

## Behavioral Health Initiative for Older Adults and People with Disabilities

### Executive Summary Stakeholder Survey Findings, 2017-19

**Background.** Oregon’s Behavioral Health Initiative for Older Adults and People with Disabilities is aimed at building communities’ capacities to meet the needs of older adults and people with disabilities who have behavioral health issues. A total of 24 Behavioral Health Specialists located around the state are charged with engaging community stakeholders in order to coordinate services and identify gaps in services. A team of researchers from Portland State University’s Institute on Aging is contracted by the Oregon Health Authority (OHA) to evaluate progress in achieving the goals of the Initiative, with one component involving conducting an online survey of stakeholders.

**Sample.** Stakeholders were identified by the Specialists, the OHA Project Director, members of the Advisory Council, and the PSU team and included administrators, managers, direct service and primary care providers, and lay persons or advocates. A total of 2,036 stakeholders were identified, with questionnaires successfully sent out to 1,784 (some emails “bounced back”); among those, 456 stakeholders responded, for a response rate of 26 percent. The sample for the 2019 survey was again expanded, and this may have affected the results, with a larger number of those surveyed likely being more tangentially involved in and perhaps less knowledgeable about the Initiative.

**Analyses.** Descriptive statistics were used to summarize the data from 2019. To describe changes in the survey results over the three years in which the survey was conducted, two samples were used: a cross-sectional sample composed of the responding stakeholders in each year and a longitudinal (matched) sample composed of stakeholders who responded in at least two of the three years. Statistically significant changes found using one sample (either the cross-sectional or the longitudinal), are reported as providing “some evidence” for change, while such changes found using both samples are reported as “strong evidence.” Several factors should be considered in interpreting the findings, including changes in the sample of stakeholders have occurred each year, and this year’s sample was markedly larger than those of the previous two years. Some respondents in 2019 may have had less direct knowledge of the Initiative than in previous years. Also, the Specialists have worked diligently to raise awareness of the behavioral health needs of older adults and people with disabilities, resulting in greater awareness of the gaps in services. Also affecting the progress of the Initiative is the turnover in Specialists that has occurred, which can stall advancements.

Another factor is that initiatives tend to fade from view over time; they must compete with other policy issues that may be prioritized. Similarly, local dynamics can stymie progress toward achieving goals. Major challenges for the Behavioral Health Initiative for Older Adults and People with Physical Disabilities is to keep the issues of these populations front and center locally and at the state level, to continue to advocate for collaboration and coordination of services, to provide relevant workforce development training, and thereby enhance the capacity of local communities to address the behavioral health needs of older adults and people with disabilities.

**Findings.** Overall, the findings from the 2019 survey revealed several positive results. There was general agreement that:

- *Gaps in services have been identified.* About three-quarters of stakeholders agreed or strongly agreed that community partners who attend collaborative discussions or meetings have agreed on the gaps in behavioral health services for older adults and adults with physical disabilities in their communities.
- *Participants remain committed to improving behavioral health services.* Participants in joint discussions or meetings were seen as very committed to improving behavioral health services for older adults and adults with physical disabilities, with 86 percent of stakeholders agreeing or strongly agreeing with this statement.
- *There was support for trainings, incorporating knowledge learned into work, and sharing information with co-workers.* Administrators and managers reported being supportive in these areas, and stakeholders, including administrators and managers, held a favorable view in terms of support received from their agencies.

Continuing challenges were reported. Specifically:

- The *complex case consultations* that stakeholders attended were seen as having had *only some success* in resolving the problems or concerns about the care or treatment plan for the older adult or adult with physical disabilities. (Other data from the evaluation revealed that this is due largely to structural issues, including the lack of needed services and restrictive eligibility issues, as well as consumer refusals of services.)
- *The lack of affordable housing* was agreed to be a challenge by 95% of respondents, followed by *a lack of behavioral health services in long-term care* (83%).

With respect to statistically significant **changes over time** in the indicators, there were relatively few changes in the majority of the indicators. There was **strong evidence** of change with respect to only one indicator: there was less agreement that “*the Initiative was a priority for their organization*” in 2019 compared to 2018, and there was **some** evidence of less agreement than 2017. This may be due to the inclusion of a greater number of stakeholders representing more and different organizations than in 2017 and 2018.

There was, however, **some evidence of improvement** with respect to several indicators.

*Collaboration and coordination:*

- There was less agreement in 2019 than in 2018 that “*Stakeholders had several other projects that were competing for their time and attention*”.
- There was greater agreement that “*Community partners who attended these [coordination and collaboration] discussions or meetings have agreed on what their priorities should be for addressing the gaps in behavioral health services for older adults and adults with physical disabilities*” between 2017 and 2019.

*Challenges:*

- “*Distance to services*” was reported as being less of a challenge in 2019 compared to 2017.
- “*Lack of prevention or wellness services*” was seen as less of a challenge in 2019 than in 2017.
- “*Poor communication among relevant agencies and/or organizations*” was reported as being less of a challenge in 2019 than in 2018.

*Training:*

- There was some evidence of improvement in *training attendance*, with 74% of stakeholders reporting having attended an in-service or training event related to behavioral health and older adults or adults with physical disabilities, compared to 62% in 2017. Among those who had not attended such a training, the most common reasons given were lack of awareness of trainings and lack of time.
- Relevance of training improved: “*Topics not being relevant to the stakeholder’s work*” diminished as a reason for not attending training events.

At the same time, there was **some evidence of worsening** over time in some of the indicators.

*Collaboration and coordination:*

- “*Old resentments between agencies get in the way of progress toward achieving the goals of the Initiative*” worsened between 2017 and 2019, although it is important to note that there was no significant change since 2018. Most of the increase in agreement that this is a problem occurred between 2017 and 2018.
- *Attendance in collaborative meetings* changed significantly:
  - No participation (from 18% in 2017 to 25% in 2018 to 31% in 2019)
  - Sporadic participation (from 43% in 2017 to 32% in 2018 to 45% in 2019)
  - Regular participation (from 38% in 2017 to 43% in 2018 to 34% in 2019)

*Training:*

- A larger share of stakeholders in 2019 who did not attend any trainings reported *the expense of trainings* as a reason for non-attendance. Since there is no cost for the trainings provided by the Specialists, this result is likely due to stakeholders reporting on trainings in general, not just those provided by the Specialists, or due to costs associated with travel or time lost from work.
- There was a slight decline in agreement that respondents were “*provided opportunities to discuss or explore practice changes based on the trainings*” between 2018 and 2019. At the same time, however, there was a decline in *disagreement* (the result of a bimodal distribution of the responses).

*Services for Subgroups of Older Adults and People with Physical Disabilities:*

There were declines in agreement that behavioral health services were being provided to two subgroups of older adults and people with physical disabilities since 2018:

- those who were *living in memory care units*” and
- those who were *at risk of behavioral health issues due to isolation.*”

The item concerning memory care units is misleading; residents of memory care units are not the target of behavioral health services; rather, it is the staff who are the target for training. With respect to the finding concerning less agreement that behavioral health services were being provided for those who are isolated, greater awareness of the extent and effects of social isolation, due to more attention in the media and Specialists’ efforts to raise awareness, likely contributed to this result.

*Outcomes:*

It should be noted that improvements in the desired outcomes for this Initiative will require system-level changes at the state or national level and will take time. Also, some desired outcomes are beyond those which the Specialists can accomplish within the scope of their authority. In fact, again possibly due to the expanded sample in 2019, there was some evidence that several desired outcomes worsened over time. In particular, there was less agreement that older adults and people with physical disabilities who have behavioral health needs:

- “*were recognized as priority populations in their community.*”
- “*were now more likely to have timely access to the full range of services they need (such as housing, medication management, transportation).*”
- “*were now more likely to have access to community-based behavioral health programs or services that have demonstrated their effectiveness.*”
- “*were more likely to receive help from direct service and/or primary care providers with the requisite knowledge and skills.*”

In addition, there was less agreement on the outcomes that:

- “*Evictions of older adults and people with physical disabilities who have behavioral health needs from community-based long-term care facilities, nursing homes or public housing have been reduced*” and that
- “*Community partners were more successful in resolving complex cases.*”

**Conclusion.** In summary, many challenges remain with respect to successfully addressing the behavioral health needs of older adults and people with disabilities in Oregon, with the lack of affordable housing and insufficient behavioral health services being paramount. There was no significant change in most of the indicators, although there was some evidence of improvement and some worsening in a few indicators. The declines in some outcome indicators may well be related to the findings of less agreement about the Initiative being a priority and a decrease in stakeholders' regular participation in collaborative meetings. These findings demonstrate a need for system-level changes, the majority of which cannot be addressed by individual Specialists. Moreover, positive changes in the desired outcomes are likely to require considerably more time to realize than the few years of the Initiative's existence. That said, additional resources devoted to promoting trainings would be helpful, as would encouraging training participants to share training information with their coworkers. Memoranda of understanding between service delivery agencies would be helpful with respect to information sharing and collaboration and reducing restrictive eligibility requirements.

Several factors should be considered in interpreting the findings. Changes in the sample of stakeholders have occurred each year, and this year's sample was markedly larger than those of the previous two years. Some respondents in 2019 may have had less direct knowledge of the Initiative than in previous years. Also, the Specialists have worked diligently to raise awareness of the behavioral health needs of older adults and people with disabilities, resulting in greater awareness of the gaps in services. Also affecting the progress of the Initiative is the turnover in Specialists that has occurred, which can stall advancements. Another factor is that initiatives tend to fade from view over time; they must compete with other policy issues that may be prioritized. Similarly, local dynamics can stymie progress toward achieving goals. Major challenges for the Behavioral Health Initiative for Older Adults and People with Physical Disabilities is to keep the issues of these populations front and center locally and at the state level, to continue to advocate for collaboration and coordination of services, to provide relevant workforce development training, and thereby enhance the capacity of local communities to address the behavioral health needs of older adults and people with disabilities.