

Forum on Behavioral Health Policy:

Improving Outcomes for Older Adults and
People with Disabilities in Oregon

June 18th, 2018



Welcome and introductory remarks

Patrick Allen

Director

Oregon Health Authority

Nirmala Dhar

Older Adult Behavioral Health Services Coordinator

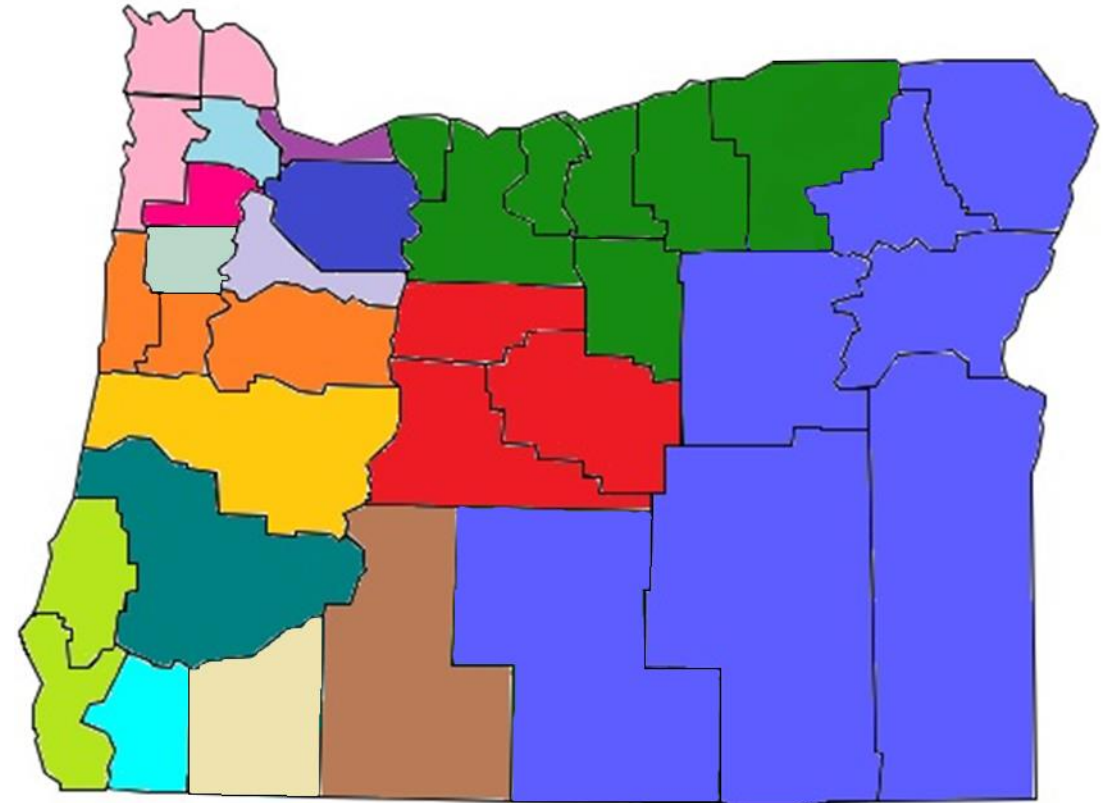
Oregon Health Authority



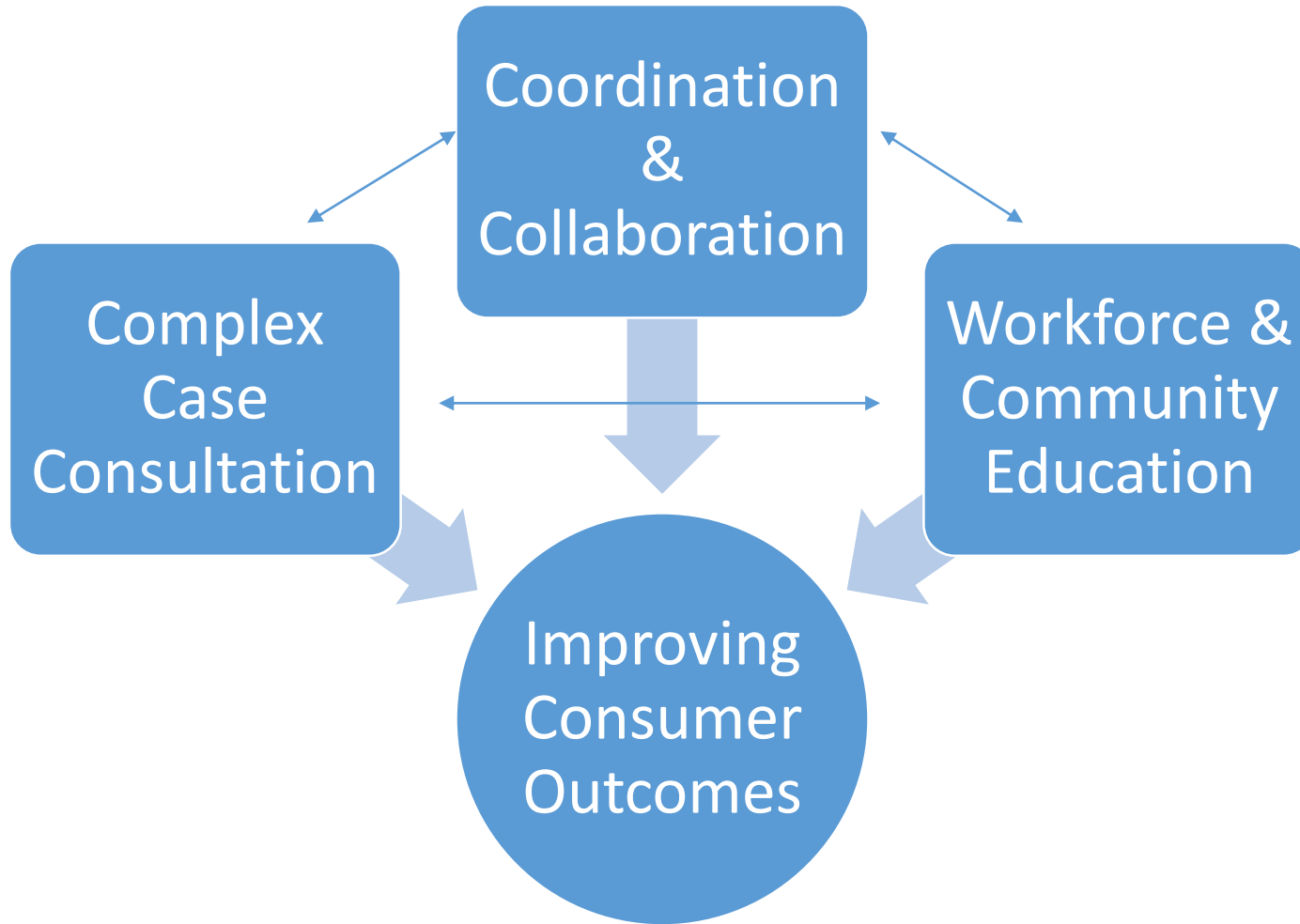
Behavioral Health Specialists



- 1 Statewide Coordinator
- 24 Specialists
- Positions filled
 - May – December 2015
 - Three new hires in 2018
- Clinical Expertise
 - Social work
 - Psychology



What do the Specialists do?



Goals for today

- Highlight findings from the evaluation, to date, of the Initiative
- Learn about and celebrate accomplishments to date
- Explore what we can do to meet the goals of the Initiative
- Discuss policy directions and recommendations for moving forward based on data



Evaluation of the Initiative

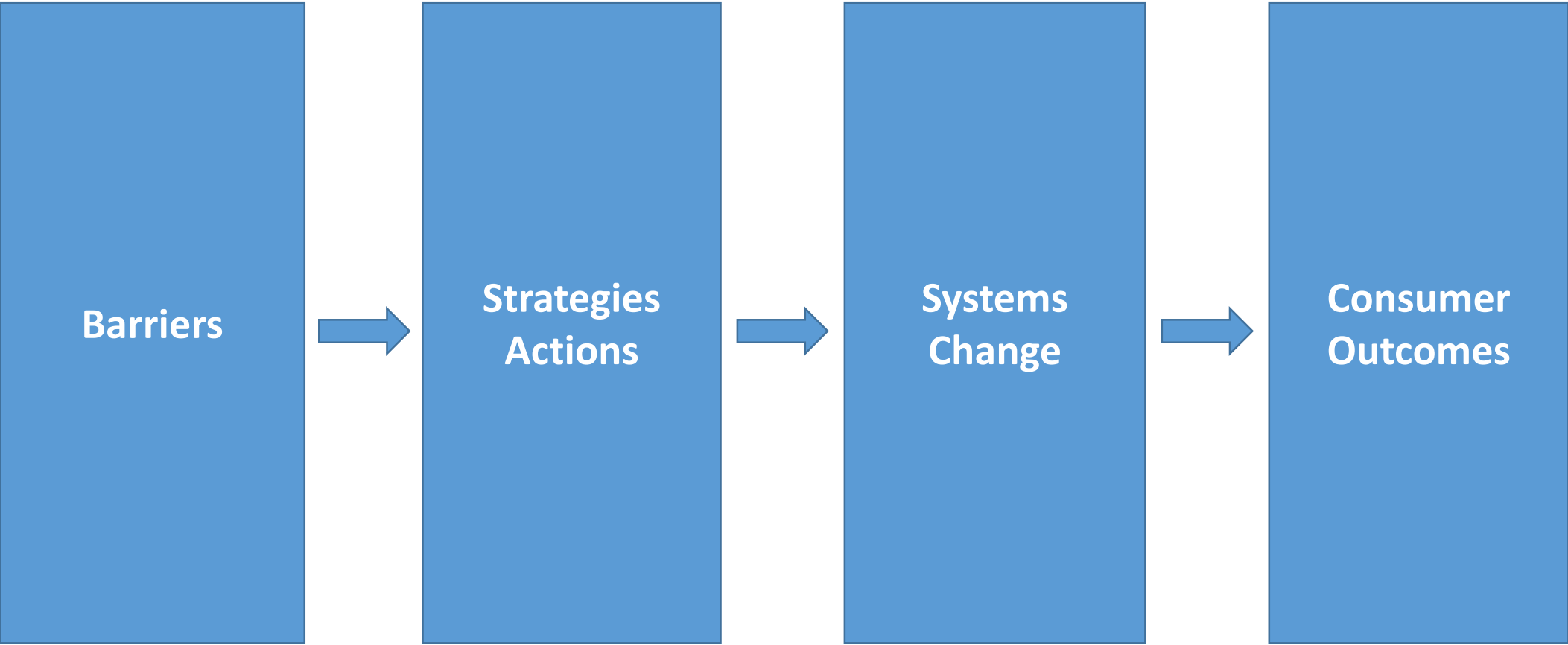
Ozcan Tunalilar

Institute on Aging

Portland State University



Guiding logic model

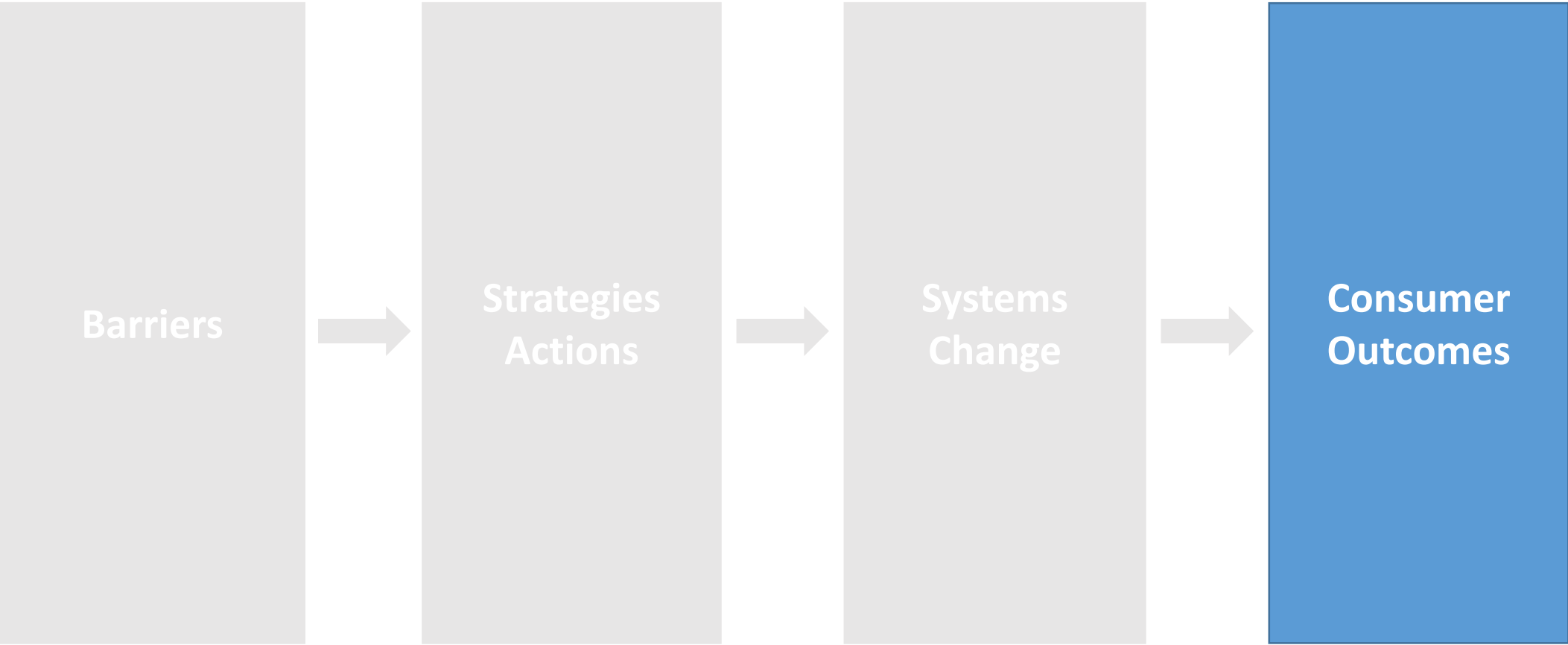


Evaluation data

- Specialists' Quarterly Reports
 - Six quarters of data (October 2016 – March 2018)
- Complex Case Consultations
 - Two quarters of data (October 2017 – March 2018)
- Training Evaluations
 - Post-training (October 2017 – March 2018)
 - 2-month follow-up survey data (October-December 2017)
- 2017 and 2018 Stakeholder Surveys
 - In 2017, 234 of 700 stakeholders responded (33%)
 - In 2018, 387 of 1,213 stakeholders responded (32%)
 - Longitudinal/matched stakeholder data

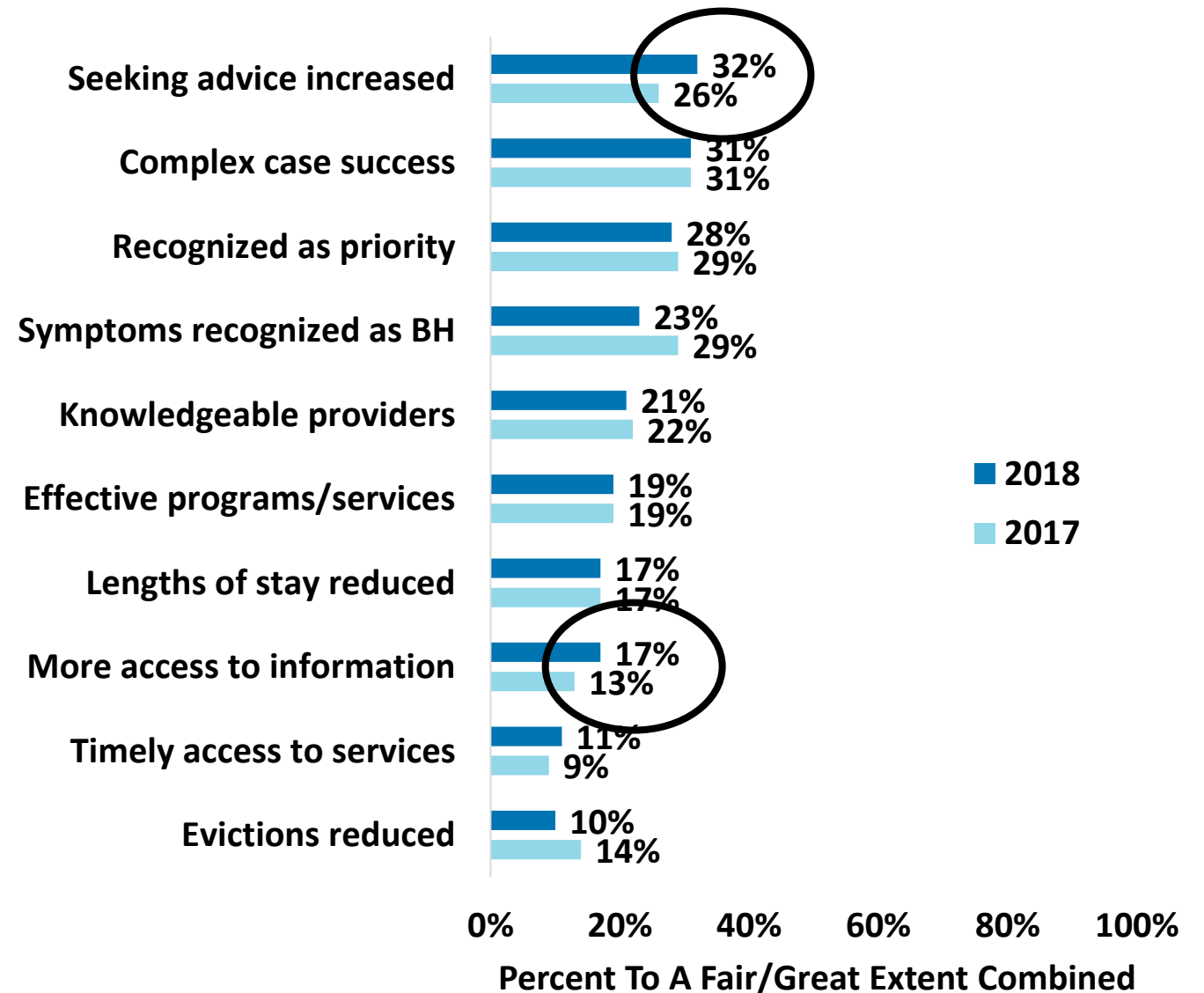


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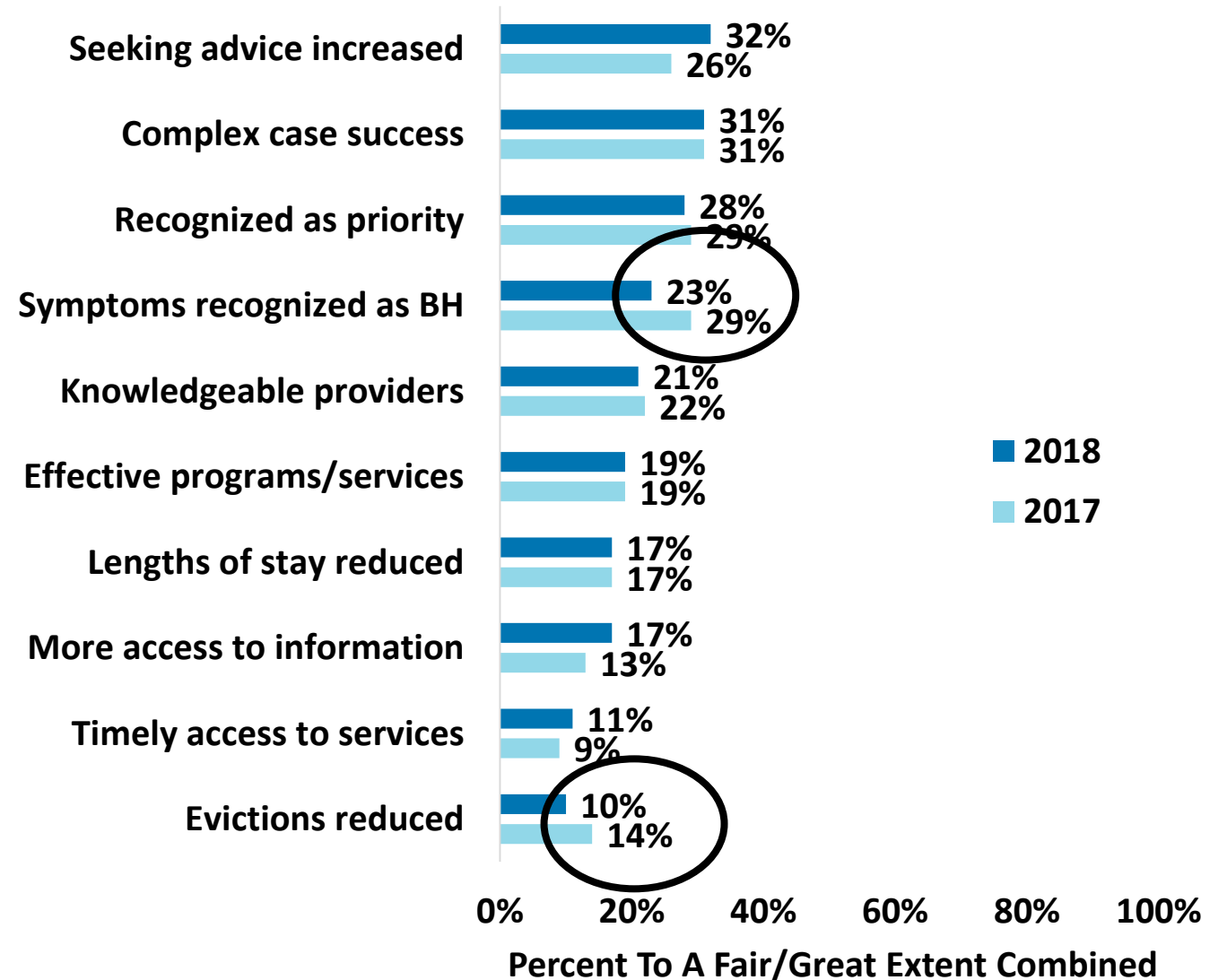
Consumer Outcomes (Stakeholder Survey)

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

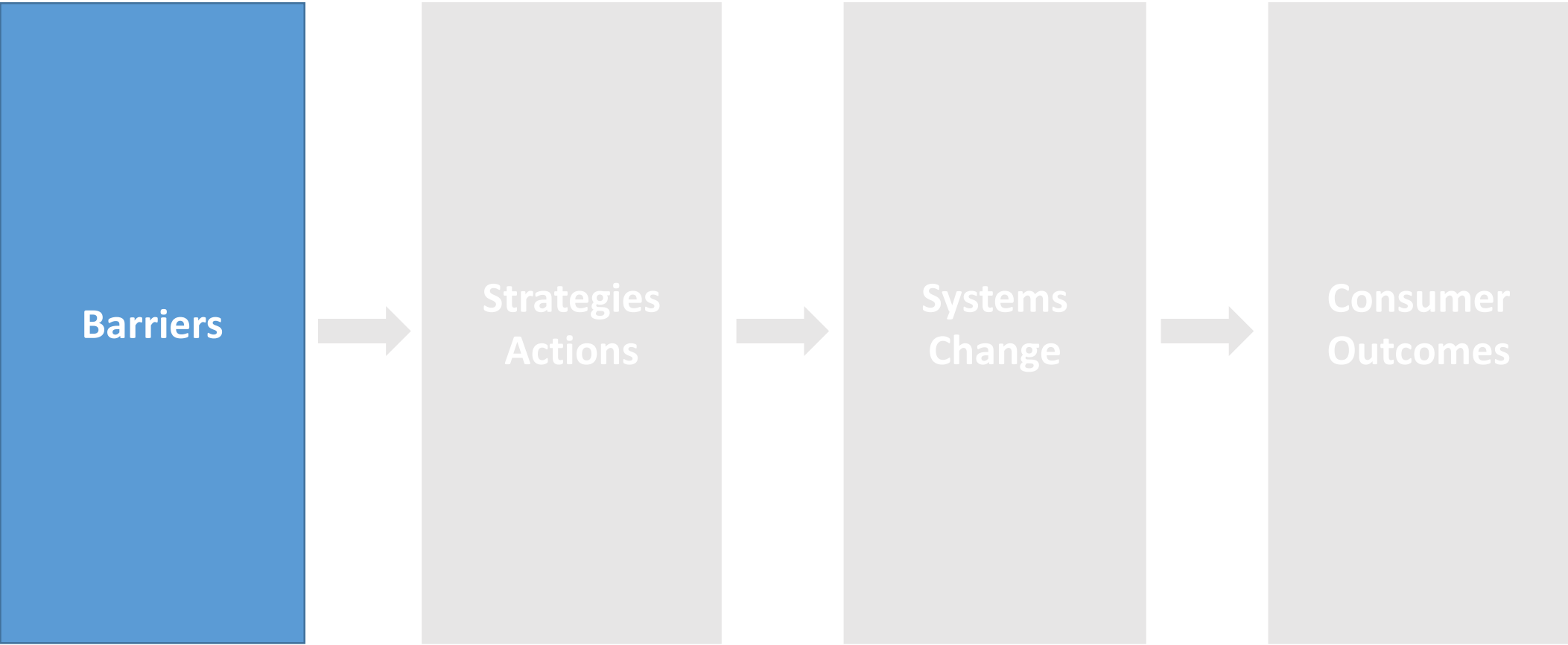


Consumer Outcomes (Stakeholder Survey)

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Guiding logic model



Barriers to improving consumer outcomes

- **Housing and transportation**
- **Lack of services and programs**
- **Lack of providers**
- **Policy and systems issues**



Barriers to improving consumer outcomes

- **Housing and transportation**
 - Lack of affordable housing (94%)
 - Lack of transportation (68%)
 - Distance to services (55%)
- Lack of services and programs
- Lack of providers
- Policy and Systems Issues



Barriers to improving consumer outcomes

- Housing and transportation
- **Lack of services and programs**
 - Lack of behavioral health services in long-term care settings (80%)
 - Lack of behavioral health programs specific to this population (75%)
 - Lack of in-home services (74%)
 - Lack of prevention or wellness services (57%)
 - Wait list is full or would take too long (58%)
 - Other needed services not available (51%)
- Lack of providers
- Policy and Systems Issues



Barriers to improving consumer outcomes

- Housing and transportation
- Lack of services and programs
- **Lack of providers**
 - Lack of people with the required expertise to provide quality behavioral health services (64%)
 - Lack of primary care providers knowledgeable about behavioral health (63%)
 - Lack of providers with the credentials required to get reimbursed for providing behavioral health services (65%)
- Policy and Systems Issues



Barriers to improving consumer outcomes

- Housing and transportation
- Lack of services and programs
- Lack of providers
- **Policy and systems issues**
 - Lack of credentialed providers willing to accept Medicare reimbursement for behavioral health services (76%)
 - Restrictive eligibility criteria (74%)
 - Lack of integration of behavioral health services and primary care (66%)
 - Poor communication among relevant agencies/organizations (57%)

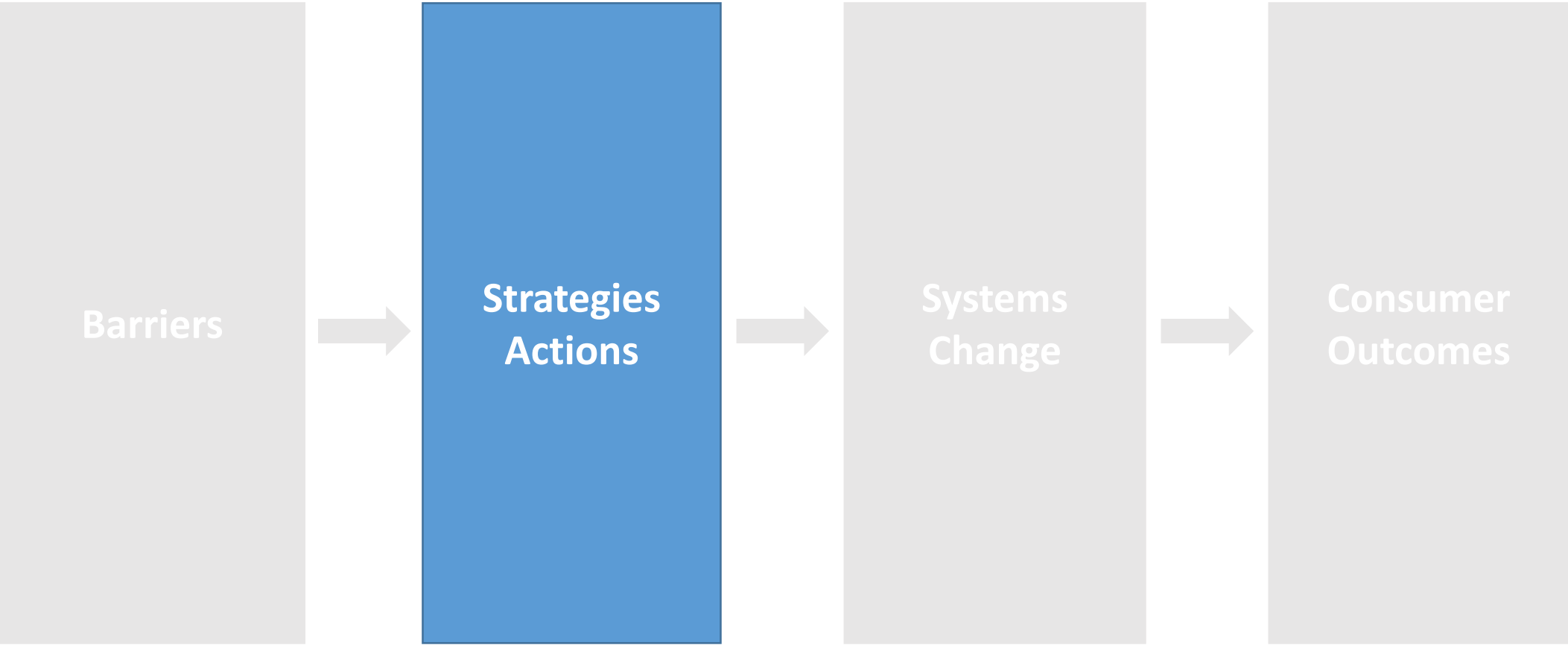


Barriers to improving consumer outcomes

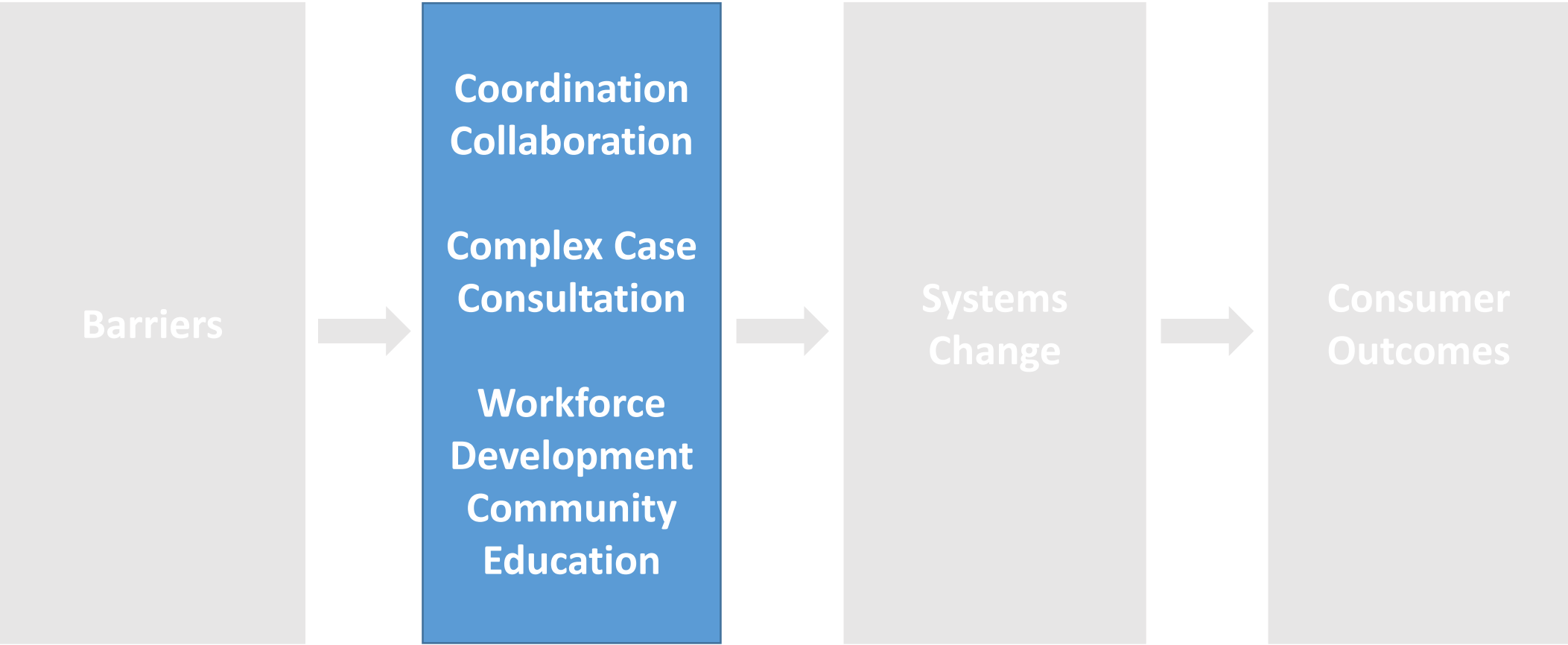
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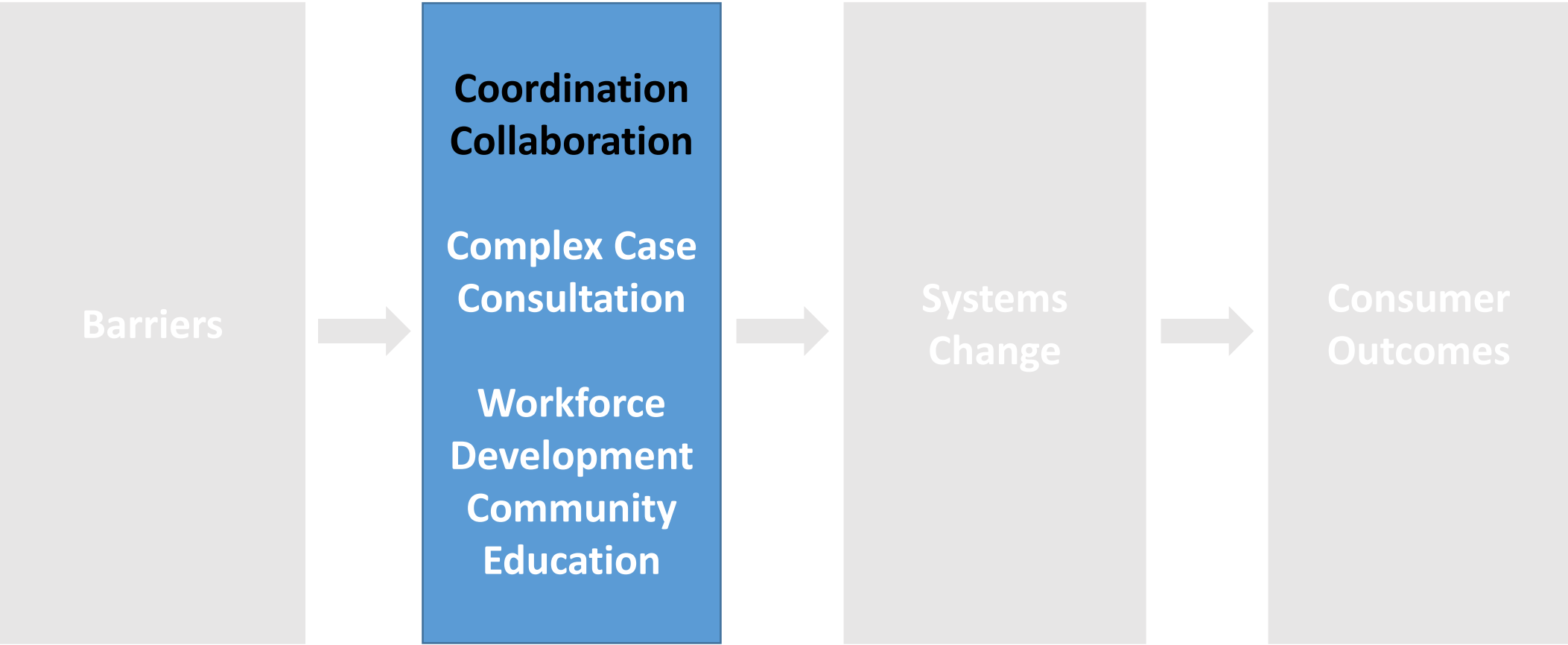
Guiding logic model



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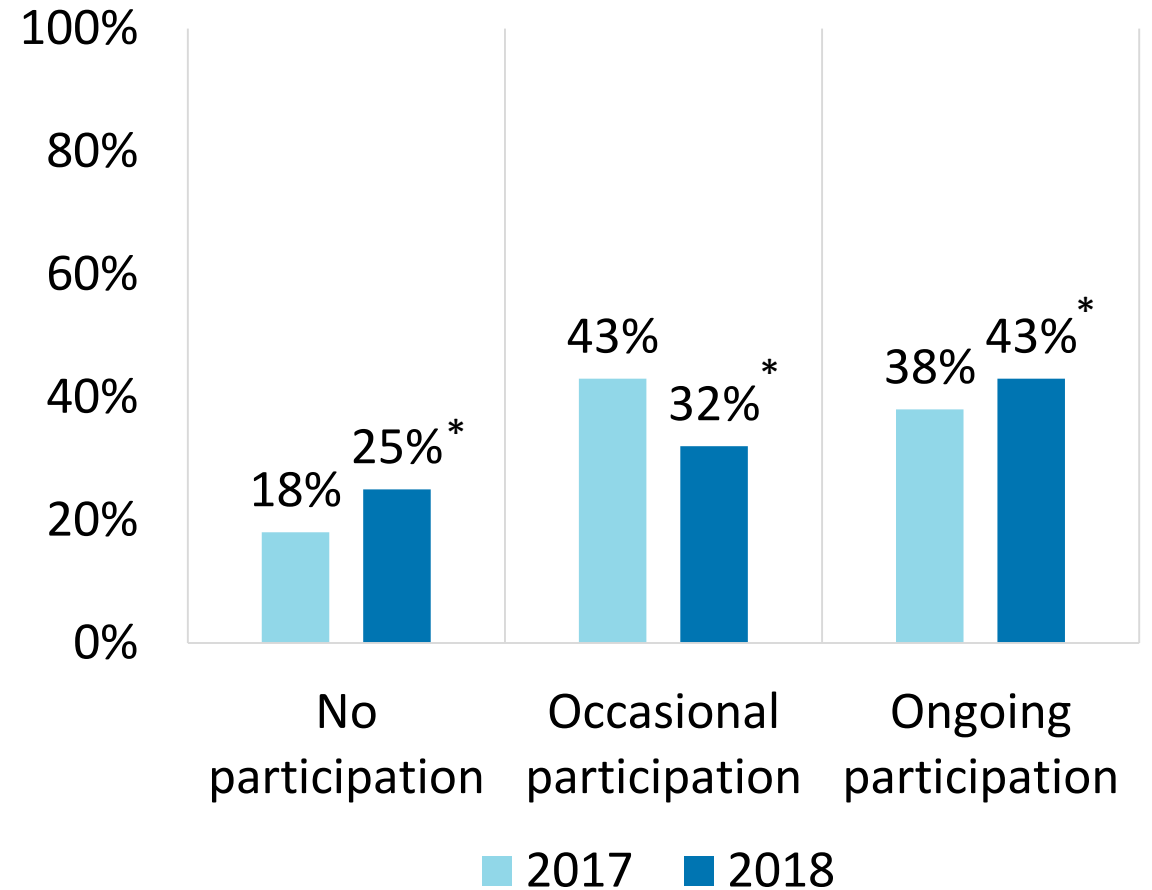


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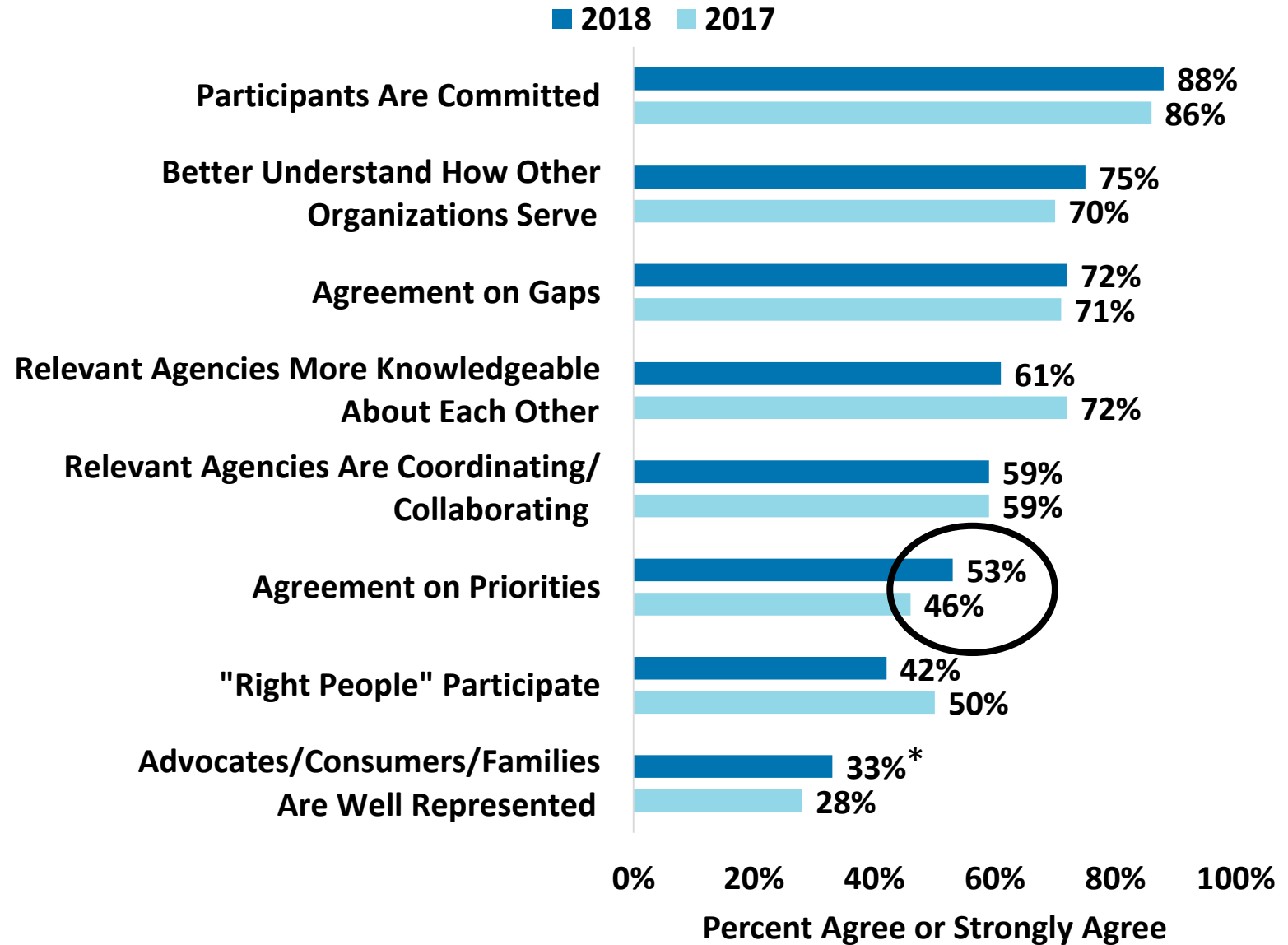
Coordination and Collaboration (Stakeholder Survey)

- 75% participate at least occasionally
- Ongoing participation appears to have increased
 - Accompanied with a decline in occasional participation



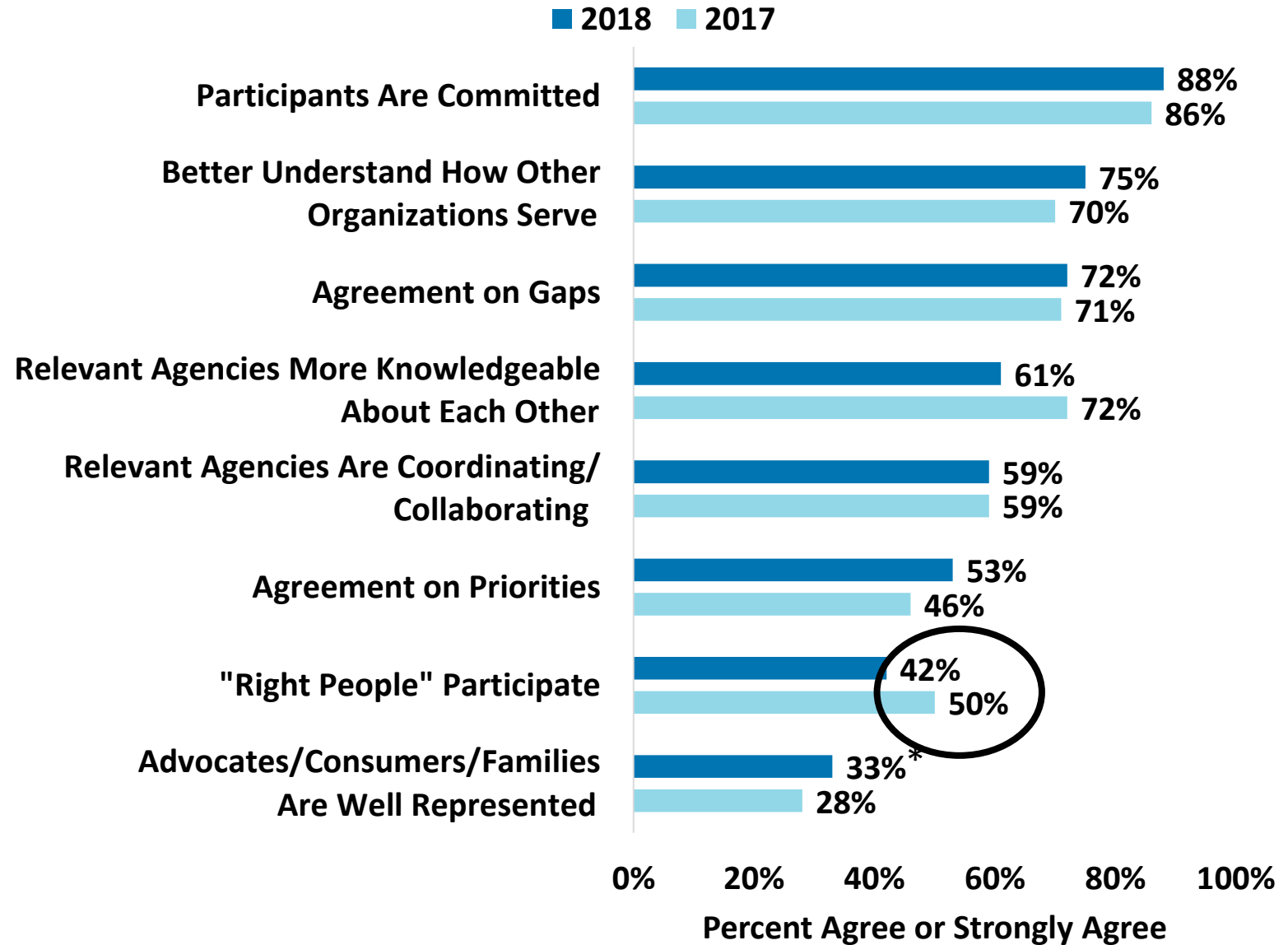
Collaboration and Coordination (Stakeholder Survey)

- Stakeholders who attend collaboration and coordination meetings and discussions report that...



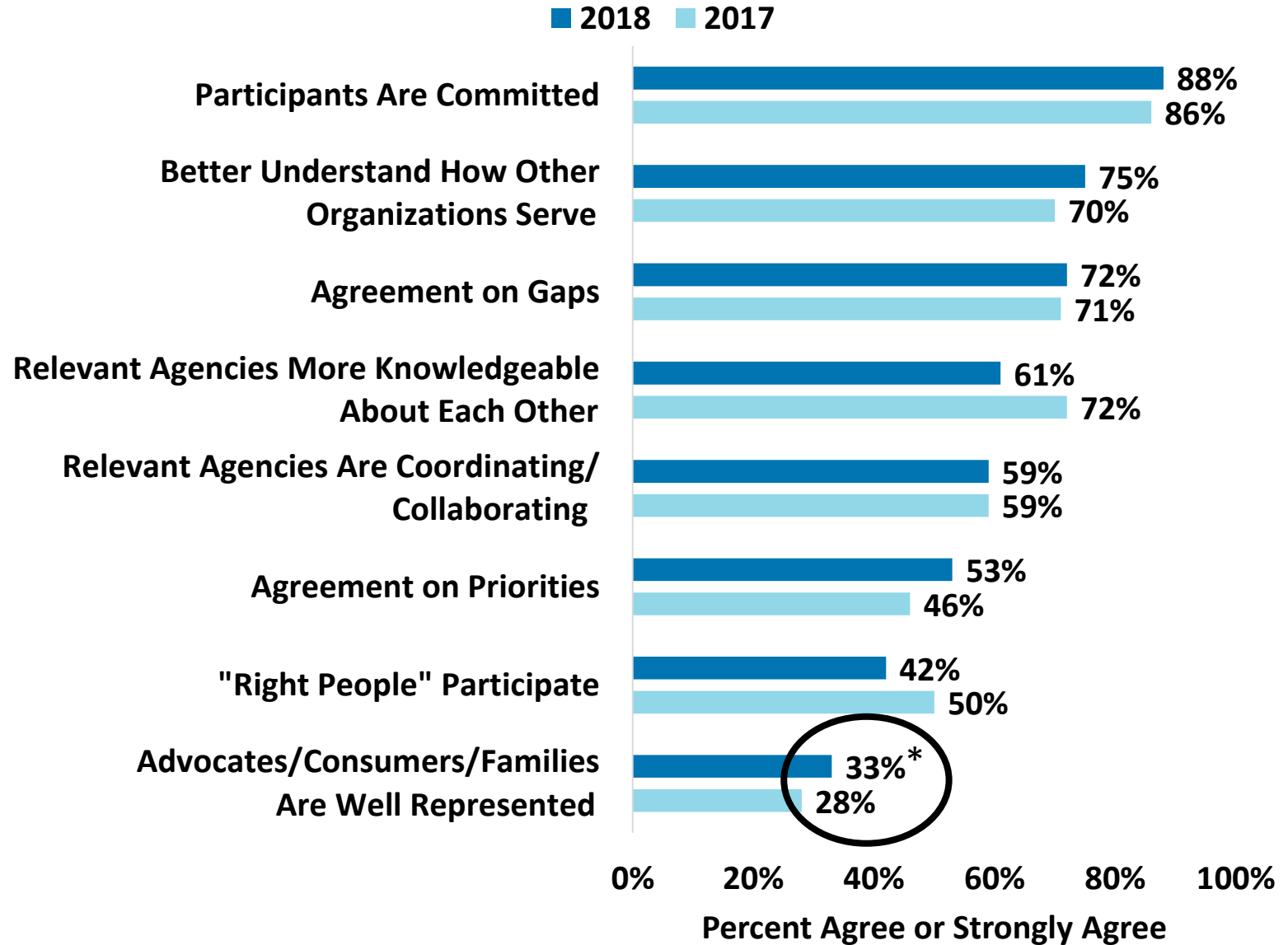
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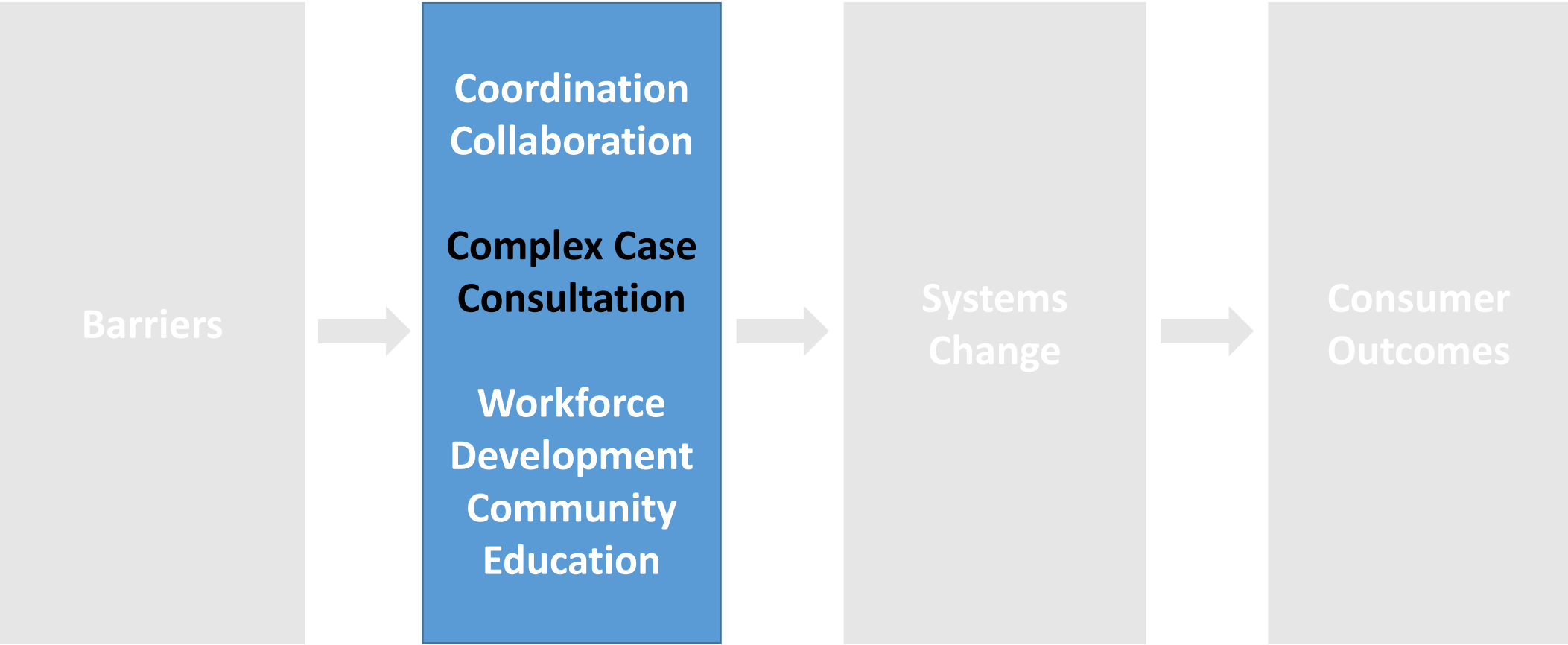


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Guiding logic model

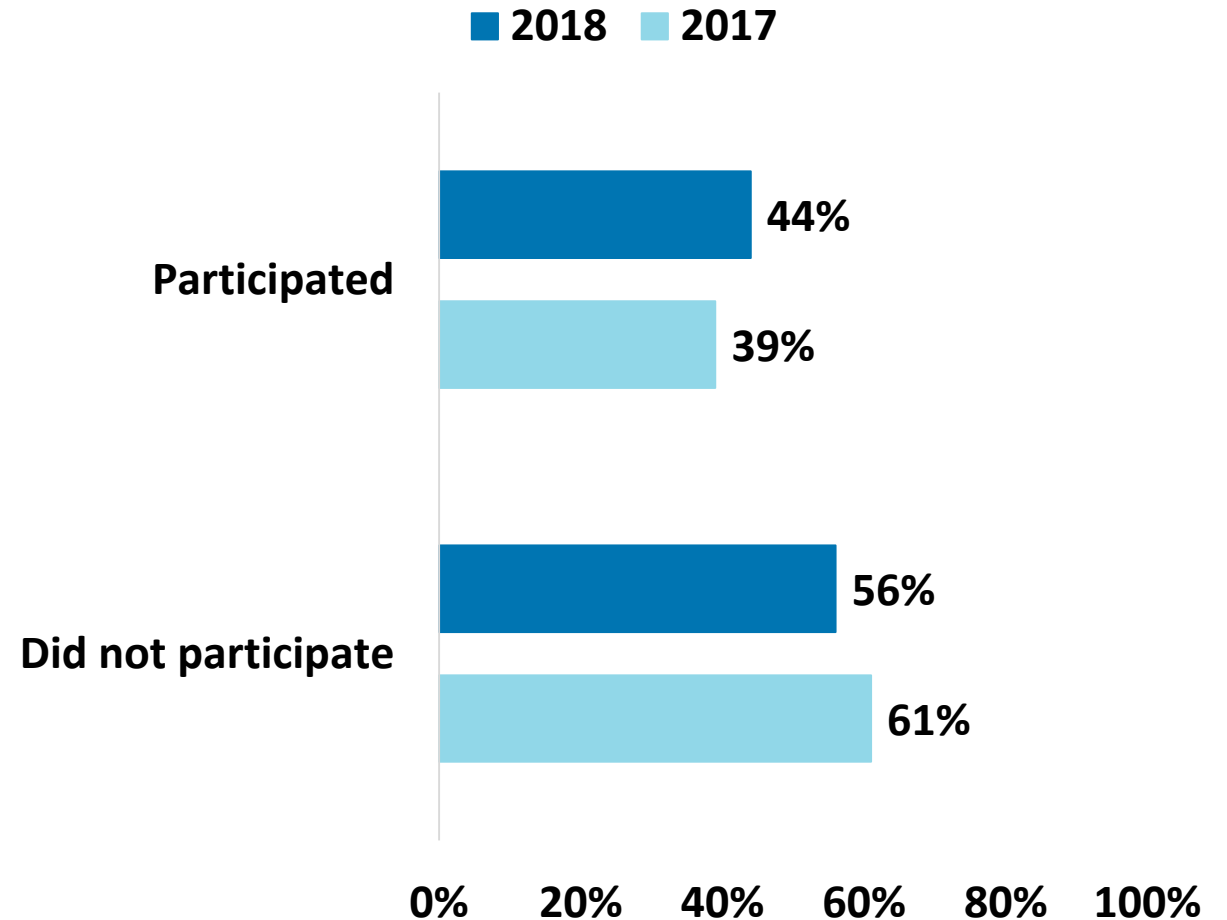


Complex Case Consultation

July 2016-March 2018

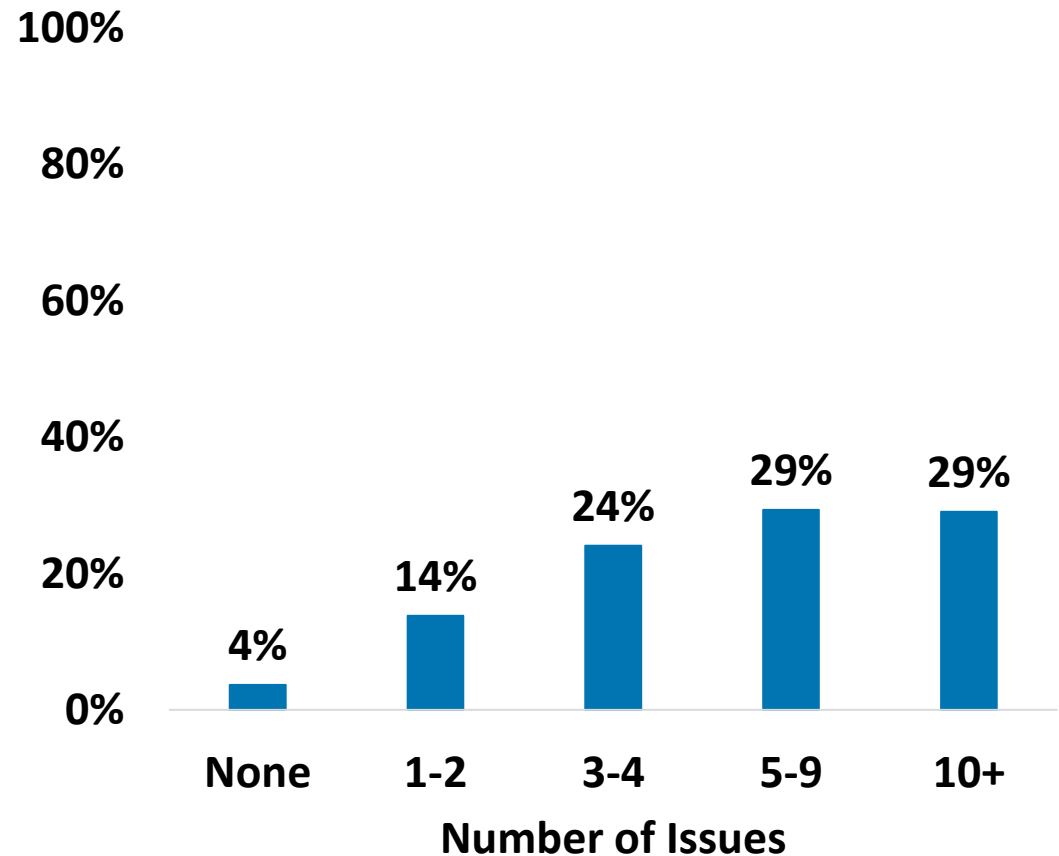
(Quarterly Reports):

- An average of 147 CCCs each month
 - 1,797 unplanned CCCs
 - 1,433 regularly scheduled CCCs
 - 7 unknown



Complex Case Consultation

- A majority of consumers had 5 or more issues related to:
 - Neurological/cognitive
 - Physical/medical
 - Psychiatric/mental health
 - Social/individual
 - System



Complex Case Consultation: Most-Cited Issues

- Neurological/Cognitive
 - Lack of capacity/competence for decision making (29%)
 - Dementia (26%)
- Physical/Medical
 - Complex and/or co-occurring medical conditions (50%)
 - ADL and other functional limitations (39%)
- Psychiatric/Mental Health
 - Mood disorders (e.g., depression, anxiety) (34%)
 - Substance use disorders (21%)
- Social/Individual
 - Lack of or poor family/natural supports (42%)
 - Isolation/loneliness (35%)
- System
 - System navigation (51%)
 - Understanding eligibility (36%)



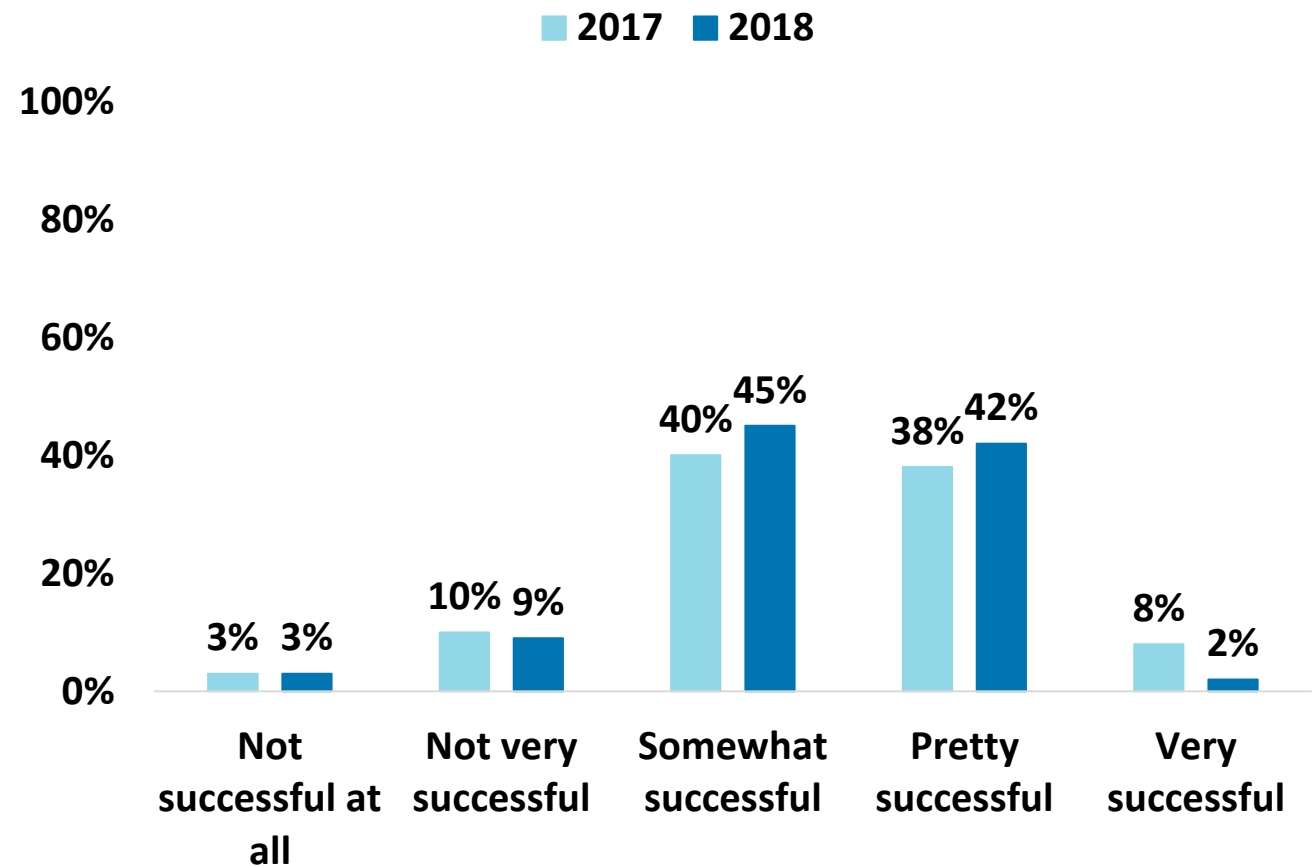
Complex Case Consultation (Quarterly Reports)

- According to the Specialists...
 - In the vast majority (90%) of cases, community partners provided at least some of the resources necessary to address the consumer's needs
 - A change in residential setting was needed 58% of cases
 - In two third of these cases, the change in residence was obtained
 - The majority of changes in residential settings were moves to a higher level of care
 - Resolution of complex cases often takes considerable time
 - Most consultations (61%) involved consumers with open, unresolved cases
 - ...Although about a third (29%) were successfully resolved!

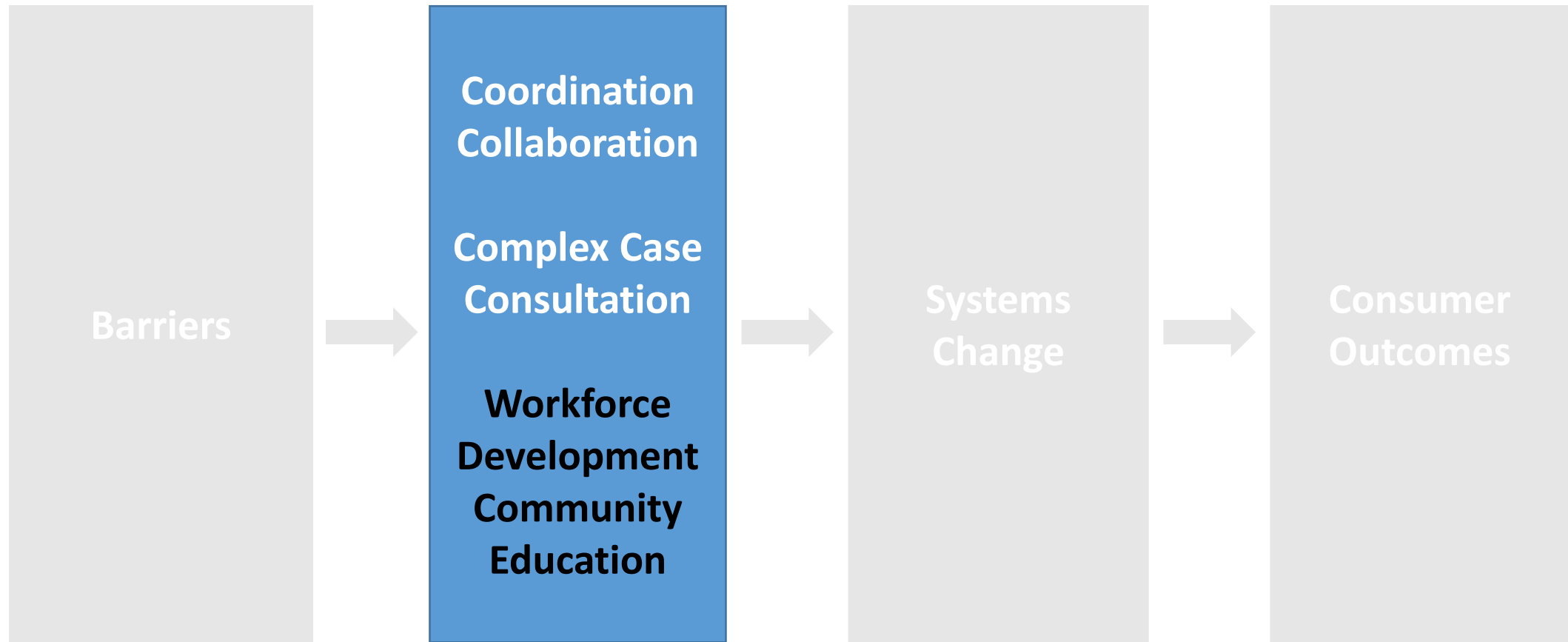


Complex Case Consultation (Stakeholder Survey)

- 44% of stakeholders considered consultations pretty or very successful
- Another 45% indicated that some problems were resolved but many remained unsolved



Guiding logic model



Workforce Development Community Education

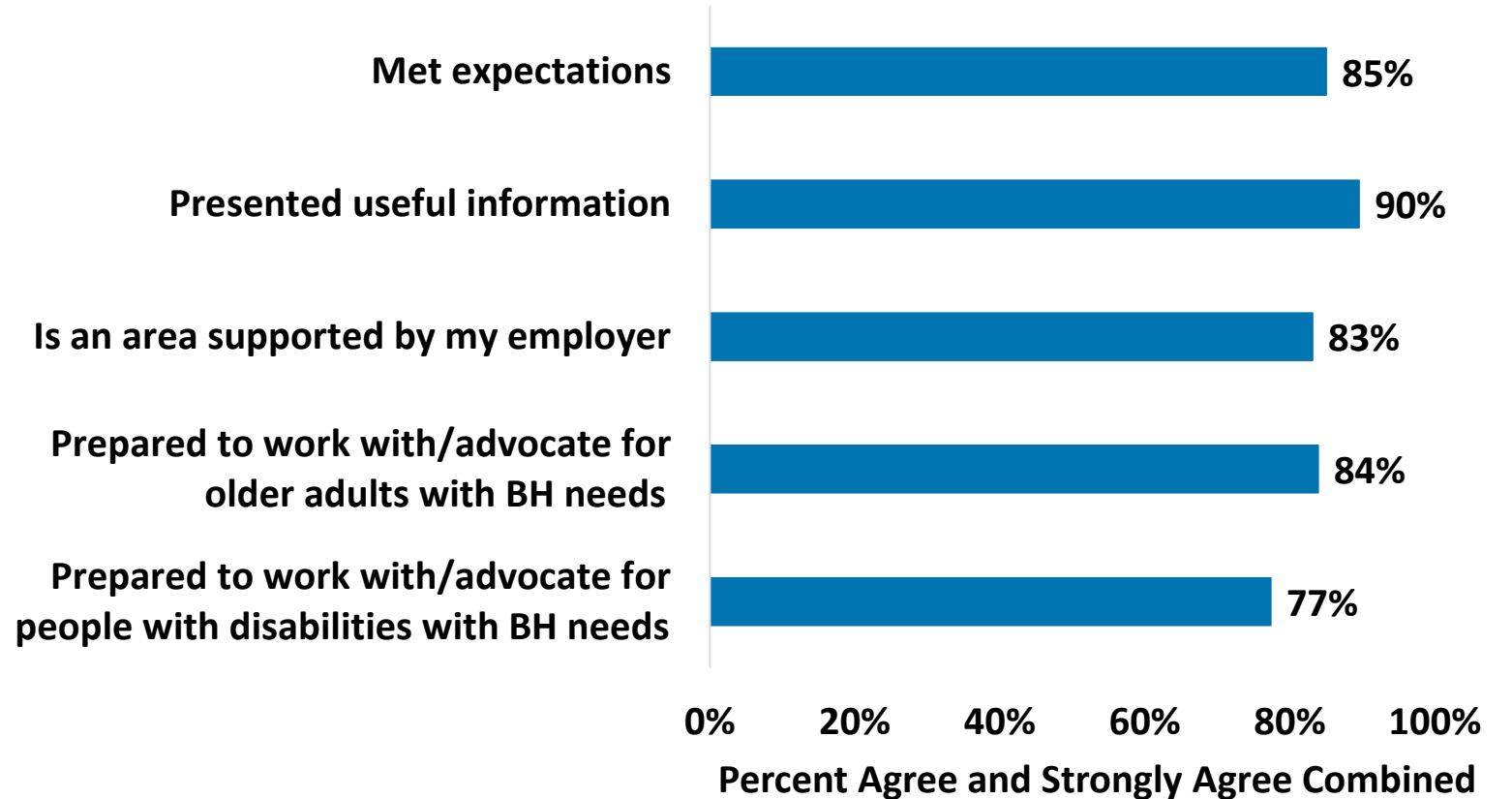
(Quarterly Reports)

- Between July 2016 and March 2018, Specialists...
 - Conducted an average of 109 workforce development and community education events each month
 - 763 events in total
 - Attended by 20,000 participants
- Training participants were from a variety of agencies and professions.
- Training topics covered a large set of issues.



Workforce development (Training Evaluations)

- Overall, training participants viewed the workforce development trainings very positively!



Workforce Development (Follow-up Evaluations)

With respect to *organizational support*, training participants reported that:

- Supervisors were supportive of their using the knowledge and skills gained from trainings (92%)
 - They (participants) share information from the training with their co-workers (84%)
 - Agencies have the staff and resources needed to apply the information presented in the training (74%)
- Services to older adults and people with disabilities
 - Use of knowledge
 - Plans for future trainings



Workforce Development (Follow-up Evaluations)

- Organizational support

Concerning the *services provided* to older adults and people with disabilities, training participants reported that they were:

- Providing better services to older adults (69%) and people with disabilities (65%) as a result of the training
- Use of knowledge
- Plans for future trainings



Workforce Development (Follow-up Evaluations)

- Organizational support
- Services to older adults and people with disabilities

With respect to *using knowledge gained*, training participants reported:

- They were able to use information from the training in their job (91%)
- Their work improved as a result of training (73%)
- The training gave them confidence in their ability to meet the needs of this population (79%)
- Plans for future trainings



Workforce Development (Follow-up Evaluations)

- Organizational support
- Services to older adults and people with disabilities
- Use of knowledge

Concerning training participants' plans for future trainings:

- Participants were planning to get additional training on behavioral health and older adults and people with disabilities (84%)



And now...

Notes from the Field



Behavioral Health Specialists Panel

Notes from the field: Reducing silos



Behavioral Health Specialists Panel: Notes from the field: Reducing silos

Patrick Brodigan

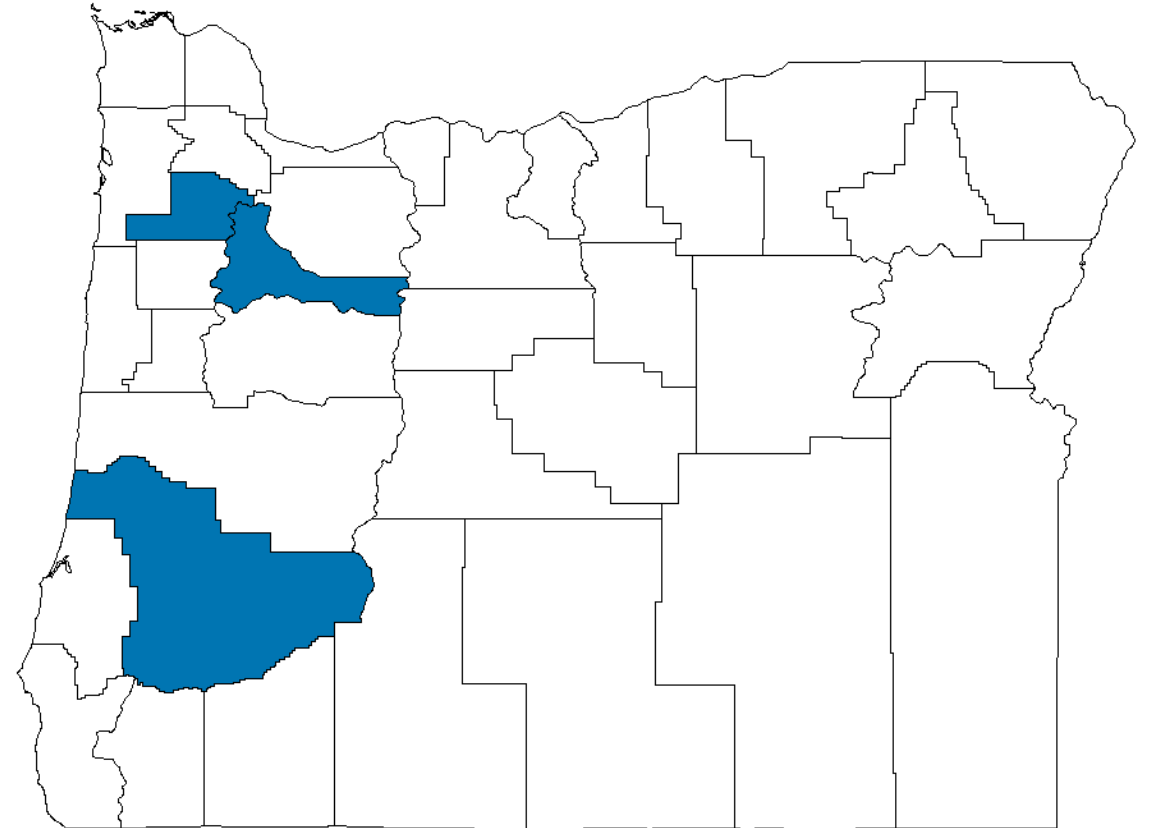
Marion County

Reed Hedlund

Yamhill County

Adam Jones

Douglas County



What Comes Next?

Margaret Neal
Institute on Aging
Portland State University

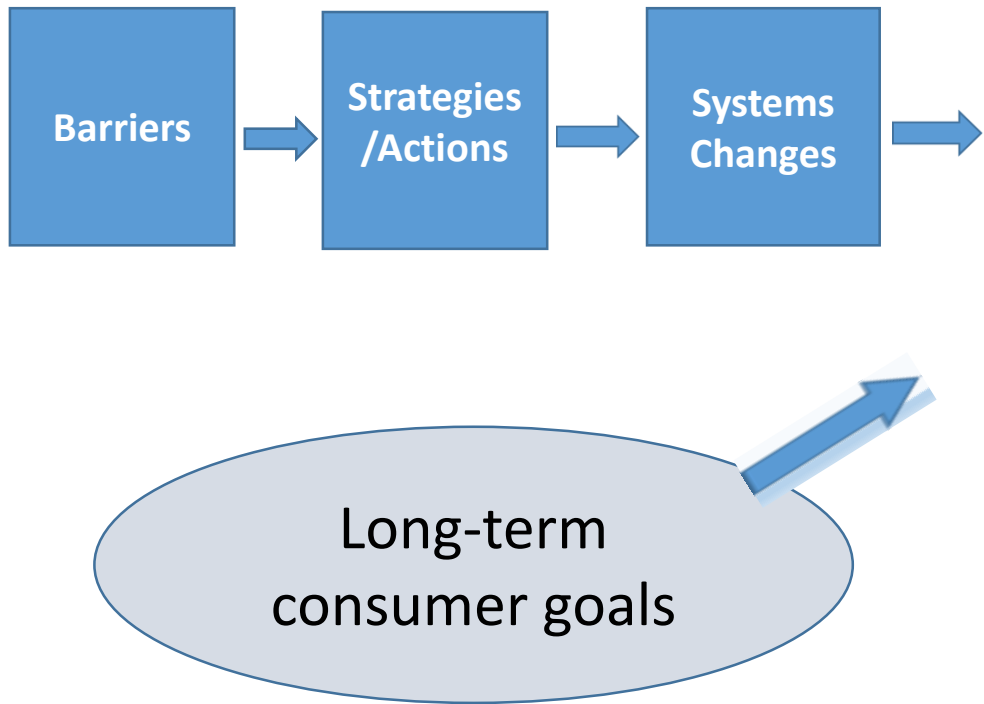


Recommendations

Synthesis of recommendations from Stakeholders and Behavioral Health Specialists



1. Focus on Consumer Outcomes



Older adults and people with physical disabilities who have behavioral health needs are recognized as a priority population and they:

Have greater access to services

- Have timely access to a full range of surveys
- Have access to effective behavioral health programs/services
- Receive services from providers who are knowledgeable and skilled in BH

Are more knowledgeable

- Are more likely to seek advice, help to better understand their symptoms
- Have information about behavioral health promotion

Receive appropriate support

- Have their signs and symptoms recognized as behavioral health needs
- Are less likely to experience eviction
- Have reduced lengths of stay in hospitals or emergency departments
- Experience successful resolution

2. Systems Changes: Change policies to reduce silos

- a. Make meaningful changes in the way that services for people with complex needs are conceptualized, funded and implemented
- Develop an integrated interagency response
 - Use “braided,” or “global,” funding strategies
 - Use an interdisciplinary team approach
 - Provide in-home behavioral health services
 - Design and conduct pilot projects
 - Encourage needed changes in Medicare



2. Change policies to reduce silos (continued)

b. Promote interagency efforts to support consumers through interagency agreements and memoranda of understanding:

- Develop common understanding of HIPAA and processes for collective assessment to help consumers with complex needs
- Train staff in implementing agreements



2. Change policies to reduce silos (continued)

c. Include representatives from the Behavioral Health Initiative in statewide conversations about:

- Housing
- Integrated services
- Transportation



2. Change practices to reduce silos (continued)

- d. Prioritize bridge building in local communities to increase understanding of each other's services, resources, and challenges

Examples of effective practices:

- Increase face-to-face meetings
- Emphasize personal relationships
- Designate staff to serve as liaisons to the BHI



3. Strengthen the BHI Infrastructure

- a. More specialists in rural communities
- b. Administrative support
- c. Make Specialists' positions permanent
- d. Provide additional resources to support program development



4. Continue workforce development

Provide training that:

- a. Is focused on underserved populations
- b. Promotes the integration of health, aging services, and behavioral health services
- c. Contributes to participant engagement in the Initiative

(For example, training that leads to increased willingness to accept Medicare reimbursement and/or to participate in complex case consultations, other collaborative efforts)
- d. Is mandated by community-based long-term services, long-term care, behavioral health organizations, health care clinics



5. Increase public awareness

Promote good behavioral health practices and policies to the general public

For example, provide education about the importance of social connections



Recommendations

1. Focus services and activities on consumer outcomes
2. Change policies that encourage siloed thinking and practice
3. Strengthen the infrastructure of the Behavioral Health Initiative
4. Continue to develop a knowledgeable, informed workforce
5. Promote good behavioral health practices and planning to the general public



Response to Recommendations

Royce Bowlin

Oregon Health Authority, Behavioral Health Director

Ashley Carson Cottingham

Aging and People with Disabilities, Director

Scott Ekblad

Oregon Office of Rural Health, Director



Proposed Legislative Concepts

Jim Davis

Co-chair, OHA/DHS Older Adults and People with
Disabilities Behavioral Health Advisory Council



Concluding remarks

Nirmala Dhar

Older Adult Behavioral Health Services Coordinator

Oregon Health Authority



Thank you!

<https://www.pdx.edu/ioa/older-adults-with-behavioral-health-needs>

