

Supporting the Behavioral Health Needs of Older Adults and People with Physical Disabilities

Top Line Recommendations

From the Oregon Health Authority's Older Adult Behavioral Health Initiative

This fact sheet includes **five recommendations** to address the needs of older adults living with behavioral health (BH) concerns, with a special focus on housing. Recommendations are based on data collected from Oregon Health Authority's (OHA) Older Adult Behavioral Health Specialists (OABHS), direct service providers, and managers who work in aging and BH service agencies across the state.



Recommendation 1. There is a growing need to provide mental health (MH) services and supports in long-term care communities. In Oregon's assisted living (AL), residential care (RC), and memory care (MC) communities, 11% of residents were diagnosed with severe mental illness (SMI) (Tunalilar, et al., 2022). Nationally, between 2002 and 2013, older adults in AL and RC communities had higher rates of mental illness and depression (23% to 36%) compared to their peers in the general community (13% to 24%) (Caffrey & Sengupta, 2018). Chronic health conditions can increase the severity of MH conditions and create MH issues for older adults not previously diagnosed with mental illness (National Institute of Mental Health, 2022).

Increase behavioral health services in long-term care settings

- Support education efforts and tool implementation for staff to support residents' BH needs
- Inform providers about available resources for Medicaid and non-Medicaid eligible residents
- Increase specialized long-term care facilities that support BH
- Add contracts between state and local providers to serve people living with BH needs including SMI and substance use disorders

Percentage of Residents' with certain chronic health conditions (Tunalilar et al., 2022)

- Depression (42%)
- Heart disease (35%)
- Diabetes (20%)
- Serious mental illness (11%)
- Substance use disorders (8%)
- Traumatic brain injury (3%)



Recommendation 2. Workforce considerations include increasing staff to support older adults experiencing housing instability and chronic health conditions, including BH. Examining resources and funding distribution, including COVID-19 pandemic impacts on BH and state budget priorities, highlights a salient need for more skilled staff. Retaining staff in long-term care communities can ensure resident safety and care. In AL and RC communities, 91% had at least one care related staff leave employment in the past six months. Those staff who left corresponded to about 40% of care-related staff in these communities (Tunalilar et al., 2022). Urban areas average 1.54 licensed BH provider FTE per 1,000 population compared with 0.54 FTE in rural/frontier areas (OHA, 2021).

Commit to increasing and enhancing the older adult behavioral health workforce

- Encourage commitment among local Community Mental Health Programs (CMHPs) and Aging & People with Disabilities (APD) leadership to collaborate with OABHS to increase the trained BH workforce
- Increase staff training events that address BH service needs, skills and knowledge in best-practices to support older adults with health conditions to age in place and avoid eviction



Recommendation 3. Nationally, from 2009 to 2017, the number of homeless people ages 51 to 61 grew from 14% of the homeless population to close to 18%, and the percentage of people 62+ who are homeless nearly doubled (National Alliance to End Homelessness, 2022). Oregon’s rapidly aging population increases the need for affordable, accessible housing that is connected to services well beyond current availability. Increasing housing stock that directly connects to services, including access to assistance with activities of daily living (ADL), social services, and health care to improve older adults’ health and well-being is essential to meet this need and prevent evictions (Joint Center of Housing Studies, 2016).

Address the need for more affordable housing for older adults who risk homelessness

- Increase collaboration between CMHPs, OHA and APD agencies to serve difficult to reach older adults including ethnically and racially diverse, isolated, and homeless persons with complex care needs
- Expand cross-sector collaboration between OABHS, APD and CMHPs to reduce barriers to reaching this population
- Braid funding streams to increase housing stock that directly connects to services for people living with BH and ADL needs



Recommendation 4. The need to recognize and decrease disparities in age, rurality, race, and ethnicity is essential. Black and brown Americans experience homelessness at three or more times the overall population (National Alliance to End Homelessness, 2022). There are no licensed BH providers in 21 rural and frontier service areas of Oregon (OHA, 2021). Equity in aging considerations include promoting understanding of age discrimination, reducing racial, ethnic, and geographical inequities, increasing support services, and balancing funding for aging services with other needs, particularly for older adults and people living with disabilities at high risk for homelessness.

Focus on building equity in aging and behavioral health services

- Provide culturally, linguistically, and geographically appropriate programs
- Include community-specific groups in development, consultation and implementation of evidence-based interventions and programs
- Build trust and increase understanding of specific community needs and perceptions
- Engage policymakers in conversations about ways in which age bias affects services and funding distribution



Recommendation 5. In Oregon, 93% of all Medicaid consumers ages 65 and older are enrolled in a coordinated care organization (CCO) (OHA, 2021), and a recent evaluation of OABHI found that nearly 50% of all complex care consultations facilitated by an OABHS include representatives of CCOs. The 16 CCOs across Oregon could be a high priority focus area for OABHS and the Initiative for further outreach to develop partnerships and coordination.

Increase coordinated care organization (CCO) engagement

- Include intensive case management and care coordination CCO teams in APD and CMHPs' complex care meetings
- Build partnerships between Area Agencies on Aging, APD, hospital systems, skilled nursing facilities, and CCOs
- Collaborate with CCOs to assess housing options for older adults and people living with disabilities
- Consider CCOs as a funder for housing with services

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References

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