

Behavioral Health Initiative Evaluation

Key Findings 2019 – 2021



The Behavioral Health Initiative for Older Adults and People with Physical Disabilities (the Initiative) evaluation conducted by the Portland State University (PSU) Institute on Aging has identified several barriers to this population obtaining needed behavioral health (BH) services. This summary includes findings from the Old Adult Behavioral Health Specialists' (BHS) quarterly reports, complex case consultation records, training and workforce development rosters. It also includes interviews with BHS and key informants (AAA-ADRC, AAA, and CMHP managers) and surveys from a variety of stakeholders who collaborate with the Initiative. These findings suggest that some of the most persistent barriers have declined over time and point to opportunities for further local level improvements that the BHS, their host agencies, and community partners can work together to implement.

Workforce Development and Community Education

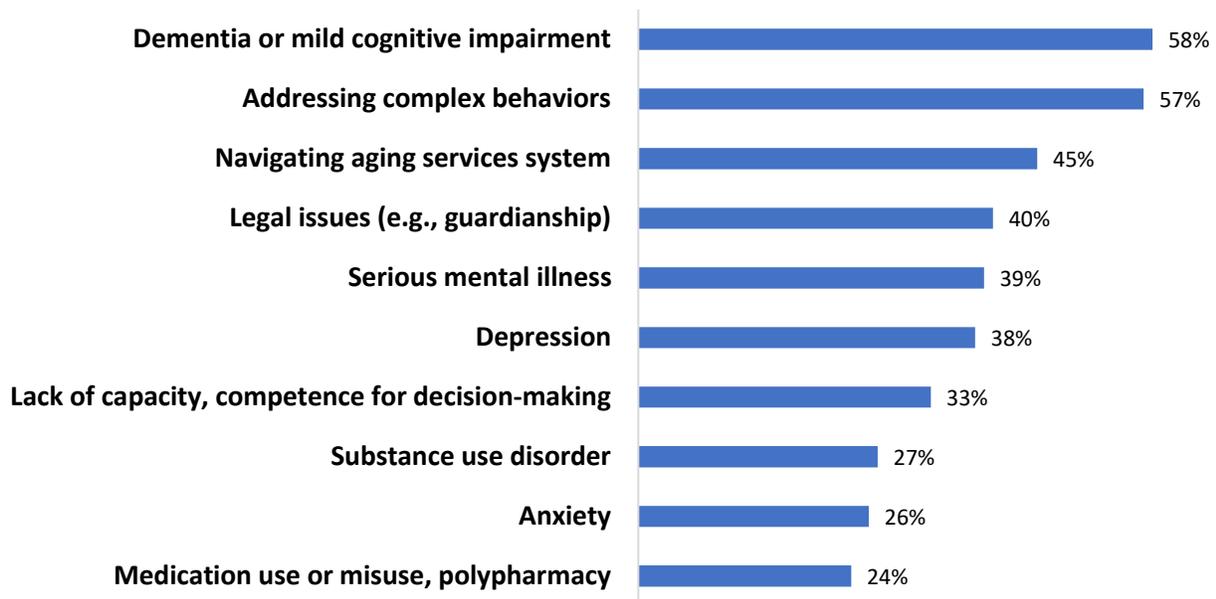
WHAT'S GOING WELL

- BHS ratings of stakeholder support for training by co-sponsoring training and serving as a trainer or content expert at BHS- hosted trainings significantly improved since the start of the Initiative.
- A vast majority (91%) of stakeholders reported that they expect the information presented will be useful in their work, a majority reported that the trainings helped prepare them to work with/advocate for older adults (87%) and people living with physical disabilities (82%) who have BH needs.
- When asked what is different now in their community as a result of the Initiative, key informants most often reported (49%) a more knowledgeable workforce due to the training provided by the Initiative.
- Trainees reported in two-month follow up surveys that they have been able to apply the information learned in their work (89%), the information learned has helped to improve their work (73%), and they have shared information with coworkers (78%).
- Community members who attended education events sponsored by the Initiative somewhat agreed or agreed with statements about increased knowledge about the issue, increased well-being skills, greater awareness of warning signs, and increased knowledge about where to get more information.

"...because of the BHS's education out in the community to agencies who serve people with BH issues, especially around issues of dementia (e.g., the progression of dementia) and strategies for responding to disruptive behaviors, community awareness about dementia and professional training about dementia is better in my community."

-AAA-ADRC Stakeholder

Figure 1. Greatest Workforce Training Needs



Note. Not included due to low ratings are delirium, functional limitations, and other training needs.

OPPORTUNITIES

Stakeholders reported the greatest workforce training needs in their communities are related to dementia or mild cognitive impairment (58%) and addressing complex behaviors (57%) (see Figure 1 above).

- In their two-month follow-up training survey, only 31% of participants reported that their agency is using the tools provided in the training they attended.
- When asked about specific barriers to attending training events, stakeholders most often reported that last-minute emergencies affect staff attendance (43%), training is difficult to schedule (29%), and topics do not seem to be a priority for the target audience (13%).

RECOMMENDATIONS

- While last minute emergencies are unavoidable and outside of the Initiative’s purview, it is important to identify potential training topics that are of greater interest to stakeholders.
- The need for ongoing workforce development is clear, and the BHS are well-positioned to address this need within their local communities.
- Increase collaboration with agencies who have less involvement with the Initiative to provide training to their staff about BH needs of this population.

“I think there are some resources like the hoarding group (Buried in Treasures) that have been made more available. Providers have been able to attend more training and increase their skill level...”

-CMHP Stakeholder

Complex Case Consultations

WHAT'S GOING WELL

- In consultations, BHS assist with info/referrals to services required by the consumer (59%), provide the referral source with clinical info about consumer's presenting problem(s) (39%), and provide the consumer and/or surrogate with short-term help in accessing services (32%).
- As a result of a consultation, BHS recommend the following: change in services and/or care plan (50%), change in residence (31%), and review of consumers' current medications (25%).
- BHS agree that MDT (multi-disciplinary team) meetings typically conclude with agreement on a care plan ($M = 4.35$ out of 5).
- 70% of stakeholders reported that relevant people or organizations are represented (needed expertise is available) in MDT meetings organized by a BHS and 74% reported that their MDT has an MOU or formal agreement in place to share information and/or to overcome HIPAA privacy requirements (see Figure 2 below)

Figure 2. Stakeholder Ratings of MDTs



I think older adults with behavioral health needs are receiving better services because the BHS's input has been helpful on those complex cases where it is very difficult to provide services because of multiple issues.

-AAA-ADRC Stakeholder

COVID-19 has increased my clients' needs for certain support services from me that have impacted my time to devote to attending video meetings. They are very beneficial, but it is a challenge to be present.

-[Agency unspecified] Stakeholder

Complex case consultations have been efficient and successful in developing actions plans/direction for frontline staff.

-Behavioral Health Specialist

OPPORTUNITIES

- Few to none of the consultation referrals came from long-term care or community-based care facilities (0%), Centers for Independent Living (1%), or Options Counselors/ADRCs (1%).
- 41% of BHS reported that there is an MOU or formal agreement to share client information and/or to work around HIPAA privacy requirements in MDT meetings.
- 12% of BHS reported that needed services are “considerably” available and 59% reported services are “moderately” available.
- BHS ratings of two barriers worsened since the start of the Initiative:
 - MDTs concluding without agreement of a care plan
 - The lack of MDT availability in communities
- When asked about the degree to which advocates, consumers, or family members are well represented in discussions or meetings, zero BHS reported this occurred for at least half of community partners, and 45% reported that this occurred for very few or none of their community partners.
 - 72% of BHS reported that turnover in community partner organizations interferes with momentum toward greater collaboration and coordination.
- The most prevalent types of presenting issues among these consumers fall under mental health (82%), social/individual (80%), and physical/medical (75%) categories. See Table 1. for the most prevalent issues in each category.
- 45% of stakeholders reported that needed services are available to meet the consumer’s needs.
- 50% of stakeholders reported that complex cases are referred to the appropriate agencies or resources.



COVID-19 IMPACT ON CONSUMERS

BHS REPORT THAT MANY CONSUMERS FOR WHOM THEY CONSULT ON ARE EXPERIENCING LONELINESS, ISOLATION, DIFFICULTY FINDING PLACEMENT, DEPRESSION AND ANXIETY AS A RESULT OF THE PANDEMIC.

2019-2021 data findings: Figures 1, 2, 3, 5, and Table 1; 2016, 2018, 2020 data findings: Figure 4

Percentage based on stakeholder who identified the topic as a training need: Figure 1

Percentage of respondents who rated items as a 4 or 5 on a scale from 1 to 5 corresponding to “Considerably” or “A great deal”: Figure 2, 4, 5

Percent who rated a 3 or 4 on a scale from 1 to 4 corresponding to “somewhat” to “a great deal”: Figure 3

Table 1. Percent of top issues/problems reported by the BHS

Broad Categories	Most Prevalent Diagnosed Problems/Issues	Diagnosed
<i>Physical/Medical</i>	Co-occurring medical conditions	56%
	ADL and other functional limitations	39%
	Geriatric syndromes (e.g., frailty, falls, self-neglect)	39%
<i>Neurological/Cognitive</i>	Dementia	18%
	Lack of capacity, competence for decision making	17%
	Acquired or traumatic brain injury (e.g., stroke)	7%
<i>Psychiatric/Mental Health</i>	Serious mental illness	32%
	Mood disorders (e.g., depression, anxiety)	30%
	Substance Use Disorders (excl. Opioid Use Disorder)	19%
<i>Social/Individual</i>	Lack of or poor family/natural supports	51%
	Isolation/loneliness	34%
	Financial (e.g., cannot afford services, limited income)	26%
<i>Systems</i>	System navigation (difficult for consumer/ family/ supports)	44%
	Understanding eligibility	38%
	Can't afford services	17%

RECOMMENDATIONS

- ODHS, OHA, and agencies hosting the BHS should promote the influence of BHS so they are more readily able to reach primary care providers and APD foster homes.
- Allow BHS to provide some direct services including mental health assessments at complex case consultations. This would be especially beneficial in Oregon’s rural communities that are experiencing provider shortages.
- Agencies should share resources (e.g., workspace) and increase MDT staffing to create clearer pathways and reduce barriers for consumers to obtain needed BH support and services.
- Increase the capacity of BHS to expand collaborative partnerships so as to better meet consumer needs by providing coordinated services.

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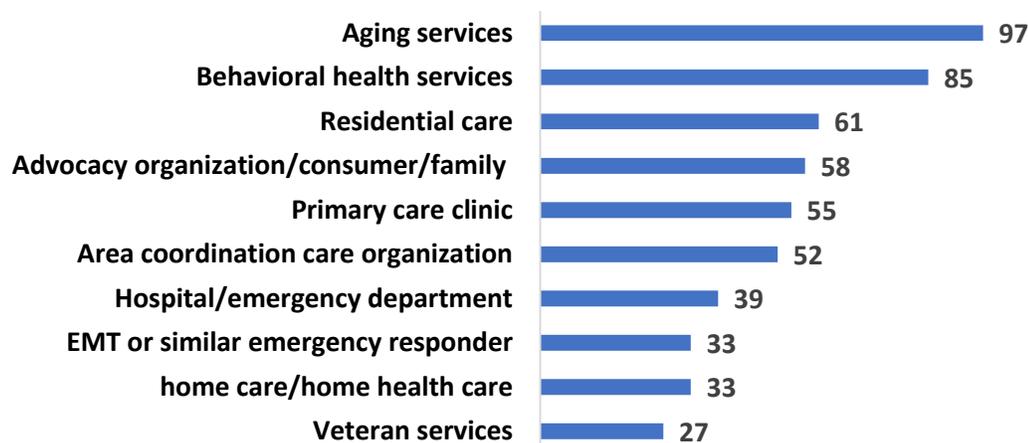
Collaboration and Community Engagement

BHS promote increased collaborations through facilitating joint meetings and groups between agencies and assisting agencies and staff with systems navigation across agencies and agency types.

WHAT'S GOING WELL

- BHS ratings of involvement from advocacy organizations, consumers, and family members significantly increased since the Initiative first started.
- BHS identified involvement from the following community partners in their regions: aging and disability services (97%), BH services (85%), and residential care (61%) (See Figure 3 below).
- 70% of stakeholders said the Initiative has at least moderately led to reduced silos between aging and BH agencies.

Figure 3. Perceived Community Partner Involvement in Coordination and Collaboration Activities



87% of key informants representing aging and BH services reported that their involvement with the Initiative has increased or stayed the same since first working with the Initiative. Two crucial improvements that key informants attributed to the Initiative include:

- More BH services (e.g., community-based programs that address BH needs such as loneliness and isolation) are available to older adults and people living with disabilities.
- Communities experienced improved collaboration, such as greater agency diversity in communities, stakeholder groups, and collaboratives.

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I think there is a lot of work that still needs to be done. But I now have a starting place for how to serve people. Before there was a lot of red tape. Now there are points of contact to actually move forward.

-AAA-ADRC Stakeholder

Lots of collaboration and working with providers. Getting our staff on the same page about what the purpose of the program was and what it was not. To get support from the community, I did presentations at various agencies and really pushed for the Initiative to be a part of their suite of programs.

-Behavioral Health Specialist

I believe stakeholders need a clear idea how the goals of the OABHI could enhance the goals of the organization(s) stakeholders represent.

-Behavioral Health Specialist

OPPORTUNITIES

- BHS rated area Coordinating Care Organizations, advocacy organizations, consumers, family members, primary care clinics, long-term care, hospital emergency departments, home care/home health care, and veteran services from “a little” to “somewhat” involved in the Initiative.
- 43% of stakeholders reported that stakeholder groups meet often enough to make progress in reducing gaps in services and 36% reported that their stakeholder groups are engaged in a quality improvement program. An even smaller share of stakeholders reported that formal agreements, such as MOUs, are in place (22%), and that advocates, consumers, and their families are represented in stakeholder groups (19%).
- While the majority (56%) of stakeholders reported that historical barriers to progress between agencies get in the way of progress only slightly or moderately, an additional 41% reported this issue persists considerably or a great deal.
- About half of stakeholders reported that the right people who can make changes are participating in these groups (49%) and coordination among community partners has improved (50%).
 - Nearly a third (31%) of all stakeholders felt that turnover in community partner organizations interferes with momentum.

RECOMMENDATIONS

- Some ways that collaboration with partners could be advanced:
 - Invite groups to attend community partner meetings
 - Obtain buy-in from key players in the community or within agencies
 - Hold additional in-person meetings once staff return to in-person work.
- Implement formal agreements between agencies (MOUs) to more clearly define shared goals.
- Conduct targeted statewide marketing about the Initiative and what BHS provide so the Initiative becomes more widely known and stakeholders have a clear idea of how the Initiative could help achieve the goals of their own organization.
- Work with ODHS or CMHPs on messaging that more strongly encourages participation from potential partner agencies.
- ODHS, OHA, and agencies hosting the BHS should promote the influence of BHS so they are more readily able to reach community partners who have had low involvement with the Initiative.
- Coordinate efforts to inform the public and other agencies of available resources, including funding.

COVID-19 IMPACT ON STAKEHOLDER INVOLVEMENT

ALMOST HALF (46%) OF ALL STAKEHOLDERS REPORTED LESS INVOLVEMENT WITH THE INITIATIVE SINCE THE PANDEMIC STARTED. AN ADDITIONAL 37% FELT THEIR INVOLVEMENT REMAINED CONSISTENT. THE REMAINING 17% OF KEY INFORMANTS STATED THAT THE PANDEMIC INCREASED THEIR INVOLVEMENT WITH THE INITIATIVE.

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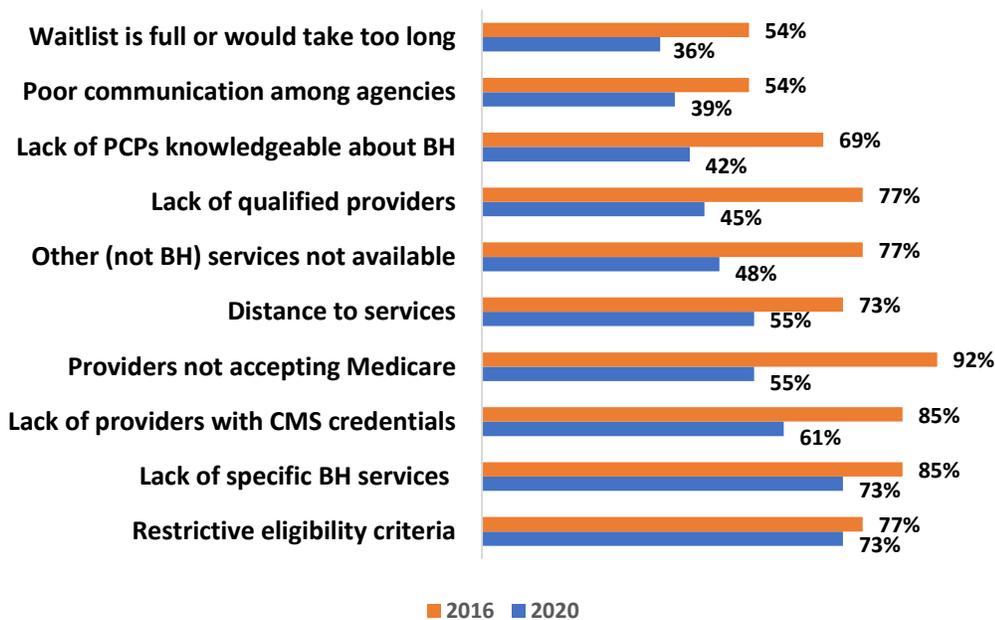
BREAKING DOWN BARRIERS

How the Initiative is Improving Behavioral Health Services

WHAT'S GOING WELL

- From 2016 and 2020, BHS reported the barriers of restrictive eligibility criteria significantly decreased from 77% to 73%, providers not accepting Medicare significantly decreased from 92% to 55%, and lack of BH services specific to the population significantly decreased from 85% to 73% (See Figure 4 below).

Figure 4. Significant changes to BHS Perceptions of Barriers



- BHS and stakeholders responded to items about the impact of the Initiative (see Figure 5 below). Both groups identified increased awareness of the BH needs of older adults and people living with disabilities (73% and 64%) as being the greatest impact.
- When asked what is different now as a result of the Initiative, about one-third (31%), or 15 respondents, reported that more BH services are now available to older adults and people living with disabilities, or they are receiving them at a higher rate.

We need integrated care and to be able to offer physical and mental health care in the same settings.

-APD Stakeholder

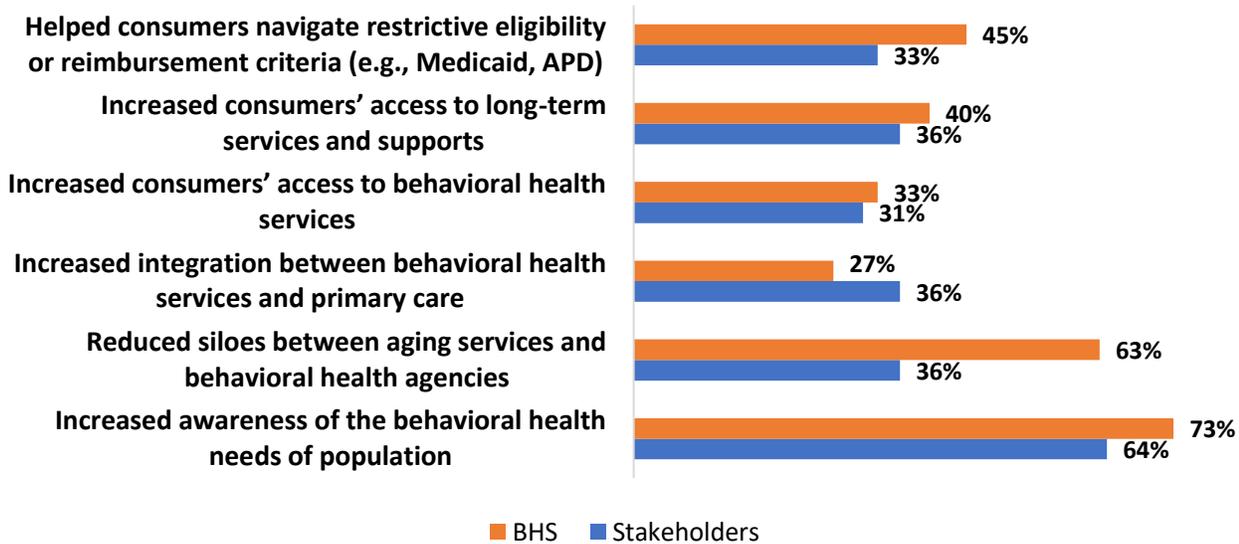
I'm very grateful for the Initiative. I have been able to access so many more services and work across systems as a result of their efforts to support collaboration.

-Hospital/Emergency Department Stakeholder

We still do not have enough BH resources for older adults and it has just gotten worse due to COVID, although the substance use, depression and anxiety have increased.

-Primary Care Clinic Stakeholder

Figure 5. Stakeholder and BHS Perceptions of the Impact of the Initiative



OPPORTUNITIES

While barriers to serving older adults and people with physical disabilities who have behavioral health issues have significantly decreased, there is still room for improvement.

- The most challenging service and program barriers BHS reported are the lack of BH services in long-term care settings (76%), lack of BH services specific to the population (73%), lack of in-home services (55%), other (non-BH) needed services not available (48%), and lack of prevention or wellness services (42%) (see Figure 4 above).
- Stakeholders reported that populations with the most unmet needs were home-bound older adults (76%), people experiencing houselessness (75%), long-term care residents (56%), and Black, Indigenous, and other people of color (51%).

RECOMMENDATIONS

- Provide BHS with the opportunity to provide additional assistance with referrals and navigating access to care.
- Increase capacity of the BHS to expand collaborative partnerships with entities such as APS, fire departments, and law enforcement to connect older adults who have BH needs with behavioral supports and services, not only physical care.
- Supervisors should promote the Initiative and BHS with other agency managers so they are able to reach primary care providers, APD foster homes and other community partner agencies.
- Elevate voice of the BHS as subject matter experts on how to address gaps in services with senior leaders and department directors within their agency.
- Improve funding streams within local agencies so that resources are properly targeted to support the BH needs of this population.

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