Aging and Disability Resource Center Older Adult Behavioral Health Asset Mapping Study

Executive Summary – October 2015

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Introduction and Background

- A number of factors contribute to the crisis in unmet behavioral health needs of older adults in CT including: 1) unprecedented growth in the older adult population, 2) diversity, 3) behavioral health disorders (e.g., anxiety, depression, suicide, substance use and abuse), 4) higher incidence of chronic illnesses in older adults, and 5) underutilization of behavioral health services.
- These factors may result in decreased quality of life, increased utilization of health care services and costs, including higher mortality rates, and in some situations unnecessary institutionalization.
- Following the 2012 Policy Academy Regional Meeting at the Substance Abuse Health Services Administration (SAMHSA) headquarters in MD, the CT state team attending the meeting established the Older Adult Behavioral Health Workgroup (the "Workgroup") with the mission of improving access to and delivery of behavioral health services to the older adult population in CT.
- Realization of unmet behavioral health needs for older adults and lack of CT-specific date on older adults with behavioral health needs led the Workgroup to form a partnership between CT DMHAS and the State Department on Aging.
- With funding through the Enhanced Aging and Disability Resource Center Options Counseling Grant, the Workgroup and partners engaged UConn Health, Center on Aging to assist with a year-long asset mapping project beginning the summer of 2014.
- Project goals were to: 1) review and map community assets that benefit older adults with behavioral health needs, 2) review resource issues, such as barriers and gaps that impact the implementation of programs and services, 3) identify potential areas where coordination and collaboration could benefit older adults with behavioral health needs, and 4) make recommendations for future action steps the Workgroup and State of CT can take to improve the behavioral health services delivery system for older adults.

Methods

- The project included four phases: 1) 10 focus groups (2 per region, n=63) – July to September 2014, 2) 10 key informant provider interviews (2 per region) to supplement focus groups and gain views of an under-represented group in focus groups – October to December 2014, 3) 5 community forums (1 per region, n=27) – April and May 2015, and 4) a statewide electronic survey (n=858 respondents) fielded from mid-February to mid-May 2015.

Conclusions

- Survey respondents and participants reported that community assets, or sources of strength in the existing behavioral health system for older adults, include a full spectrum of services that while available in some areas of CT are absent in other, often more rural, areas. Community assets include "traditional" behavioral health services (e.g., inpatient/outpatient facilities, counseling), education (e.g., pamphlets, therapeutic practices, such as IMPACT), the use of screening tools (e.g., SBIRT, CAGE, AUDIT), and ancillary services (e.g., health, fire, police departments, support groups, peer support – Warmlines).
- Resource issues identified in all project phases were noted as contributing to the crisis in unmet behavioral health services and include barriers contributing to:
    - Underservice – access barriers including shortage of geriatric behavioral health services, lack of services in certain regions, inadequate transportation, affordability of behavioral health costs, lack of cultural competence.
    - Uneven quality of care – reliance on inadequately trained primary care physicians and other providers, lack of knowledge about behavioral health among health providers and aging services, failure to use evidence-based practices, inadequate recognition of substance abuse/misuse issues, and lack of integrated treatment for individuals with co-occurring disorders.

- Lack of integration of behavioral health, physical health, and aging services – inadequate knowledge of cross-systems and inadequate knowledge of working networks.
- Difficulty in developing an adequate workforce – shortage of individuals interested in careers in gerontology and geriatrics, inadequate professional education, and lack of behavioral health training among individuals working with older adults.
- Obstacles to remaining in or returning to the community – limited access to home and community-based behavioral health services, shortage of housing alternatives to nursing homes, limited training in providing services in the community to individuals with significant behavioral problems, and inadequacy of the behavioral health system to effectively serve individuals with chronic health conditions.
- Other systems barriers – silo mentality – varying philosophies, approaches to care, outlooks and expectations of departments and/or sectors were noted to hinder efforts to promote integration. Participants suggested that this destructive organizational barrier needs to be addressed in order to improve the behavioral health system for older adults.
- Financial barriers – inadequate funding for behavioral health services including: Medicare and Medicaid, private insurance, out-of-pocket payments, and limited governmental grants. Restrictive funding structures referred most often to Medicare, Medicaid, and private insurance limits. Limits on the kind of services covered focused primarily on rates and on eligibility, but also on limited billing for behavioral health services by primary care physicians and other licensed providers, such as professional counselors.

- Potential areas of coordination and collaboration identified by respondents include: federally recognized care models, such as IMPACT and SBIRT; regular provider meetings; and consistent formal networking with professionals in various fields that share information and practices, identify older people needing behavioral health services, and direct them to the appropriate resources.

Recommendations

Recommendations are a compilation of suggestions from both UConn COA researchers and Workgroup members after reviewing all of the primary data from the focus groups, provider interviews, community forums, and statewide survey. A complete list of recommendations is in the Final Report.

- Education and Awareness – this most commonly made recommendation includes recognizing the need for behavioral health services in many older adults and finding those services once the need is recognized. Addressing these educational needs will require a many-pronged approach.
- Integration of Behavioral Health, Physical Health and Aging Services – Better integrated behavioral health, physical health, and other aging services are needed for most older adults and include advocating for the implementation of co-located primary care and behavioral health services and promoting the integration of telehealth or telemonitoring in healthcare delivery systems.
- Workforce Development – the best education and awareness campaigns will be ineffective without a significant increase in the number of providers with sufficient training in geriatrics available to provide older adult services. Incentives and initiatives are needed to expand education to train specialists in gerontology and geriatrics. Advocate for best employer practices to support family members who are caring for people with behavioral health conditions. Promote cross-training in the workforce, and recruit older adults for peer-to-peer initiatives and volunteering.
- Strengthen Community Assets – Link existing assets to avoid duplication of services and strengthen and expand the more than 60 My Place CT partnerships to support CT's rebalancing efforts and focus on collaborations to improve housing and transportation needs for people with behavioral health needs. Promote networks of behavioral health professionals.
- Policy – Modify policies that are obstructing progress. Advocate for billing reforms that would allow more flexible funding streams covered by Medicare and Medicaid. Advocate for the improvement of Medicare, Medicaid programs. Advocate for increases in provider reimbursements and expanded licensed provider reimbursements.
- Research – Future research includes undertaking a comprehensive review of all existing CT state-specific data on older adults with behavioral health concerns to better understand potential solutions.

Reports, containing detailed information on all phases of the project, can be downloaded from the State Department on Aging website at http://www.ct.gov/agingservices and UConn Health, Center on Aging website at http://www.uconn-aging.uchc.edu/older-adults-behavioral-health-asset-mapping-study.html