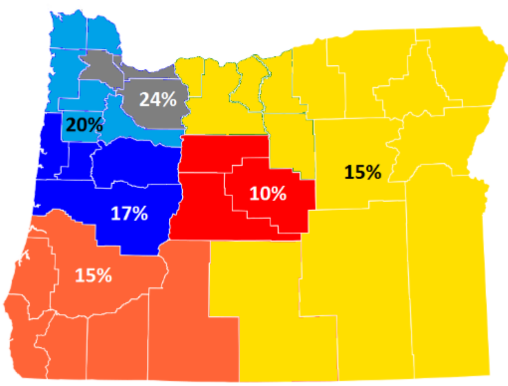
Behavioral Health Initiative
for Older Adults and People with Disabilities

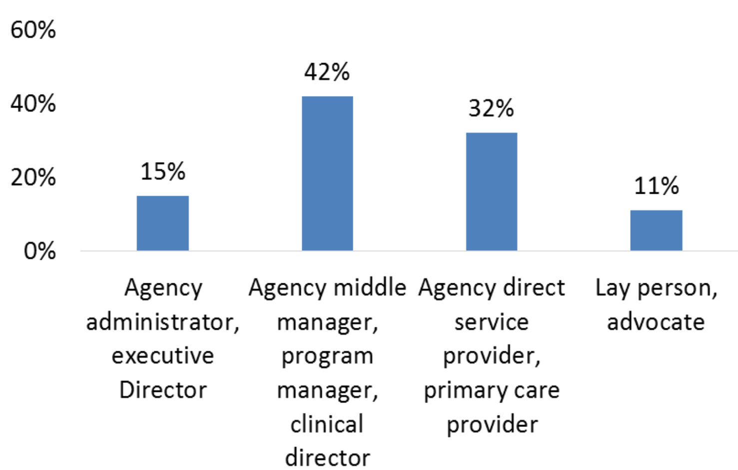
Stakeholder Survey Data Summary

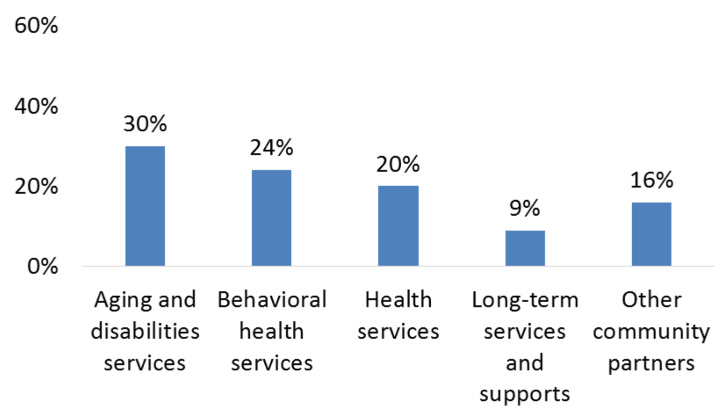
This report is based on survey data collected by the Institute on Aging at Portland State University during February and March 2017. The questionnaire was sent to 700 stakeholders identified by Specialists,[1] Institute on Aging staff, and the Oregon Health Authority/Department of Human Services Older Adult/People with Disabilities Behavioral Health Advisory Council. Overall, 234 stakeholders (33 percent) responded to the survey. This report highlights stakeholders' opinions about the current behavioral health system for older adults and people with disabilities who have behavioral health needs.

Survey Respondents



Respondents reflected the diversity in Oregon in terms of geography, position and organization type. The map on the left shows the percentage of respondents from each region. The graphs below show the percentage of stakeholders by position (left) and type of organization (right). The largest share of respondents were agency middle managers, program managers, and clinical directors. The majority of stakeholders were from aging and disabilities services and behavioral health services.





[1] We refer to Older Adult Behavioral Health Specialists (OABHS) as Specialists in this report.

Planning and Coordination

Highlights from stakeholders' perceptions of planning and coordination activities:

- Most stakeholders (81%) participated at least occasionally in discussions or meetings about the planning and coordination of behavioral health services.
- Thirty-seven percent of stakeholders reported that old resentments between agencies get in the way of progress.
- Fifty-three percent of stakeholders reported that the Initiative is a priority for their organization.
- Most stakeholders who attended planning/coordination meetings agreed that participants are committed (86%), agencies are more knowledgeable about each other (72%), and there is agreement on gaps in services (71%).
    - In contrast, only about one quarter agreed that advocates, consumers, and families are well represented in these meetings and discussions.

There were two statistically significant differences in rural and urban stakeholders' perceptions of planning and coordination activities.

Urban[2] stakeholders were more likely to report that:

- There is agreement on what the gaps in behavioral health services for this population in their community.

Rural/frontier stakeholders were more likely to report that:

- Old resentments between agencies get in the way of progress.

Stakeholders' views about community successes:

"Having an older adult behavioral health specialist available to consult with has been immensely helpful for my staff and our community partners. It has been great to have someone that is able to effectively navigate both the behavioral health and the aging/disability side of services."

"I think the increase in trainings has been extremely helpful to not only to provide more information but to also get everyone in the same room to talk and meet each other."

"Our older adult behavioral health specialists have done a tremendous job in the past two years bringing community partners together for education and collaboration.

"Having the OABH staff in place to call and help triage issues and direct us to the right people/services."

"Complex case consultations have brought systems together and helped resolve issues for individuals in this community."

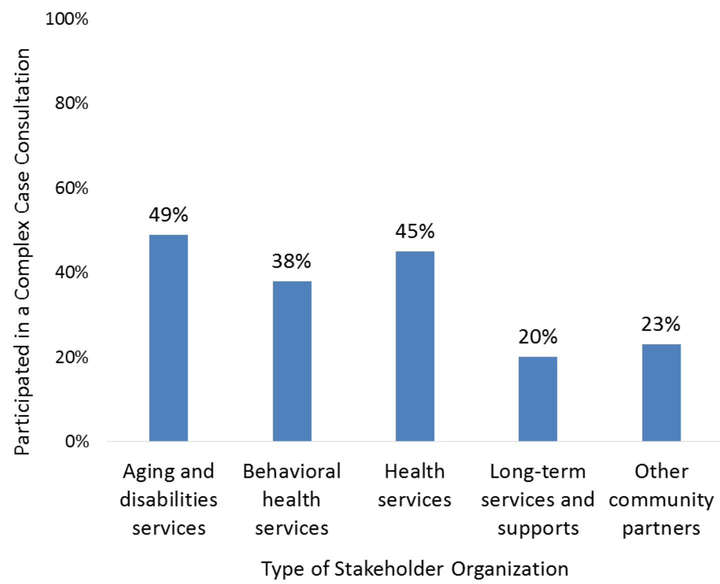
[2] In Oregon, nineteen percent of the population live in urban areas, based on the U.S. Census definition. We consider counties in which more than 20 percent of the population live in rural areas as rural/frontier. This definition closely aligns with the definition used by the Oregon Office of Rural Health. We estimate statistically significant differences noted in this report based on two-sample t-tests assuming unequal variances and the Welch approximation or Fisher's exact test, depending on the type of comparison.

Complex Case Consultation

Highlights from stakeholders' perceptions of complex case consultation meetings:

Thirty-nine percent of stakeholders reported they had participated in a complex case consultation (CCC) that included a Specialist since June of 2015. Most CCCs were unplanned or in the form of Multidisciplinary Team Meetings (MDT).

- Urban stakeholders were more likely to say that they had participated in a CCC compared to rural/frontier stakeholders.
- Stakeholders from aging and disabilities services and health services were more likely to have participated in a CCC that involved a Specialist compared to stakeholders from long-term services and supports and other community partners (see graph to the right).
- Forty-six percent of stakeholders considered these CCCs pretty or very successful, while another 40 percent indicated that while some problems were resolved many remained unresolved.



Workforce Development and Community Education

Specialists reported conducting 273 training events between July 2016 and March 2017 that reached at least 7,021 participants. Training content included topics such as healthy aging, hoarding, and anxiety. Participants ranged from behavioral health and aging and disabilities services staff to community members. Sixty-two percent of stakeholders reported having attended in-service or training events related to this population. Urban and rural/frontier stakeholders were equally likely to report having attended trainings.

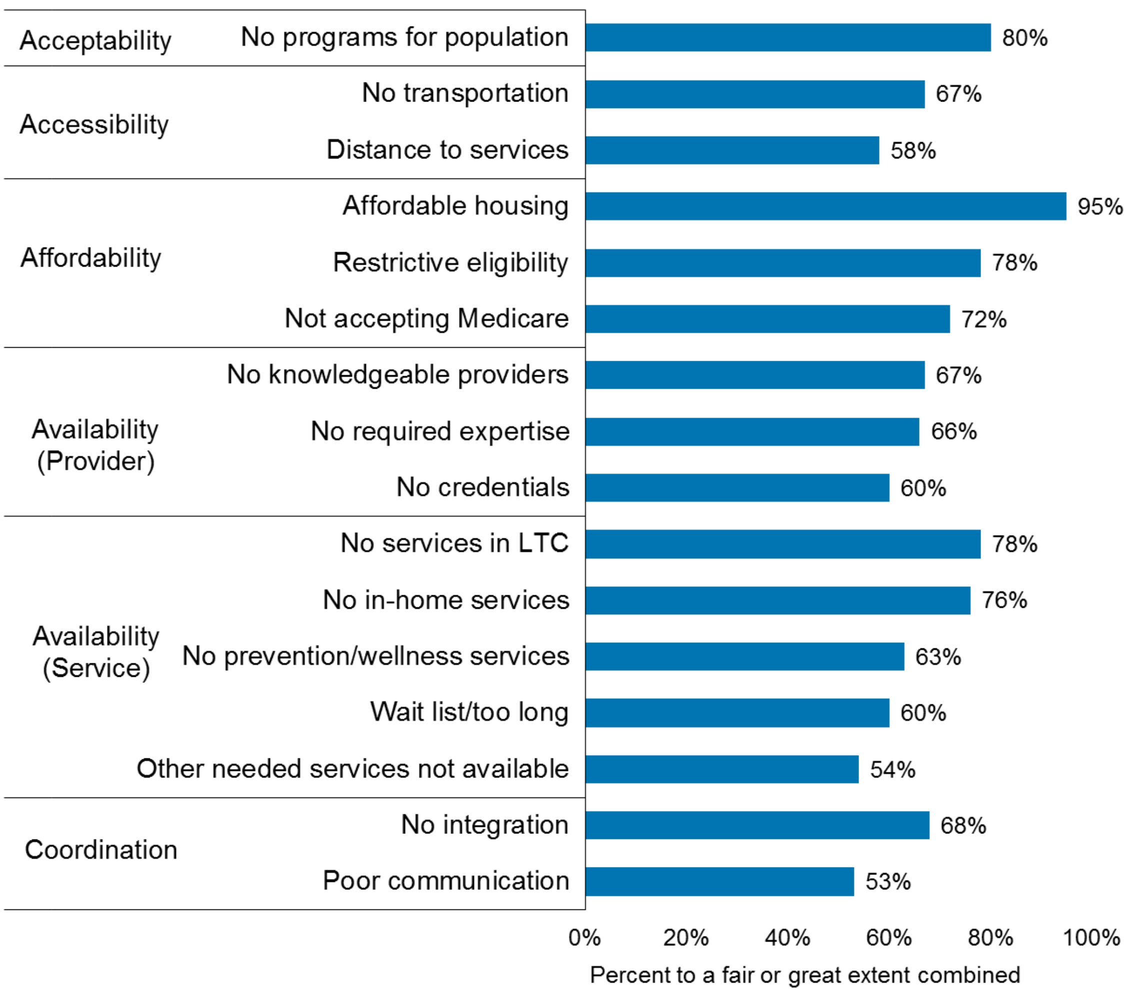
Highlights from stakeholders' perceptions of trainings:

- The training topics were genuinely interesting.
- Trainings had good attendance.
- Stakeholders have been applying the information they received to their work with older adults and those with physical disabilities who have behavioral health needs.
- They have left with new information about how to screen, assess and treat older adults and people with physical disabilities who have behavioral health needs.
- They have a better understanding about how to work with other disciplines/organizations to improve behavioral health services for older adults and/or adults with physical disabilities.

Barriers to Improving Consumer Outcomes

Stakeholders were asked to rate a list of challenges in serving older adults and people with physical disabilities who have behavioral health needs. Lack of affordable housing was the barrier identified most often (95%), followed by the lack of programs specific to this population (80%). Overall, barriers related to affordability and service availability were found to be problematic by a larger share of stakeholders compared to barriers concerning provider availability and coordination[3]. One goal of the Initiative is to reduce these barriers to improving outcomes.

Compared to rural/frontier stakeholders, urban stakeholders were more likely to report as barriers the lack of affordable housing and lack of credentialed providers willing to accept Medicare reimbursement for behavioral health services. In contrast, rural/frontier stakeholders were more likely to report distance to services as a barrier to improving outcomes.



Stakeholders' views about community challenges:

"Access to care in terms of affordability...I believe the Medicare population, particularly the non-dual eligible population, has effectively been ignored in terms of their being able to access affordable mental health care."

"Lack of understanding of how to work with adults with mental health and physical health issues and how those two things effect each other."

"Accessing mental health and addictions services for people with a physical disability."

"Professionals willing/able to provide services in a way that works for older adults and people with physical disabilities (i.e., outreach vs. outpatient clinic services), and effective collaboration between systems and organizations providing support."

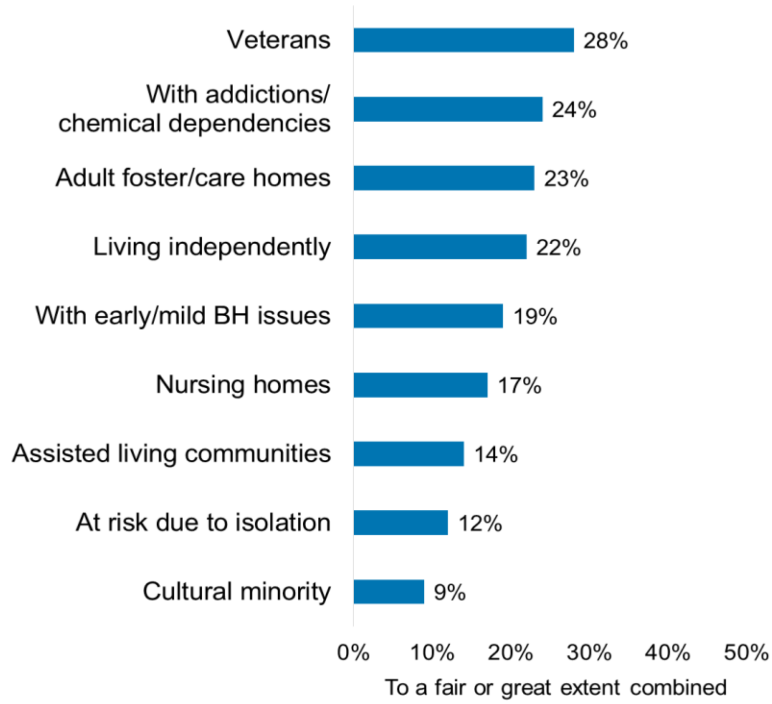
"Lack of access to mental health counseling and substance abuse detox and treatment options that are evidence-based and effective with older adults, including both Medicaid and Medicare beneficiaries."

"The access to services [is] limited in rural Oregon and 'shipping people out' is the first line of defense often, which is disruptive to routines and familiarity (complicating the BH dx)."

[3] Although the list of barriers is organized into five broad categories here, we acknowledge that some barriers such "affordable housing" and "programs for the population" can be viewed as belonging to multiple categories.

Underserved Subpopulations

Stakeholders were asked to what extent behavioral health services were being provided to nine subgroups of older adults and people with physical disabilities who have behavioral health needs. Less than one-third indicated populations were served to a fair or great extent. From the stakeholders' point of view, veterans and those with addictions and/or chemical dependencies were most likely to be provided behavioral health services. In contrast, those at risk due to isolation and cultural minority populations such as ethnic minorities and LGBT individuals were least likely to receive behavioral health services.



Desired Consumer Outcomes

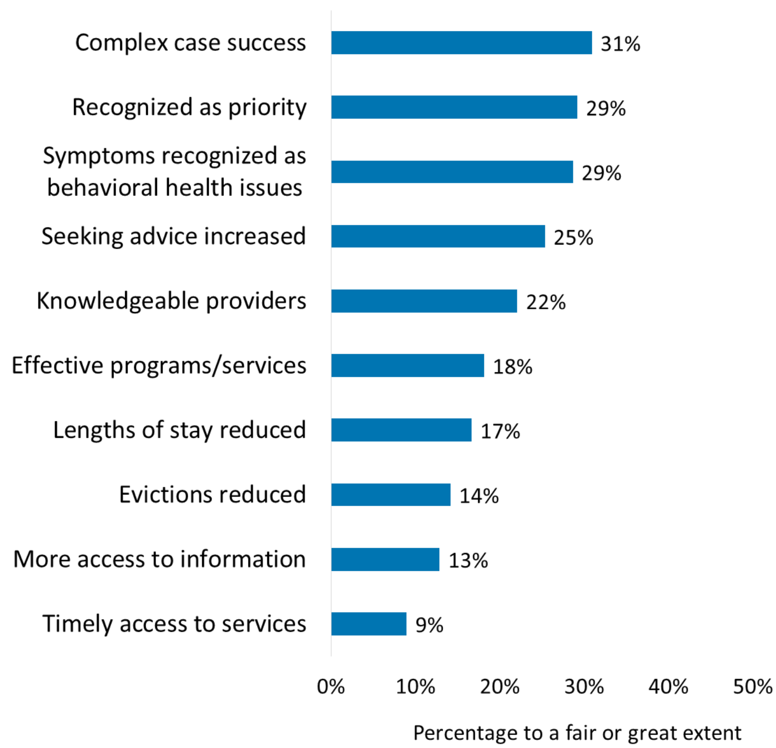
The figure on the right displays the consumer outcomes that represent the Initiative's long-term goals. Stakeholders rated the extent to which progress has been made since June 2015 to achieve these outcomes in their communities.

The data show that the most progress has been made with respect to:

- Complex case consultations resulting in more successful outcomes.
- Communities recognizing older adults and people with disabilities who have behavioral health needs as a priority population.

The least progress has been made in:

- Providing timely access to services such as housing or transportation for this population.
- Providing access to information about ways to promote mental health well-being such as social engagement and physical activities.



Over the past two years, considerable effort has been made to improve behavioral health services for older adults and adults with physical disabilities who have behavioral health needs in Oregon. Stakeholders have become actively engaged in this work and have made important gains in addressing gaps in services related to planning and coordination, addressing complex needs, developing a more knowledgeable workforce, and raising community awareness. Significant challenges remain, however, which will require sustained efforts at the state, regional, and local levels if the Initiative's goals are to be attained.