Behavioral Health Initiative for Older Adults and People with Disabilities
Quarterly Report Data Summary
July 2016 - September 2018

This report[1], based on data provided by the Behavioral Health Specialists (Specialists) in their Quarterly Reports between July 2016 and September 2018, highlights accomplishments, areas of opportunity, and challenges requiring attention from policymakers in order to make statewide improvements. Beginning July 2017, the reports switched to a rotating structure, asking a subset of questions every other quarter. Sets of questions that were not asked for certain quarters are noted when applicable.

Collaboration and Coordination

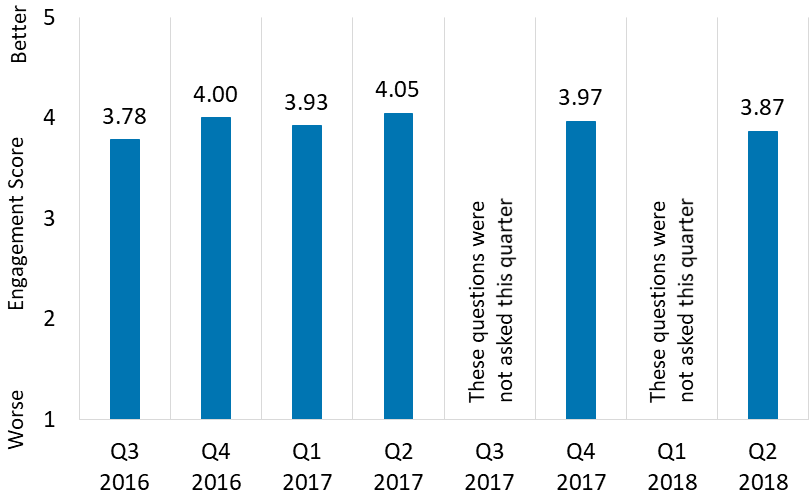
Community Partner Involvement in Collaboration and Coordination

The table on the right shows community partner involvement as reported by Specialists during October-December 2016 and April-June 2018. Although there were no statistically significant changes over time, notable increases occurred for Area CCOs, residential care, advocacy groups, consumers, and family members, and Veteran services. There were also notable declines for aging services, home care and home health care, and EMT or similar emergency responders.

Type of Community Partner	Oct-Dec 2016	Apr-Jun 2018
Behavioral health services	86%	84%
Aging services	97%	81%
Area CCO	66%	72%
Residential care	55%	69%
Hospital/emergency department	55%	50%
Primary care clinic	52%	47%
Advocacy/consumer/family	34%	44%
Veterans services	24%	41%
Home care/home health care	55%	38%
EMT or similar emergency responders	38%	28%
Local law enforcement	38%	28%
Elected government official	14%	25%
Center for Independent Living	28%	25%
Tribal organization	7%	16%
Faith community	21%	16%

Engagement with the Initiative

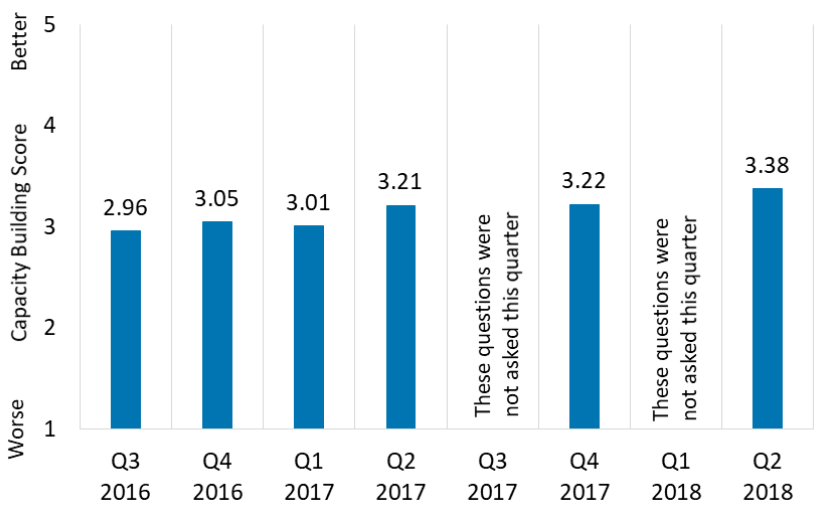
Engaging core stakeholders is important for building partnerships and bridging gaps between service sectors. Specialists were asked to rate seven statements (1=strongly disagree to 5=strongly agree) about the extent to which core stakeholders were engaged with the Initiative through such activities as expressing support, having direct involvement, having regular contact with the stakeholders, and agreement on gaps and priorities in behavioral health services for older adults and people with disabilities. The overall



[1] Some quarterly reports covered more than one county (e.g., Linn and Benton). Also, some reports were not received due to position vacancies. The coverage ranged from 90 to 100 percent of Oregon's population, depending on the quarter. We created several indices using multiple questions to measure change in various aspects of the Initiative over time. All statistical tests were conducted using within-county models to ensure comparability over time.

engagement of core stakeholders with the Initiative as reported by Specialists remained high. The engagement improved slightly but significantly up to the second quarter of 2017, and decreased slightly but significantly since then (see figure above).

Community Capacity



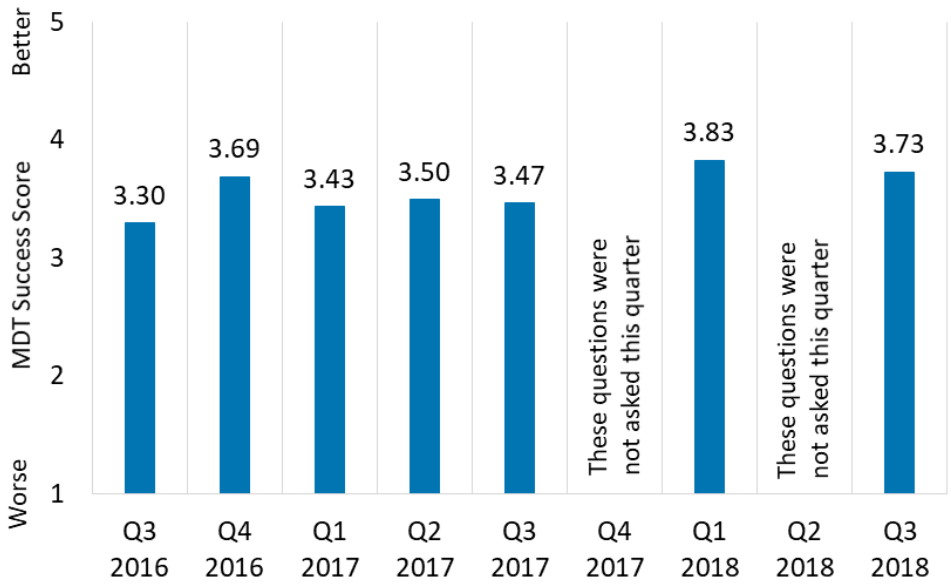
Building and supporting community capacity is critical to the success and sustainability of the Initiative. Specialists reported on ten indicators of capacity in their communities. Examples of these indicators include forming a cohesive group to address gaps in services, meeting often enough to make progress in reducing gaps in services, putting formal agreements in place, and ensuring "the right people" are participating in their meetings. **Since July 2016, there have been steady, statistically significant increases in community partners' involvement in these activities (see figure to the left).** More specifically, Specialists increasingly reported that community partners meet often enough to make progress in reducing gaps in services, consumers are well represented at community partner meetings, coordination among community partners has improved, agencies are becoming less likely to work in silos, and formal agreements (such as memorandum of understanding or participation agreements) are more likely to be in place.

Complex Case Consultations

A complex case consultation (CCC) is a discussion (in-person or via phone) among the Specialist and one or more direct service providers, primary care providers, hospital staff, emergency responders, consumers and/or family members for the express purpose of resolving problems or concerns about the care or treatment plan for an older adult or adult with physical disabilities who has behavioral health needs. Specialists provide CCC data in a separate tracking form (see CCC data summary for more detail). On average, between July 2016 and September 2018, Specialists participated in 163 CCCs each month, for a total of 2,123 unplanned, 2,244 regularly scheduled, and 41 complex case consultations with unknown status. The top two problems from each broad category of problems that the CCCs addressed between October 2017 and September 2018 are listed in the table below:

Broad Category	Problem/Issue	Percentage of Clients
Neurological/Cognitive	Lack of capacity, competence for decision making	17%
Neurological/Cognitive	Dementia	16%
Physical/Medical	Complex and/or co-occurring medical conditions	46%
Physical/Medical	ADL and other functional limitations	32%
Psychiatric/Mental Health	Serious mental illness	28%
Psychiatric/Mental Health	Mood Disorders (e.g., depression, anxiety)	25%
Social/Individual	Lack of or poor family/natural supports	37%
Social/Individual	Homelessness	37%
System	System navigation (difficult for client/family/supports)	50%
System	Understanding eligibility	35%

Multidisciplinary Teams

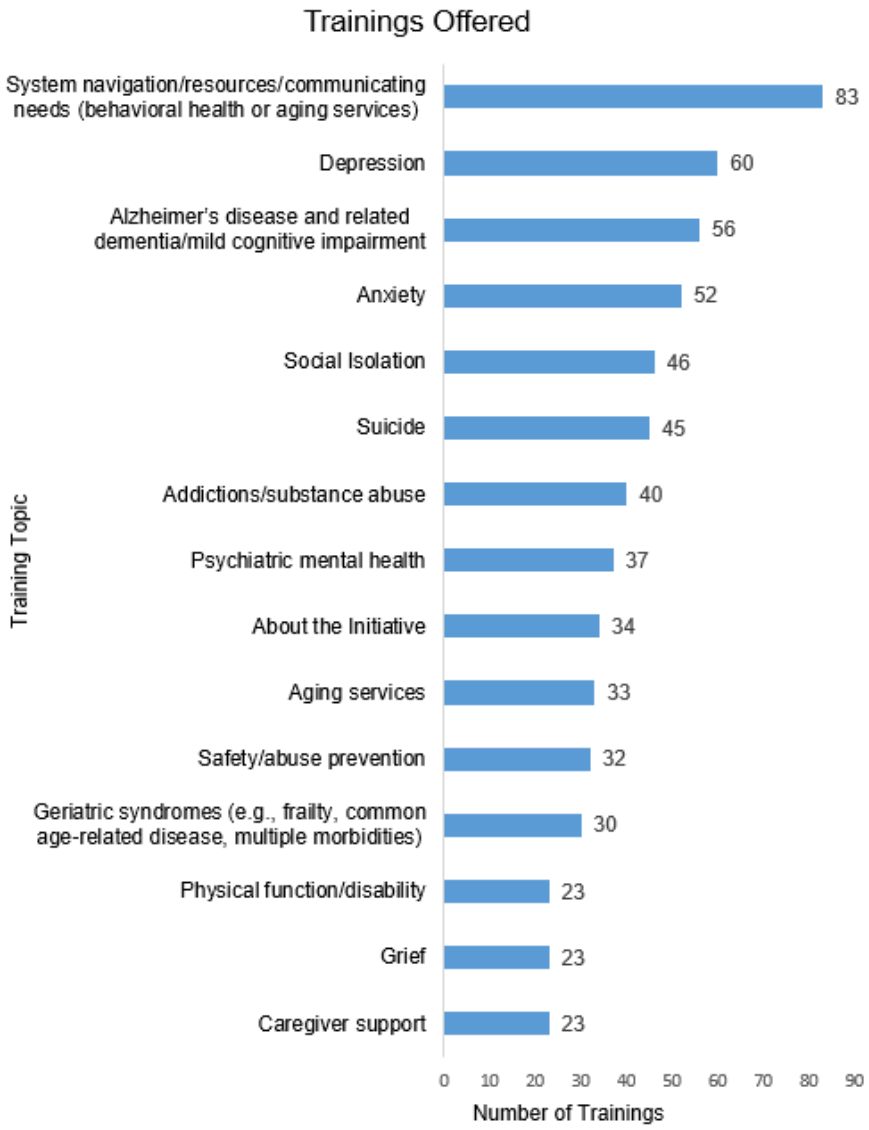


A multidisciplinary team (MDT) is a group of professionals representing several disciplines who come together regularly to discuss consumers' specific needs. Specialists were asked six questions about the presence and characteristics of MDTs in their communities, including availability of expertise, presence of core stakeholders on MDTs, and stakeholder organizations' willingness to provide services to the client population. **There was a slight but statistically significant increase in the overall MDT success as reported by Specialists between July 2016 and September 2018 (see figure above).**

Workforce Development and Community Education

Training Topics

In their quarterly reports, Specialists reported conducting, hosting or planning an average of 115 training and community education events per quarter between July 2016 and September 2018, for a total of 1,033 separate events. The graph to the right shows the training topics most commonly addressed between October 2017 and September 2018. Trainings that covered multiple topics were counted more than once. Other offered training topics not listed in the graph included person centered care and careers in aging.



Specialists' views about community challenges:

"Credentialed providers are not unwilling to take on more individuals with Medicare only, but are simply at capacity in the system that currently exists."

"Needed services: In-Home services for Medicare and Intermediate placement from hospital discharge that can accommodate medical and behavioral health."

"Working in silos comes down to a funding system and policies currently in place that at times may hinder collaboration to the degree that we are currently seeking."

"In a rural county like mine, we are in desperate need of services that are willing to locate or travel in the rural parts of the county. Providers often cite costs of travel being prohibitive to serving rural communities."

"The gap for appropriate housing and treatment for individuals who do not quality for aging services due to behavioral health conditions, and do not quality for behavioral health services due to aging conditions, continues to remain immense and unchanged."

Training Participants

Since July 2016, Specialists have reached over 26,000 participants through trainings in Oregon (including people who may have attended multiple trainings or events). The most common types of training participants include workers in behavioral health services, aging services, and health services. Other training participants represent a wide range of organizations, including housing, law enforcement, faith communities, tribal organizations, and advocacy groups

Statewide Challenges

Barriers	Oct-Dec 2016	Apr-Jun 2018
Lack of affordable housing	90%	100%
Lack of behavioral health services in LTC settings	-	93%
Restrictive eligibility	79%	90%
Distance to services	75%	87%
Lack of in-home services	86%	84%
Lack of knowledgeable providers	86%	80%
Lack of transportation	72%	69%
Lack of programs for population*	87%	66%
Wait list full or too long*	75%	58%
Lack of integration	77%	58%
Lack of credentials for reimbursement*	74%	48%
Not accepting Medicare*	95%	45%
Lack of people with the required expertise*	76%	39%
Other needed services not available*	82%	38%
Lack of prevention or wellness services	-	35%
Poor communication	48%	29%

Note: Cells with dashes indicate that the item was not asked during this quarter.

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. The table above shows the percentage of cases where Specialists reported that a specific barrier was present in their community to a fair or great extent in October-December 2016 and in April-June 2018. Lack of affordable housing was consistently the greatest barrier in these quarters in both years. **Six barriers became significantly less prevalent over this period** (indicated by an asterisk in the table above). These included: (1) lack of behavioral health programs specific to the population, (2) wait list is full or would take too long, (3) lack of providers with the credentials required to get reimbursed for providing behavioral health services, (4) lack of credentialed providers willing to accept Medicare reimbursement for behavioral health services, (5) lack of people with the required expertise to provide quality behavioral health services, and (6) lack of other (i.e., not behavioral health-related) needed services.

Perceived Progress

Ultimately, the success of the Initiative will be determined by improved outcomes for consumers, which requires system change. The table below reports the percentage of Specialists who reported that an outcome had been achieved in their community to a fair or great extent in the fourth quarter of 2016 and 2018 or since the beginning of their time with the Initiative.

Community Successes[2]	Oct-Dec 2016	Jul-Sep 2018
The majority of the people involved are very committed to improving behavioral health services	-	91%
Relevant services agencies are more knowledgeable about each other*	61%	81%
Relevant services agencies are coordinating and/or collaborating better	-	75%
Referrals for complex case consultation have increased*	43%	72%
It has become easier to make referrals*	39%	66%
Community partners have had more success in resolving complex cases	42%	63%
Consumers and their family members have greater access to services*	20%	32%

Note: Cells with no data indicate that the item was not asked during this quarter. Asterisks indicate that the change between 2016 and 2018 is statistically significant.

Between Oct-Dec 2016 and July-Sep 2018, Specialists' reports suggest that four community successes have improved significantly.

Summary

- Significant improvements were made in coordination and collaboration.
- Specialists participated in over 1,500 complex case consultations.
- Specialists conducted or organized over 1,000 separate training and community education events.
- Although many barriers are significantly less prevalent after over two years, lack of affordable housing, lack of behavioral health services in long-term care settings, restrictive eligibility, and distance to services remain major barriers.
- Significant progress was made in increasing referrals for complex case consultations and making it easier to make referrals.
- Consumers have slightly greater access to services.

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.

Specialists' views about community successes:

"I've seen success in connecting a few groups who will now be collaborating more… The hospice staff learned about Medicaid Eligibility, that will help them deliver covered services to patents, as well as knowing when a patient may be eligible for Medicaid coverage/services."

"I am very pleased with all the requests for information, resources, specific training and education events. I believe this illustrates an increase in community awareness of issues/topics around aging and the older adult population, and a desire to provide informed and evidence-based services."

"Stakeholders are really understanding that working on improving/increasing services for our two target populations need to be a priority in order to prepare for the fast-growing older adult population."

"There is now much more communication between agencies that allows people to get services instead of falling through the cracks."

"Case consultations continue to support inclusion of older persons and persons with physical disabilities into existing services."

[2] A large share of Specialists reported that they did not know the extent to which some items (6 in total) had been achieved, such as whether emergency department stays or inappropriate hospitalizations had declined. These items are not included in the table.