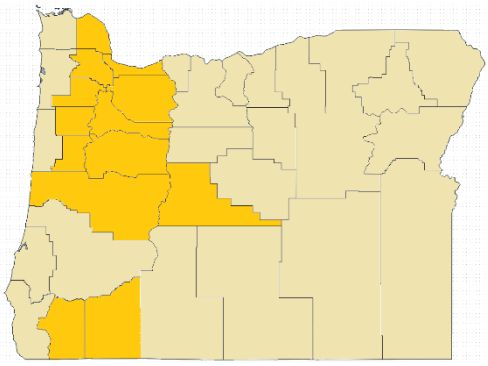
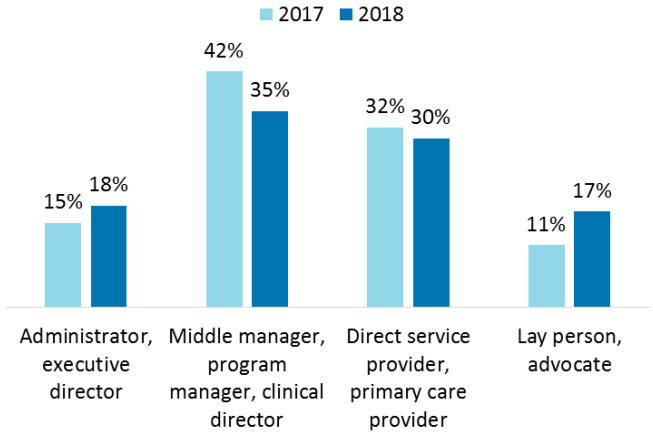
Behavioral Health Initiative for Older Adults and People with Disabilities
Stakeholder Survey Data Summary
2017 and 2018

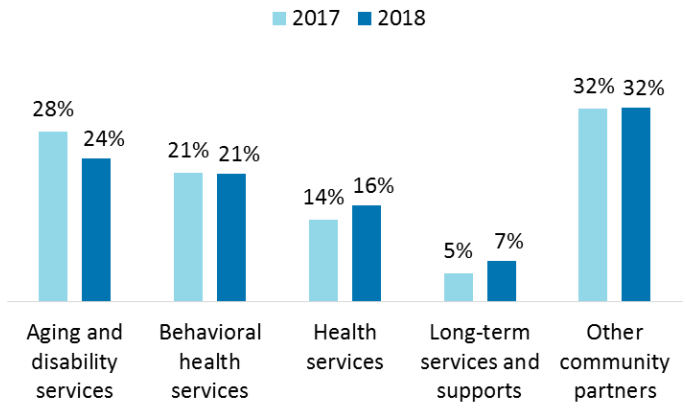
This data summary[1] is based on survey data collected by the Institute on Aging (IOA) at Portland State University (PSU) during February and March 2017 and 2018. In both years, questionnaires were sent electronically to stakeholders identified by Specialists[2], IOA staff, and the Oregon Health Authority/Department of Human Services Older Adult/People with Disabilities Behavioral Health Advisory Council. Overall, 234 and 387 stakeholders responded to the survey for a response rate of 33 and 32 percent in 2017 and 2018, respectively. This data summary highlights stakeholders' opinions about the current behavioral health system for older adults and people with disabilities who have behavioral health needs and describes progress toward meeting the goals of the Initiative[3]. The data summary also emphasizes any statistically significant changes in responses that have occurred between 2017 and 2018 as well as differences between rural and urban communities in 2018.

Survey Respondents



- Respondents reflected the diversity in Oregon in terms of geography, position, and organization type. The map on the left shows urban (darker) and rural (lighter) counties as defined in this summary[4]. About 29 percent of stakeholders worked, volunteered or advocated in rural counties.
- The graphs below show the percentage of stakeholders by position (left) and type of organization (right). In both years, middle managers, program managers, and clinical directors comprised the largest share of respondents – although to a lesser degree in 2018. The organizations most represented were "other community partners" (e.g., local law enforcement and faith community) in both 2017 and 2018, followed by aging and disability services and behavioral health services.

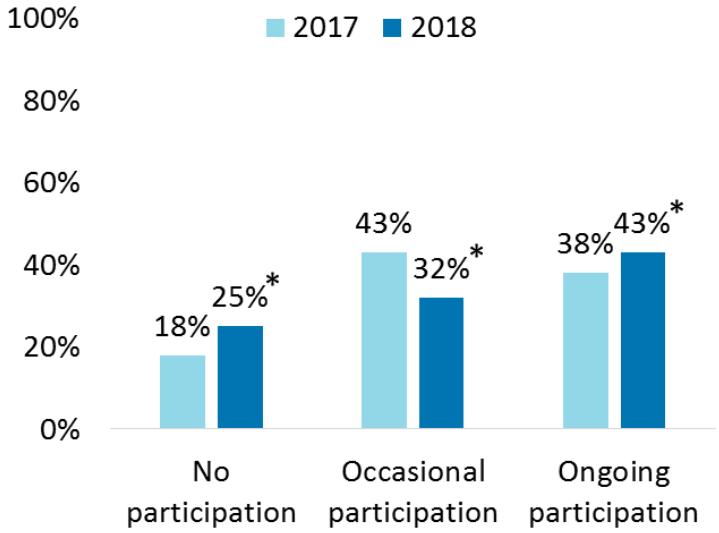




[1] Full report can be requested from Project Manager Allyson Stodola (astodola@pdx.edu).
[2] We refer to Behavioral Health Specialists for Older Adults and People with Disabilities as Specialists in this report.
[3] We refer to the Behavioral Health Initiative for Older Adults and People with Disabilities as the Initiative in this report
[4] "Rural" counties is defined in this brief as counties that are NOT a Metropolitan Statistical Area (MSA).

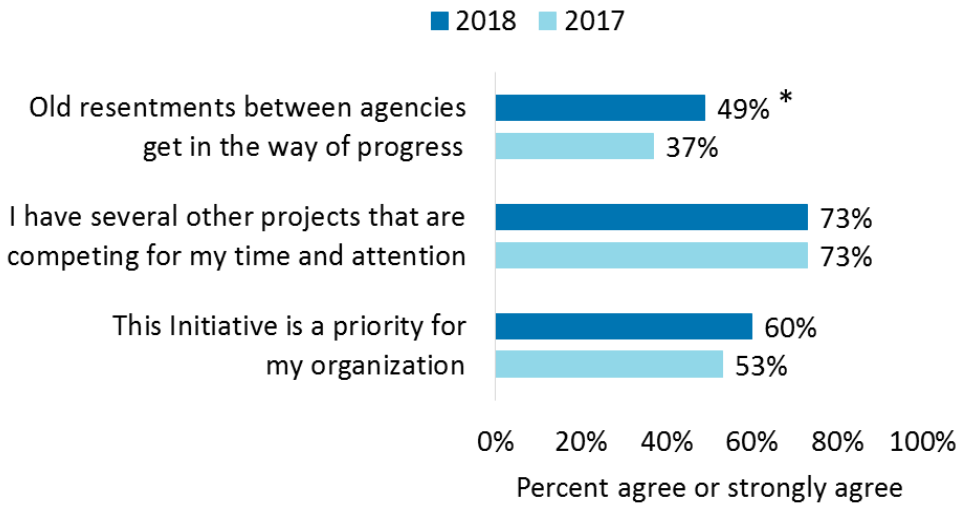
Collaboration and Coordination

Collaboration and coordination is defined as any activity in relationship with community partners that is intended to or contributes to improvements to the local behavioral health system for older adults and adults with physical disabilities who have behavioral health needs. The shares of stakeholders who participated regularly in discussions with Specialists about collaboration and coordination of behavioral health services *and* those who never participated increased between 2017 and 2018 (see figure on the right).



Note: Asterisk indicates a statistically significant change between 2017 and 2018.

Highlights from stakeholders' perceptions of collaboration and coordination activities



Note: Asterisk indicates a statistically significant change between 2017 and 2018.

- Forty-nine percent of stakeholders reported that old resentments between agencies get in the way of progress, a significant increase from 37 percent in 2017.
- In both 2017 and 2018, 73 percent of stakeholders reported that they had several other projects that were competing for their time and attention.
- Sixty percent of stakeholders reported that the Initiative is a priority for their organization compared to 53 percent in 2017, although the difference is not statistically significant.
- The involvement of advocates, consumers, and families in these meetings and discussions appears to have increased from 28% in 2017 to 33% in 2018 (not shown in figures).

Rural and urban stakeholders' perceptions of coordination and collaboration activites

- Stakeholders who worked, volunteered or advocated in rural counties were more likely than their urban counterparts to report that the right people were participating in these discussions or meetings.

Stakeholders' views about community successes:

"There has been a huge increase in awareness of this issue due to training and these multidisciplinary teams working together. There seems to be an increase in success in care coordination."

"New mental health services available for OABH issues. OABHI has helped to increase knowledge and relationships across systems."

"Better dissemination of information between agencies regarding what kinds of services are available to help with multiple issues and needs."

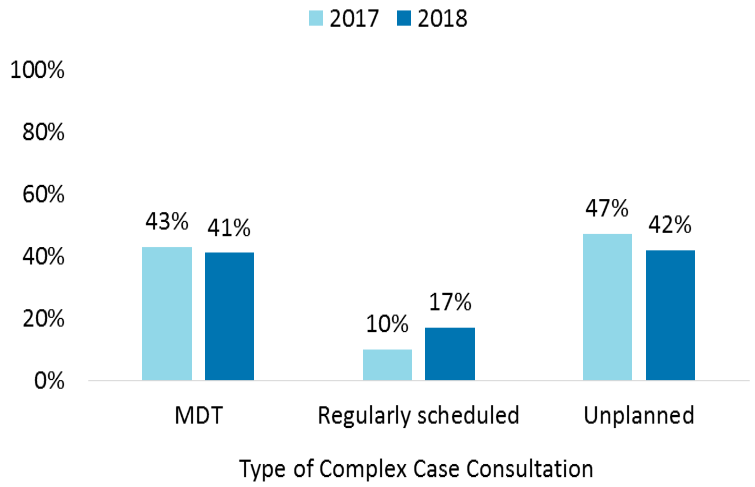
"Trainings provided by the Older Adult Initiative have created a place for discussion, collaboration and have increased awareness in the community. In some of the communities where I work, the complex care conferences have helped significantly."

Complex Case Consultation

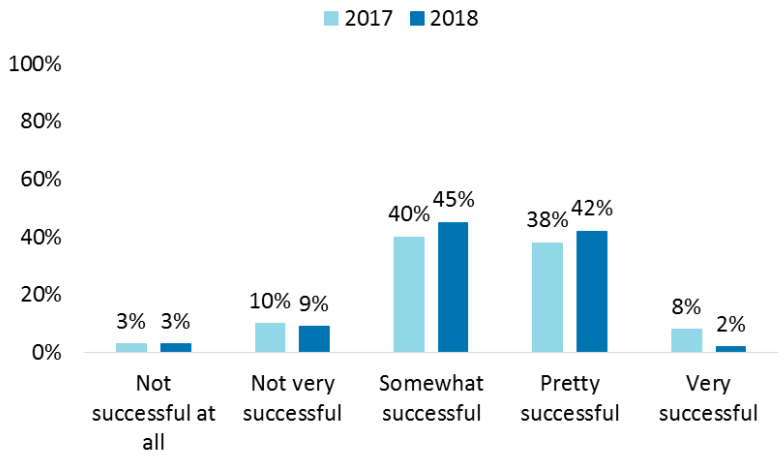
A complex case consultation is a discussion (in-person or via conference call) among the Specialist and one or more direct service providers, primary care providers, hospital staff, emergency responders, consumers or family members with the express purpose of resolving problems or concerns about the care or treatment plan for an older adult or adult with physical disabilities who have behavioral health needs.

Highlights from stakeholders' perceptions of complex case consultation meetings

➢Forty-four percent of stakeholders reported they had participated in a CCC that included a Specialist since June of 2015, compared to 39 percent in 2017 (change not statistically significant). In both years, most CCCs were unplanned (typically with individuals or teams in single organizations) or took place in Multidisciplinary Team Meetings (MDT).



➢Forty-four percent of stakeholders who participated in CCCs considered them to be pretty or very successful. Another 45 percent indicated that these were somewhat successful; that is, while some problems were resolved, many remained unresolved (figure to the right). Overall, there was not a significant difference between 2017 and 2018 in the perceived success of the CCCs in resolving problems or with respect to concerns about the care or treatment plan for the individuals whose cases were discussed during the CCCs.



Rural and urban stakeholders' perceptions of complex case consultations

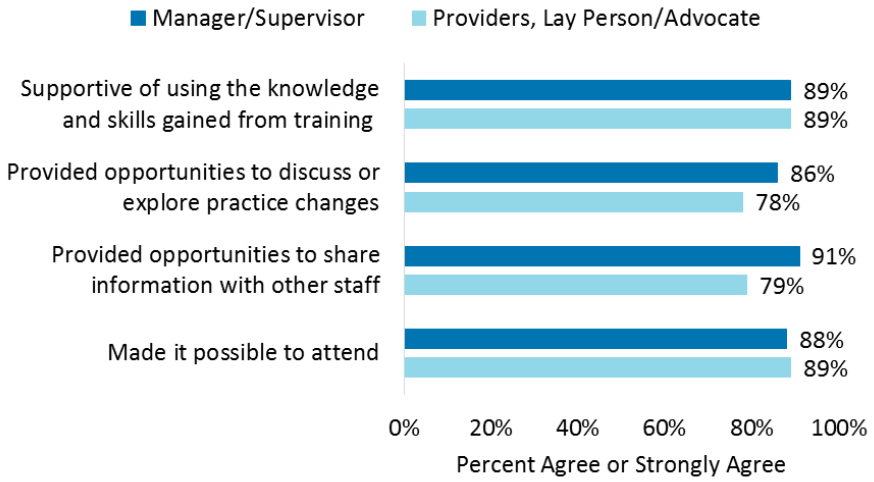
➢ No significant differences emerged between rural and urban stakeholders in terms of participation in CCCs, type of CCCs attended, and perceived success of CCCs that they attended.

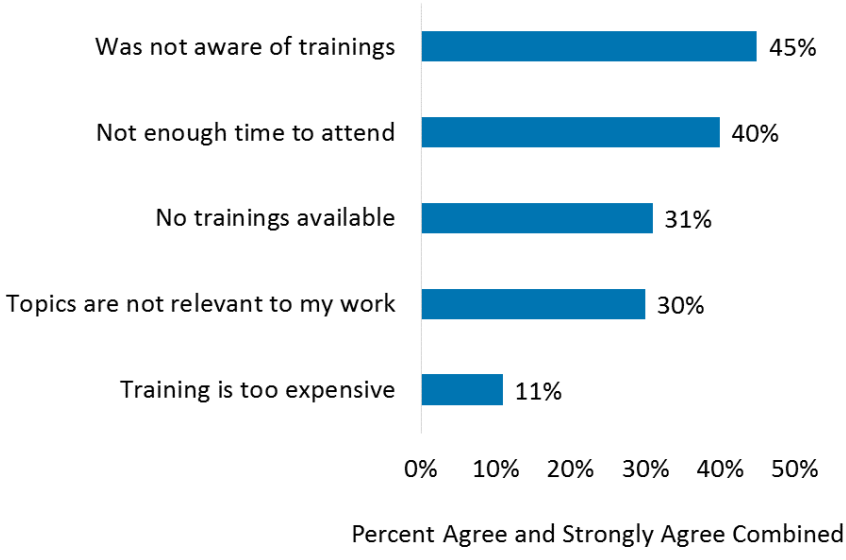
Workforce Development

In their quarterly reports, Specialists reported conducting, hosting or planning an average of 109 workforce development training and community education events per quarter between July 2016 and March 2018 for a total of 763 events. These trainings covered a wide range of topics such as system navigation, available resources, communicating needs, hoarding, and anxiety. Participants ranged from behavioral health and aging and disabilities services staff to community members.

Highlights from stakeholders' perceptions of workforce development

- Stakeholder attendance at in-service and/or training events since June 2015 increased from 62 percent to 74 percent between 2017 and 2018 (not shown in figures).
- Over 75 percent of stakeholders (both managers and staff) reported that their agencies were supportive of using the knowledge and skills they gained from trainings, provided opportunities to discuss or explore practice changes, provided opportunities to share information with other staff, and made it possible for them to attend trainings.





The 2018 survey included a new question asking stakeholders who did not attend any in-service or training events why this was the case:

- The most cited reason was lack of awareness about training opportunities, followed by time constraints.
- Financial constraints were not perceived as a barrier to attending trainings: Only 11 percent of stakeholders reported that trainings are too expensive.

Rural and urban stakeholders' perceptions of trainings

- Rural stakeholders were less likely to have attended in-service or training events.
- Rural stakeholders who did not attend any in-service or training events were more likely to report time constraints and lack of training opportunities as reasons for not attending.

Barriers to Improving Consumer Outcomes

Stakeholders were asked to rate a list of challenges in their communities in serving older adults and people with physical disabilities who have behavioral health needs. A primary goal of the Initiative is to reduce these barriers in order to improve outcomes. The table below shows percentages of stakeholders who reported that a particular barrier was present in their community to a fair or great extent.

Overall, stakeholders' perceptions regarding these barriers did not change significantly between 2017 and 2018. A lack of affordable housing was perceived to be the greatest challenge in both years, followed by lack of services in long-term care, not accepting Medicare, and a lack of programs specific to this population.

Barrier	2017	2018
Lack of affordable housing	96%	94%
Lack of services in LTC	78%	80%
Not accepting Medicare	72%	76%
Lack of programs for population	77%	75%
Lack of in-home services	75%	74%
Restrictive eligibility	79%	74%
Lack of transportation	67%	68%
Lack of integration	68%	66%
Lack of credentials	59%	65%
Lack of required expertise	66%	64%
Lack of knowledgeable providers	67%	63%
Wait list/takes too long	60%	58%
Poor communication	53%	57%
Lack of prevention/wellness services	63%	57%
Distance to services	58%	55%
Other needed services not available	54%	51%

Rural and urban stakeholders' perceptions of barriers to improving consumer outcomes

- Stakeholders who worked, volunteered or advocated in urban counties were *less* likely to perceive distance to services as a barrier to improving consumer outcomes and *more* likely to perceive restrictive eligibility criteria, a lack of credentialed providers willing to accept Medicare reimbursement for behavioral health services, poor communication among relevant agencies and organizations, and waitlists as barriers to improving consumer outcomes.

Stakeholders' views about community challenges:

"The lack of affordable housing for people who are experiencing homelessness or are at risk of homelessness is exacerbating many their behavioral health symptoms."

"We need community providers knowledgeable and skilled in working with the geriatric population."

"Lack of communication/ coordination between multiple agencies, teams and providers working with person."

"Medicare is so limited in what it covers. In-home support for older adults with medical needs but who are already in the mental health system is extremely limited and difficult to access."

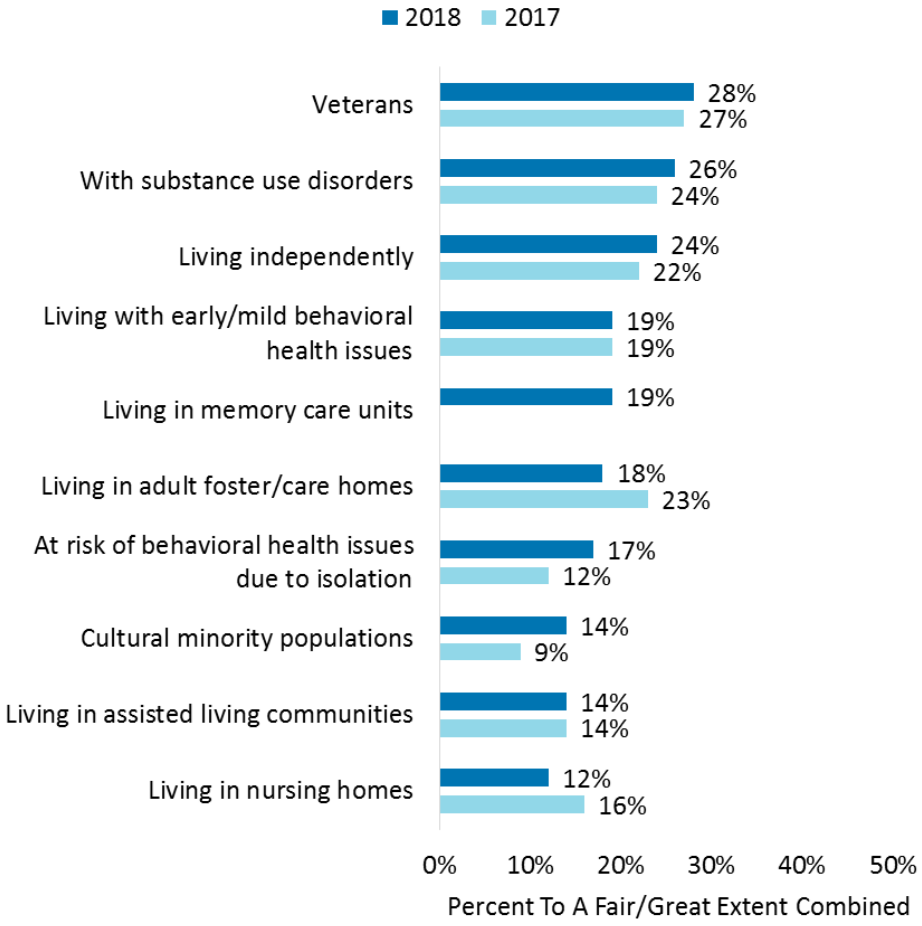
"One of the significant challenges I come across is that we do not have a knowledgeable geriatric mental health prescriber that can provide on-going care for individuals who have a historical mental health diagnosis but are now experiencing symptoms of dementia which have become primary."

"Siloed systems of care and funding as well as capacity for skilled providers across the range from specialty care to primary care with the knowledge of aging issues."

Underserved Subpopulations

Stakeholders were asked the extent to which behavioral health services were being provided to ten subgroups of older adults and people with physical disabilities who have behavioral health needs. Less than one-third of respondents indicated that any of these subgroups were being served even to a fair extent.

From the stakeholders' point of view, veterans (28%) and those with substance use disorders (26%) were most likely to be provided behavioral health services. In contrast, individuals living in nursing homes (12%) or assisted living/residential care communities (14%) and cultural minority populations (such as ethnic and LGBT) (17%) were least likely to receive behavioral health services.



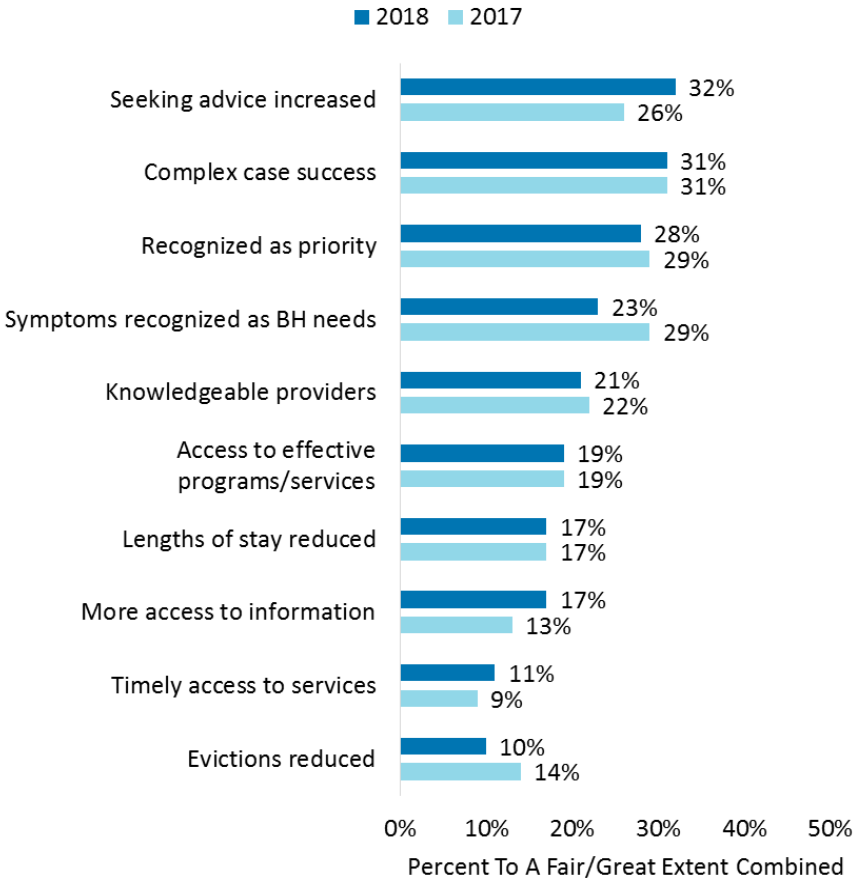
Rural and urban stakeholders' perceptions of underserved subpopulations

- No significant differences were found between rural and urban stakeholders in terms of perceptions about the extent to which behavioral health services were being provided to these underserved subpopulations.

Perceived Progress Toward Better Consumer Outcomes

This figure on the right displays the consumer outcomes that represent the Initiative's long-term goals. Stakeholders rated the extent to which progress has been made in the past year[5] in their communities to achieve these outcomes. Although many stakeholders indicated they did not know what progress had been made, stakeholders who did respond perceived that the most progress has been made with respect to the following outcomes:

- 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.



The least progress has been made in:

- Reducing evictions of these adults from community-based long-term care facilities, nursing homes, public housing, etc.
- Providing timely access to services such as housing or transportation.
- Providing access to information about ways to promote mental health and well-being, such as social engagement and physical activities.

Rural and urban stakeholders' perceptions of progress toward better consumer outcomes

- No significant differences were found between rural and urban stakeholders in terms of perceived extent to which progress has been made in the past year in their communities.

Conclusion/Summary

In summary, since the Initiative's inception in 2015, Specialists and their community partners have made considerable progress in building the capacity to better serve this population. Stakeholder engagement is increasing throughout the state, training opportunities have expanded broadly, and many more people with complex care needs are being reviewed by Specialists and others who have the needed expertise. However, resources continue to be scarce and barriers persist to engaging all community partners in the work of improving services. Success will require sustained efforts at the state, regional and local levels to meet the Initiative's goals.

For more details about this Initiative, see: https:/www.pdx.edu/ioa/older-adults-with-behavioral-health-needs or contact Allyson Stodola, Project Manager, PSU Institute on Aging, astodola@pdx.edu, 503.725.5236.

[5] In 2017, the question wording was "since June 2015," which covered about 1.5 years prior to the survey (June 2015-February 2017).