

Implementation of a Behavioral Health Program in a Mobile Setting

Emma Tasini – Mental Health Therapist
Rachel Kent – Occupational Therapist
Cat Parsekian – Physician Assistant

NATIONAL
HEALTH CARE
for the
HOMELESS
COUNCIL

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IMPLEMENTATION OF A BEHAVIORAL HEALTH PROGRAM IN A MOBILE SETTING

MAY 14, 2024

PRESENTERS:

EMMA TASINI – MENTAL HEALTH THERAPIST
RACHEL KENT – OCCUPATIONAL THERAPIST
CAT PARSEKIAN – PHYSICIAN ASSISTANT



LEARNING OBJECTIVES

1. Gain a greater understanding of service delivery to individuals experiencing homelessness and the associated barriers to care for unhoused populations.
2. Learn the benefits and positive outcomes associated with implementing a behavioral health program in a mobile setting.
3. Expand knowledge of behavioral health treatment options and safe application of psychotropic therapy in a mobile setting.

About Us



Catherine Parsekian, PA-C, MS

(she/her)

MMS, PA from Chapman University

UC Irvine TNT Psychiatric Fellow

Joined HIA Aug 2022

Enjoys cooking and hiking

cparsekian@healthcareinaction.org



Emma Tasini, MS, AMFT, APCC

(she/her)

MS from Mount Saint Mary's University

Trauma Therapy Trained

Joined HIA Sep 2022

Loves swimming and ceramics

etasini@healthcareinaction.org



Rachel Kent, OTD, OTR/L

(she/her)

MA, OTD from University of Southern California

OT resident with USC Street Medicine Team

Joined HIA Nov 2021

Rock climbing and ceramic enthusiast

rkent@healthcareinaction.org

Meet Lily



When you hear behavioral health what are some things that come to mind?

WHO IS HEALTHCARE IN ACTION (HIA)?

- Non-profit medical group that provides care to people who are experiencing homelessness through a comprehensive street medicine approach
- **Full scope primary care** – use mobile vans to meet with patients wherever they reside (sidewalks, under bridges, in vehicles, or shelters)
- **GOAL:** break down barriers to accessing traditional brick and mortar healthcare settings while providing the same high quality, holistic medical and social services for the unhoused community





TEAM STRUCTURE

- Eleven interdisciplinary teams
- Medical Providers: Physicians, Mid-Level Providers
- Behavioral Health Providers: Mental Health Therapist, Occupational Therapist
- Community Health Workers, Peers and Housing Navigators

FUNDING

- Medicaid CalAIM health plan contracts
- Local hospital contracts
- City District grants & contracts



LA: Homelessness as a Public Health Crisis

- Nationwide total of PEH in 2022: 549,160¹
- Los Angeles County in 2023: 75,518²
- Upward trend last 5 years (+9% from 2022)²
 - Troubling trends:
 - Seniors 65+ increased by 11%²
 - Transitional-aged youth (TAY) increased by 33%²
 - Disproportionate rates of homelessness among Black/African-American persons compared to overall LA population (31% of homeless population vs 7.6% of general population)²
- Detrimental impact of chronic and preventable illnesses/diseases
- More likely to use emergency health services as primary care
- High rates of illness, disability, domestic violence³
- Common medical conditions:
 - Hypertension
 - Heart failure
 - Diabetes
 - Hep C
 - HIV
 - SUD and SMI

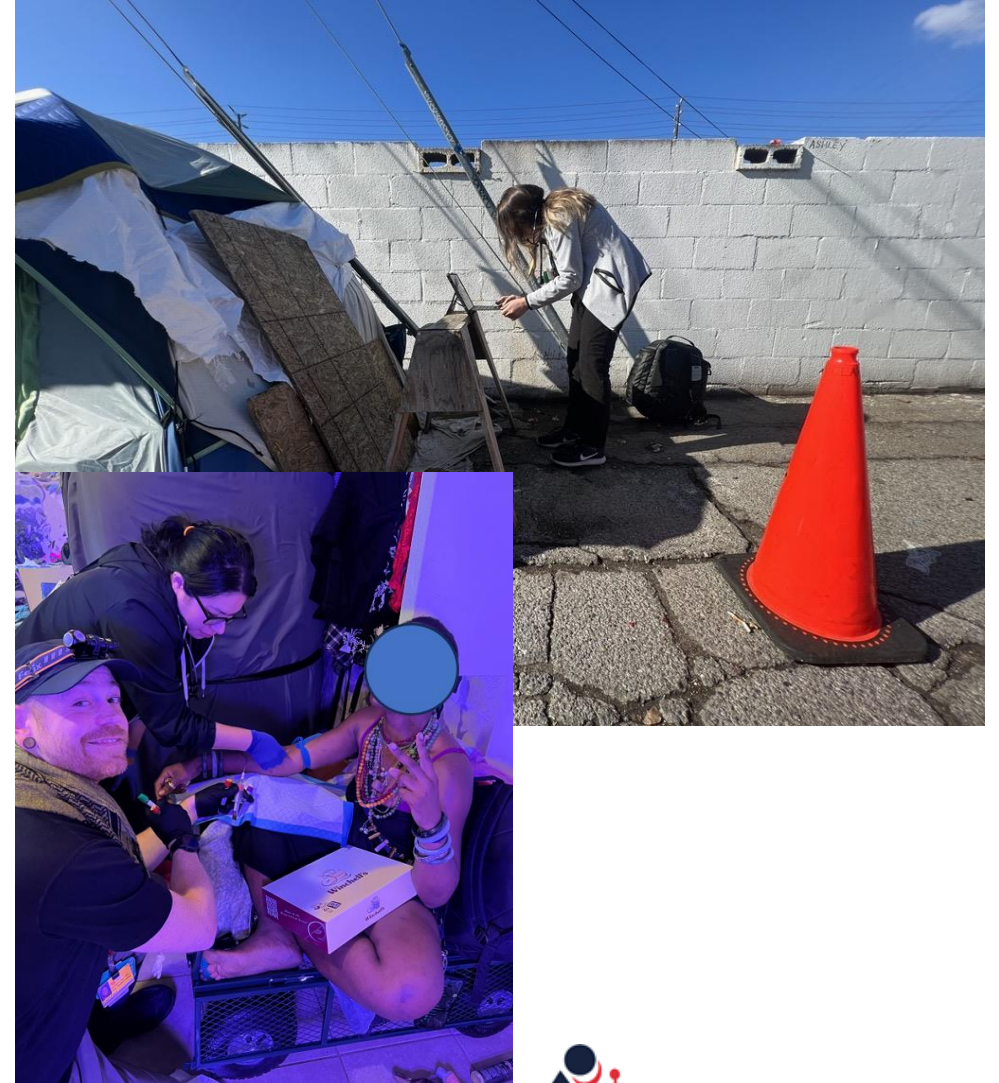
1. National Alliance to End Homelessness, (2023). State of Homelessness, 2022 edition. Retrieved from <https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness/#homelessness-in-2022>

2: Los Angeles Homeless Services Authority, (2023). 2022 Greater Los Angeles Homeless Count. Retrieved from <https://www.lahsa.org/documents?id=7232-2023-greater-los-angeles-homeless-count-deck>

3: National Healthcare for the Homeless Council, (2010). Adapting Your Practice: General Recommendations for the Care of Homeless Patients. Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/GenRecsHomeless2010-1.pdf>

BEHAVIORAL HEALTH NEEDS

- Nationwide
 - 1 in 4 PEH have SMI (1 in 17 of general population)¹
 - 2 in 3 PEH have SUD (9% of general population)¹
- Los Angeles:
 - 30% of PEH in LA county report SUD²
 - 27% of all HIA patients diagnosed with SUD³
 - 84% of patients within HIA seeking psychotherapy diagnosed with SUD³
 - 25% of PEH in LA county report SMI²
 - 39% of all HIA patients diagnosed with SMI³



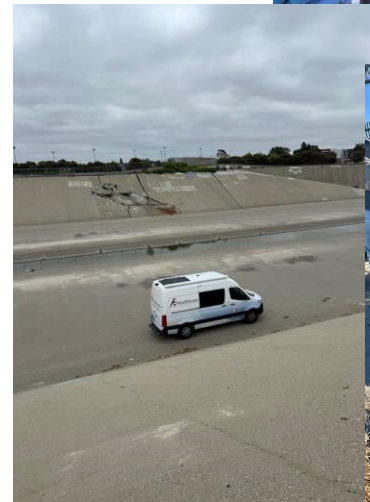
1. National Healthcare for the Homeless Council, (2010). Adapting Your Practice: General Recommendations for the Care of Homeless Patients. Retrieved from <https://nhchc.org/wp-content/uploads/2019/08/GenRecsHomeless2010-1.pdf>

2. Los Angeles Homeless Services Authority, (2023). 2022 Greater Los Angeles Homeless Count. Retrieved from <https://www.lahsa.org/documents?id=7232-2023-greater-los-angeles-homeless-count-deck>

3. Internal HIA data, 2023

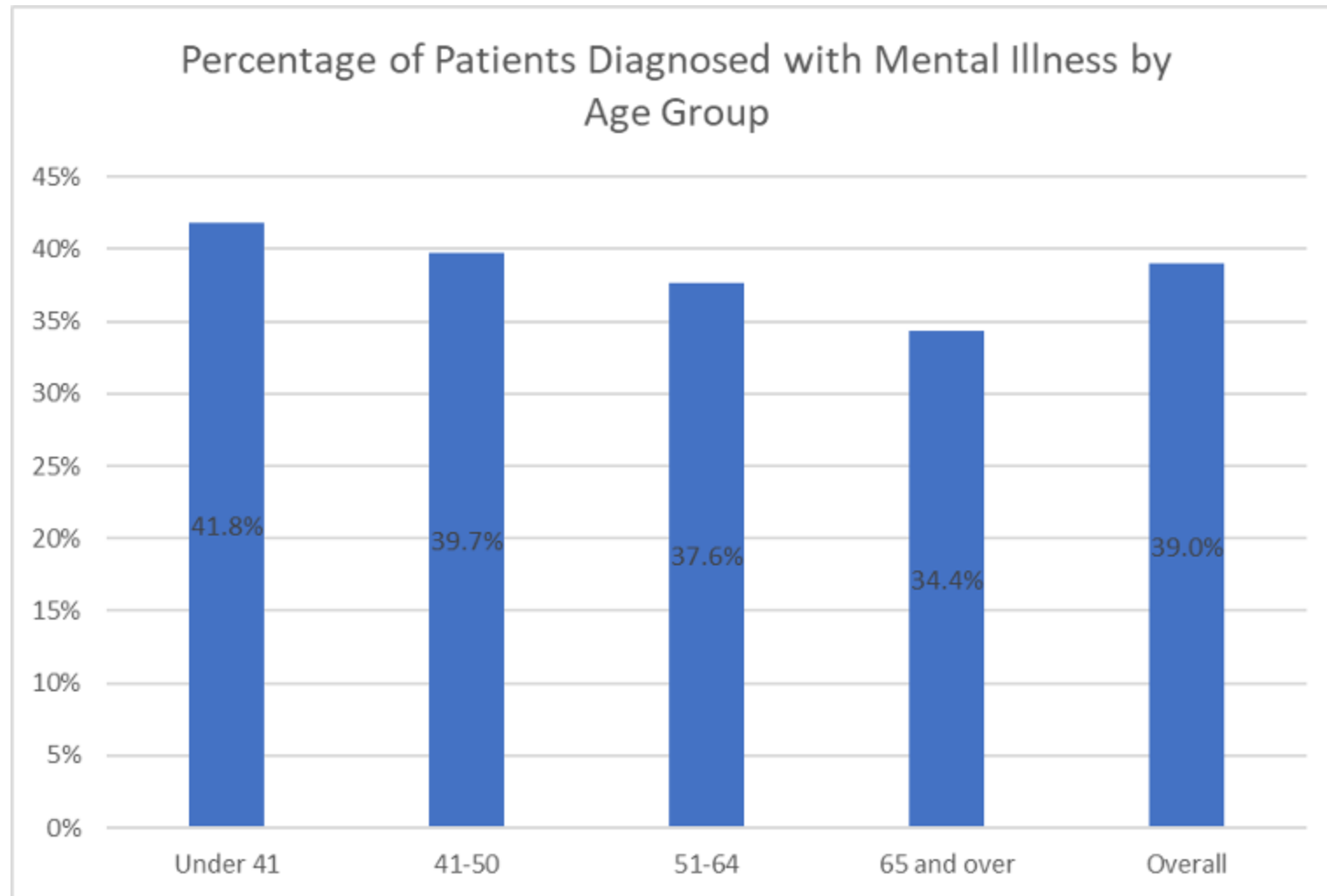
BEHAVIORAL HEALTH BARRIERS

- An LA Times Article in April 2023 explained:
 - National: "examined more than 100 lethal police encounters throughout the country and found that at least 40% involved a mental health crisis"²
 - Local: "In Los Angeles, police reported a similar figure in 2022: 39% of the people officers shot were in the midst of a mental health crisis"²
- Low number of service providers - services are impacted, long waitlist
- Reality – takes months to get an appointment, might not be covered by insurance, by that point person has had multiple mental health crises or has been hospitalized already, transportation barriers

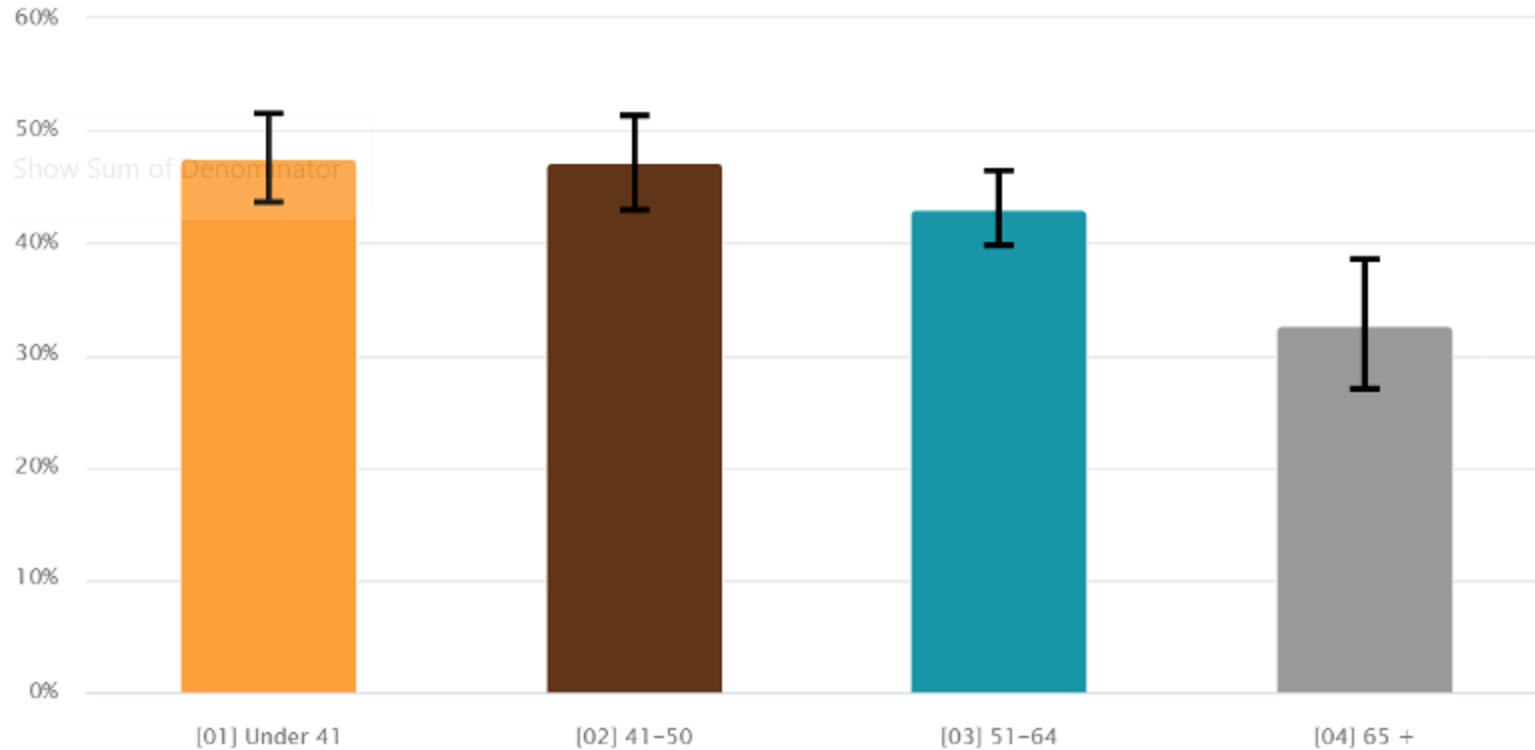


2. Seidman, L. (2023, April 13). *L.A. promised mental health crisis response without cops. why isn't it happening?* Los Angeles Times.
<https://www.latimes.com/california/story/2023-04-13/988-hotline-mental-health-crisis-system-police>

HIA Patients Diagnosed with Mental Illness by Age Group



HIA Patients Diagnosed with Substance Use Disorder



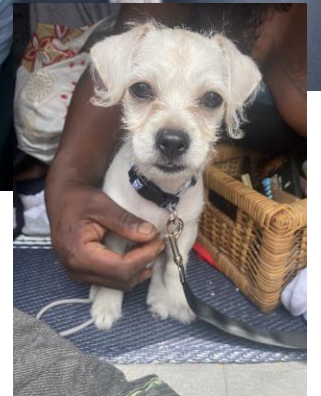
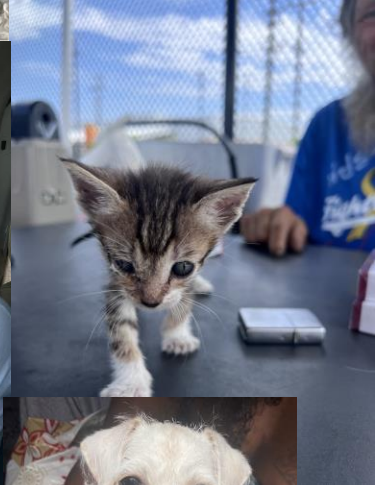
- } Overall, 44% of our patients have been diagnosed with SUD
- Ages 51-64: 43%
 - Ages 65+: 32%

*Among patients seen two or more times by a clinician

**Excludes patients with tobacco use disorder

ADDRESSING BEHAVIORAL HEALTH AS A PA

- Participates in **weekly virtual Psych Rounds** to discuss complex cases with Psychiatrist Mentor
- Trained in 1-year **Psychiatric Fellowship** through UC Irvine
- Supervised by **Addiction Medicine certified physician**
- **Minimizes barriers** to mental health pharmacological therapy



ROLE OF A MENTAL HEALTH SPECIALIST AT HIA

OUTREACH

PSYCHOTHERAPY

ASSESSMENT &
TRANSITIONS

- BRAINSPOTTING
- DIALECTICAL BEHAVIORAL THERAPY
- COGNITIVE BEHAVIORAL THERAPY
- HARM REDUCTION
- ATTACHMENT, REGULATION, COMPETENCIES
- TF-CBT

WHAT DOES STREET MEDICINE PSYCHOTHERAPY LOOK LIKE?



Occupational Therapy is Well-suited for Homeless Healthcare

Needs of PEH

- High rates of dependency on daily tasks that go unmet while unhoused¹
- Demanding cognitive tasks²
- Concurrent medical condition management
- Longstanding, untreated injuries or illnesses
- Boredom!³

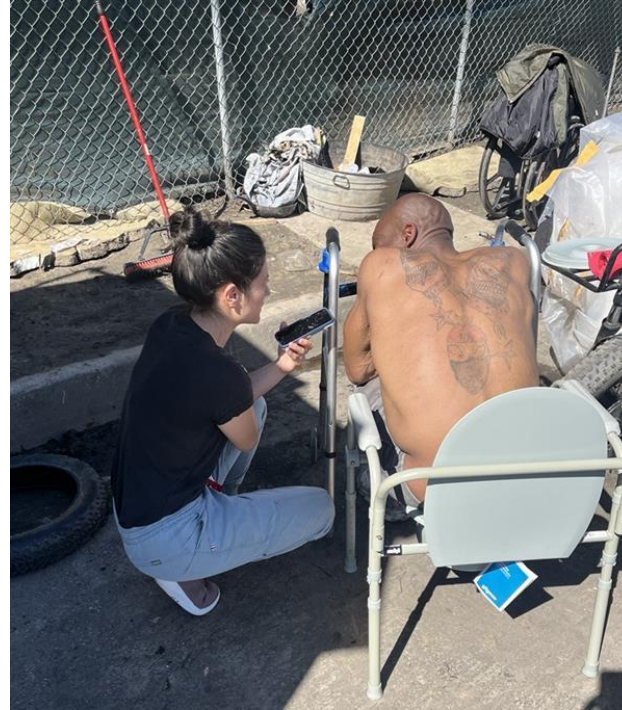
OT Scope

- Understanding of how physical and mental health deficits impact daily function
- Physical and cognitive function assessments
- Knowledge of chronic medical conditions and impact on well-being and participation
- Emphasis on rehabilitation and remediation
- Trauma-informed care, harm reduction, and social justice focus

1: Semere, W., Kaplan, L., Valle, K., Guzman, D., Ramsey, C., Garcia, C., & Kushel, M. (2022). *Caregiving Needs Are Unmet for Many Older Homeless Adults: Findings from the HOPE HOME Study*. *Journal of General Internal Medicine*, 37(14), 3611–3619. DOI: 10.1007/s11606-022-07438-z

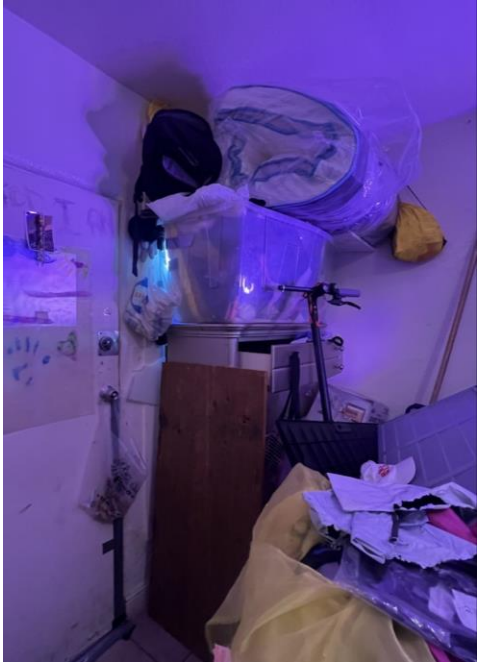
2: Caitlin E. Synovec (2020). Evaluating Cognitive Impairment and Its Relation to Function in a Population of Individuals Who Are Homeless. *Occupational Therapy in Mental Health*. DOI: 10.1080/0164212X.2020.1838400.

3: Marshall, C.A., Barbic, S., Gewurtz, R., & Roy, L. (2020). *Bridging the Transition: A Comprehensive Guide to Personal and Career Development*. Accessed at <https://www/sjmhlab.com/publications>.

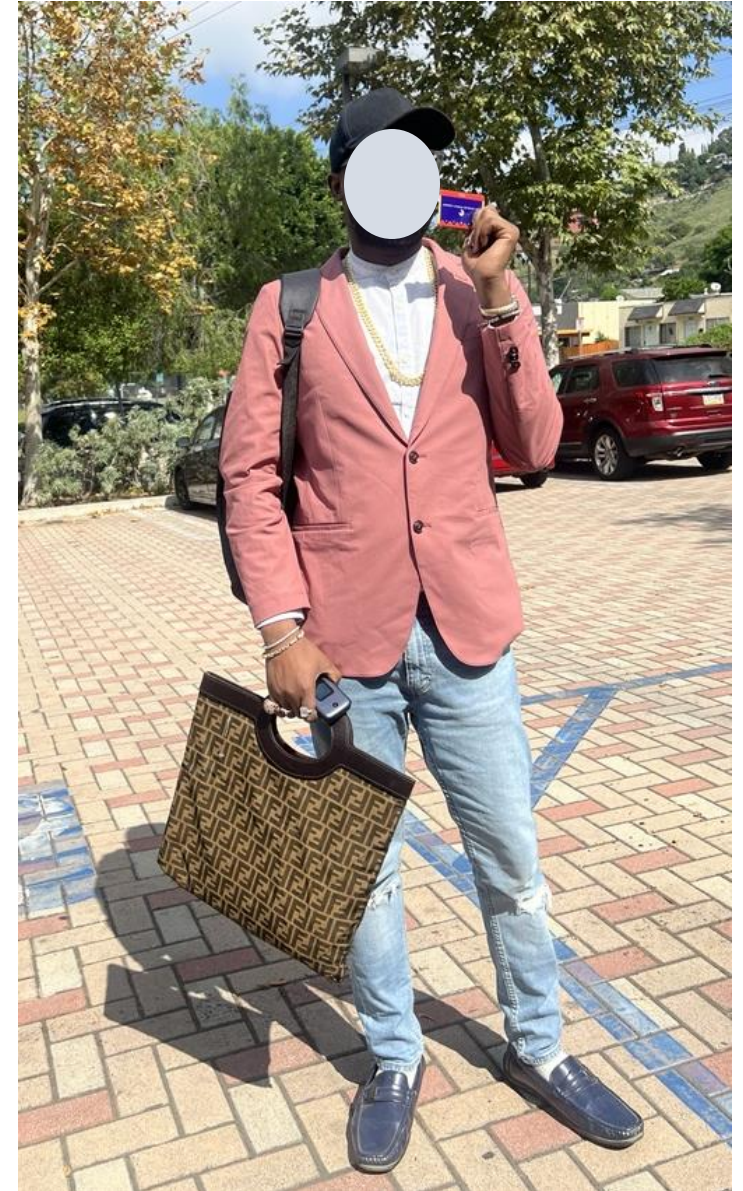


Implementing OT at HIA

- Evaluations and task analysis
 - Cognition, DME, levels of care, discharge dispositions
- Community mobility and navigation
- Activity engagement and addressing boredom
- Environmental modifications and physical rehabilitation
- Support with transitions to/from housing

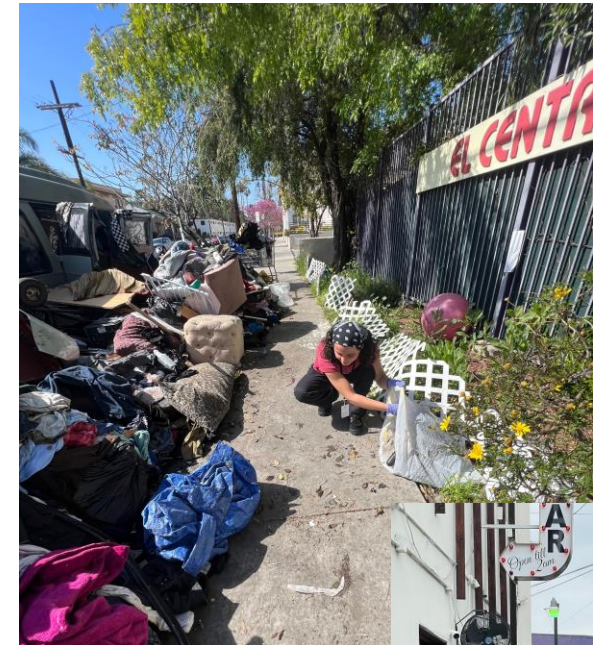


Housing



MEASURING OUTCOMES

1. Increased frequency of patient visits
2. Patient's self-reported increased understanding of their own health
3. Outcome Rating Scale (ORS) to measure therapeutic alliance
4. Improved PHQ9 + GAD7 scores
5. Increased number of patients connected to brick/mortar services, outpatient behavioral services, rehab, and other therapy services
6. Increased provider confidence with psychotropic management



Lily



Working with Lily

Psychotherapist:

- Stabilization
- Psychoeducation around PTSD, Trauma Focused CBT
- Acceptance & Commitment Therapy-grounding techniques
- Art therapy techniques
- Interdisciplinary communication to help Lily adjust to new challenges



Working with Lily

Occupational therapist:

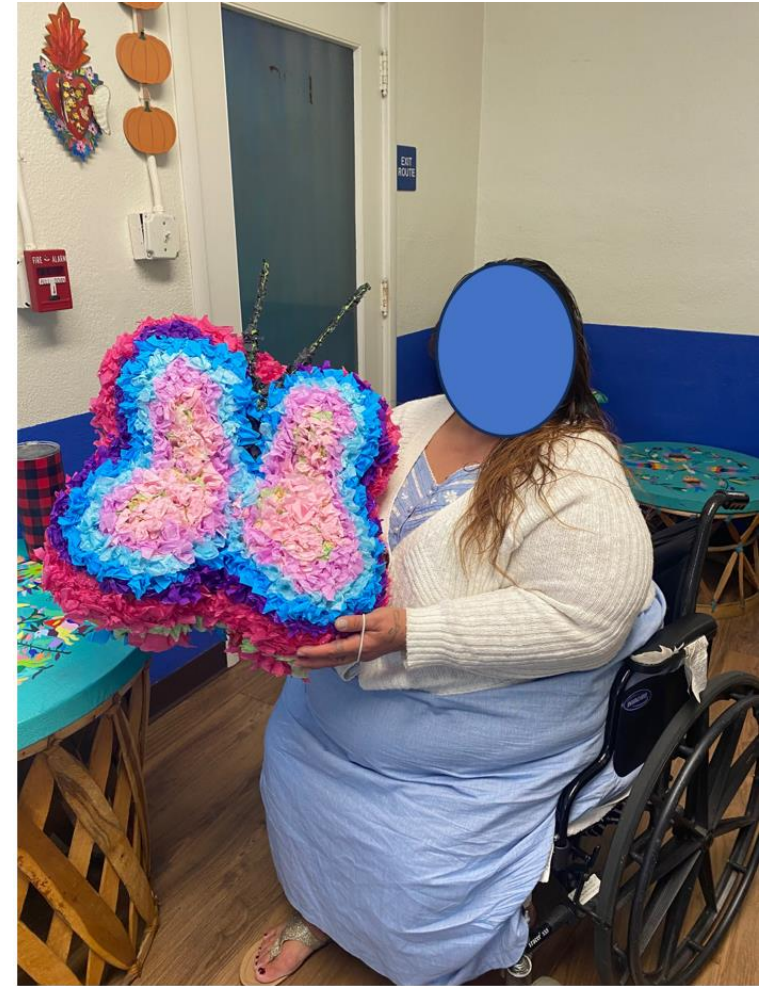
- Facilitate activity participation through exercise, DME
- Community navigation to build new routines & structure in permanent housing
- Increased clinical coverage during crisis or instability



Working with Lily

Physician Assistant:

- Medication management – initiating and adjusting pharmacotherapies
- Reinforcement of MHT and OT modalities
- Case discussion with Psychiatrist in weekly rounds



Discussion Questions



QUESTIONS? THANK YOU!

