Evaluation of the Older Adult Behavioral Health Initiative Key Findings 2021-2023

The 2021-2023 evaluation of the Older Adult Behavioral Health Initiative (OABHI) conducted by the Portland State University's (PSU) Institute on Aging has identified barriers in services for older adults and people with physical disabilities with behavioral health needs, as well as factors that address these barriers. This summary includes findings from the Older Adult Behavioral Health Specialists' (OABHS) quarterly reports, complex care consultations (CCCs), and workforce development training rosters and evaluations. This summary also includes findings from surveys and interviews with key partners of the Initiative (referred to as 'key informants'), which include managers and direct service staff from the Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), Aging and People with Disabilities (APD) local offices, and Community Mental Health Programs (CMHPs). This summary highlights successes, opportunities for improvement, recommendations, and examples of existing programs that may support the work of the OABHI.

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Oregon Older Adult Behavioral Health Initiative

Oregon Health Authority

Portland State Institute on Aging

WORKFORCE DEVELOPMENT AND COMMUNITY EDUCATION

WHAT'S GOING WELL

- OABHI-sponsored training and workforce development efforts have likely contributed to an increased knowledge base among training participants.
- Between 2021 and 2023, OABHS conducted, planned, or sponsored 504 workforce development events and more than 220 community education events.
- Between 2021 and 2023, over 8700 training participants attended OABHI workforce development events.
- Most training participants (71%) reported that they gained a good or great deal of knowledge from the training events and 80% of participants reported that they were pretty confident or extremely confident to use the knowledge gained in their work.
- Most participants (86%) somewhat or strongly agreed that the trainings met their expectations. Similarly, a large share of participants (88%) somewhat or strongly agreed that the trainings provided information that would be useful in their work.
- Workforce curriculum development and community education were identified by key informants as the second primary avenue of agency involvement and as crucial pathways for engagement between service agencies and the Initiative.
- Training participants are significantly more knowledgeable about older adult behavioral health topics before an event than they were during the 2019-2021 evaluation.

Key informant comments about Workforce Development and Community Education

The Specialist has come to all staff meetings to provide trainings. Recently they came and did a training on boundaries and moral distress. They've just put out like a whole winter series of free educational events, which is really cool. (Frontline, Urban, AAA-ADRC)

OABHI brought in people who wrote the book to train people here to provide evidence based educational series. They have done that numerous times. Now we have the evidence-based program here for folks to go to. (Frontline, Rural, AAA-ADRC)

Workforce Development and Community Education

GREATEST WORKFORCE TRAINING NEEDS ACCORDING TO KEY INFORMANTS

Behavioral Health Training Requests

- Mental illness (MI): chronic, severe
- Depression
- Hoarding
- Substance use & severe MI
- Substance use & physical disabilities
- Trauma informed care
- Triggers & escalated behaviors

Physical Health Training Requests

- Co-occurring medical & behavioral health conditions
- Dementia & co-occurring health conditions
- Differential diagnosis
- HIV
- Hospice & end of life
- Normal, age-related changes
- Traumatic brain injury

Support Service Training Requests

- Culturally, linguistically responsive BH Services
- Engaging people experiencing houselessness
- Family/care partner support
- Grief
- Isolation
- Loneliness

Systems Navigation Training Requests

- Collaborating with agencies
- Connecting residential care facilities & community resources
- Crisis intervention
- Guardianship
- Navigating the APD system
- Power of attorney

2021 - 2023 data findings: from Final Report

[1]Means of pre-training knowledge, knowledge gains attributed to training, and confidence items across periods: Table 2.1

[2]Conference participant agency/ organization: Table 3.2

[3]Topics covered in trainings: Table 3.0

OPPORTUNITIES

- Reported knowledge gains from trainings and reported confidence in using knowledge about training topics did not appear significant across quarters, indicating possible need for new, more in-depth information[1].
- Approximately 15% of all OABHI annual conference attendees reported their field of work as aging and disability services[2], indicating a need to improve marketing to these agencies.
- Key informants requested recorded training modules to accommodate busy staff schedules.
- Key informants also requested that dates and times of training events should be provided well in advance.

RECOMMENDATIONS

- Provide trainings on topics that are less frequently offered, such as hoarding, mental health first aid, accommodations or assistive technology, disability adjustment, population-specific, and physical disability-specific[3]. Include real case examples and practical steps in trainings whenever possible.
- Increase outreach and engagement with aging services professionals to ensure access to more trainings on the unique BH needs of older adults.
- Continue to offer virtual trainings, which may be more accessible to the workforce due to staff schedules and limitations of in-person service delivery, provide advance notice of trainings, and consider offering pre-recorded training modules.

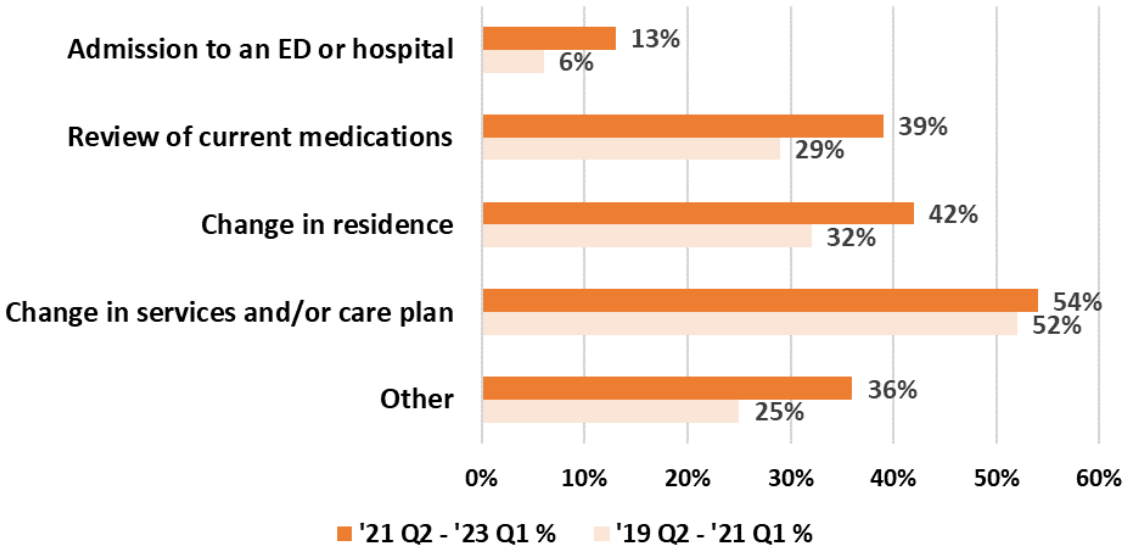
2021 - 2023 data findings: from Final Report
[1]Means of pre-training knowledge, knowledge gains attributed to training, and confidence items across periods: Table 2.1
[2]Conference participant agency/ organization: Table 3.2
[3]Topics covered in trainings: Table 3.0

COMPLEX CARE CONSULTATION

WHAT'S GOING WELL

- In consultations, OABHS frequently assist with info/referrals to services required by the consumer (61%), provide the consumer and/or care partner with short-term help in accessing services (51%), and provide the referral source with additional staff training/coaching (25%)[1].
- As a result of a consultation, OABHS frequently recommend the following: change in services and/or care plan (54%), change in residence (42%), and review of consumers' current medications (39%)[2].
- Data indicate a possible increase in continuity of services over time, with both a greater percentage of CCCs having had a prior consultation on the same client (49% vs 38%)[3], as well as being planned (65% vs 53%)[4], compared to the previous reporting period.
- Between April 2021 through March 2023, OABHS reported participating in a total of 2,412 CCCs that took place across all of Oregon's 36 counties.
- OABHS have increased the rate of all recommendations for consumers in CCC meetings.

Figure 1. General recommendations made for a consumer during a case discussion



2021 - 2023 data findings: from Final Report
[1]Specialists' actions taken during the consultation: Table 1.15
[2]General recommendations made for a consumer during a case discussion: Table 1.16
[3]Specialist previous involvement in a CCC: Table 1.7
[4]Number and percentage of planned and unplanned CCCs: Table 1.8

Key informant comments about Complex Care Consultation

"I think of [them] immediately as a resource when I hear of staff managing complex cases and need more help or support. I loop our behavioral health specialist in pretty quickly to see if a consultation can happen." (Manager, Urban, AAA-ADRC)

Their presence could help by doing case consultations, providing staff training and education, helping us with understanding systemic barriers and how to get around those. That would be great –we are very open to that. (Manger, Rural, CMHP)

"If I say, 'I need help with this person' [the Specialists] says, I'll take it.' They reach out any way they can. She is one of my favorite people." (Frontline, Rural, AAA-ADRC)

Complex Care Consultations

Table 1. Percent of top issues/problems reported by OABHS

Category	1st	2nd	3rd
Neuro/ Cognitive	Lack of capacity, competence for decision making **[21%]**	Dementia **[13%]**	Acquired or traumatic brain injury **[9%]**
Physical/ Medical	Co-occurring medical conditions **[51%]**	Geriatric syndromes **[44%]**	ADL and other functional limitations **[35%]** and unresolved medical need **[35%]**
Psychiatric Mental Health	Serious mental illness **[38%]**	Disruptive behaviors **[22%]**	Depression **[21%]**
Social/ Individual	Lack/poor family/natural supports **[56%]**	Financial **[37%]**	Consumer refuses services **[32%]**
System	System navigation **[58%]**	Understanding eligibility **[42%]**	Lack of BH services **[20%]**

OABHS REPORT THAT MANY CONSUMERS FOR WHOM THEY CONSULT ON ARE EXPERIENCING A LACK OF CAPACITY, COMPETENCE FOR DECISION MAKING, CO-OCCURRING MEDICAL CONCERNS, SERIOUS MENTAL ILLNESS, LACK OF OR POOR FAMILY/NATURAL SUPPORTS, AND DIFFICULTY WITH SYSTEM NAVIGATION

2021 - 2023 data findings: from Final Report
[1]Number and percentage of Veterans who did or did not receive a CCC: Table 1.2
[2]Number and percentage of ages of consumers who were involved in a CCC: Table 1.6
[3]Number, percentage and outcomes of discussions with consumers regarding a change in residence: Table 1.9
[4]Referral sources: Table 1.11

OPPORTUNITIES

- Only 6% of all consumers served by the OABHI had a recorded veteran status, while 22% had a veteran status that was unknown or had data missing, indicating the possible under-identification of veteran status[1].
- The shift towards a slightly younger age distribution of consumers who are the focus of a CCC could indicate higher levels of mental health acuity (with consumers being identified for support more readily)[2].
- There was an increase in the percentage of CCCs in which no discussion of change in residence occurred (18% to 38%), as well as in a change in residence being recommended, with that option not available (20% to 28%)[3], highlighting serious housing access challenges for this population.
- Nearly half of all CCC referrals are from just three organizational types, BH programs (28%), APD local offices (12%), and AAAs (10%), with other types of community partners referring far less frequently[4].

RECOMMENDATIONS

- Increase efforts to identify veterans, a potential pathway for helping more OABHI consumers access needed services and supports.
- Continue to expand collaborative partnerships, including with new programs and services, such as Circle of Friends and the Senior Loneliness Line, to mitigate increasing behavioral health acuity and better meet consumer needs.
- Provide additional support to address the multiple intersections between older adults, behavioral health, and houselessness.
- Reach out to a wider variety of community partners and encourage referrals of consumers who could benefit from CCCs.

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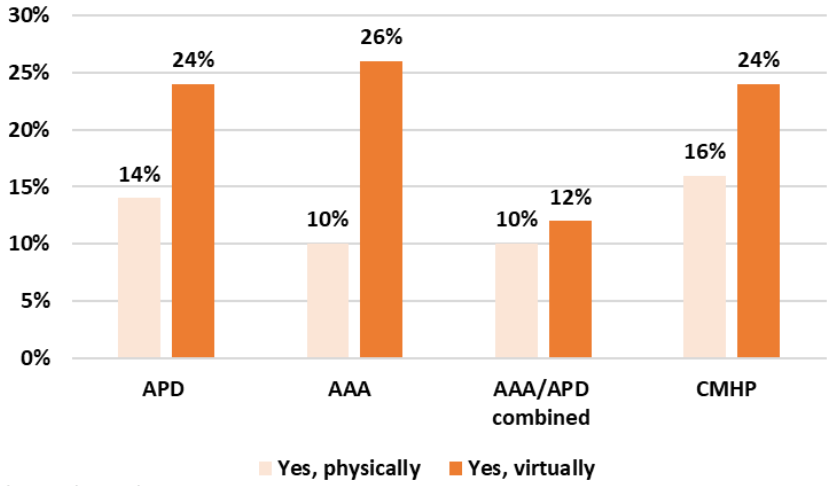
COORDINATION & COLLABORATION

WHAT'S GOING WELL

- Overall, key informants from AAA-ADRCs, APD offices, and CMHPs in both urban and rural areas across Oregon rated their involvement with the Initiative positively, including high levels of frequent contact with their OABHS (4.3/5), and that their respective agencies allow them time to attend Initiative trainings and meetings (3.7/5)[1].

Figure 2. Dedicated time available at community partner agency



- Most key informants reported that their local OABHS has dedicated time either virtually or physically at their agency, and that this direct contact is highly beneficial for in-house trainings, participation in staff meetings, and easy access to consultations.
- 88% of OABHS reported they had dedicated time to meet with APD, AAA-ADRC, CMHP staff, either physically or virtually.
- 70% of OABHS have dedicated time at their local senior center at least once a month.
- 58% of OABHS meet with their local primary care clinic at least once a month.
- Key informants reported that working with the Initiative and OABHS is a way to build bridges for services, and that working with their local OABHS has facilitated relationships and communications across different types of service providers and advocacy organizations.

"The Specialists meet with us at least monthly and are in our quarterly IDT meeting. We talk about consumers that fall through the gaps between systems. We have a system gaps analysis referral form that line managers can bubble up to us so that we can look at it and say, 'is there any way we could get community partners involved with this?'" (Manager, Rural, APD)

"It would be really helpful to work more closely with APD – they have so many new staff and don't seem to know the importance of working with us and the Initiative. There are older adults falling through the cracks because the ecosystem is not working together." (Frontline, Rural, CMHP)

2021- 2023 data findings: from Final Report

[1]Overall involvement with the OABHI (Key Informant Responses to Quantitative Involvement Questions (1-5)): Table 6.2. The scale ranges from 1 to 5. 1= "Never" or "we haven't started yet", 5="we do this all the time" or "extremely effective"

COORDINATION & COLLABORATION

Table 2. BHS involvement with other community partners

Community partners (excl. CMHPs, AAA, APD, Primary care and Senior Centers)	CCC/ MDT[1]	Stakeholder Meeting(s)[1]	Training[1]	Other[1]
Hospital/emergency department	29%	8%	15%	4%
Behavioral health (non-CMHP)	23%	20%	31%	6%
Consumer, or family member	22%	23%	31%	6%
Local law enforcement	22%	3%	6%	4%
Community-based care (AL/RC, AFH)	20%	13%	25%	6%
Veteran's services	19%	17%	9%	5%
Home care/Home health care	16%	13%	21%	5%
EMT or similar emergency responder	15%	8%	7%	1%*
Hospice	11%	16%	16%	5%
Tribal organization	8%	7%	8%	7%
Advocacy organization (e.g., NAMI)	8%	26%	7%	7%
Long-term care Ombudsman	6%	8%	5%	4%
Faith community	4%	4%	9%	8%
Center for Independent Living	2%	11%	5%	2%
Nursing home	2%	14%	18%	8%
Elected government official	2%	7%	2%	5%

"Yes, very timely. [They] are very easy to get ahold of . The advice the Specialist provides is always good – the meetings never feel like a waste of time." (Frontline, Rural, CMHP)

"I have done a lot of outreach during this quarter. I have attended meetings, joined work groups and advisory councils, and provided training and support. The stakeholder group as well as other agencies, continue working on the transportation issue in my county, and also on how best to support those older adults who are not safe to be at home" (Behavioral Health Specialist, Rural, 2022)

2021- 2023 data findings: from Final Report

[1]Overall involvement with the OABHI (Key Informant Responses to Quantitative Involvement Questions (1-5)): Table 6.2. The scale ranges from 1 to 5. 1= "Never" or "we haven't started yet", 5="we do this all the time" or "extremely effective"

OPPORTUNITIES

Initiative-level barriers to involvement with the Initiative as described by key informants includes:

- Lack of in-person presence
- OABHS unresponsiveness
- Lack of awareness if a OABHS position is filled in their area, or who the current local OABHS is
- Lack of awareness of what the Initiative can offer, including CCCs

"In regard to the Initiative specifically, people who fulfill the specific roles need to have accountability. It's frustrating when no accountability ends up leading to more work for case managers" (Frontline, Rural, APD)

RECOMMENDATIONS

- Emphasize OABHS activities that facilitate involvement with the Initiative as described by key informants:
    - OABHS responsiveness, including timely follow-up and a focus on CCCs
    - Regular contact between the OABHS and agencies
    - Providing knowledge of resources, system navigation, and sharing of comprehensive expertise on older adults
    - Workforce development, curriculum development, and community education
    - Promoting collaboration through ad hoc and scheduled meetings, special projects, and work groups
- Ensure OABHS have dedicated time with all types of partner agencies, especially aging services
- Increase engagement efforts with local primary care clinics
- Connect with a wider range of agencies, service providers, other community partners on resource availability/accessibility

"Their presence could help by doing care consultations, providing staff training and education, helping us with understanding systemic barriers and how to get around those. That wd be great – we are very open to that" (Manager, Rural, CMHP)

THE IMPACT OF THE OLDER ADULT BEHAVIORAL HEALTH INITIATIVE

WHAT'S GOING WELL

- Key informants broadly rated the Initiative's impact on timely access to care between 3.5 and 4 out of 5, depending on the location or position of the respondent group. Key informants in urban areas and those associated with AAA-ADRC and CMHPs were more likely to rate Initiative efforts to improve timely access to care more positively. They noted that OABHS effectively:
  - Facilitated the movement of clients between services
  - Excelled at linking agencies and people together
  - Leveraged resources to speed up problem resolution
  - Made appropriate referrals in a timely fashion
  - Specific examples included keeping consumers in housing, connections to appropriate services, and increasing awareness for available resources in the community

> *"It's that connection piece of knowing the different partners in a particular area. Let's get everybody at the table and let's talk over some of these issues facing not only the individual, but the community, I think that's change and we're able to connect at least with some of the people that we serve. We're able to connect them with resources or at least know what's available better than we once were (Manager, Rural, APD)"*

- Key informants also broadly rated the Initiative's impact on quality of BH and related services between 3.5 and 4 out of 5. Key informants from rural spaces were more likely than those from urban spaces to identify positive themes regarding the Initiative's improvement of BH and related services. They noted that OABHS effectively:
  - Provided training on evidence-based practices
  - Provided consultation and recommendations about appropriate services

- Key informants report that:
  - Working with a OABHS has increased knowledge, support, and communications, and improved interventions for older adults and people with physical disabilities
  - The work of the Initiative brings older adults to the forefront, and has resulted in more training opportunities for service providers and case managers to develop a nuanced understanding of older adults with BH needs as a population with unique needs

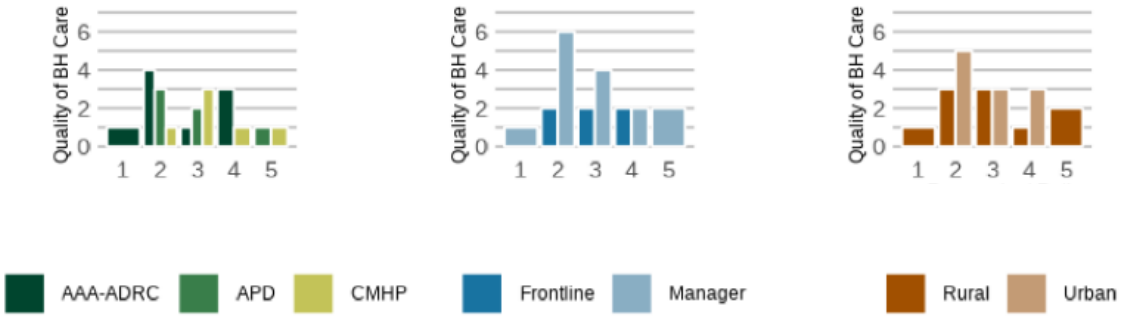
> *"Staff aren't always trained well on older adult issues and barriers – I have seen an improvement with staff knowledge of older adult issues." (Manager, Rural, CMHP)*

THE IMPACT OF THE OLDER ADULT BEHAVIORAL HEALTH INITIATIVE

OPPORTUNITIES

- Key informants in management roles, and those based in rural areas were more predisposed to rate the Initiative's impact with regard to timely access to care, and quality of BH and related services as less positively than other types of key informants.
- Key informants broadly assessed that the Initiative could do more regarding culturally and linguistically responsive BH services (on average, this impact was rated at 3/5). Key informants in management roles, those from AAA-ADRC-affiliated agencies, and those based in urban areas were more predisposed to rate this impact less positively. Key informants noted:
    - A lack of diversity and capacity among care providers
    - The unique needs of various racial and ethnic minority communities
    - An overall lack of culturally specific services

Figure 3. Respondent rankings of OABHI's impact on culturally and linguistically responsive BH services: (1 (Poor) – 5 (Excellent))



RECOMMENDATIONS

- Maintain and increase focus on timely access to care through OABHS advocacy, connectivity, and resource sharing.
- Ensure that direct supervisors are knowledgeable about the Initiative's activities and are made aware of the variety of job activities to support OABHS in meeting the needs of community partners.
- Seek opportunities to connect and engage with community-based organizations that provide culturally and linguistically appropriate services.