DHS
Oregon Department of Human Services

DHS, AGING AND PEOPLE WITH DISABILITIES
OHA, ADDICTIONS AND MENTAL HEALTH

Oregon Health Authority

500 Summer Street NE E86
Salem, OR 97301-1118

April 15, 2015

The Honorable Senator Devlin
The Honorable Representative
Buckley
900 Court Street NE
H-178 State Capitol
Salem, OR 97301-4048

Re: Joint Report on Mental Health Services for Seniors and People with Disabilities

Dear Legislators:

Nature of the Report

The purpose of this letter is to provide an update on the Department of Human Services' and Oregon Health Authority's work related to the following budget note:

"The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are directed to submit reports to the 2015 Legislature on how they have each responded with plans and/or actions that address the recommendations for the agencies contained in the 2013 Report on Seniors and People with Disabilities Mental Health and Addictions in regards to the following:

- Create greater access to mental health and addiction services geared to the needs of seniors and persons with disabilities.
- Increase the capacity of the OHA Addictions and Mental Health program and providers to serve severely impaired seniors and persons with disabilities.
- In the health care transformation process, clarify the collaboration between the Coordinated Care Organizations and the DHS Aging and People with Disabilities (APD) program to develop best practices in dealing with the dual-eligible populations.
- Establish the role that senior and disability mental health and addictions will play in the re-definition of community-based long term care through APD.
- Provide for greater geriatric training for professionals in the system.
- Create greater public awareness of mental health and addictions issues among seniors and persons with disabilities.

- Create ability to track and report on Mental Health and Addiction Services to elderly and persons with disabilities."

Agency Action

In the follow pages, you will see that APD and AMH have made significant progress in improving the availability of mental health and addictions services to seniors and people with disabilities. More needs to be done but it has been a successful biennium in the volume of work accomplished and the groundwork that has been laid for future bienniums.

Create greater access to mental health and addiction services geared to the needs of seniors and persons with disabilities.

The Department of Human Services, Aging and People with Disabilities (APD), and the Oregon Health Authority, Addictions and Mental Health Division (AMH), have been working collaboratively to provide additional access to mental health and addiction services for seniors and people with disabilities. Some of these efforts include:

New Long Term Services and Supports

In collaboration with AMH, APD has expanded capacity in the Enhanced Care Services program (ECS). ECS are long term services and supports provided in an APD licensed care setting with AMH contractors providing onsite intensive mental health supports. In 2013, APD and AMH were able to expand services for another 10 individuals.

APD has also been developing community based care options for individuals eligible for APD services but who are not able to be served in typical community settings. Overall, APD has been able to increase capacity for more than 35 individuals. Some of the new programs serve individuals with traumatic brain injury while others serve individuals with advanced dementia and co-occurring mental illness or extreme behaviors. In 2015, APD is partnering with local long term care providers to increase capacity to serve an additional 75 individuals.

HUB Project

The HUB Project, based in Multnomah County, is funded through an APD Innovations Fund grant. The program provides:

- Intensive, on-going case management.
- Peer-based mental health and substance abuse outreach and support.
- Personal care services to Medicaid eligible individual.

Program participants must be at risk due to acute and chronic medical needs, a substance abuse disorder and/or mental illness and unstable housing.

The program is staffed by a project coordinator, senior case manager, peer recovery mentor and a peer wellness specialist. The team is working to develop an effective system of inter-agency, multi-disciplinary coordination between Multnomah County Aging and Disability Services and other client-involved health, criminal justice and social service systems. The personal services workers receive specialized training to help them effectively work with their consumer employers. The program expects to serve 30-45 individuals while testing the effectiveness of creating small cross-system, multi-disciplinary teams comprised of professional and paraprofessional staff to reach out, engage and reduce risk among a population that has previously been difficult to serve successfully. A major goal is to engage willing consumers in mental health and substance abuse recovery through outreach and support services by peer recovery mentors and peer wellness specialists.

The program began in the fourth quarter with infrastructure building such as contracting, partnership development, staff hiring, and referral process development and dissemination to local agencies serving this population. About five consumers have been identified for program participation. Outcomes will be tracked through program participation but are not yet available.

Early Identification and Intervention Services

With funding provided by the 2013 Legislature, APD was able to expand Gatekeeper Services. Gatekeeper programs train employees of community businesses and organizations to recognize and refer at-risk older adults and people with disabilities to the Aging Disability Resource Connections (ADRC). The program provides basic training to postal workers, meter readers, financial institutions, emergency responders, social service agencies, and others in how to recognize warning signs and make a referral to the Aging Disability Resource Connections (ADRC). ADRC information and assistance staff arrange for a follow-up call, visit or appropriate referral to check on the referred individual and provide needed support.

Funding was provided to the nine ADRC in 2014. Seven of the ADRCs started the new Gatekeeper programs in July 2014 and the first quarter focused on program training and development including developing data reporting systems. Since then, most ADRCs have designated regional coordinators, begun work training potential gatekeepers and taking calls from referrals sources. To date, referrals have been made by 208 community

partners and more than 2,200 individuals have been trained. By the end of the biennium, the Gatekeeper Program will be available in all 36 counties.

APD also received funding to create local mental health projects to support seniors and people with disabilities facing anxiety, depression and substance use issues. The goal of these projects is to support people with disabilities and older adults who may be suffering from depression, anxiety and other less severe mental illnesses that respond well to evidenced based early interventions but whose condition is rarely identified and/or treated. All nine ADRCs received funding to create these new programs. Working with their local partners, each ADRC was able to select an evidenced based or promising mental health practice(s) program such as nationally recognized "PEARLS." The programs do not replicate what the Oregon Health Plan is expected to provide.

To date, eight of the ADRCs have begun serving seniors and people with disabilities. The ninth ADRC is expected to have services in place by June, 2015. A total of 284 individuals received services in 2014.

Increase the capacity of the OHA Addictions and Mental Health program and providers to serve severely impaired seniors and persons with disabilities.

As a result of a Special Purpose Appropriation released by the Fall Legislative Emergency Board, AMH is contracting with Community Mental Health Programs, or in some areas Regional Behavioral Health Organizations, to employ 25 Older Adult Behavioral Health Specialists who will:

- Develop and disseminate an inventory of local supports available for Older Adults.
- Organize joint community based planning, prioritizing and problem solving on behalf of the target population.
- Advise local leaders in both the APD long term care and the Community Mental Health Systems on ways existing services can be improved.
- Serve as consultant on difficult or complex cases facilitating problem solving.
- Promote and conduct local inter-system planning to better coordinate, APD/AA/ADRC, CMHP, Acute Care, and Primary Care on behalf of the target population.

In the health care transformation process, clarify the collaboration between the Coordinated Care Organizations and the DHS Aging and People with Disabilities (APD) program to develop best practices in dealing with the dual-eligible populations.

DHS efforts have not been specifically focused on the dual eligible population. Collaboration activities are broad based to work with Coordinated Care Organizations (CCO) enrolled, Medicaid eligible individuals and also some work with fee for service individuals (the rate of CCO enrollment for dual-eligible is slightly about 50%).

CCOs and APD/AAA offices are responsible for coordinating care and share accountability for outcomes for the consumers they both serve. Key elements of shared accountability include requirements to coordinate through a required Memoranda of Understanding (MOU) outlining how the CCO and APD/AAA office will coordinate and communicate.

These MOUs define how the parties will work together to communicate and collaborate around key issues that cross the social and medical systems. There are five required domains of activities including the prioritization of high needs members, development of individualized care plans, transitional care practices, member engagement and preferences and establishing member care teams. For each domain, the organizations also agree on how they will hold each other accountable for the domain specific activities.

In order to facilitate these annual agreements, there are seven regional staff identified as Long Term Services and Supports Innovator Agents. This group became fully operational in February, 2014. The agents are part of the APD/AAA system but work across the systems to craft and implement the MOUs, build relationships, facilitate communication, identify process and system improvement needs related to shared work and outcomes and create tools to address needs. They also work in collaboration with OHA including the Medical Assistance Program and the Transformation Center and its CCO Innovator Agents.

Establish the role that senior and disability mental health and addictions will play in the re-definition of community-based long term care through APD.

APD and AMH continue to develop stronger partnerships both centrally and in local communities. As APD looks at the future of community based long term care, mental health issues continue to play a prominent role. Additional work will need to be done with AMH and APD stakeholders to further define the role of and effective coordination with mental health and addiction services.

Provide for greater geriatric training for professionals in the system.

ADRC Dementia Related Training

To increase the capacity of Oregon's statewide ADRC system to address the growing impact of dementia, APD contracted with Portland State University (PSU) to develop two tiers of web-based training for ADRC staff in 2014. The four modules in the Tier 1 training address core understanding of dementia and train staff to make appropriate referrals to healthcare and dementia resources. The four modules in the Tier 2 training provide additional guidance for staff members such as options counselors, case managers, and adult protective services investigators who have more extensive contact with people with dementia and their families. Additional training focused on the specific issues of dementia for people with intellectual and developmental disabilities will be developed in 2015. These training modules have also been made available to APD and AAA staff.

Mental Health and Aging Delivery Systems Training

AMH also contracted with PSU Institute on Aging to develop and implement on-line and in-person trainings. A key goal of these trainings is to ensure mental health and aging services workers understand how mental health disorders and conditions present in older adults and the way that the normal aging process interacts with mental health issues. The trainings will focus on risk factors, under recognized behavioral health needs, how to improve screening and brief treatment, and known strategies to support people with neurocognitive disorders, their families and care givers. In addition PSU will assist the local/regional Older Adult Behavioral Health Specialists with strategies for community based inter-system planning and problem solving.

Caregiver Training

APD was also able to support the Oregon Caregiver Training Initiative. This initiative is designed to provide consistent, standardized, evidence-based caregiver training. The goal of the Initiative is to help caregivers understand how to best manage the care, services and support for the people they care for and love; helping them to improve the lives and care of aging Oregonians.

The Caregiver Training Initiative provides caregivers access to no cost, quality education in all corners of the state. Both online and in person classes are available and cover the following topics:

- Alzheimer's disease & related dementias.
- Challenging behaviors in non-dementia populations.
- Geriatric medication management and safety.
- Alzheimer's and related dementias training for public safety workers.
- Alzheimer's Leadership Training.

Create greater public awareness of mental health and addictions issues among seniors and persons with disabilities.

Many of the efforts listed above have a direct impact on the greater public's awareness of the mental health and addictions issues. Information on the ADRC website, the Gatekeeper programs and the Mental Health Projects support efforts to educate the greater community.

AMH and APD acknowledge that more needs to be done on this topic. Working with the Senior Mental Health Workgroup, convened by AMH, the agencies will develop specific action items to address this need.

Create ability to track and report on Mental Health and Addiction Services to elderly and persons with disabilities.

APD and OHA's Office of Health Analytics is developing metrics to track key CCO performance measures by sub-population of older adults including:

- Follow-up after hospitalization from mental illness.
- Screening for clinical depression and follow-up plan.
- Anti-depressant medication management.
- Adherence to antipsychotics for individuals with schizophrenia.
- Initiation and engagement of alcohol and other drug dependence treatment.
- Alcohol or other substance misuse and Screening Brief Intervention and Referral to Treatment (SBIRT).

Currently, OHA is measuring "follow-up after hospitalization from mental illness" and "SBIRT" which are implemented in the CCO dashboard at this time. OHA has implemented measuring "initiation and engagement of alcohol and other drug dependence treatment" but it is not included in the dashboard at this time.

The new Gatekeeper and Mental Health Projects have contract requirements for monitoring the delivery of services and the outcome of those services. As the programs mature, additional data will be available about the impact of these programs.

Action Requested

The Oregon Health Authority and the Department of Human Services request that the Joint Committee on Ways and Means acknowledge receipt of this report.

Legislation Affected

None.

If you have additional questions about this report, please contact Jane-ellen Weidanz, Aging and People with Disabilities, 503-945-5977, jane-ellen.weidanz@state.or.us and Ralph Summers, Addictions and Mental Health, 503-945-9725, RALPH.H.SUMMERS@dhsoha.state.or.us .

Sincerely,

Pamela A. Martin, Ph.D., ABPP
Director
Addictions and Mental Health
Oregon Health Authority

Michael McCormick
Director
Aging and People with Disabilities
Department of Human Services

PM/MM/cm

CC: Sean Kolmer, Governor's Office
Laurie Byerly, Legislative Fiscal Office
Ken Rocco, Legislative Fiscal Office
George Naughton, Department of Administrative Services
Tamara Brinkman, Department of Administrative Services
Eric L. Moore, DHS Chief Financial Officer
E-File