



Learning Collaborative: How SAMHSA Block Grants Can Support the Behavioral Health of Older Adult: Oregon's Experience

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Older Adult BH Services Coordinator

Criterion 4: Targeted Services to Rural and Homeless Populations and to Older Adults

Provides outreach to and services for individuals who experience homelessness; community-based services to individuals in rural areas; and community-based services to older adults



Current Aging Population Trends : The Why

- Oregon is the oldest contiguous state west of the Mississippi (2023) with a median age of 40.3 – 17 months higher than the rest of the US. It will continue to grow older.
- By 2030 1 in 4 Oregonians will be age 65 or older.
- By 2034 adults 65 years and over will outnumber younger people 18 years and below.
- We are increasing ethnically and racially diverse.
- Individuals with serious mental illness are living longer.

Statistics about older adults and behavioral health

28% of Oregon's older adults live alone

The mental health provider to patient ratio is 165:1

21 rural and frontier service areas do not have licensed behavioral health providers¹

Oregon ranked among the highest nationally for:

- **Frequent mental distress among older adults³**
- **Suicide (deaths per 100,000 adults 65+)³**

More than 1 in 5 older adults live in rural areas of Oregon²

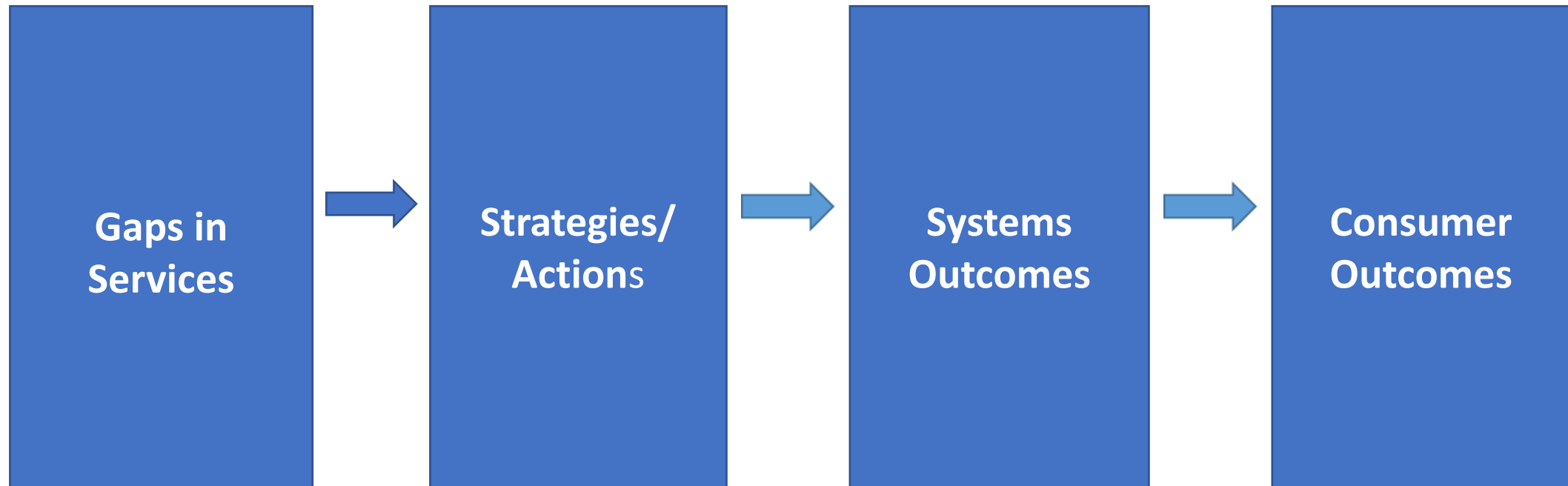
Urban areas average 1.54 licensed behavioral health provider FTE per 1,000 population compared with 0.54 FTE in rural/frontier areas¹

25% of older adults with recent SMI got no treatment

¹Oregon Health Authority, 2021; ²U.S. Census Bureau; ³America's Health Rankings Senior Report, 2022.



Guiding logic model



Consumer outcomes



Older adults who have a serious mental illness and other cooccurring medical diagnoses have their needs:

- Are recognized as a priority population
- Have timely access to services that have demonstrated effectiveness
- Have their signs and symptoms recognized as BH needs
- Receive help from knowledgeable and skilled providers
- Seek help to better understand their signs and symptoms
- Have information and tools to promote mental health well-being
- Experience reduced lengths of stay
- Rarely experience evictions
- Experience successful resolution of issues through complex case consultation

WORKFORCE SHORTAGE

- GENERAL SHORTAGE OF PSYCHIATRIC /MENTAL HEALTH PROVIDERS ACROSS THE COUNTRY. THE WORKFORCE PREPARED TO SERVE OLDER ADULTS WITH SERIOUS MENTAL ILLNESS (SMI) IS INADEQUATE.
- MOST MENTAL HEALTH PROFESSIONALS HAVE LITTLE TRAINING IN GERIATRICS AND MOST GERIATRIC SPECIALISTS HAVE LITTLE TRAINING IN ADDRESSING THE NEEDS OF SMI.
- CORE GERIATRIC COMPETENCIES AND GERIATRIC BH COMPETENCY STANDARDS ARE CREATED IN SILOS AND NOT WELL DISSEMINATED.
- WORKFORCE ISSUES IMPACT ACCESS , DELIVERY OF SERVICES AND OUTCOMES.



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UPSKILLING THE WORKFORCE: USING BLOCK GRANT FUNDING

MENTAL HEALTH FIRST AID TO TRAIN STATE IN-HOME CARE WORKERS

COLLABORATED ON DEVELOPING WITH A COMMUNITY PARTNER FOUR, ON-DEMAND VIDEO TRAININGS ON MENTAL HEALTH TOPICS FOR FRONTLINE NURSING HOME STAFF – FUNDING SOURCE CIVIL PENALTY FUND

3 OLDER ADULT SPECIALISTS HAVE DEVELOPED A MENTAL HEALTH CURRICULUM FOR ADULT CARE HOME PROVIDERS

CRISIS INTERVENTION TRAINING FOR LAW ENFORCEMENT INCLUDES CLASS ON THE MENTAL HEALTH NEEDS OF OLDER ADULTS INCLUDING DEMENTIA

DEESCALATION TRAINING FOR AGING SERVICES PROVIDERS AND NURSING HOME STAFF

ASSIST AND QPR TRAINING FOR AGING SERVICES CASE MANAGERS, MEALS ON WHEELS VOLUNTEERS AND PRIMARY CARE STAFF



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UPSKILING THE WORK FORCE USING BLOCK GRANT FUNDING

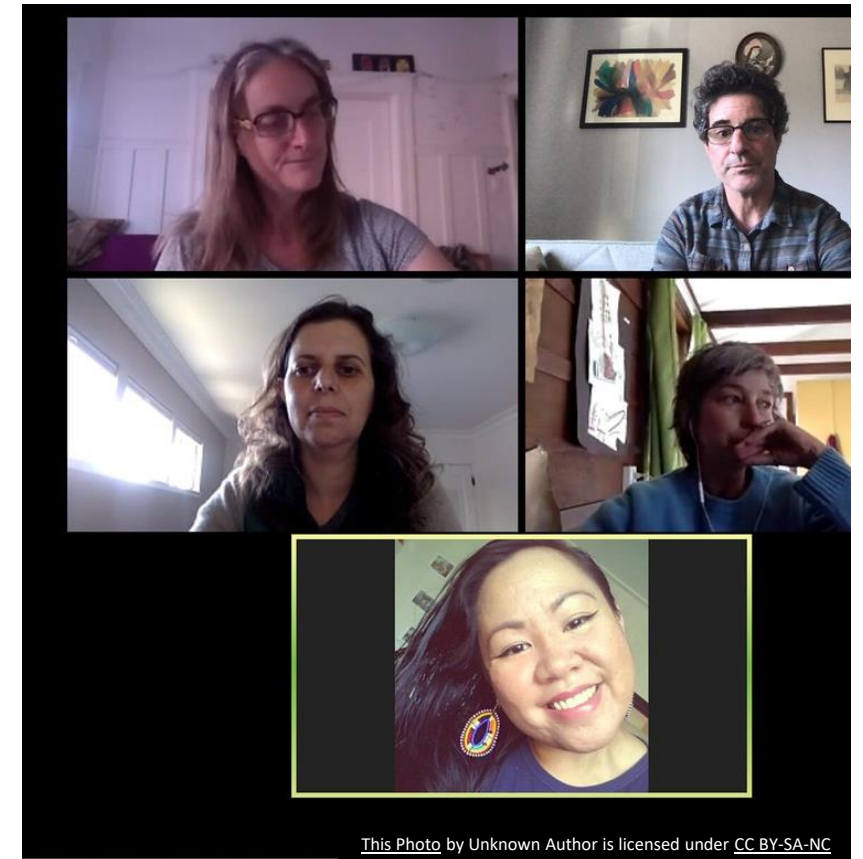
- Lack of behavioral health services and consultation for serious mental illness and substance misuse in community based licensed care setting. Often multi-complexity residents with co-occurring brain injury, mild dementia and chronic medical diagnosis.
- Frontline staff and administrators have very little knowledge or experience working with residents with complex behavioral health needs.
- These complex need residents are often at risk of eviction and or multiple visits to the ED with poor quality of life.
- This is an equity issue!



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Block Grant Funds Used To Create SUD ECHO

- Creation of a SUD ECHO for licensed community- based care residential setting.
- Purpose : to develop more knowledgeable, skilled and confident staff who are better able to deliver person centered care for their residents with complex medical and serious mental illness who also have a co-occurring substance use disorder.
- Project ECHO is a tele-mentoring program that builds on the capacity of providers to be better able to work with complex needs residents. Learners connect through an internet platform (such as zoom) to collectively interact with an interdisciplinary team of experts in SUD and community-based care.



SUD ECHO FACULTY /EXPERT TEAM

- **LEAD: KERRI SMITH SLINGERLAND, LCSW, MS, CBIS, CADAC-III, LICSW, CLINICAL OUTREACH SOCIAL WORKER, NEW DIRECTIONS, OHSU**
- **MEG DEVOE, MD, ASSISTANT PROFESSOR OF MEDICINE, DIVISION OF GENERAL INTERNAL MEDICINE AND GERIATRICS, SCHOOL OF MEDICINE, OLD TOWN CLINIC, OHSU**
- **SEAN MAHONEY, PEER SUPPORT SPECIALIST, MENTAL HEALTH AND ADDICTION ASSOCIATION OF OREGON**
- **SARAH FOIDEL, OTD, OTR/L, ASSOCIATE PROFESSOR, PACIFIC UNIVERSITY**
- **ECHO STAFF**
- Leah Brandis, OEN, Program Developer
- Katherin Gomez-Arboleda, OEN, Program Implementer

SUD ECHO CURRICULUM

Session	Date	Didactic Topic	Didactic Presenter
	04/02/2023	SUD 101	Meg Devoe
2	04/12/2023	Stigma, bias and person first language and trauma informed care	Kerri Smith Slingerland
	04/19/2023	Root causes of SUD	Meg Devoe
4	04/26/2023	Co-occurring SUD and mental illness	Sarah Foidel
	05/03/2023	Intersection of SUD and cognitive impairment	Sarah Foidel
6	05/10/2023	Medication assisted treatment in CBC settings	Meg Devoe
	05/17/2023	Harm reduction and naloxone in CBC settings	Sean Mahoney
8	05/24/2023	Chronic pain management in the setting of substance use	Meg Devoe
	05/31/2023	Non-pharm evidence-based strategies for residents with SUD	Kerri Smith Slingerland
10	06/07/2023	Preventing involuntary move-outs/ Supporting residents who have experienced homelessness	Kerri Smith Slingerland
	06/14/2023	Staff burnout	Sean Mahoney
12	06/21/2023	Resident autonomy and supporting independence, purpose and joy	Sean Mahoney

SUD and Older adults: Training modules for aging services case managers and referral specialists

- Developing three on –line training modules for non-specialists to recognize , assess and make appropriate community referrals for older adults who call the ADRC or are seeking long term services and support who may have a substance misuse problem.





EXPANDING THE
WORKFORCE TO HELP
SCALE DEPRESSION
TREATMENT AND
IMPROVE ACCESS



Major depression in primary care

Major depression is a common condition seen in the primary care setting, often presenting with somatic symptoms.

It is potentially a chronic illness with considerable morbidity, and a high rate of relapse and recurrence.

Major depression has a bidirectional relationship with chronic diseases, and a strong association with increased age and coexisting mental illnesses (e.g. anxiety disorders).

Two Projects in Rural Oregon



Coos County Southern
Oregon COAST



Lane County mid- valley

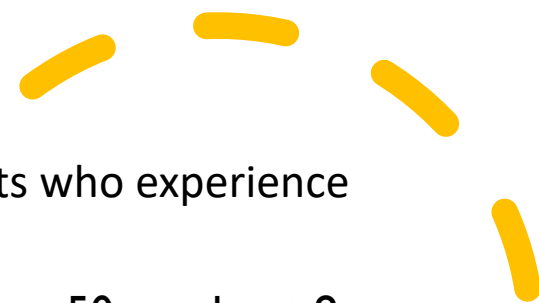
PURPOSE OF THE PROJECTS

To expand the behavioral health workforce by upskilling traditional health workers (certified community health workers) to deliver evidence based depressed psychoeducation and interventions as health coaches within primary care/federally qualified health centers.


The target population is older adults ages 60 + who meet screening criteria for mild to moderate depression.

Interventions will be delivered via telephone or tablet/video confirming the value of healthcare without walls and telehealth.

Potential result is an increase in access and quality of care, lowered patient expenses, and an improvement in overall health equity, as this is currently an underserved population



OPAL – Options for People to Address Loneliness



- OPAL is a free program for older adults who experience loneliness, isolation and depression.
- An estimated one in five adults over age 50—at least 8 million—are affected by isolation.
- Prolonged isolation can be as bad for your health as smoking 15 cigarettes a day.
- OPAL is based on the evidence-based program called PEARLS.
- Program to Encourage Active Rewarding Lives (PEARLS) was designed by the University of Washington and is recognized by the Administration for Community Living (ACL) as an evidence-based program that supports individuals who have mild-to-moderate depression

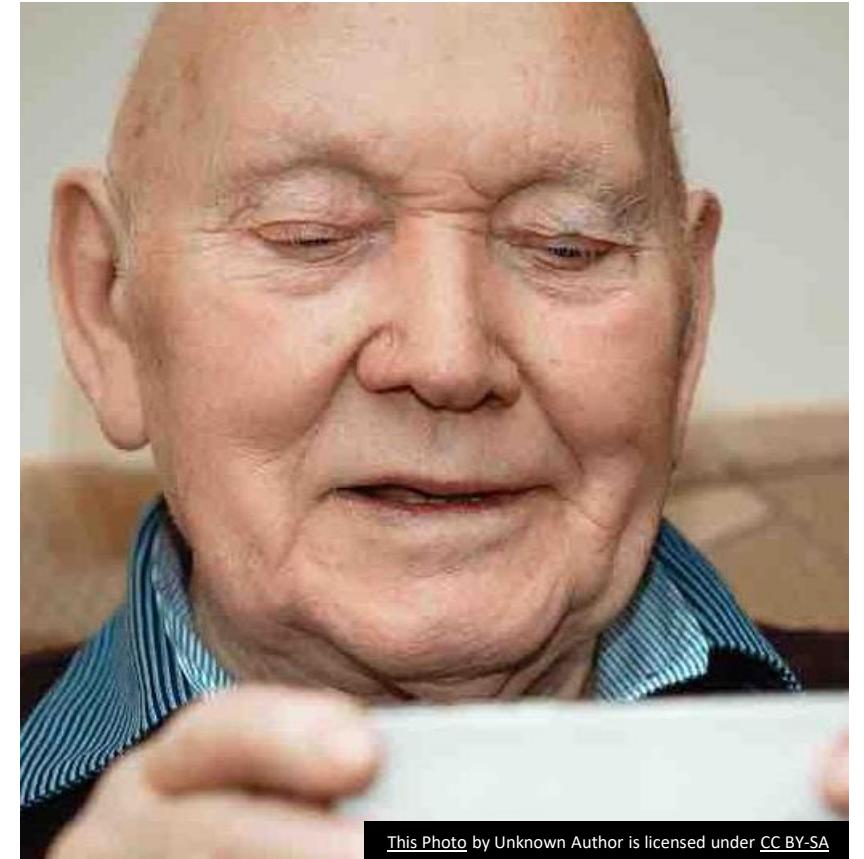
Outcomes and Evaluation

- Outcomes across race, ethnicity, LGBTQ status ,gender, and level of depression/anxiety .
- *Scales to be analyzed (Screening at 1st, 3rd and last session):*
 - a. The UCLA Three-Item Loneliness Scale
 - b. The Lubben Social Network Scale – 6
 - c. PHQ-9
 - d. GAD7
- Evaluate the effectiveness of CHW in the delivery of PEARLS.



TELE – BEHAVIORAL ACTIVATION PROJECT

- Behavioral Activation is an evidence- based intervention for Depression.
- We will be utilizing “Telehealth Behavioral Activation (Tele-BA) Treatment of Depression for Homebound Older Adults (Revised)” developed by Dr. Namkee G. Choi, University of Texas, Austin.
- The goal is to increase the incidence of stimulating and enjoyable activities carried out by an individual in order to increase the amount of daily positive reinforcement. This has the effect of alleviating the apathy and pessimism often seen in depressed individuals, and improving overall health by increasing physical and social activity
- These activities are identified and planned by the individual through coaching from a Traditional Health Worker (THW), provided via virtual visits.
- The THW will receive training from a Mental Health Professional , as well as ongoing supervision and technical support.
- Tablets and hotspots provided to participants – this intervention is exclusively via video telehealth



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Future of these projects

1


Scalability - offer in most rural/frontier communities

2

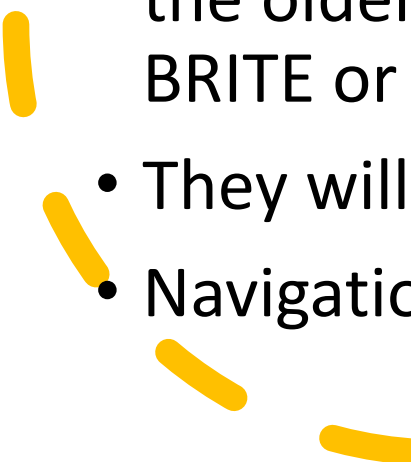
Explore billing and other sources of funding for future sustainability

3

Add Older Adult BH curriculum to certification process for THW in Oregon



Older Adult Peer Outreach to Reduce Depression and Substance Misuse

- This project improves screening, referrals and navigation for older adults living in licensed settings or in their own homes. Reaching older adults with serious mental illness where they live (outreach) is a best practice.
 - After initial screening, the Traditional Health Worker can offer assist the older adult in a collaborative learning model utilizing either the BRITE or Behavioral Activation Curriculum.
 - They will also connect the older adult to community resources .
 - Navigation and warm handoff will also be offered
- 

Adults with serious mental illness experience aging differently

Adults with SMI are physically (biologically) older than their chronological age

More likely to have chronic medical health conditions at a younger age

Serious Mental
Illness

Prefer to live in the community than in nursing facilities

Adults with SMI are at high risk of developing dementia at a younger age

Addressing aging & ADL needs of older adults with serious mental illness

- Creation of 6 on-line learning modules (no more than 30 minutes in “plain English”) for our BH licensed residential staff to better understand aging, aging with SMI and activities of daily living hands on skills.
- The purpose to move towards person centered whole person care where they are, as opposed to “shipping” older individuals with SMI to “aging services” or even nursing homes.
- The goal is to build the capacity of staff and change the culture - with knowledge and skill around issues of ADL care such as incontinence, perineal care, oral care, showering and bathing, chronic disease management, eating/feeding.



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Dementia Assessment in Primary Care Settings

- People with serious mental illness are at high risk for developing dementia at a much earlier age.
- Oregon has a growing older population – currently at 22%.
- Age is a risk factor for dementia
- Developed a QI project to recruit primary care practices both rural and urban to increase the capacity of primary care teams to identify, assess and treat dementia and provide appropriate support and resources to caregivers.
- This is a two- year project which also involves practice facilitation and academic detailing and hardwiring best practices into the EHR.



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Center for Excellence for Behavioral Health and Aging

- Statewide Center for Excellence (CFE) for Aging and Behavioral Health that emphasizes a multidisciplinary, inter-professional approach to advance advocacy, leadership, policy and programs, health equity, translational research, and best practices
- The CFE will serve as a resource for behavioral health and healthcare professionals and paraprofessionals, community-based organizations and state and local entities.
- The CFE will expand the capacity of programs and providers in the State of Oregon and deliver needed behavioral health resources and services to older adults with mental health and substance use disorders.
- The CFE will leverage and expand on existing resources, expand diverse partnerships, and be a catalyst for innovative programs, knowledge transfer, and innovations in service delivery. The CFE shall focus on older adults with serious mental health and substance use disorders.
- The Center will reside within Portland State University Institute on Aging.



Portland State

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thank
you

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