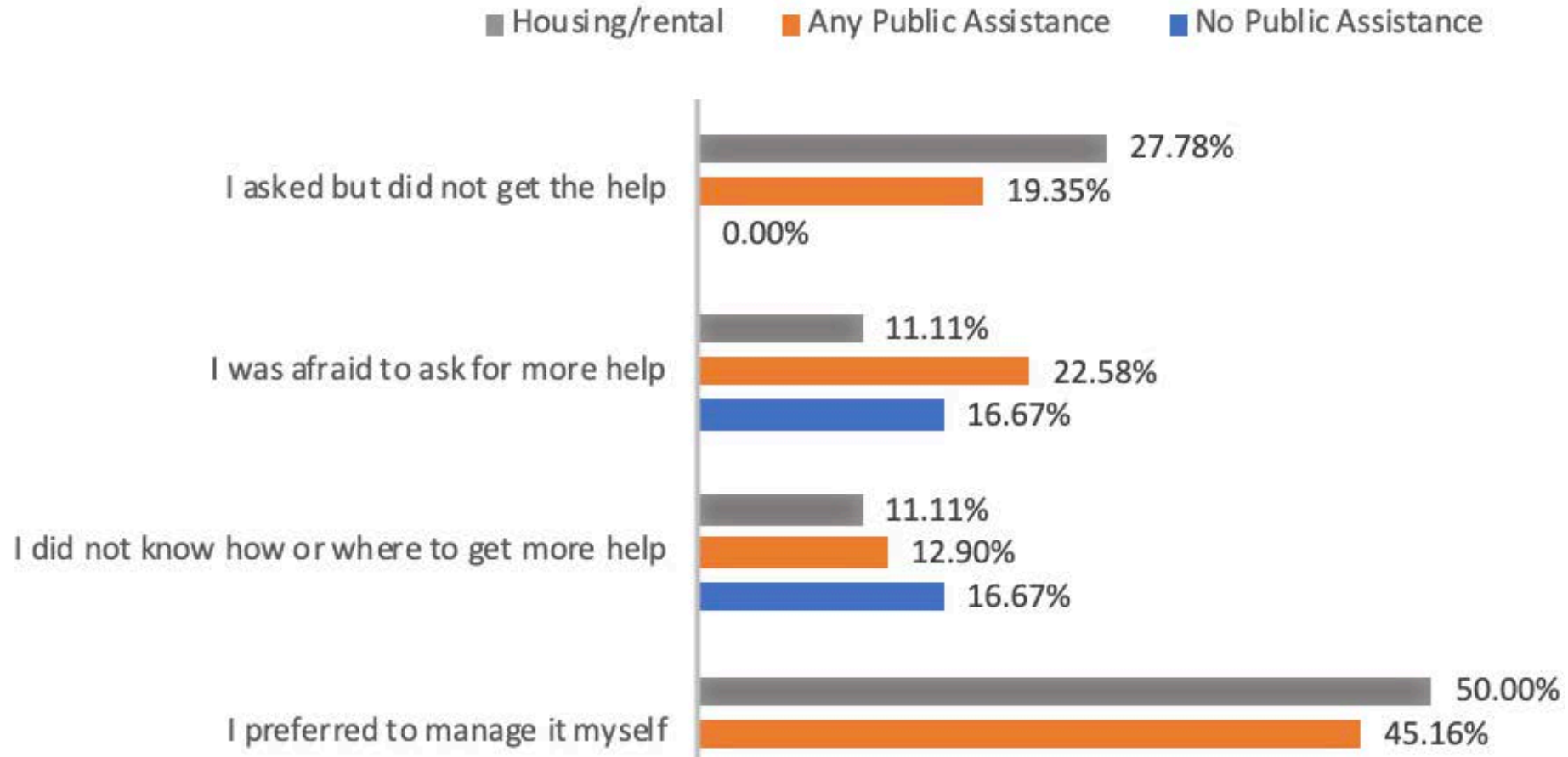


## Enough Information Received



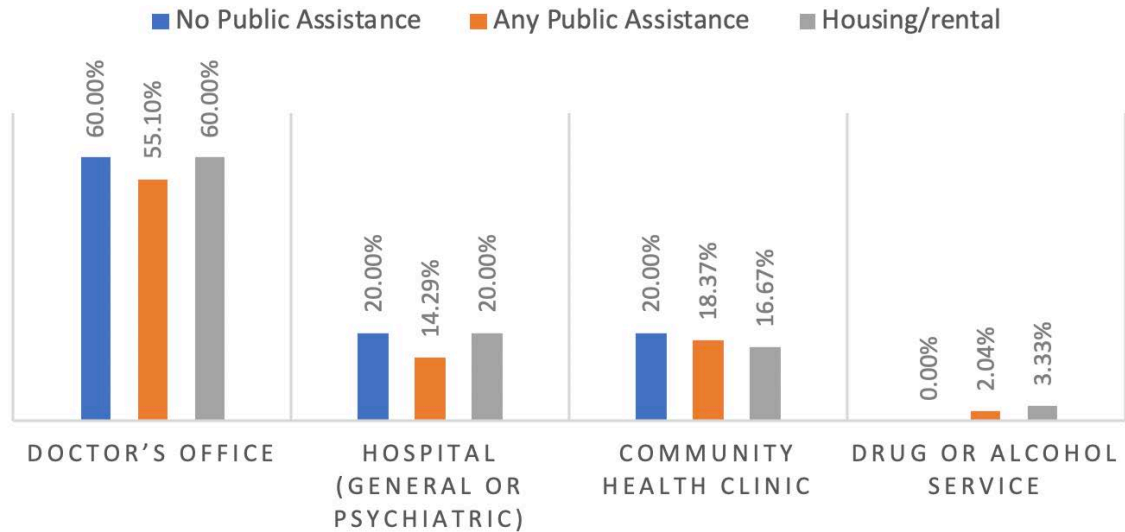


# Challenges in Obtaining Information

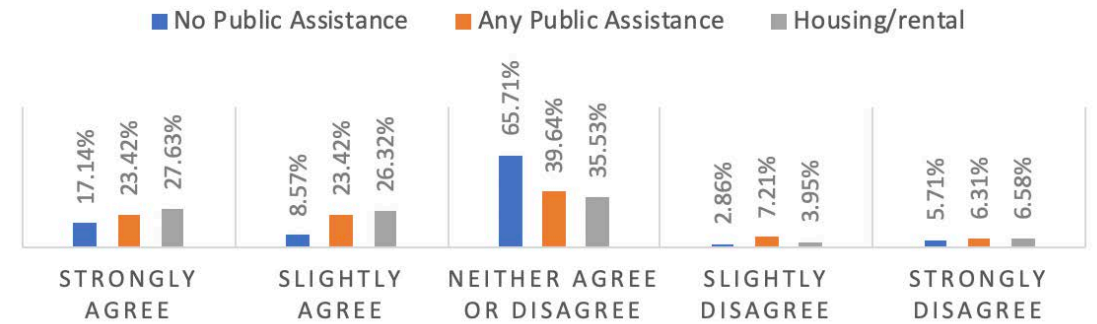


# Use of Health Centers

## Source of Mental Health Care



## Q. Do You Think Your Local Community Health Center Might Be Able to Provide Help With Your Behavioral Health Needs?



## Summary and Recommendations

- Mental health issues are more prevalent among public housing residents
- Need for information, services, treatments significantly higher
- For those with unmet needs, challenges included fear of asking or what others may think, not knowing where to find information, or asking for help but not receiving it.
- HRSA's Health Center Program is an important and trusted source of behavioral health services

# Contact and Acknowledgements

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# www.nchph.org



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# Central City Integrated Health Center Integration of Behavioral Health and Oral Health



**Kristi Thomas DDS, (MPH 2022)**

*Chief Dental Officer- Central City Integrated Health*

**Virgil Williams LMSW**

*Chief Operating Officer- Central City Integrated Health*

# Central City Integrated Health Detroit, Michigan(Midtown)



*“We provide access to quality integrated health services to people who are in need.”*

**Medical Health Services**

**Comprehensive Dental Services**

**Behavioral Health Services**

**Substance Use Disorder Treatment**

**Supportive Housing**

**Community Re-Entry Services**

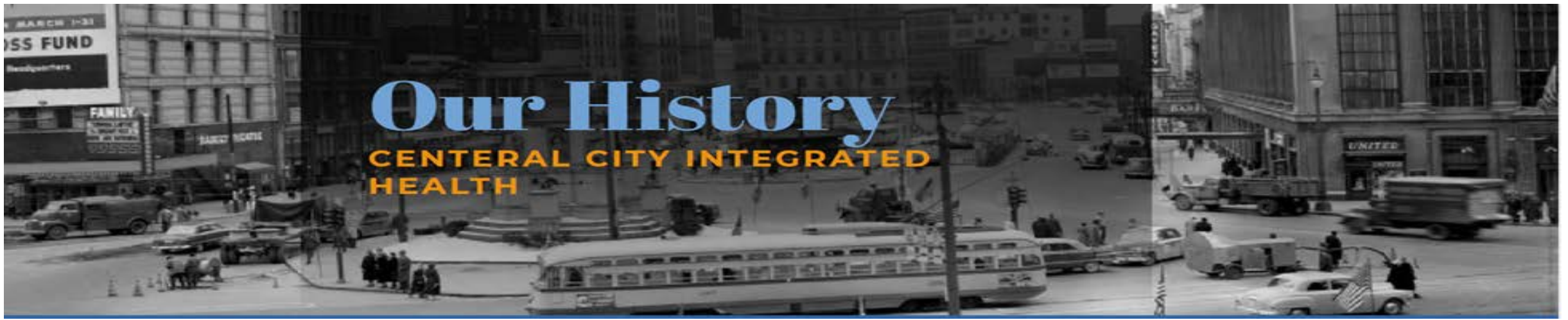
**Supported Employment and Community Resources Assistance**

**Insurance and Community Resources Assistance**

**Peer Support**

**2 Sites, 134.6 FTEs/ 45,660 visits (UDS 2019)**





**2016 Re-branded to Central City Integrated Health (CCIH)**

**2014 Detroit Central City Health Center opened in a temporary storefront at 3427 Woodward Avenue**

**2013 Board mission statement changed to include integrated health care; DCC awarded new access point from HRSA to open a Federally Qualified Health Center**

**2012 DCC awarded Michigan Historic Preservation Network Building Award for restoration of gas station, now PharMor Pharmacy; DCC designated as an approved practices service site by National Health Services Corps**

**2011 DCC, in partnership with the Detroit Housing Commission, awarded planning grant to develop a proposal for a health care center**

**2009 Wayne County 3rd Circuit Mental Health Court established as a State pilot program**

**1987 Michigan amends State Medical Assistance Plan to cover Care Management services**

**1986 Two Fairweather Programs, providing supportive housing, case management, life skills training and supportive employment, begin; DCC becomes a fiduciary for the Detroit Health Care for the Homeless Program; DCC begins on-line reporting to the Detroit-Wayne County Community Mental Health Agency (now DWMHA) via computer link**

**1982 Federal support (NIMH) for DCC discontinued**

**1979 Administrative and service offices consolidated and moved to 10 Peterboro**

**1977 Administrative Offices moved from 3455 Woodward Avenue to 232 Grand River**

**1975 Board of Directors is instituted: Administration of Adult Day Treatment by the YWCA was discontinued and undertaken by DCC; Model Neighborhood Agency was phased out. Regulatory and funding for DCC continues from the Detroit Health Department; Gloria B. Dees appointed as Executive Director**

**1972 Grant awarded by National Institute of Mental Health (NIMH) for development of DCC**

**1971 First incorporated as Detroit Central City Health Center (DCC)**

**Late 1960's Founded as part of the Model City Neighborhood Program**



# Public Housing

Central City Integrated Health recognizes the importance of an individual having safe housing to overall health and well-being. CCIH's commitment to integrating health services starts with our proactivity in combating homelessness. The basic provision of shelter is bedrock to individuals and families and their ability to care for themselves. Regardless of the past behaviors that contributed to a person's homelessness, CCIH staff work to provide new solutions, strategies and approaches to house our consumers. We believe that there is no health without housing.

The Supportive Housing Division is comprised of numerous programs servicing individuals with varying needs and/or circumstances including, military veterans, domestic abuse survivors, people with severe mental illness and co-occurring disorders (severe mental illness and substance abuse) and people with physical or health disabilities who may also have a substance abuse problem. The housing department staff is specially trained to assist people in the transition from homelessness to permanent housing, enabling them to live as independently as possible.

# Oral Health

- Central City is in a Health Professional Shortage Area
- (HPSA Score- Medical 23, Dental 21 and Behavioral Health 17)
- Detroit has a 40% homeless population.
- Peterboro Location has 70 units
- Reduce barriers/ Increase Access
- Dental Clinic established in 2016
- Comprehensive Dental Services
- 6 Dental Operatories
- 2090 visits in (UDS 2019)







“A cyclical relationship exists between oral health and mental health. Good oral health can enhance mental and overall health, while poor oral health can exacerbate mental issues—and mental conditions can likewise cause oral health issues.”

*<https://mypenndentist.org/2017/04/05/oral-health-and-mental-health/>*

# BEHAVIORAL HEALTH & DENTAL HEALTH

**People suffering from stress, tensions, anxiety and addiction in their health generally suffer from the following dental health troubles:**

## **Bruxism or Teeth Grinding Habit**

What generally happens is that stress in the mind can lead to the habit of teeth grinding and the patient does not realize it. Some patients grind or clench their teeth while asleep and other grind teeth as a habit to deal with stress. Excessive pressure on teeth generally leads to loss of teeth enamel, pain in the jaw and similar other dental problems.

## **Acid Reflux**

It has also been found that the situations of acid reflux arise more for people suffering with anxiety. The frequent reverse flow of acid in the stomach to the mouth may result in decaying teeth and erosion of enamel which can lead to severe dental problems.

## **Unhealthy, Stained Teeth**

At the time of facing mental distress, people lose focus to lead their lives, let alone their oral health. They forget to consider if they have brushed their teeth for a long time and continue to deal with stress. Such neglect will result in decayed teeth and gums

## **Psychotropic drugs**

Have side effects such as xerostomia, gingival enlargements, dental erosion, mucosal ulceration and infections, and oral/nasal lesions.

Tardive dyskinesia

## **Addiction/Recovery**

A focus on attaining more drugs instead of caring for oral hygiene

Nutritional deficiencies that can damage teeth and gums

Greater intake of high-sugar food or beverages, which decay teeth



# Integrated Behavioral & Oral Health (IBOH) Program Objective

*“We provide access to quality integrated health services to people who are in need.”*

# DENTAL TO BEHAVIORAL HEALTH

Before we started our formal IBOH program, the dental department had a good working relationship with the medical and behavioral health departments. This integration program has enhanced the relationships.

The Quality Director and Chief Dental Officer worked together to design a workflow that could capture the needed information (HRSA and Mental Health Authority) and be implemented with ease. We had planning sessions with staff to discuss the charge and the throughput of the patient. We decided to redesign our intake forms and to detail the internal procedure.

Our model focuses on integrating the behavioral health screening into the initial and return patient documents. This would allow the team to obtain the information prior to the patient being seen and decide what next steps are needed.

The initial planning process is important but remember this will be a continuous process.

# Dental Evaluation Process

- *We presented the health history to all new and recall patients. (The PHQ-9 and CAGE screening is embedded into the new forms.)*
- *Front desk staff enters information into the EHR*
- ***(Scores over a 10)** Referral is created in the system*
  - Peer Support is contacted and comes to dental if available*
  - Dental clinic staff is alerted of elevated score*
- *Patient is placed in an operatory or room that has privacy*
- *Scheduled treatment is completed.*
- *Clinician makes patient aware they are eligible for additional services. (Peer Support speaks with patient if possible or Support staff contacts patient at another time )*

*We have yearly formal trainings on the procedure and periodic meetings on updates. We continue working with the quality department on process improvement. We discuss IBOH process at our monthly quality meeting.*

Medication Dose/Number per

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Allergies / Type of Reaction  No known drug allergies

Latex  Penicillin  Sulfa Drugs  Aspirin/Tylenol/Motrin  Codeine  Local Anesthetics

Other \_\_\_\_\_

Past Surgical History  
(Type of Surgery & Year)

\_\_\_\_\_

\_\_\_\_\_

Over the last 2 weeks, how often have you been bothered by any of the following:

1            2            3            4

1. Little interest or pleasure in doing things?  
 Not at all  Several days  More than half the days  Nearly every day

2. Feeling down, depressed or hopeless?  
 Not at all  Several days  More than half the days  Nearly every day

3. Trouble falling asleep, staying asleep or sleeping too much?  
 Not at all  Several days  More than half the days  Nearly every day

4. Feeling tired or having little energy?  
 Not at all  Several days  More than half the days  Nearly every day

5. Poor appetite or overeating?  
 Not at all  Several days  More than half the days  Nearly every day

6. Feeling bad about yourself or that you are failure or have let yourself or your family down?  
 Not at all  Several days  More than half the days  Nearly every day

Trouble concentrating on things, such as reading the newspaper or watching TV?  
 Not at all  Several days  More than half the days  Nearly every day

or speaking so slowly other people noticed. Or the opposite, being so fidgety or restless and moving around a  
 Several days  More than half the days  Nearly every day

would be better off dead or of hurting yourself?  
 Several days  More than half the days  Nearly every day

Clinical History and Physical



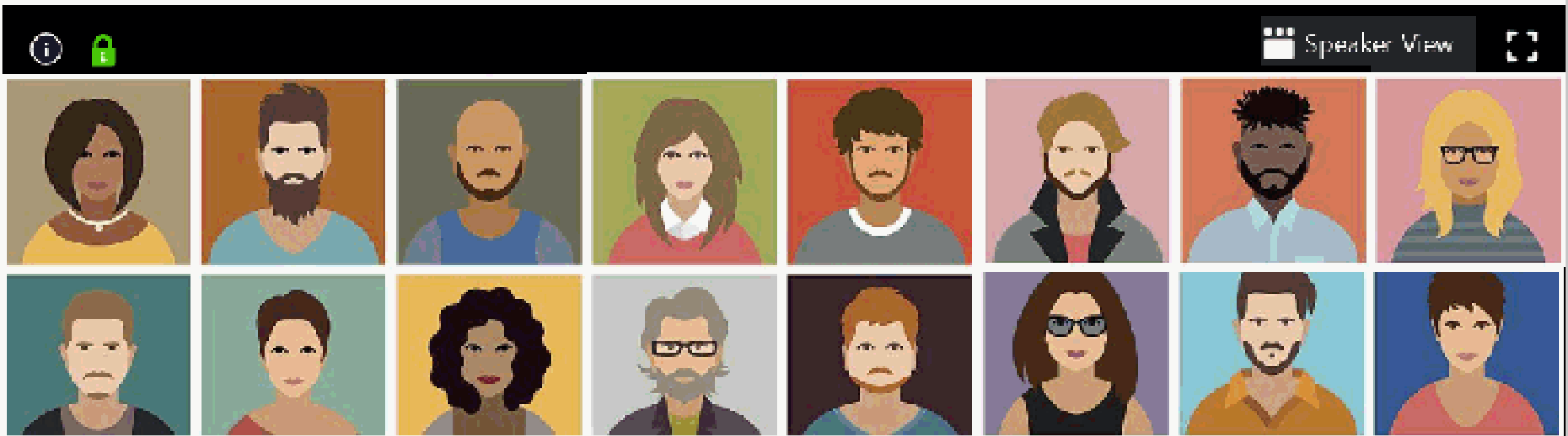
# Behavioral Health Intake

- Scheduled Appointment-Support Staff.
- Intake Appointment-Nurse, Therapist and Peer Support.

## Treatment Plan

- ✓ Whole-Person Care Discussed
- ✓ Social Determinants of Health.
- ✓ Education and Knowledge
- ✓ Patient Accountability
- ✓ (All phases of Primary Care)





# INTEGRATED CARE MEETINGS

- Weekly meetings to discuss high risks patients
- Open to all staff to recommend patients of concern
- Team approach in the management of health.

# Challenges

We work in an EHR that is designed for collaborative Behavioral Health/ Medical collaboration. Our staff tends to double input information. We are exploring other options for true Dental, Medical and Behavioral Health integration.

# Outcomes Good News

## **Organizational Integration**

The strengthened relationship has resulted in many community center integrated efforts.

- \*COVID-19 testing
- \*Grant writing success for a mobile program
- \* Increased Telehealth visits

# Mental Illness and Oral Health

# Mental Illness and Oral Health

- There is a close connection between the health of the body and that of the mind. There is further evidence to suggest those who experience mental illness also suffer with poor oral health.
- Some of the most common mental illnesses that can have a negative impact on a person's oral health includes; anxiety and panic attacks, depression, eating disorders, obsessive-compulsive disorder, self-harm, schizophrenia and psychosis.
- CCIH Clinicians utilizes Motivation Interviewing (MI) to encouraged members to enroll in the other services that CCVIH offers, i.e. Dental Services

# Mental Illness and Oral Health

- Some of the main issues for those suffering with mental illness include:
  - **Neglect:** Research has shown that those suffering from mental illnesses tend to avoid dental care so much that their oral hygiene is neglected. This can result in [gum disease](#) and [tooth decay](#).
  - **Anxiety:** Many people suffer from some form of [dental phobia](#) and as a result, stop seeing their dentist regularly. Infrequent dental visits have a severe impact on oral health.

# Mental Illness and Oral Health

- Some of the main issues for those suffering with mental illness include:
  - **Eating disorders:** Those who suffer from conditions such as Bulimia often experience dental erosion from the acidity in vomit. Low levels of calcium are also common, which could affect the health of the teeth.
  - **Brushing actions:** Over-vigorous brushing actions by those with bipolar as similar disorders could result in them brushing away the enamel on the surface of the tooth.



# Mental Illness and Oral Health

- Some of the main issues for those suffering with mental illness include:
  - **Medication:** they are taking may produce adverse oral effects, especially [dry mouth](#), which is as a result of reduced salvia flow.
- It is important for Clinicians to be aware of the link between oral health and mental health.
  - Those people suffering with mental health issues should understand value of good oral health and be motivated to maintain good dental habits.



# Mental Illness and Oral Health

- **Three key messages:**
  - Brush last thing at night and at one other time during the day with a fluoride toothpaste.
  - Reduce the amount and how often they have sugary foods and drinks.
  - Visit the dentist regularly, as often as they recommend
- By encouraging a healthier lifestyle, supporting them in a positive daily routine and making them feel more comfortable with accessing dental care, you can effectively manage the oral health of a person suffering with mental illness.

# Mental Illness and Oral Health

- **Useful resources:**
- [Preventive care and oral hygiene](#)
- [My fear of the dentist](#)
- [Relaxation and sedation](#)
- [Caring for my teeth](#)
- [Dry mouth](#)
- <https://www.dentalhealth.org/mental-illness-and-oral-health>

# *Conclusion*

## Create

- Create clear goals with staff input to increase buy-in and success.

## Document

- Document the workflow and facilitate training.

## Continue

- Continue ongoing collaboration with the medical and behavioral health staff.

## Focus

- *Focus: Whole-person care.*

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