Portland State University Institute on Aging

Oregon Health Authority

Partnerships to Improve Behavioral Health for Older Adults and People with Disabilities

EXECUTIVE SUMMARY, INTERIM REPORT

Evaluation of the Behavioral Health Initiative for Older Adults and People with Disabilities in Oregon

July 2017 – June 2018

Background

The Oregon legislature allocated funding to the Oregon Health Authority (OHA) for the Behavioral Health Initiative (BHI) for Older Adults and People with Disabilities in 2014. A Statewide Director, Nirmala Dhar, was named to lead the BHI within OHA early in 2015. Community Mental Health Programs and other nonprofit entities were awarded contracts to hire 24 Behavioral Health Specialists (subsequently referred to as Specialists) located in communities throughout Oregon. Since July 2016, the OHA has contracted with the Portland State University (PSU) Institute on Aging (IOA) to evaluate the BHI.[1] This report describes the evaluation findings from Year 2 (July 2017-June 2018), with an emphasis on progress toward meeting the goals and objectives of the BHI and identifying ways to improve services. When possible, comparisons are made with data from Year 1.

A 2014 needs assessment conducted by Portland State University identified an overall lack of access to needed services. The amelioration of these gaps has been the focus of the Specialists. To do this, they have three distinct but overlapping job functions: (1) to promote collaboration and coordination among core stakeholders and community partners, (2) provide complex case consultation for older adults and people with disabilities who have behavioral health needs, and (3) to offer training to support workforce development and increase public awareness of behavioral health issues and resources

[1] PSU Institute on Aging (2017). *Evaluation of the Behavioral Health Initiative for Older Adults and People with Disabilities in Oregon, July 2016-June 2017* can also be found at https://www.pdx.edu/ioa/more-about-the-program.

Purpose and Methods

The purpose of the evaluation has been: (1) to systematically collect and analyze data to inform OHA of progress being made toward achieving the goals and objectives of the BHI and (2) to identify ways to continue to improve behavioral health services for older adults and people with disabilities. The evaluation is based on an adaptation of the logic model developed to guide the evaluation as shown in the following figure. Data collected for the evaluation have focused on how activities related to Specialists' job functions have contributed to addressing issues related to access. We have also focused on identifying systems-related changes that have occurred to date resulting from the work of the Specialists and Stakeholders. The logic model serves as the organizing framework for this report.

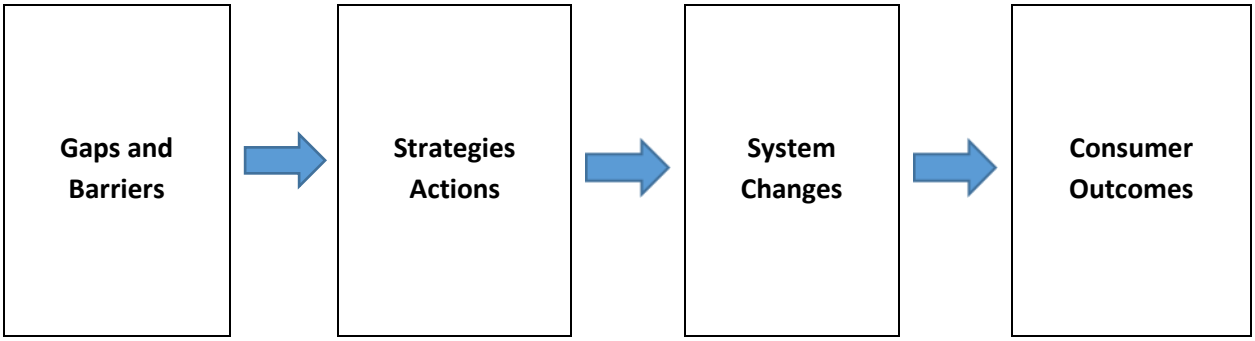

Figure 1. Guiding Logic Model

Data were gathered from four sources: (1) quarterly reports submitted by Specialists, (2) reports of Specialists' complex case consultations, (3) evaluations of training by participants, and (4) a stakeholder survey. In 2018, the Stakeholder survey was distributed to 1,213 individuals between February and March, representing an increase in the sample of 513, or about a 77% increase in identified Stakeholders compared to 2017. Participating Stakeholders represented all regions and all types of program positions. About 29% of the Stakeholders worked, volunteered, or advocated in rural counties, providing good representation of those communities. In both years, middle managers, program managers, and clinic directors comprised the largest share by position type. Increases were seen in 2018 in the percentage of lay persons and advocates as well as administrators and executive directors.

Findings

Barriers and Gaps in Services

Stakeholders and Specialists were asked to rate a list of 15 challenges or gaps in services in their communities. Over half indicated that all 15 challenges were present to a fair or great extent. Among the most frequently identified challenges by both Stakeholders and Specialists were a lack of affordable housing, lack of behavioral health services in long-term care, lack of providers who accept Medicare reimbursement, lack of programs designed specifically for older adults and people with disabilities, and restrictive eligibility criteria. Stakeholders also identified lack of in-home services as one of their top issues, and Specialists included the lack of providers with approved credentials for reimbursement from Medicare.

Ratings by Stakeholders remained fairly constant over time. Although the ratings of barriers by Specialists remain quite high, statistically significant improvements were reported in six areas. More providers are accepting Medicare, more programs are specifically designed for the population, other needed services are increasingly available (including in-home services), more providers have the required expertise to serve the population, and health and behavioral health services are more integrated.

Strategies and Actions for Addressing Barriers

Collaboration and Coordination

The Initiative has had important successes in engaging key community Stakeholders and building community capacity. Progress has been made in engaging with primary care, largely through CCOs, although this remains a challenge in many communities. Those who do participate in the Initiative through efforts to improve collaboration and coordination are committed to the Initiative. As a result, coordination has improved, more agreements are in place, and momentum for the Initiative can be maintained.

Complex Case Consultation

The Initiative has had success in providing consultation to address complex issues experienced by older adults and people with physical disabilities who have behavioral health needs. Using a new and comprehensive reporting tool, Specialists described complex case consultations (CCC) about 760 consumers from October 2017 through March 2018. Most stakeholders (91%) who participated in CCCs reported that consultations are at least somewhat successful. Specialists provide valuable consumer-level data about issues that older adults and people with physical disabilities who have behavioral health needs are experiencing, as well as resources available to address them. Major problems or issues reported by Specialists fell into five categories: (1) physical or medical (e.g., complex and co-occurring medical conditions, ADL and other functional limitations; (2) Neurological/cognitive (e.g., dementia, lack of capacity); (3) psychiatric or mental health disorders (e.g., mood disorders, substance misuse disorders); (4) social or individual (e.g., lack of or poor family or natural supports), and (5) systems issues (e.g., systems navigation, understanding eligibility). As Specialists continue to provide consumer-level data about this population, the Initiative, community partners and policy makers will be informed about the most pertinent issues concerning this population.

Training: Workforce Development and Community Awareness

With an average of 109 workforce development and community education events per quarter, the Specialists have made an immense contribution toward producing an informed and knowledgeable workforce and increasing community awareness. Some of the topics presented frequently include system navigation, depression, anxiety, Alzheimer's disease and other dementia, psychiatric disorders, and social isolation. Stakeholders often participate in training and are supportive of training for their staff.

PSU sent online evaluation surveys to over 2000 workforce training participants and over 900 (44%) completed the surveys. Besides the sheer numbers of individuals trained, the participants themselves were very satisfied with the training, reported significant increases in knowledge (71% reported they gained a great deal). Two months later, participants reported they were using that knowledge in their work (91%) with support from their supervisors (92%).

Systems Changes

As a result of this Initiative, the Specialists have established stakeholder groups that are engaged in active problem solving and building capacity, provided training that is increasing knowledge and improving practice, and supported complex case consultations. These actions have led to significant improvements including: relevant service agencies are more knowledgeable about each other; it is easier to make referrals; Specialists have seen increased referrals for complex case consultation; consumers and family members have greater access to services; and although still a tiny percent, a few more providers are willing to accept Medicare.

Consumer Outcomes

The long-term goal of the Behavioral Health Initiative is to improve the quality of life for older adults and people with disabilities who have behavioral health needs. Results from systems changes and their effect on large numbers of consumers may not be apparent in the short term, but ultimately they are how the Initiative will be evaluated. It is important to keep the focus on these consumer outcomes which are:

1. Older adults and people with physical disabilities who have behavioral health needs are recognized as priority populations in the community.
2. These adults are more likely to have timely access to the full range of services they need (e.g., housing, medication management, transportation).
3. These adults are more likely to have access to community-based behavioral health programs or services that have demonstrated their effectiveness.
4. These adults are more likely to have information about ways to promote mental health well-being (e.g. social engagement, physical activities).
5. Lengths of stay for emergency departments, hospitals, jails, inpatient psychiatric units, the Oregon State Hospital have reduced for these adults.
6. "Evictions" of these adults from community-based long-term care facilities, nursing homes, public housing, etc. have been reduced.

7. These adults are more likely to have their signs and symptoms recognized as behavioral health needs rather than as being due to "aging."
8. These adults are more likely to receive help from direct service and/or primary care providers with the requisite knowledge and skills.
9. Older adults, adults with physical disabilities and/or their family members are more likely to seek advice or help from direct service or primary care providers to better understand their signs and symptoms.
10. Community partners have been more successful in resolving complex cases.

To date, Stakeholders report that no vulnerable population out of 10 identified (e.g., those living in nursing homes or assisted living communities, cultural minorities, socially isolated) is being well served to even a fair extent. Stakeholders did indicate some progress had been made toward desired outcomes, including:

- Older adults, adults with physical disabilities and/or their family members increasingly are seeking advice from direct service or primary care providers to better understand their signs and symptoms.
- Complex case consultations are resulting in more successful outcomes.
- Communities are recognizing older adults and people with disabilities who have behavioral health needs as a priority population.

Recommendations & Conclusions

To continue progress toward needed system changes and desired outcomes for consumers, the following recommendations have been drawn from the data:

1. Keep the focus on meeting consumers' needs and achieving consumer outcomes. Indicators of success of Behavioral Health Initiative (BHI) services and activities include:
   a. Better outcomes for consumers through complex case consultation
   b. Fewer evictions from supportive housing and LTC settings
   c. Elimination of abandonment of residents (such as when residents are sent to a hospital emergency department and not allowed to return to their former residence).
2. Change policies that encourage siloed thinking and practice. One indicator of the need for this change is the significantly worsened score for the item, "Old resentments between agencies get in the way of progress" in the stakeholder survey data. The following actions address needed policy and practice changes to reduce siloing at the state and local levels.

   <u>State-level policy and practice change with local input</u>:
   a. Make meaningful changes in how services for people with complex needs are conceptualized, funded, and implemented.
      i. Develop an integrated interagency response
      ii. Use "braided" or "global" funding strategies

iii. Promote and employ an interdisciplinary team approach
iv. Provide the in-home services
vi. Design and conduct pilot programs
vii. Encourage needed changes in Medicare permitted to claim reimbursement.

b. Promote interagency efforts to support consumers
c. Include representatives from the BHI in statewide conversations to address issues related to housing, integrated services, and transportation

<u>Local policy and practice change with support from state agencies:</u>

d. Prioritize bridge building

3. Strengthen the infrastructure of the Behavioral Health Initiative
   a. Change the formula for assigning Specialists to emphasizes geographical area
   b. Provide FTE for part-time administrative support to assist Specialists
   c. Make Specialists' positions permanent
   d. Provide additional resources to support the development of materials
4. Continue to develop a knowledgeable, informed workforce on consumer issues
5. Promote the value of good behavioral health practices and planning to the general public

Conclusion

In conclusion, slow but steady progress is being made toward accomplishing the objectives and desired outcomes of the Initiative. Community Stakeholders are working more collaboratively to address the gaps in behavioral health services for older adults and people with disabilities. Evidence indicates coordination among stakeholder organizations is increasing. Similarly, important gains have been made in training the professional workforce needed to address the needs of this population, including behavioral health and aging services providers, health providers, emergency responders, and many others. Similarly, more training is in place to promote awareness of these issues in the general public. A major accomplishment has been the growth of complex case consultations throughout the state, often through the use of multidisciplinary teams. The specific needs and life circumstances of those for whom these services are being used are increasingly understood. This information will contribute to continued efforts to build community capacity through collaboration among organizations and training of the workforce and general public.

Considerable work remains, however. The data indicate that the most vulnerable populations are not being served adequately and that desired outcomes are still elusive. To continue the progress toward improved outcomes, the Initiative needs to continue its focus on consumer outcomes, change policies to reduce siloed thinking and practice, strengthen the infrastructure for service delivery, continue workforce development, and promote good behavioral health practices to the general public.