

July 2016-March 2017 Specialists' Quarterly Report Data Summary

This report, based on data provided by Specialists in their Quarterly Reports between July 2016 and March 2017, highlights accomplishments, areas of opportunity, and challenges requiring attention from policymakers in order to make statewide improvements.

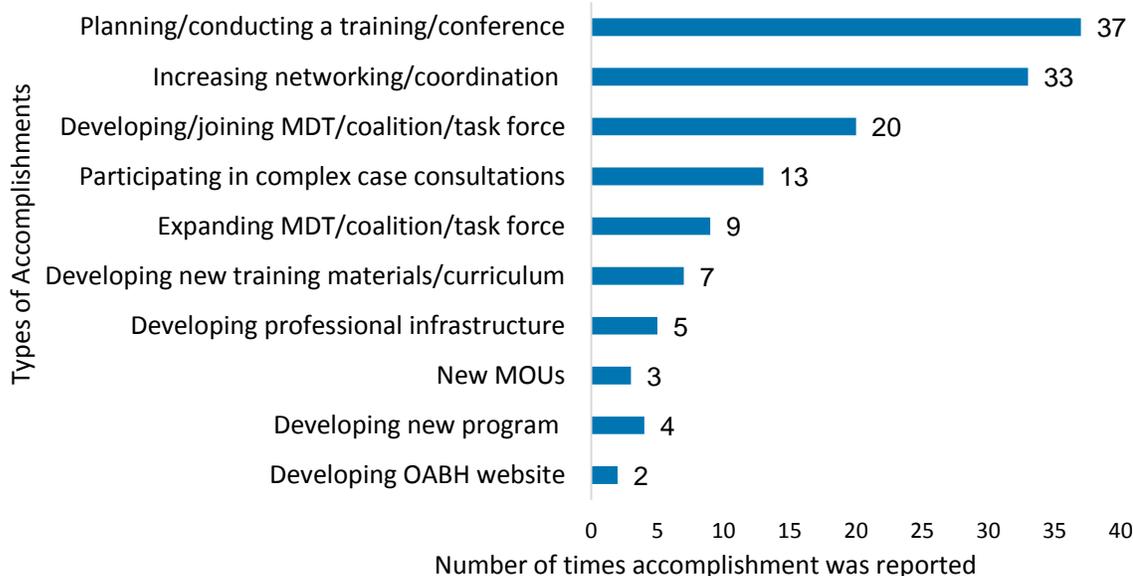
Community Successes

According to Specialists' reports, significant progress was made between July-September 2016 and January-March 2017 in the following areas:

- Home (health) care partners became more involved in coordination and planning.
- Stakeholders became more likely to agree that meeting needs of this population is a community priority.
- Specialists became more acquainted with a larger share of stakeholders in their communities.
- Behaviors and activities of daily living and other functional limitations became less problematic consumer characteristics.
- Consumers and their family members gained greater access to needed services.
- Organizations were better able to obtain/grant waivers to existing eligibility criteria to expand access to services.

Specialists' Accomplishments

Specialists were asked to list their biggest accomplishments each quarter. Accomplishments most commonly reported by the Specialists over the three quarters include planning or conducting a training or conference; increasing networking or coordination; and developing or joining a new multidisciplinary team (MDT) meeting, coalition or task force.



Specialists' views about community successes:

"We have seen an improvement in coordination among community partners as well as a decrease in the level of resentment and lack of understanding between them."

"This quarter has seen positive movement in making more connections; spreading the word about the Initiative; and getting agreement from more stakeholders (that) meeting the needs of (this population) is a community priority."

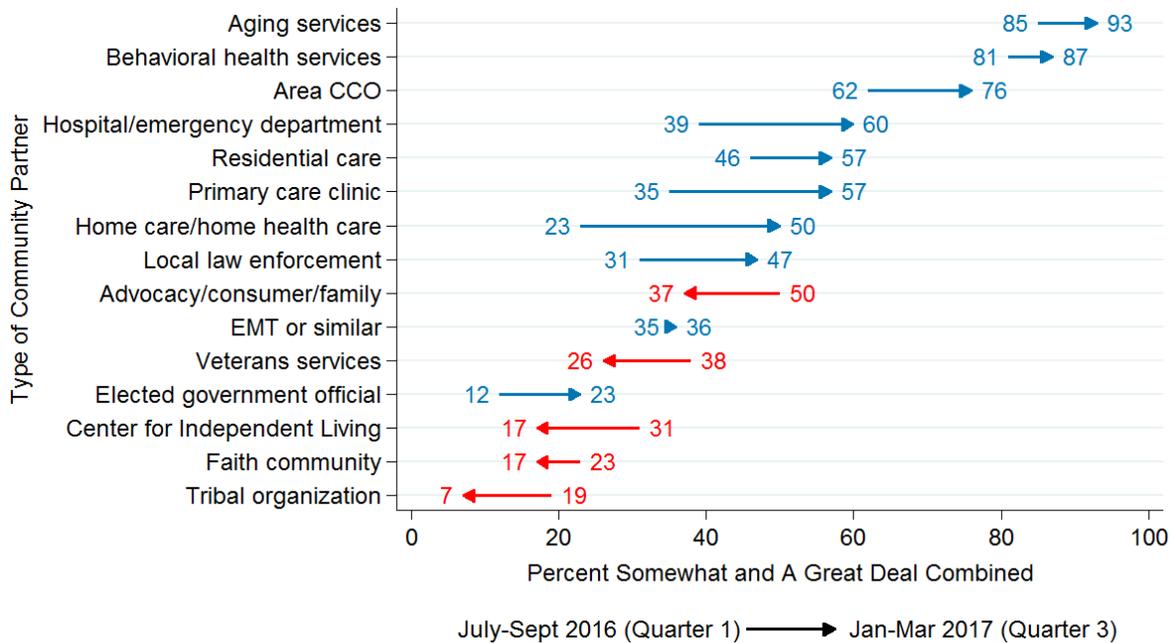
"We continue to have great success with our MDT and our cross-systems training collaborative."

"I can comfortably say that communication between systems has improved greatly since the beginning of this Initiative. I think the MDT contributes (to this improvement because) it allows people to meet and create connections within siloed systems."



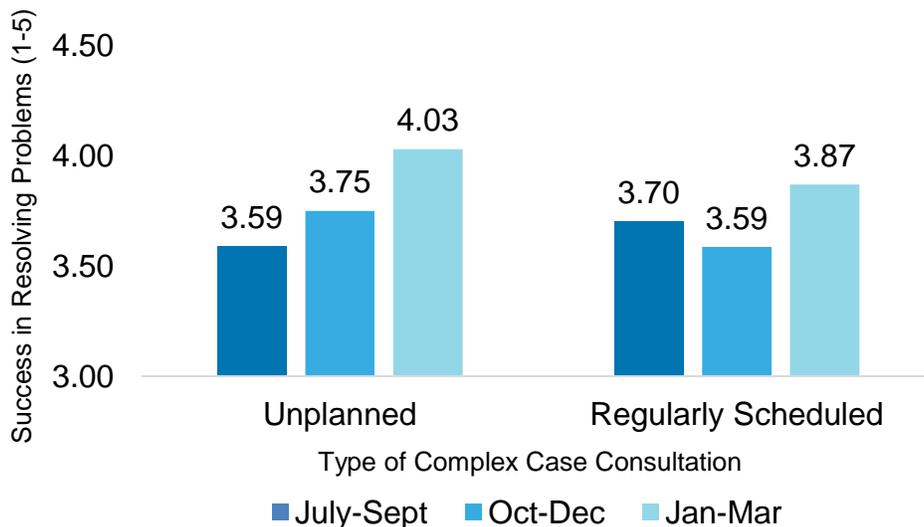
Community Partner Involvement in Planning and Coordination

The graph below shows changes in community partner involvement as reported by Specialists over a period of nine months. For the Initiative to be successful, the involvement of a wide array of community partners is required. Between the first and third quarters, home care/home health care agencies became significantly more involved, and there were notable gains in the involvement of hospitals, primary care clinics, and local law enforcement, although these gains did not attain statistical significance. At the same time, small declines (not statistically significant) in the level of involvement were reported for some partner types (e.g., for Centers for Independent Living and advocates/consumers/families). It also should be noted that low involvement may indicate the lack of presence of some types of partners in some counties/regions.



Complex Case Consultation

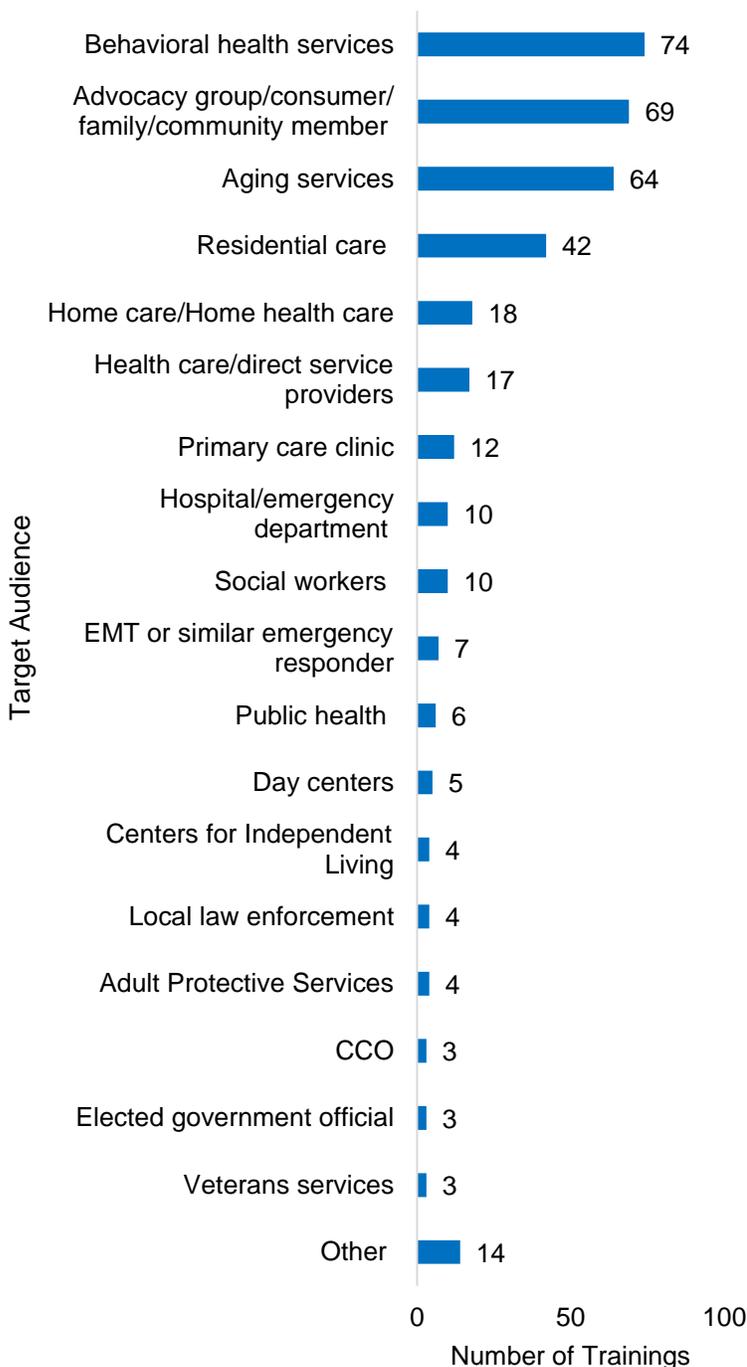
Between the first and third quarters, Specialists participated in a total of 870 unplanned and 731 regularly scheduled consultations. Reported success of unplanned consultations improved between first and third quarters. Reported success for regularly scheduled consultations improved slightly between first and third quarters, albeit with a notable decline during second quarter (see graph below; average scores weighted by number of consultations reported).



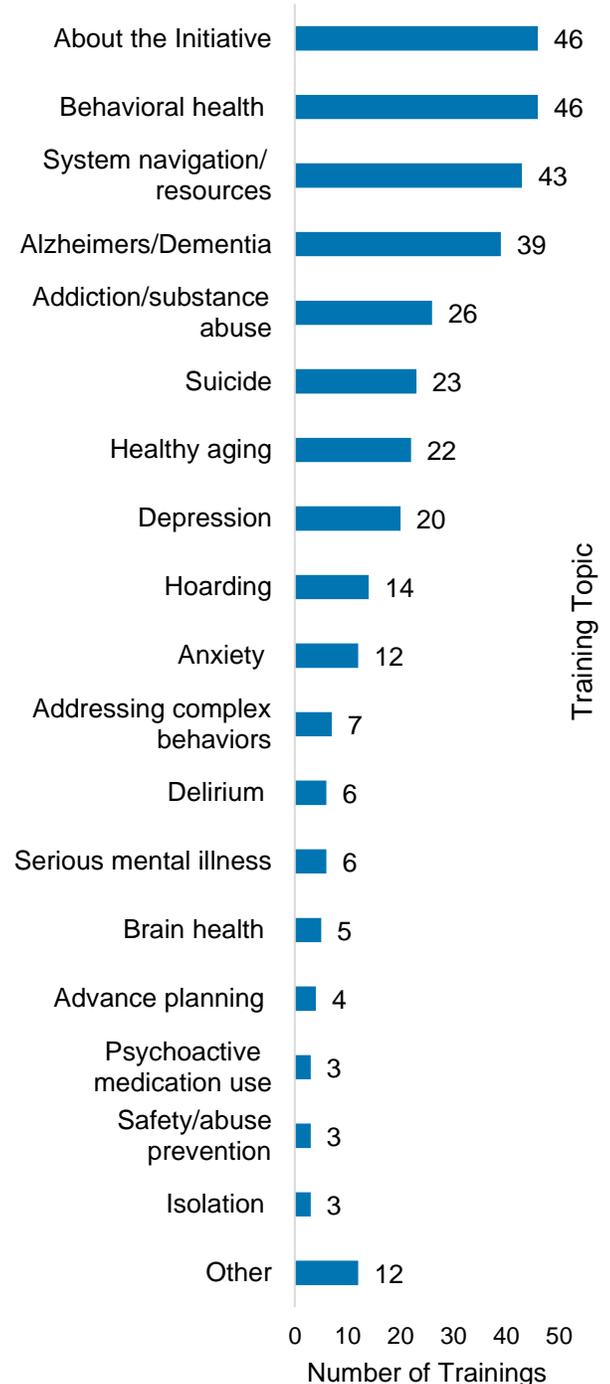
Workforce Development/Community Education

Specialists conduct workforce development trainings and community events on a variety of behavioral health topics related to older adults and people with disabilities. During the January to March 2017 quarter, Specialists conducted a total of 104 workforce development training and community events, and reached at least 2,547 training participants. Since July 2016, Specialists have conducted 273 trainings, and have reached at least 7,021 training participants across Oregon. The graphs below show the types of training participants and the training topics delivered over the three quarters. Trainings that covered multiple topics or were delivered to multiple types of audiences were counted more than once.

Types of Training Participants

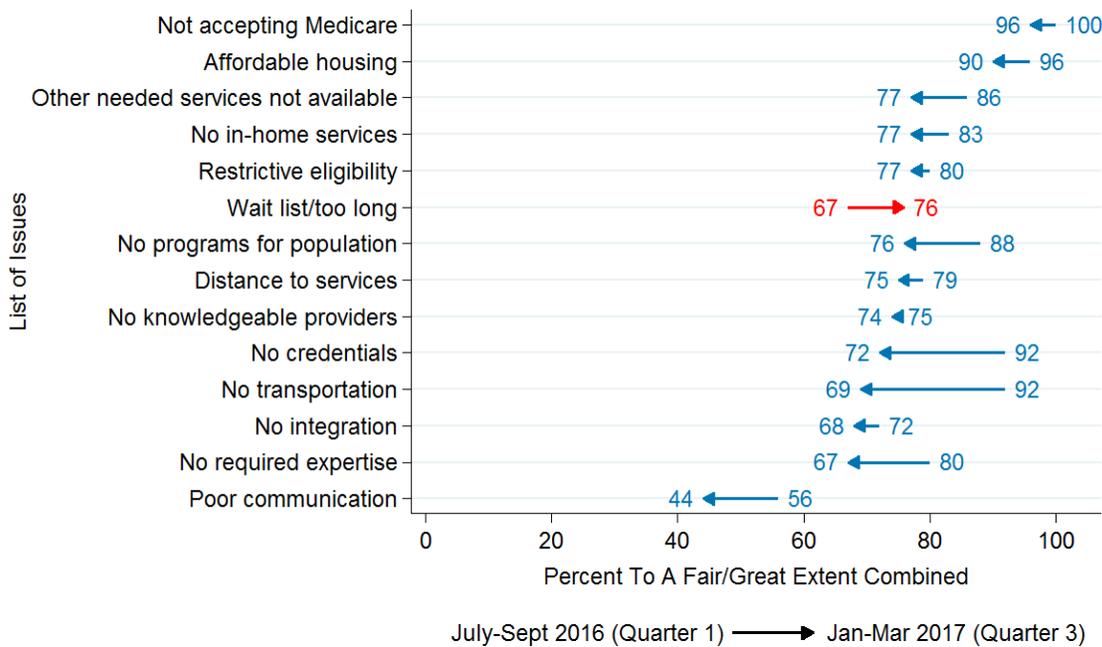


Types of Training Topics



Statewide Challenges

Communities face many similar challenges to improving the behavioral health system for this population, although each community has a unique set of strengths and weaknesses. Overall, three challenges became significantly less prevalent over the nine-month period covered by this report, including the lack of affordable housing, the lack of providers with the credentials required to get reimbursed for providing behavioral health services, and the lack of transportation. Declines were reported for other challenges as well, although these did not attain statistical significance. One challenge, that services are present but wait list is full or would take too long, actually worsened, although this change was not statistically significant.



Opportunities for More Local Efforts

Specialists identified areas where the least amount of progress had been made. These areas may provide opportunities for improvement moving forward.

- Reach out to community partners such as Centers for Independent Living, tribal organizations, and faith communities.
- Encourage stakeholders to make meeting needs of this population a community priority.
- Ensure that consumers are well represented at community partner meetings.
- Reduce barriers to workforce development, especially time away from work and scheduling problems.
- Increase attendance at trainings to reach the critical mass needed to improve services.
- Encourage providers and organizations to accept Medicare reimbursement for this population and to obtain/grant waivers to existing eligibility criteria to expand access to services

Please email Portland State University Project Manager, Allyson Stodola, at astodola@pdx.edu, to request a more in-depth report of the data analysis.

Specialists' views about statewide challenges:

“Rural areas struggle the most regarding development and availability of services, particularly behavioral health services covered by Medicare. Recruitment of qualified professionals, as well as gaps in funding, appears to contribute to the lack of services available in rural areas.”

“When problems remain unresolved it is often due to a lack of services in the area. Several of these complex case consultations require services that are either difficult to access or missing from the county.”

“Historically, we do a bad job at including the consumer in the conversations about their care. The good news is our Older Adult Peer Support Specialist is attending these meetings and can act as a peer advocate for the discussed clients.”

“Many providers will not accept Medicare only. Many providers/agencies still have criteria that exclude many people. For example, anyone who has a diagnosis or symptoms of dementia/memory loss will typically be excluded from many services. Providers claim that they do not serve people with these types of illness/behaviors. Or they refer them to another agency that will typically say the same thing.”