

Behavioral Health Initiative for Older Adults and People with Disabilities

Executive Summary of 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 needs. A total of 24 Behavioral Health Specialists located around the state are charged with engaging community stakeholders in order to coordinate services and fill gaps in services. A critical component of the evaluation of the Initiative is to learn directly from stakeholders about progress or lack of progress toward these capacity-building goals. Toward this end, an online survey of stakeholders has been conducted in each of the past three years. This report presents the results of this year’s (2019) survey in comparison with the previous two surveys.

Sample. The sample for the survey consisted mostly of individuals named by the Specialists as people in their county or region having an interest in the Initiative and being decision makers or having influence with decision makers about issues such as budgeting, staffing, programming, training, or direct services. These included administrators, managers, direct service and primary care providers, and lay persons or advocates. The Specialists’ lists were then supplemented with stakeholder names and email addresses provided by the BHI Project Director, Advisory Council members, and searches by the PSU team through agency listings to ensure similarity in coverage across different communities, as well as individuals who participated in evaluations of training conducted by the Specialists.

- A total of 2,036 names were identified, with 1,784 questionnaires successfully sent out (some emails “bounced back”), and 456 responses received, for a response rate of 26 percent. This response rate was somewhat lower compared to previous years, likely due to the greatly expanded list of stakeholders, including more laypersons, some of whom may not have seen the survey as relevant to them; respondent fatigue from participating in previous years; and technical issues in the delivery of the questionnaire (i.e., restrictive firewall settings in some agencies blocked receipt of the survey). The size of stakeholder lists varied by county, and across the three years of the survey, some counties experienced an increase and others a decrease in terms of their share of respondents in the sample.

Analyses. To examine changes in the survey results over the three years, 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 two or more 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.”

Findings. Overall, the findings from the 2019 survey revealed 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.
- Stakeholders continued to perceive that the *complex case consultations* that they attended *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 collected by the evaluation team indicate some reasons for this include lack of needed services, eligibility issues and consumer refusal.)
- *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.
- *Affordable housing* remained the most prevalent challenge (noted by 95% of respondents), followed by a *lack of behavioral health services in long-term care* (83%).

There were relatively few changes in the majority of the indicators over time. There was **strong evidence** of change with respect to only one indicator, which was a setback. In particular, “*the Initiative was a priority for their organization*” worsened since 2018, and there was some evidence that it worsened since 2017. No indicators showed strong evidence of improvement.

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

Collaboration and coordination:

- “*Stakeholders had several other projects that were competing for their time and attention*” improved (that is, there was less competition) between 2018 and 2019.
- “*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” improved between 2017 and 2019.

Challenges:

- “*Distance to services*” lessened between 2017 and 2019, as revealed in the analysis of the longitudinal sample.
- “*Lack of prevention or wellness services*” declined (thus the indicator improved) between 2017 and 2019.
- “*Poor communication among relevant agencies and/or organizations*” declined (and thus improved) since 2018.

Training:

- There was some evidence of change in *training attendance*, with 74% 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, but no change since 2018 (74%). The most common reasons for not attending training events were lack of awareness of trainings and lack of time.
- “*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** with respect to several 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 there was no change since 2018 (i.e., 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*.
- Although 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, it was accompanied by a commensurate decline in disagreement.

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

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

- who were *living in memory care units*” and
- who were *at risk of behavioral health issues due to isolation*” worsened since 2018.

Outcomes:

There was some evidence that several 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. There may well be a relationship between the worsening of the outcome indicators and the findings that old resentments between agencies are still getting in the way, a worsening in the Initiative being a priority, and a decrease in regular participation in collaborative meetings.

At the same time, because of changes in the sample of stakeholders each year, caution should be exercised in interpreting the findings. This year’s sample was markedly larger than those of the previous two years and some respondents may have had less direct knowledge of the Initiative than in previous years. Also, 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.. A major challenge 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. Positive changes in the desired outcomes are likely to require considerably more time to realize than the few years of the Initiative’s existence.