Behavioral Health Call to Action:

Improving Outcomes for Older Adults and People with Disabilities in Oregon

Welcome and introductory remarks

Nirmala Dhar, LCSW

Older Adult Behavioral Health Services Coordinator

Oregon Health Authority

Varsha Chauhan, MD

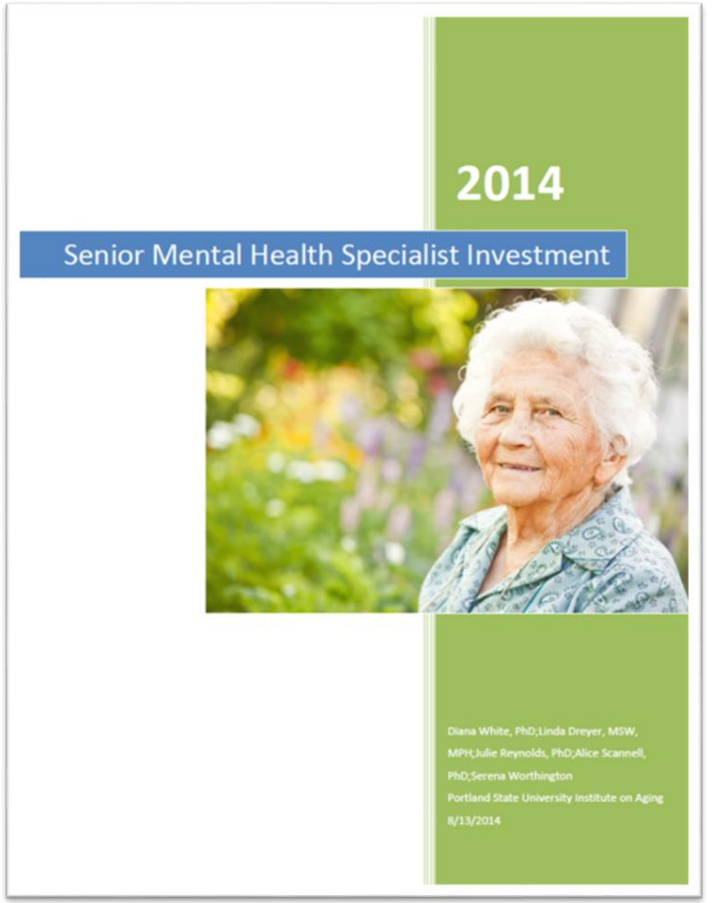
Chief Health Systems Officer

Oregon Health Authority

Overview of the Behavioral Health Initiative
for Older Adults and People with Disabilities

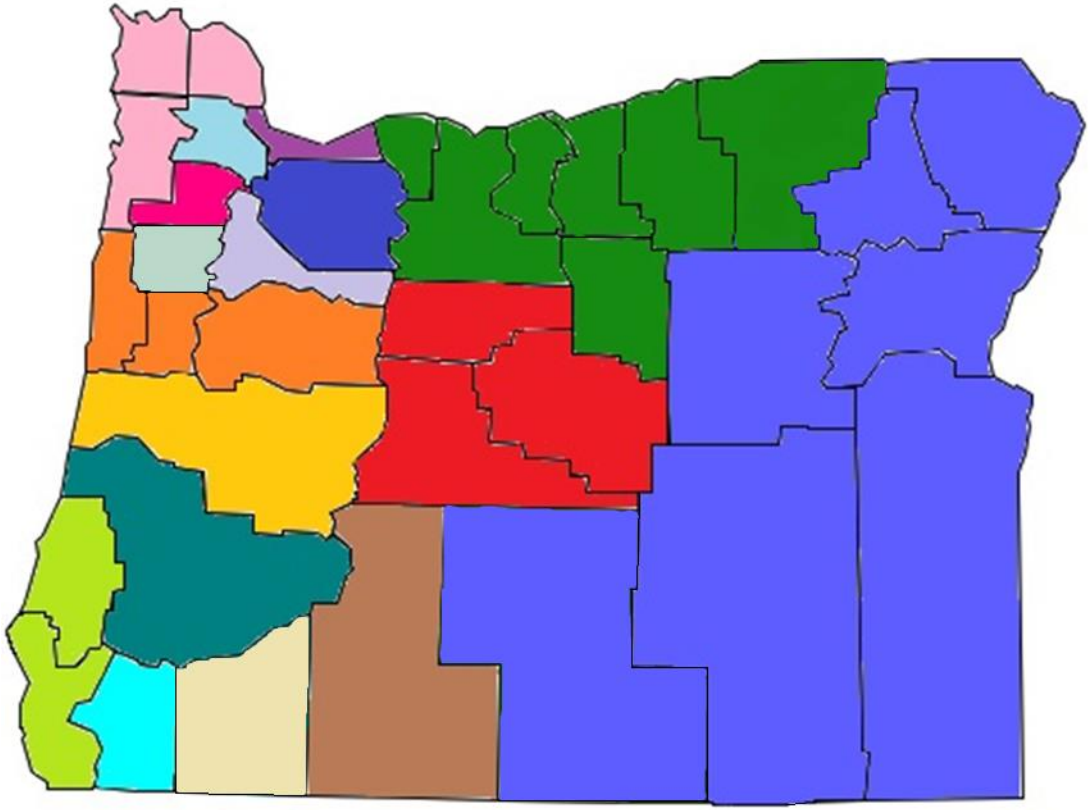
Gaps

- Systems were fragmented
  - Organizations worked in silos
  - Different funding priorities, eligibility requirements, and knowledge base
- Behavioral health for the population was not a priority in any agency
- Existing services were not tailored to the population
- Knowledge gaps were pervasive
- Resources and funding were limited

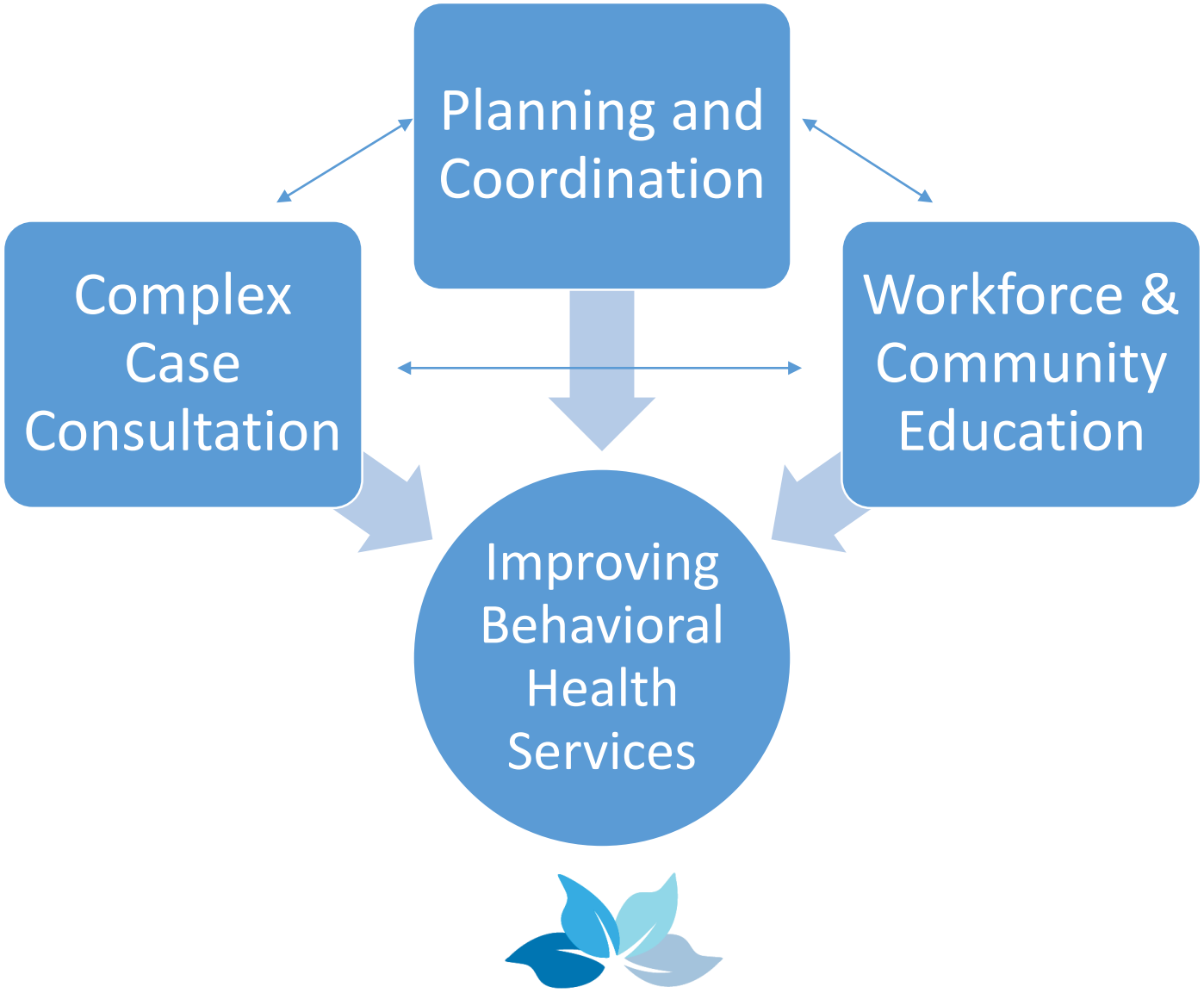


Behavioral Health Specialists

- 1 Statewide Coordinator
- 24 Specialists
- Positions filled
  - May – December 2015
  - Two new hires in April 2017
- Clinical Expertise
  - Social work
  - Psychology



What do the Specialists do?



Goals for today

- Increase knowledge about the Initiative
- Learn about accomplishments to date
- Learn what is recommended to move the Initiative forward
- Explore what we can do to meet the goals of the Initiative

Evaluation of the Initiative

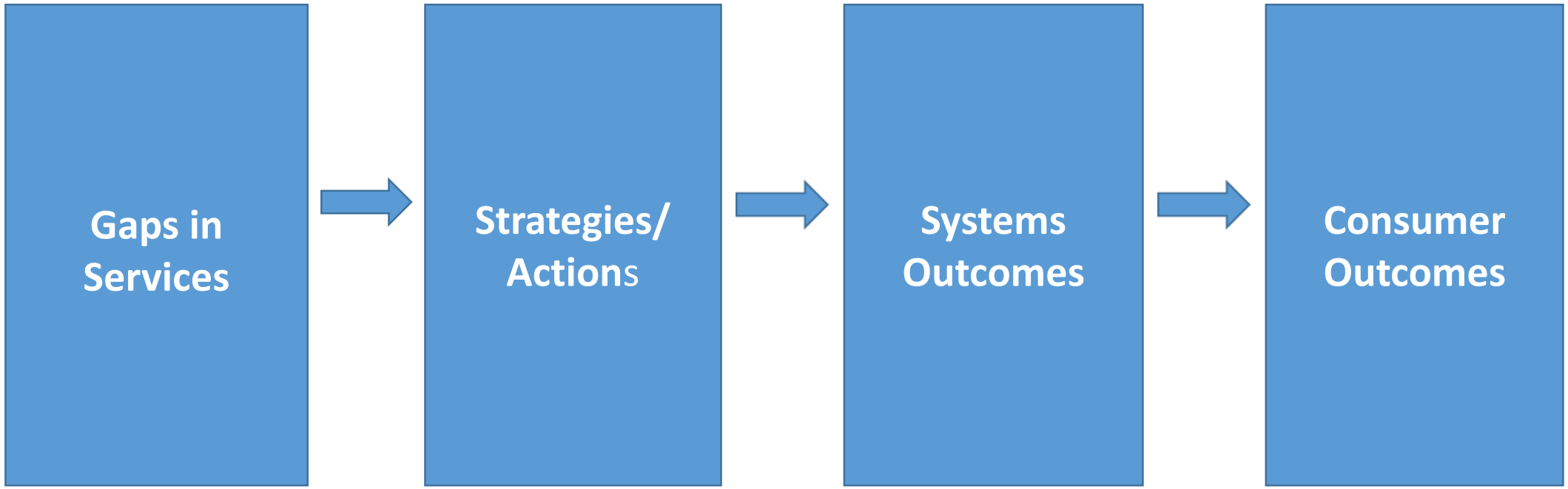
Diana White, Ph.D.

Institute on Aging

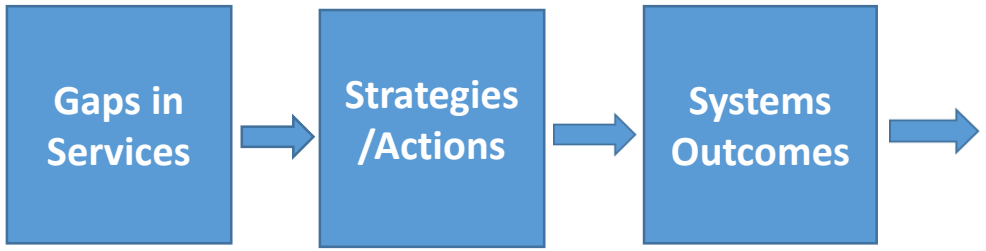
Evaluation data

- Specialists' quarterly reports
  - Three quarters of data (July 2016 – March 2017)
- Stakeholder online survey
  - 234 stakeholders (of 700); 33% response rate
- Behavioral Health Summit
  - 165 attended meetings in Keizer, La Grande, Medford, Redmond, The Dalles

Guiding logic model



Consumer outcomes



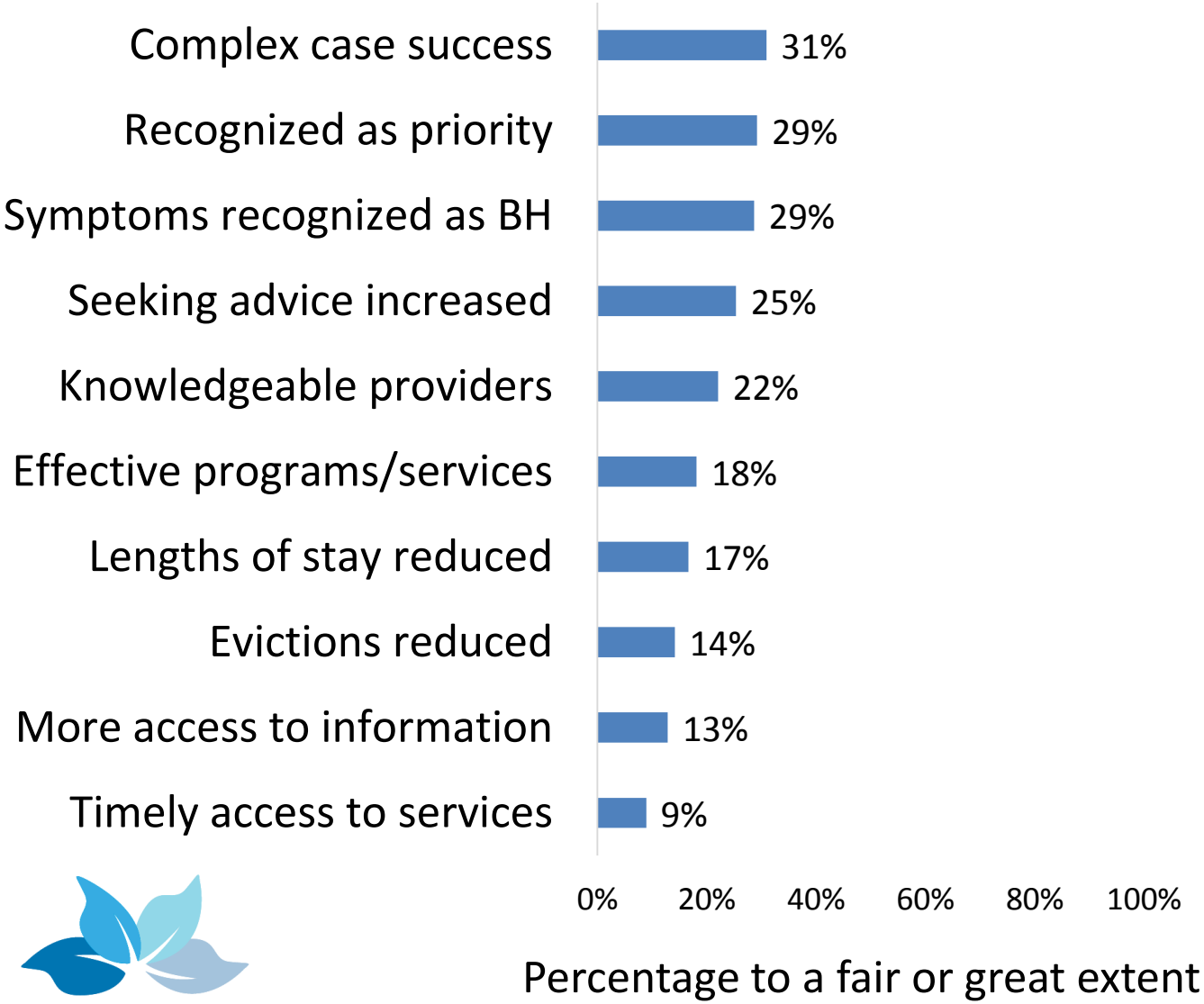
5–year goals

Older adults and people with physical disabilities who have behavioral health needs:

- Are recognized as a priority population
- Have timely access to services that have demonstrated effectiveness
- Have their signs and symptoms recognized as BH needs
- Receive help from knowledgeable and skilled providers
- Seek help to better understand their signs and symptoms
- Have information and tools to promote mental health well-being
- Experience reduced lengths of stay
- Rarely experience evictions
- Experience successful resolution of issues through complex case consultation

Consumer outcomes

- Considerable progress has been made, but there's still a long way to go!



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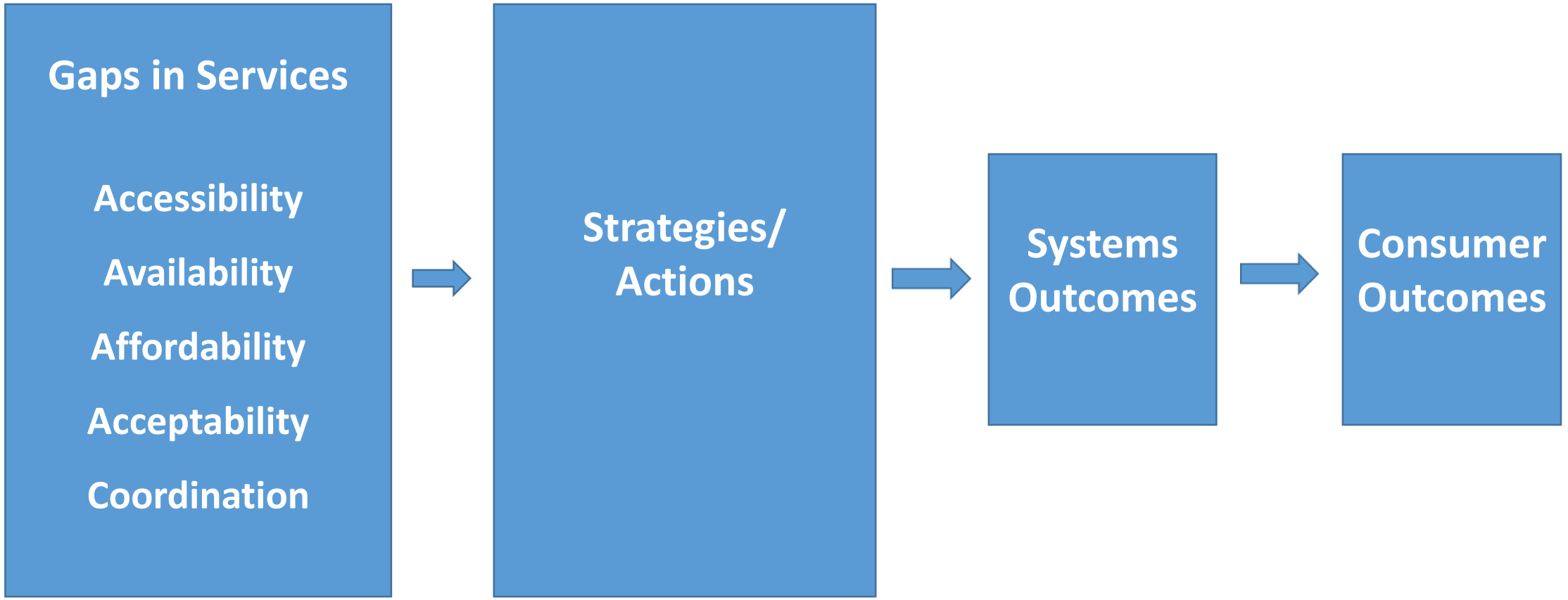

Challenges in addressing service gaps*
(Stakeholder Survey)

- **Acceptability**
  - No programs specifically for population (80%)
- **Accessibility**
  - Transportation (67%)
  - Distance to services (58%)
- **Provider availability**
  - Providers accepting Medicare (72%);
  - Lack of knowledge providers (72%)
  - Without required expertise (66%)
  - Lack of approved credentials (60%)
- **Affordability**
  - Housing (95%)
  - Restrictive eligibility requirements (78%)
- **Service Availability**
  - In LTC (78%)
  - In-home services (76%)
  - Prevention, wellness (63%)
  - Waitlist too long (60%)
  - Other needed services (54%)
- **Coordination**
  - No integration(68%)
  - Poor communication (53%)

*Challenges are overlapping

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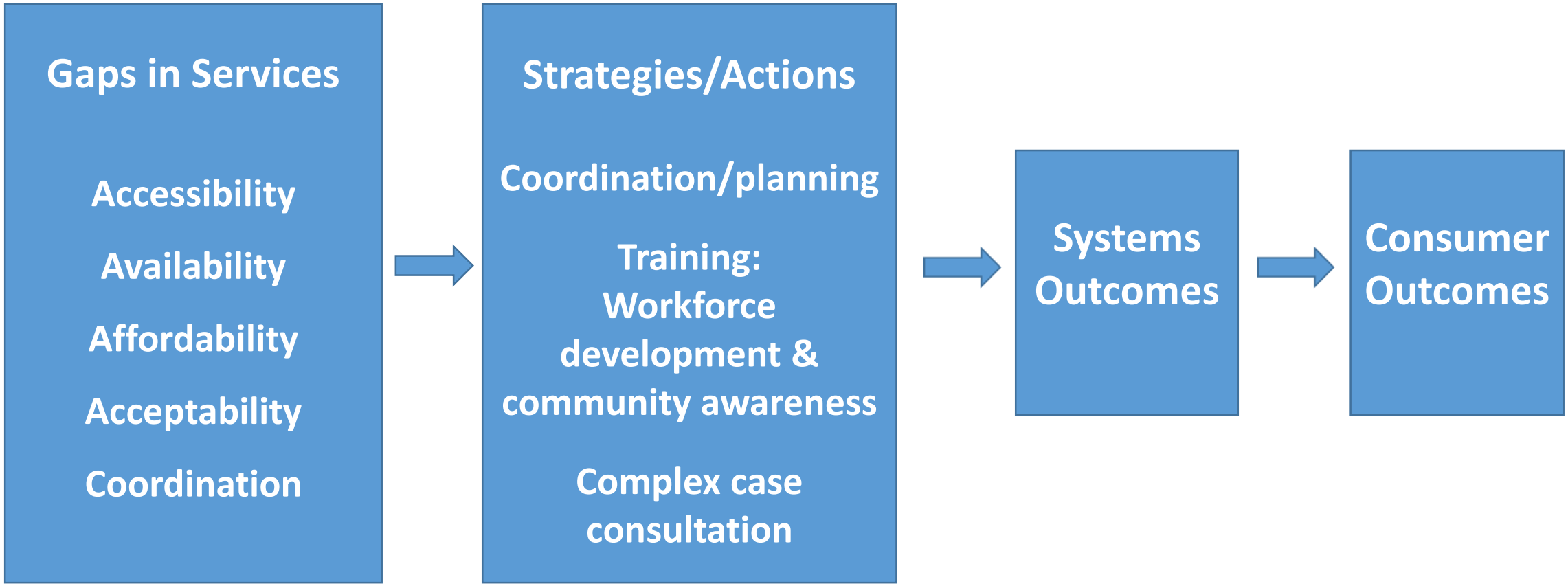


Actions to date

Planning and coordination, complex case consultation, training

Planning and coordination (Stakeholder survey)

- 81% participate at least occasionally

- Ongoing participation:
  - Behavioral health (52%)
  - Health services (47%)
  - Aging services & disabilities (39%)
  - Long-term services & supports (18%)

Planning and coordination (Stakeholder survey)

- Most stakeholders who attend planning/coordination meetings and discussions agreed that…
- Around half agreed that…
- Only about one quarter agreed that advocates, consumers, and families are well represented in these meetings and discussions.

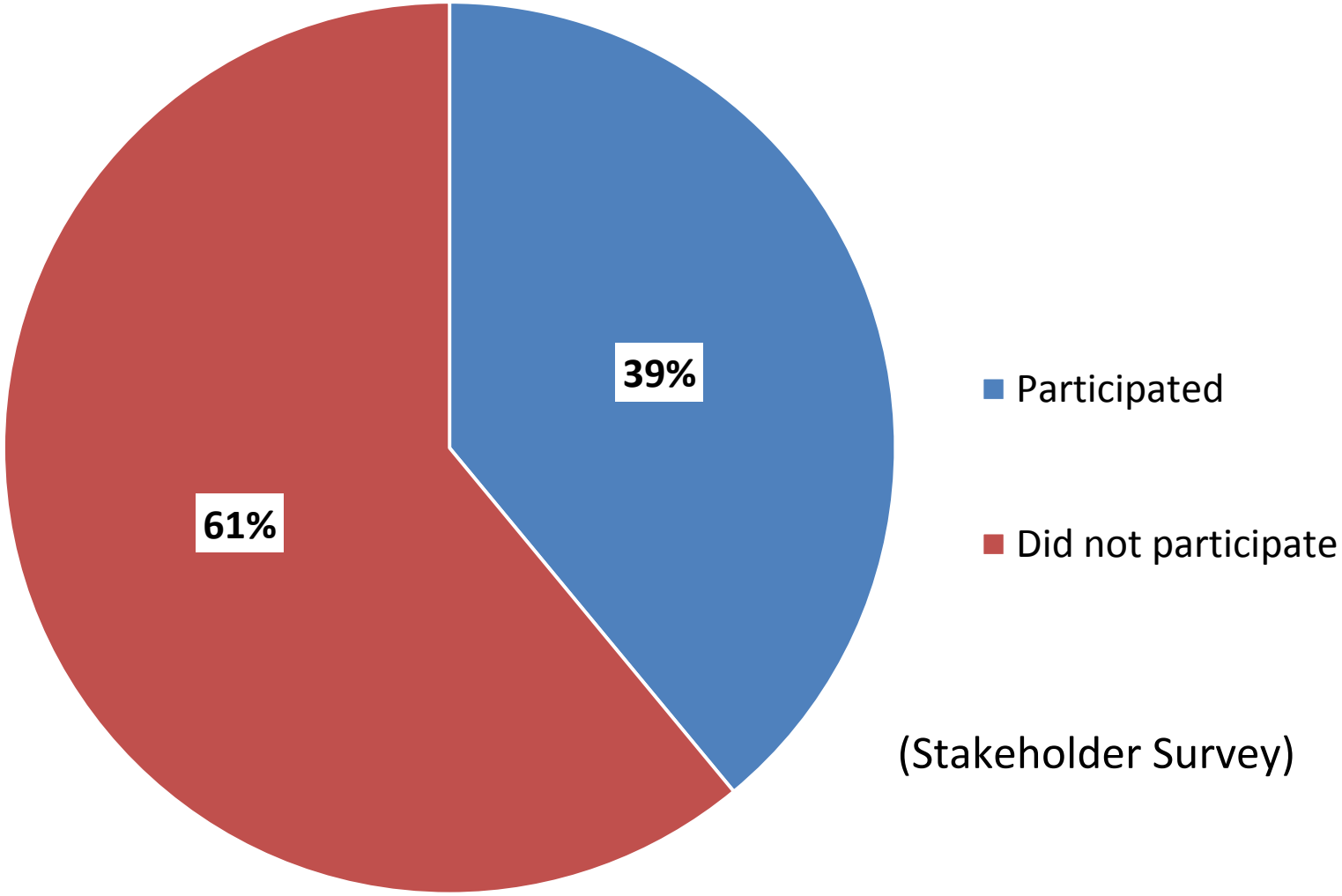
Complex case consultation

Complex case consultation

July-March 2017

(Quarterly Reports):

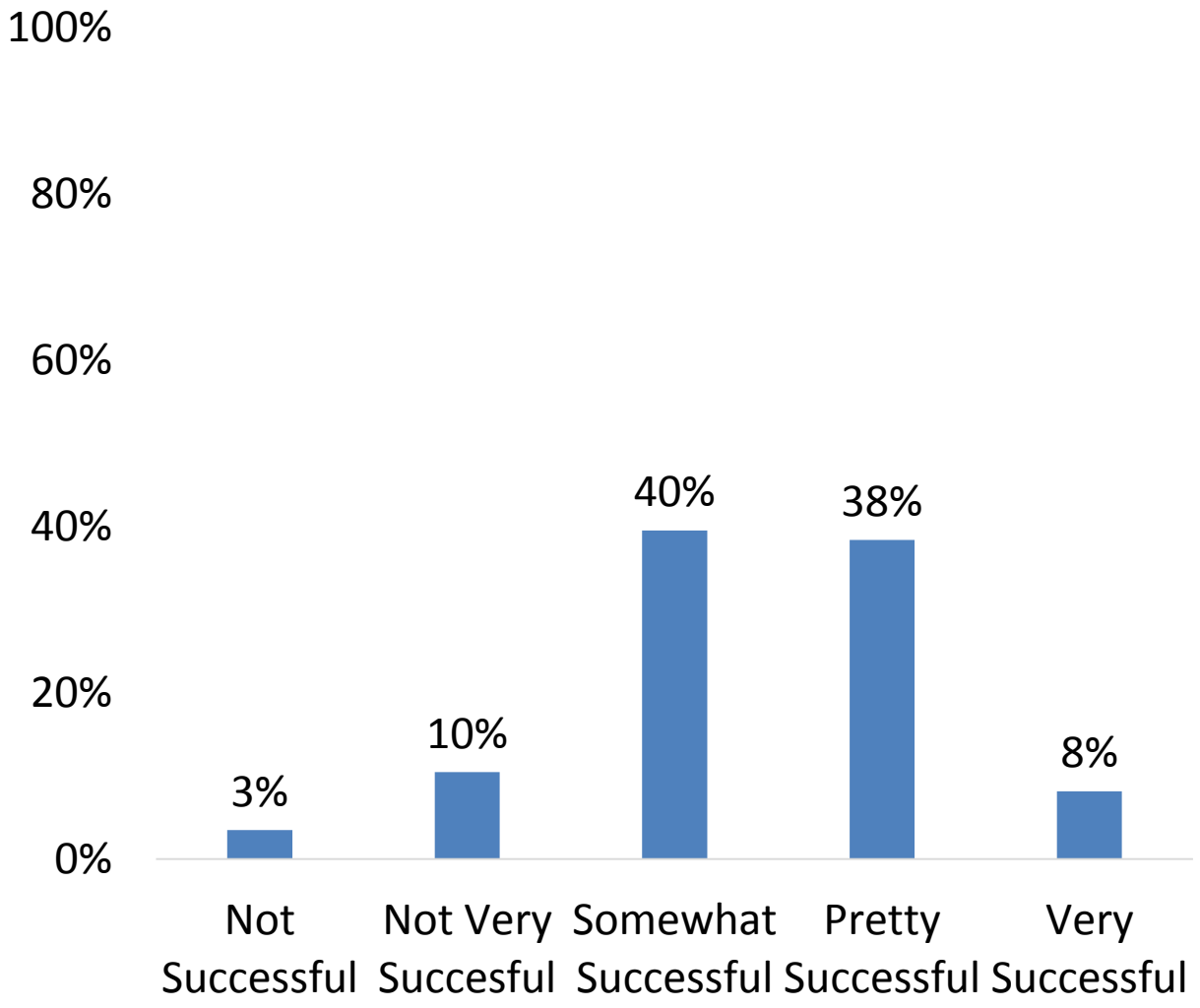
- 870 unplanned CCCs
- 731 regularly-scheduled CCCs
  - (625 with Multidisciplinary Teams)



(Stakeholder Survey)

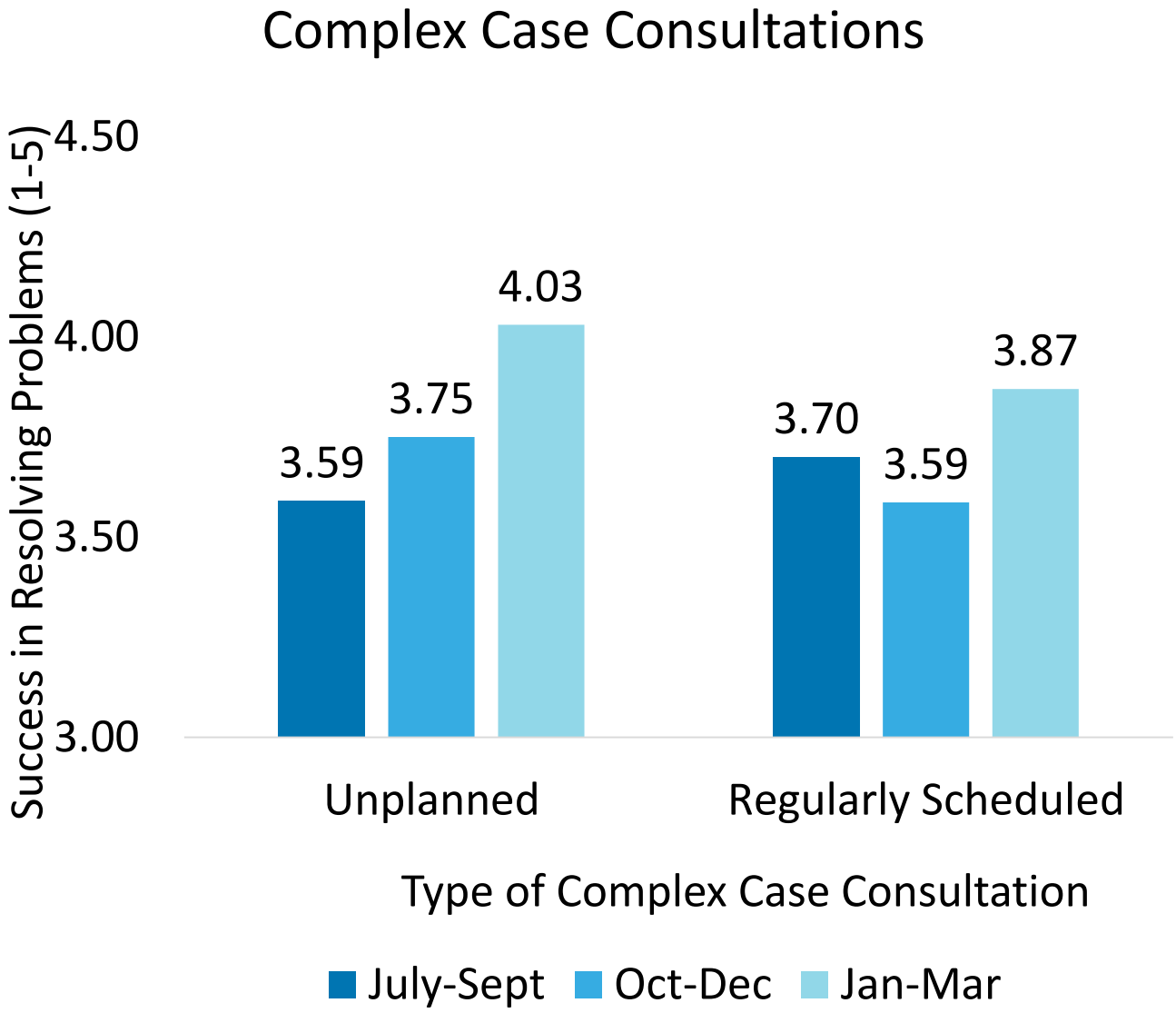
Complex case consultation (Stakeholder Survey)

- 46% considered consultations pretty or very successful.
- 40% indicated that some problems were resolved but many remained unsolved.



Complex case consultation (Quarterly reports)

- Specialists agreed that CCCs are a success.
- There was notable improvement in the success of unplanned CCCs.



Training:
Workforce development & community awareness

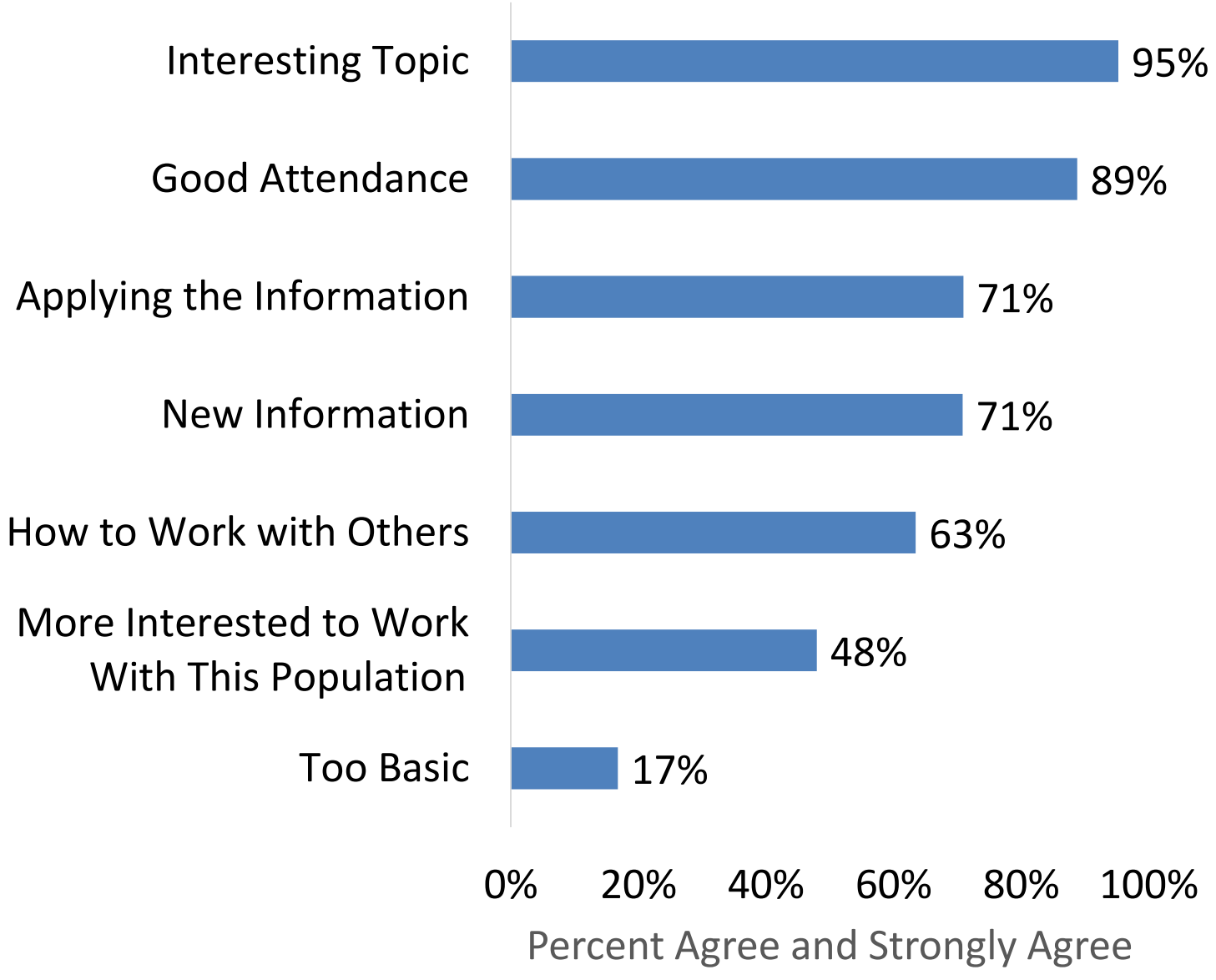
Specialists' reports (Quarterly Reports)

- Between July 2016 and March 2017, Specialists…
  - Conducted 273 trainings across Oregon
  - Reached over 7,000 training participants
- Training participants/target audiences were from multiple agencies and professions (20 +).
- Training topics covered a large set of issues.

Workforce development (Stakeholder Survey)

- Overall, stakeholders viewed the trainings very positively!

- More could potentially be done to generate interest in working with this population (although there may already be a high level of stakeholder interest).



Behavioral Health Specialists Panel: Accomplishments from the Field

Kay McDonald, M.A.

Lane County

Kim Jackson, M.A.

Washington County

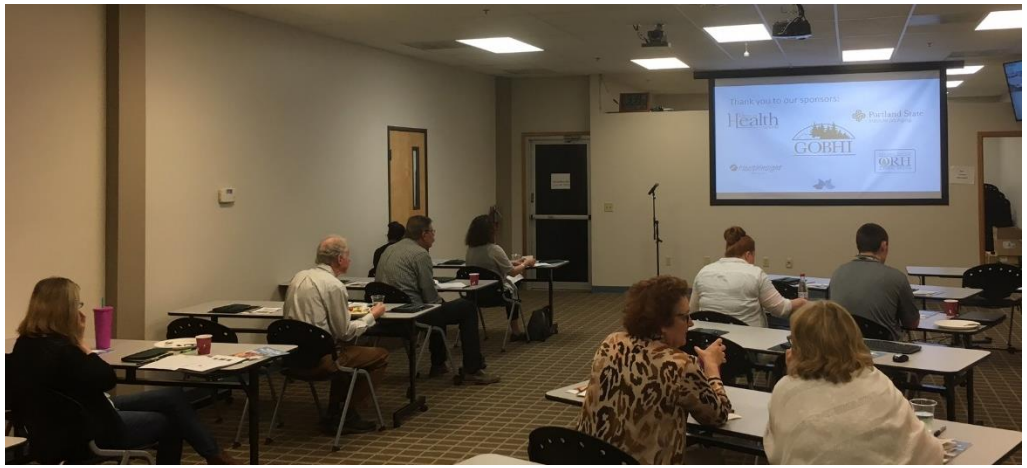
Lauren Fontanarosa, MPH

Multnomah, Washington & Clackamas Counties

Janet Holboke, LCSW

Columbia, Tillamook & Clatsop Counties

Strategies and actions moving forward



What Comes Next?

Summit participants' & Specialists' recommendations

Margaret Neal, Ph.D.
Institute on Aging

Coordination and integration

- Formalize the infrastructure at the state level to bridge aging services, behavioral health services, and health services
  - Seek waivers as needed
  - Use a “person-first” approach (e.g., integrate funding streams)
  - Increase behavioral health services in primary care clinics
  - Increase health services in behavioral health programs
  - Support relationship building across service sectors
- Review Oregon Administrative Rules to identify and reduce barriers to integrated services (e.g., peer support programs) and to specific services (e.g., Adult Foster Homes in rural communities)

Availability

- Provide resources to support program development and innovation generated through the Initiative in local communities
- Increase clinical services designed and targeted for older adults, and adults with physical disabilities
  - Community mental health programs with gero-psych services
  - Detox and substance use disorders residential treatment for people with ADL needs
  - Home-based services for those who cannot easily go to a mental health clinic or for whom the mental health clinic is not an appropriate location for services

Availability, affordability, & accessibility

- Advocate for changes to Medicare
  - Include licensed professional counselors as Medicare-approved providers
  - Increase coverage for behavioral health
  - Expand reimbursements for telemedicine and behavioral health
  - Expand resources for those who need personal care attendants
- Revise resource allocation policies to include consideration of travel time required in rural and frontier communities

Workforce development
(availability, acceptability, accessibility, affordability)

- Mandate agency support for training in all service sectors
  - Provide release time to attend training
  - Enhance knowledge of aging, living with disabilities, behavioral health, local resources, understanding “person-centered care”
  - Provide training to all levels of LTSS and LTC staff
- Support peer-to-peer counselor training and supervision
- Support train-the-trainer programs
- Recruit and provide incentives for services providers in underserved areas

Reflections and solutions

Panelists

Royce Bowlin, M.S.

Oregon Health Authority, Behavioral Health Director

Ashley Carson Cottingham, J.D.

Dept. of Human Services, Aging and People with Disabilities Director

Maureen Nash, M.D.

Providence ElderPlace, Medical Director

James (Jim) Davis, Ph.D.

OHA/DHS Older Adult/People with Disabilities Behavioral Health Advisory Council Chair

Concluding remarks

Nirmala Dhar, LCSW

Older Adult Behavioral Health Services Coordinator

Oregon Health Authority

Thank you!