

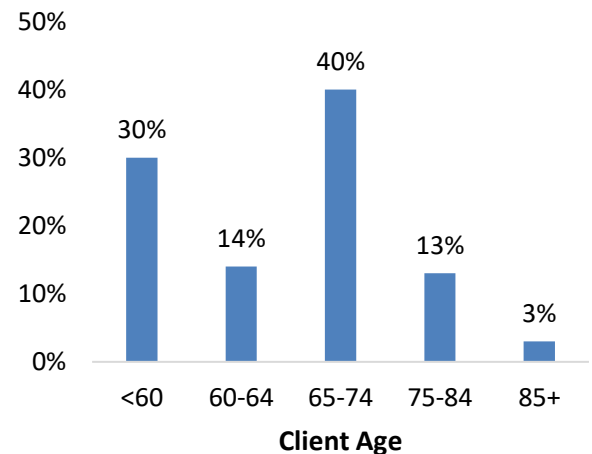


Behavioral Health Initiative for Older Adults and People with Disabilities Complex Case Consultations Data Report October - December 2017

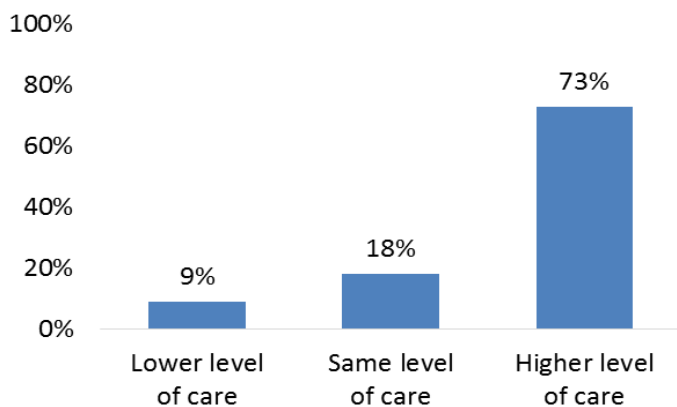
Complex case consultation (CCC) is a core job function of the Behavioral Health Specialists. A complex case consultation is defined as a discussion among one or more direct service providers (e.g., primary care providers, hospital staff, and emergency responders), family members, and the Specialist with the express purpose of resolving issues or concerns about the care or treatment plan for an older adult or adult with physical disabilities who has behavioral health needs. Behavioral Health Specialists across Oregon used a reporting instrument to collect information about each complex case consultation in which they participated during the October-December 2017 quarter. During this period, Specialists reported on a total of 418 complex case consultations.

Key highlights from these consultations:

- Consumers were slightly more likely to be female (53%).
- The largest age group of consumers included people between ages 65 and 74 (40%), followed by those younger than age 60 (30%).
- Eight percent of consumers were veterans, although veteran status was unknown in one-quarter (26%) of consultations.
- In 56 percent of cases, the meeting was the Specialist's first consultation about the consumer.
- About half of consultations were planned (55%) and involved people from multiple organizations (51%). A small portion (15%) of cases involved a team from a single organization only.



Change in Residential Setting



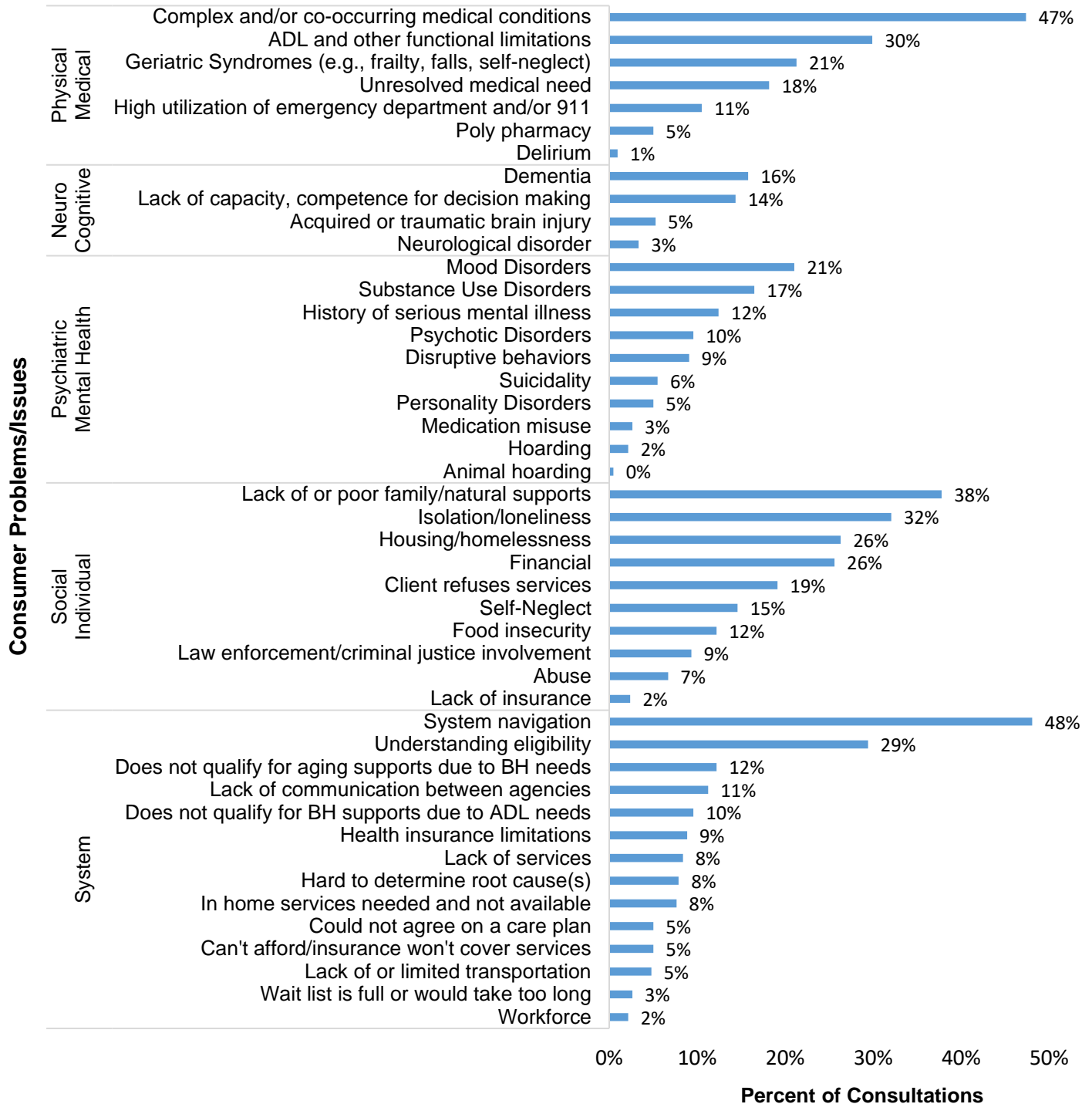
- The most common types of actions taken following a consultation were connecting the consumer to resources (46%), scheduling further complex case consultations (39%), discussing eligibility criteria (34%), and training/coaching staff (21%). Examples of other actions included *completing an assessment with a consumer* or *assisting the consumer with service eligibility process*.

- About half of cases (50%) involved a need for a change in residential setting for the consumer. In 40 percent of those cases, a change in residence was not obtained. A majority (73%) of changes in residential setting were moves to a more restrictive

living arrangement. When residential needs were identified, Specialists noted special circumstances, such as *consumer refusing recommended residential setting* and *unclear of which setting would best suit consumer needs*.

- The Specialists reported that the community could provide at least some of the resources necessary to address the needs of the consumer in about 90 percent of cases.
- Resolution of complex cases often takes considerable time. Most consultations (59%) involved consumers with open, unresolved cases at the conclusion of the meeting. About one third of cases (30%) were successfully resolved, and a small portion (11%) were closed without resolution.

As expected, most consumers faced multiple complex issues. About half of consultations (53%) involved consumers with five or more issues. Nine percent of reported consumer issues were suspected (no formal diagnosis) or pending diagnosis at the time of the meeting. Consumer issues varied for each case consultation. *System navigation* and *complex and/or co-occurring medical conditions* were most likely to be reported, followed by *lack of or poor family/natural supports* and *isolation/loneliness*. Specialists identified “other” reasons for consultations that were not included in the reporting instrument. Examples include *refusal to take opioid medication due to stigma* and *consumer needs durable medical equipment due to a physical disability*.



For more details about this Initiative, visit <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.