

2023 Forum on Aging in Rural Oregon

Bridging the Gap: The Behavioral Health Needs of Rural Older Adults

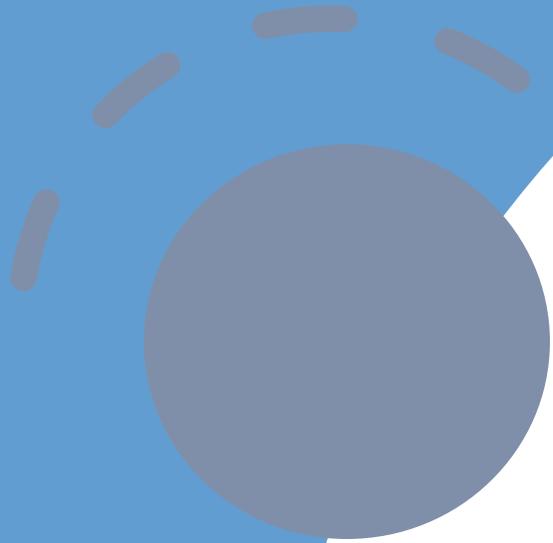
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Thank you to our partners:



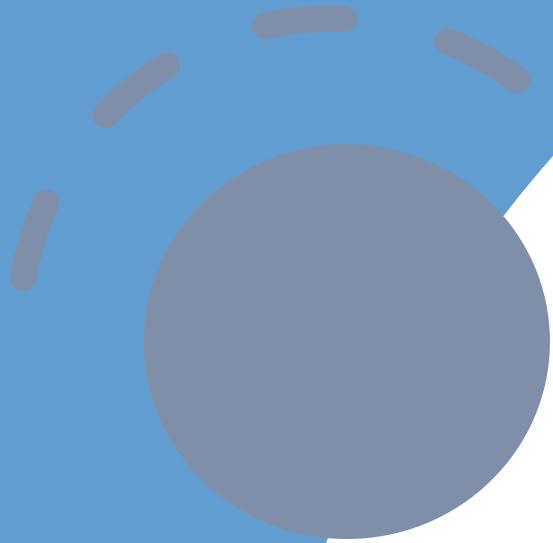


Bridging the Gap: The Behavioral Health Needs of Rural Older Adults

Nirmala Dhar, LCSW

Oregon Health Authority

Office of Behavioral Health



DISCLOSURE

Nirmala has nothing to disclose

The Headlines.....

March 17, 2023 6 a.m.

Editor's note: Throughout 2023, OPB is taking a deep look at the biggest social and economic challenges facing Oregon today – their origins, their impacts and possible solutions. This week we are looking at [the gaping holes in the state's mental health system](#). To conclude this weeklong series, we explore the unique stresses and wider lack of mental health services in rural Oregon.

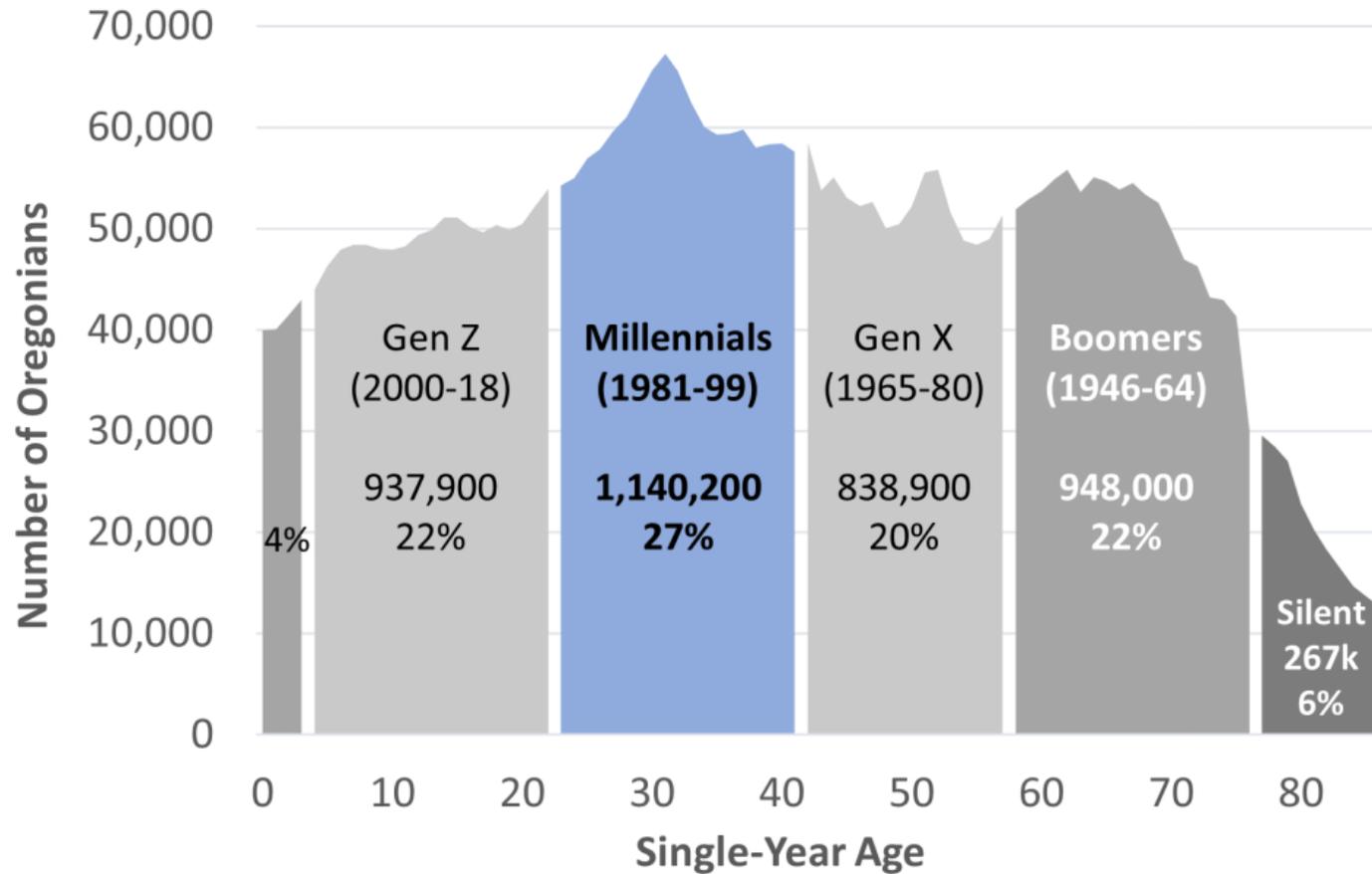
PROBLEM: People living in rural areas of Oregon have higher rates of depression, anxiety and suicidality.

Drug overdose fatalities among US older adults have quadrupled over 20 years, UCLA research finds - March 29, 2023



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Oregon Population by Age, 2022

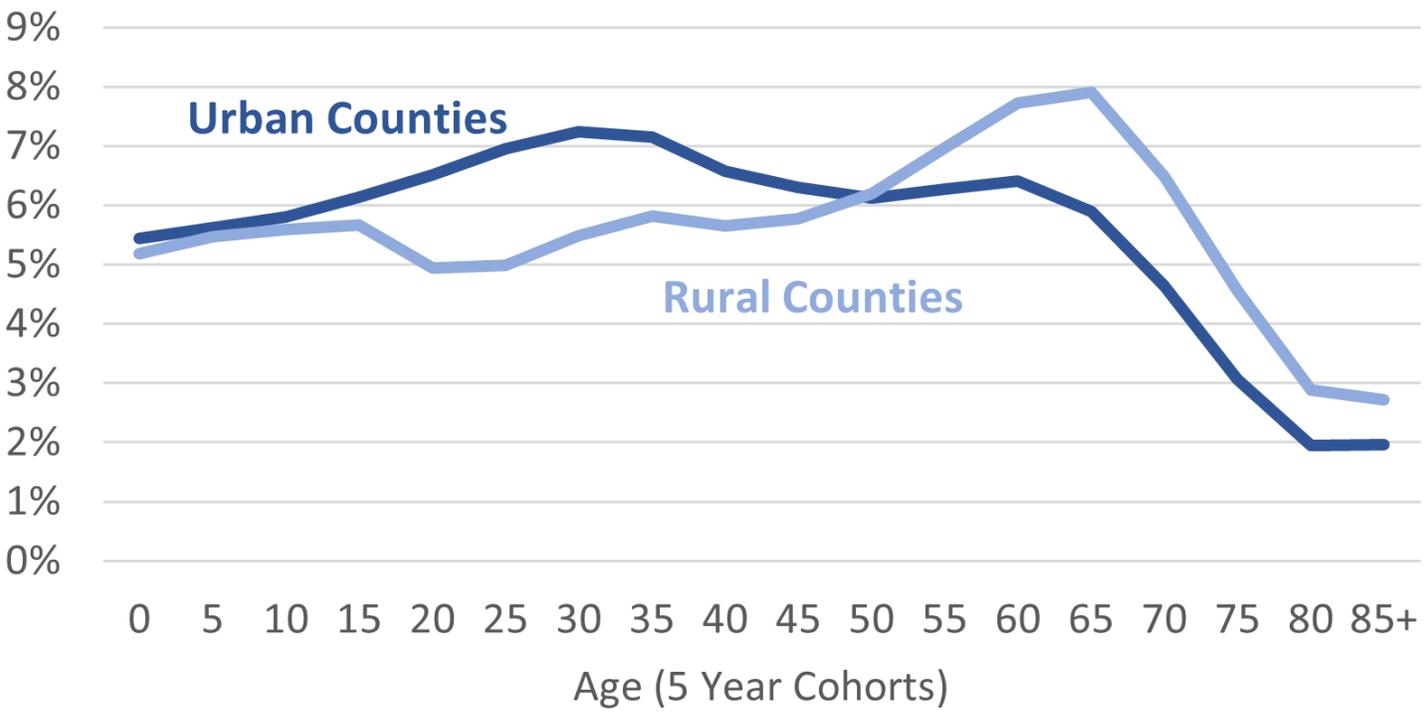


Population by
Age/Generation

Oregon's
Urban/Rural
Divide

Oregon's Demographic Divide

Share of Population by Age

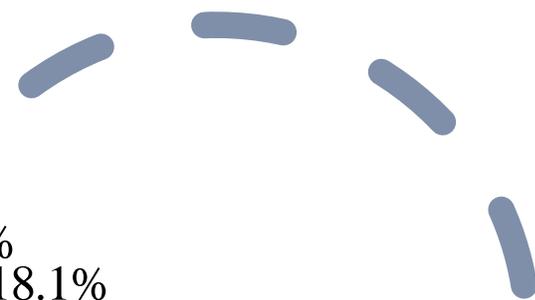


Data: 2020 | Source: Portland State PRC, Oregon Office of Economic Analysis

Rural Landscape

- 33% (1,397,718) of Oregon's population lives in rural areas, 2% (94,404) in frontier, and 65% (2,789,625) in urban areas
- There are 1.15 mental health care provider FTE per 1,000 people in Oregon. The average in rural and frontier is less than half of that at 0.54 FTE. All 20 primary care service areas that have zero mental health provider FTE are rural or frontier
- Rural communities have limited behavioral health providers and treatment options, and longer waitlists, than Oregonians living in the Portland-Salem-Eugene corridor.





Counties in Oregon with the Most Seniors

#1. Wheeler County

- - Population aged 65 or older: 34.4%
- Population aged 18 and younger: 18.1%
- Median age: 56.9 years old
- Total population: 1,417 people

#2. Curry County

- - Population aged 65 or older: 34.3%
- Population aged 18 and younger: 14.1%
- Median age: 56.3 years old
- Total population: 22,889 People

#3. Grant County

- - Population aged 65 or older: 30.6%
- Population aged 18 and younger: 17.2%
- Median age: 52.8 years old
- - Total population: 7,174 people

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:

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

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

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



Is Demography Destiny?

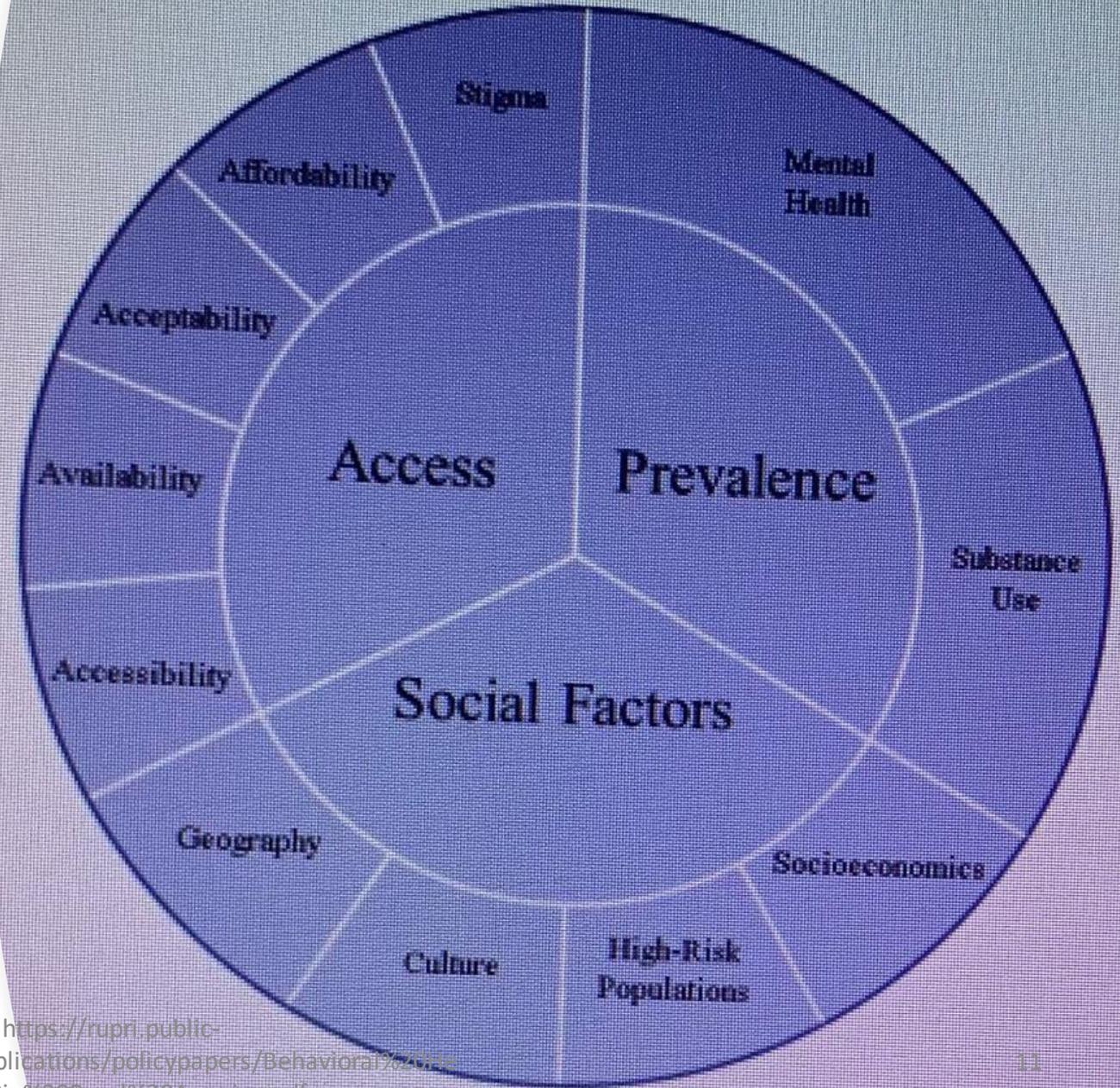
- **Bottom Line:**
Demographics matter!!
- Demography has social, economic and health impacts!
- It matters where and how you age....



Understanding the context of rural behavioral health



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Socioeconomic and Other Factors Contributing to Rural Behavioral Health Needs

- a higher proportion of families living below the poverty level,
- more unemployment,
- a greater percentage of residents who have public insurance or are uninsured than do urban areas.

These characteristics are all risk factors for BHDs.

- Rural individuals also experience a greater sense of stigma,
- a higher sense of isolation and hopelessness,
- lower education rates,
- and higher rates of chronic illnesses.

Addressing BH disparities that are so deeply rooted in socioeconomic stressors is a significant challenge for rural health systems.

Stigma and Rural Older Adults



STIGMA

- Stigma is a complex problem that is difficult to overcome in rural communities. External societal misconceptions, stereotypes, and prejudices perpetuated by misinformation and the popular media about people with BHDs reinforce feelings of shame, failure, low self-esteem, and other issues experienced by people suffering from these problems.
- These stereotypes create special problems in rural communities, where the relative lack of anonymity is a well documented barrier to seeking behavioral health care.

What is Oregon doing?



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OREGON'S ANSWER

THE **OREGON HEALTH AUTHORITY** FUNDED THE OLDER ADULT BEHAVIORAL HEALTH INITIATIVE (OABHI) IN 2015.

THIS INITIATIVE ALSO COVERS ADULTS WITH PHYSICAL DISABILITIES.

CURRENTLY IT IS A \$3.7M ANNUAL INVESTMENT FUNDED THROUGH GENERAL FUND DOLLARS FOR THE PAST 8 YEARS.

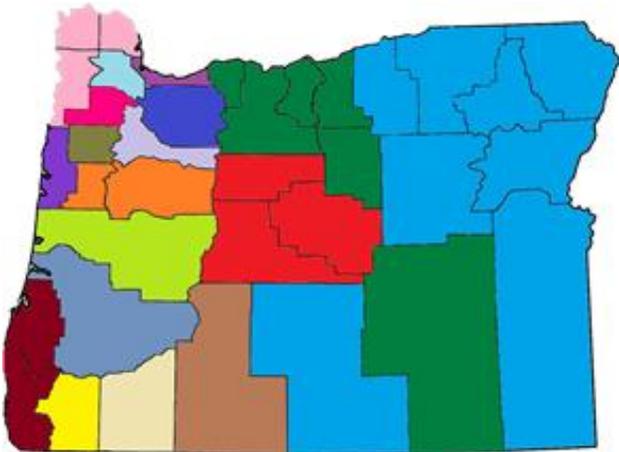


Behavioral health =

- *Mental health services*
 - *Substance use disorder treatment*
-

Goal of the Initiative

To better meet the needs of older adults and people living with physical disabilities by improving timely access to care from qualified providers who work together to provide coordinated, quality and culturally responsive behavioral health and wellness services.



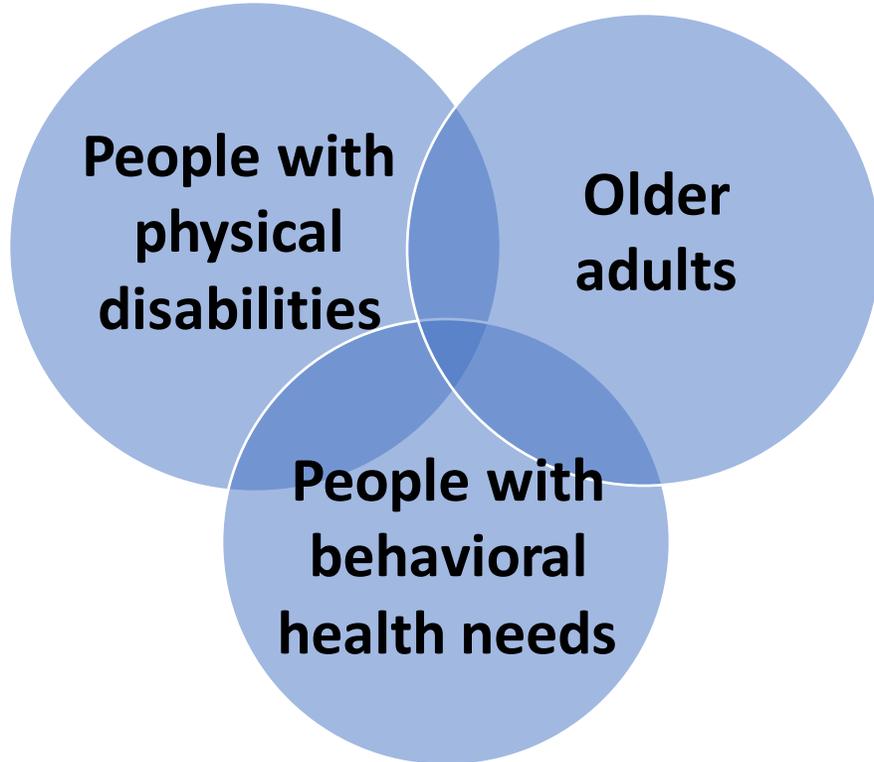
Older Adult Behavioral Health Specialists

There are 24 specialists statewide who have social work and psychology training.



Who the initiative serves

The initiative serves older adults and people living with disabilities who also have behavioral health needs



The needs of older adults and people living with disabilities overlap, but each group has unique characteristics and needs





Behavioral health specialists

Promote collaboration and coordination among core stakeholders and community partners.

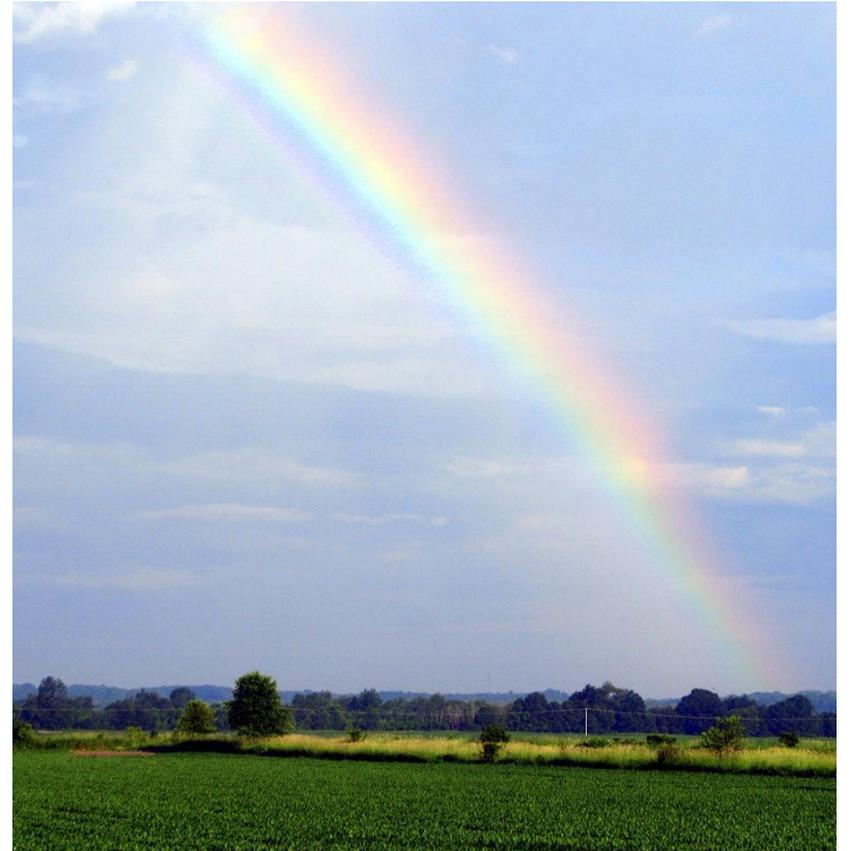
Provide Complex Case Consultation for older adults and people with disabilities who have behavioral health needs.

Offer training to support workforce development and community health and wellness promotion.



Our Aspirational Goal for all Older Adults including those Living in Rural Areas

- **Prevention** strategies : reducing the onset of behavioral health disorders (BHD), mitigating the exacerbation of existing conditions, and minimizing related harms.
- **Treatment** focuses on including screening for BHDs in primary care settings, integrating BH services into medical care settings, and collaboration across providers and service systems to address the complex needs of individuals with BHDs.
- **Recovery** interventions offer individuals with BHDs a “second chance” to live healthy and productive lives by managing their conditions through education, peer support, volunteerism, housing, and other opportunities to break the cycles and patterns of behavior that exacerbate their conditions.





Bridging the Gap

What is the Initiative delivering for older adults in rural communities?

SPECIAL PROJECTS OF THE INITIATIVE:



Senior Loneliness Line Phone

Mitigates social isolation, depression, and promote health and wellness



Promoting Health, Wellness and Caregiver Support

Some Specialist are MH first aid trainers, QPR suicide prevention certification, WISE certification. Specialists offer EBP caregiver support groups.



Expanding the workforce to meet critical need: Non- traditional workers

Community Health Workers deliver depression treatment, Behavioral Activation, and volunteer-based depression program, and social work and other interns expand the BH workforce.

Specialist training

About the Initiative

Dementia
Safety/Abuse Prevention
Addictions/Substance Use
Suicide
System Navigation
Depression
Social Isolation
Psychiatric/Mental Health
Anxiety
Aging Services
Functional Impairment
Wellness and Prevention
Caregiver Support

Addressing Complex Behaviors

Other Large Initiatives

Suicide Prevention in Older Adults through CDC suicide prevention grant providing depression care as health & wellness promotion in local senior centers (coming this summer)

Adoption of Age Friendly Health Systems using 4 M's Framework

Advancing cross sector collaboration for clients with complex care needs – I/DD, TBI, SMI.

Primary Care Provider Education on Dementia

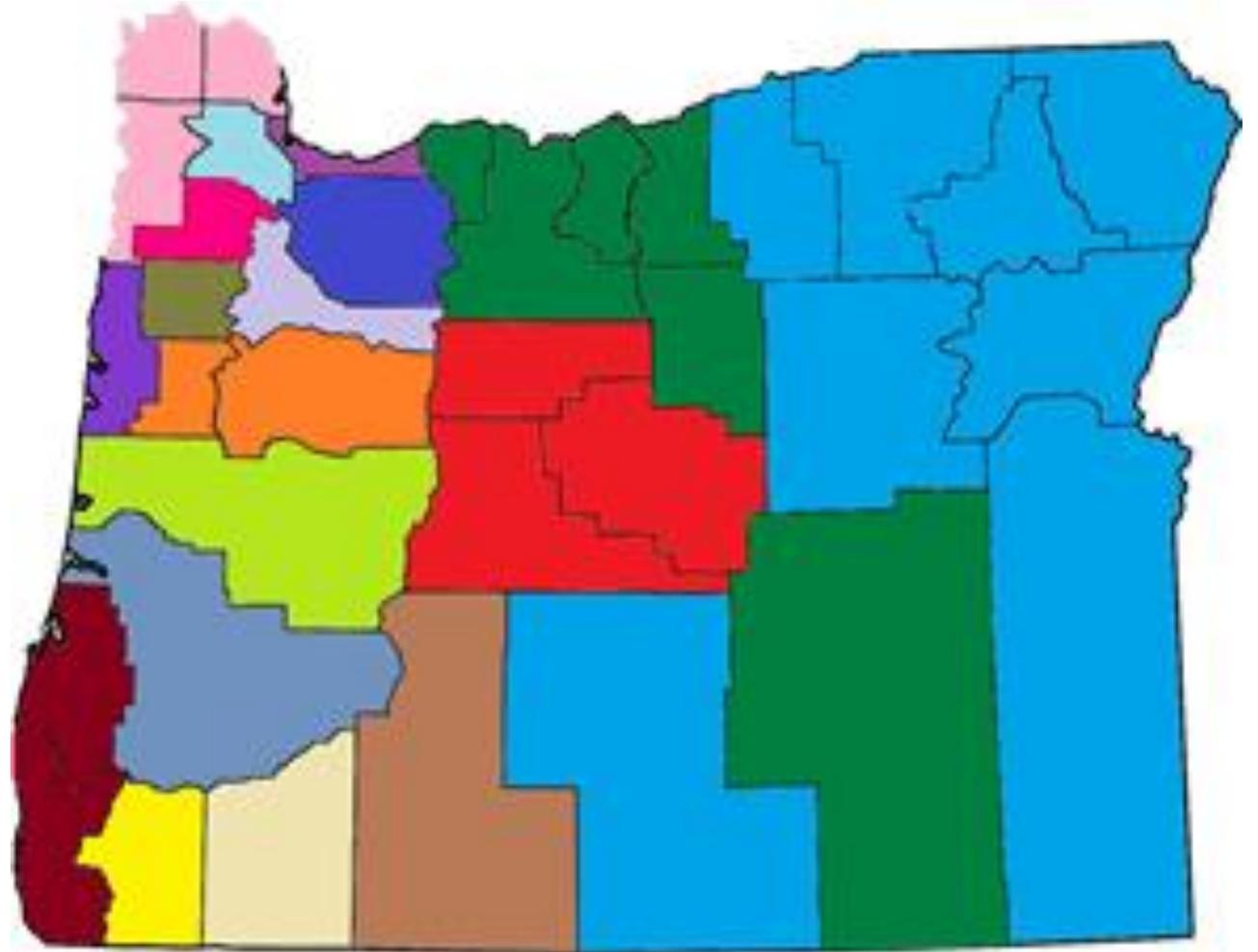
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Are We Ready?

Meeting the Behavioral Health Needs of Older Adults in Rural Oregon OABHI Evaluation Findings

Walter Dawson, DPhil
May 17, 2023



Disclosures

Funding for this work provided by Oregon Health Authority Interagency Agreement #171319.

No other relevant disclosures to make.

Older Oregonians in urban, rural, and frontier areas

43% of adults ages 65 and older live in rural areas

64% of Oregon's population lives in urban communities, where nearly 3/4 of the state's AFHs are located.

There were 29.9 residents 65+ for every bed available in rural facilities versus 17.6 seniors for every available bed in urban.

Nursing Facilities, Adult Foster Homes, and Assisted Living and Residential Care facilities were lower per capita for older adults in rural than urban Oregon

Almost 9% of rural Oregonians 60+ live below the Federal Poverty Level (FPL

16 rural and frontier counties have a poverty rate among residents 60+ that is significantly greater than the state average of 9.2%.

Evaluation

- **Collect and analyze data** documenting activities and accomplishments of the Older Adult Behavioral Health Initiative
- **Identify how** the Initiative can continue to improve behavioral health services



Data Sources

Behavioral Health Specialists	Stakeholder/Key Informants
<ul style="list-style-type: none">● Quarterly reports & complex consultation forms	<ul style="list-style-type: none">● Surveys (2017, 2018, 2019, 2021)
<ul style="list-style-type: none">● Ongoing workforce development rosters	<ul style="list-style-type: none">● Semi-structured interviews (2022)
<ul style="list-style-type: none">● 2021 Survey	<ul style="list-style-type: none">● Post-training and follow-up training evaluations



Top Five Barriers



Lack of affordable housing (97%)

Restrictive eligibility criteria (83%)

Lack of behavioral health services in LTC (69%)

Lack of integration (69%)

Distance to services (69%)

2021 Survey Findings



Populations with High Unmet Needs by Area Designation in Oregon

Populations experiencing high unmet needs	Urban % (n)	Mixed % (n)	Rural/ Frontier % (n)
Long-term care residents	60% (32)	57% (12)	50% (20)
Home-bound older adults	72% (38)	81% (17)	78% (31)
Black, Indigenous, and People of Color	64% (34)	57% (12)	28% (11)
LGBTQ+ populations	53% (28)	43% (9)	22% (9)
Veterans	28% (15)	48% (10)	30% (12)
People experiencing houselessness	77% (41)	76% (16)	70% (28)
Other populations	15% (8)	10% (2)	18% (7)

Note. Percentages of stakeholders within each area type (i.e., Urban, Mixed, Rural/Frontier) based on 53 Urban facilities, 21 mixed facilities, and 40 rural facilities with valid data. Identification of populations experiencing high unmet needs did not differ by area, chi-square(12) = 11.00, $p = .525$.

Impacts of the Initiative by Geographical Area

OABHI Impacts	Mixed % (n)	Rural/ Frontier % (n)	Urban % (n)
Increased awareness of the behavioral health needs of older adults and people with disabilities.	71% (12)	53% (19)	69% (31)
Reduced siloes between aging services and behavioral health agencies.	36% (5)	32% (11)	38% (16)
Increased integration between behavioral health services and primary care.	42% (5)	41% (11)	33% (11)
Increased consumers' access to behavioral health services.	17% (2)	34% (10)	31% (11)
Increased consumers' access to long-term services and supports.	36% (4)	29% (8)	41% (14)
Helped consumers navigate restrictive eligibility or reimbursement criteria (e.g., Medicaid, APD).	29% (4)	33% (8)	38% (13)

2022 Key Informant Findings



Key Informant Sample – Rural vs Urban

Table 1: Stratified random sampling of key informants by agency type, position, and area.

Agency Type		APD		AAA-ADRC		CMHP		Area subtotal
Position		Frontline	Manager	Frontline	Manager	Frontline	Manager	
Area	Urban	2	3	2	2	3	2	14
	Rural	1	3	3	3	2	3	15
Agency Type Subtotal		9		10		10		29

Behavioral Health Services in LTSS Settings

- OABHI Key Informant Report Finding:
 - Lack of licensed LTSS care settings in rural and frontier Oregon, which can provide behavioral health supports.
- Wider Context:
 - 12 licensed community-based care facilities with BH contract in Oregon
 - 1 in Central Oregon
 - 0 in Eastern Oregon

Source: Oregon Department of Human Services, 2023.

Transportation

OABHI Key Informant Report:

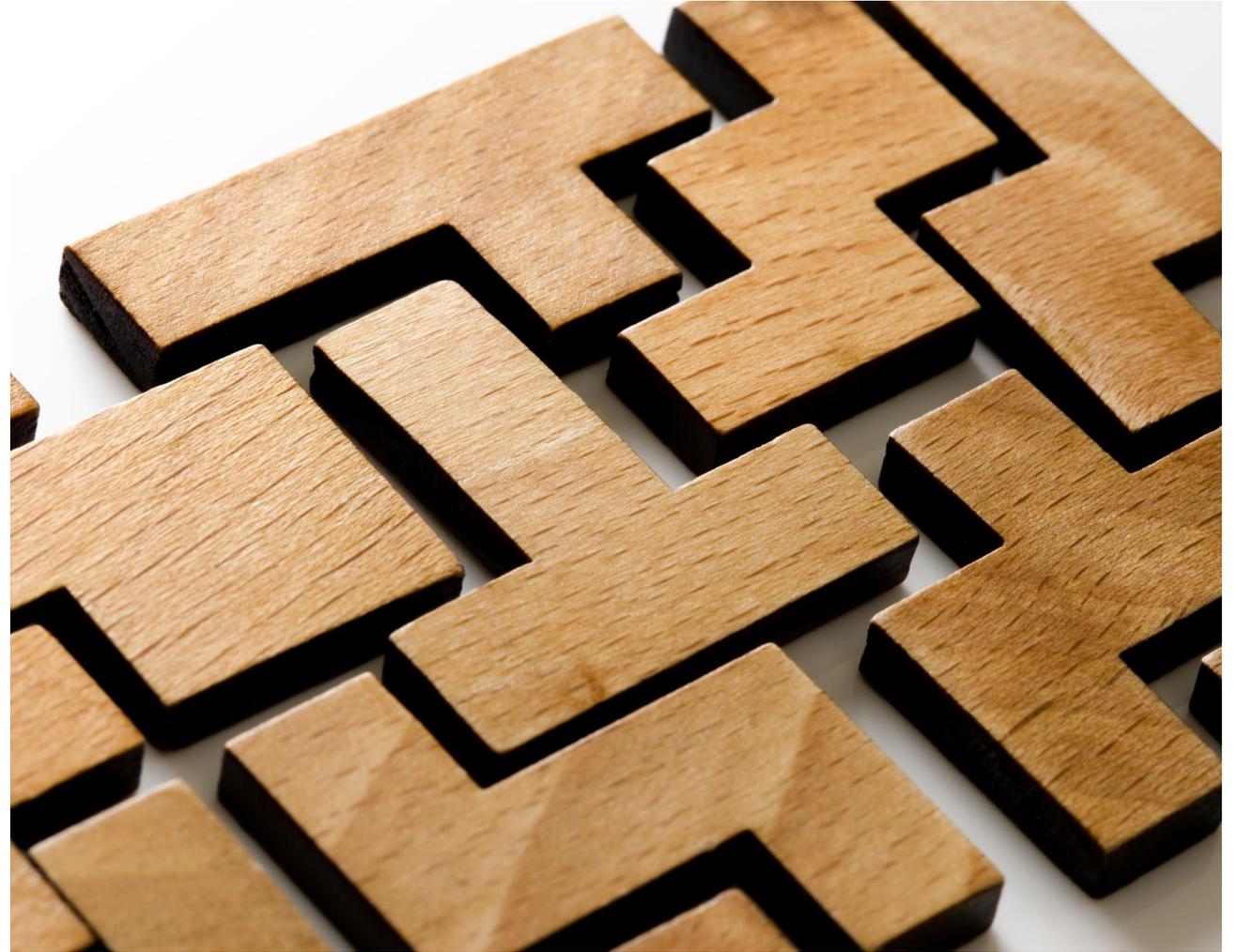
Wider Context – Vast distance to services and supports



Siloed Service Agencies

OABHI Key Informant Report:

Aging Services vs Behavioral Health



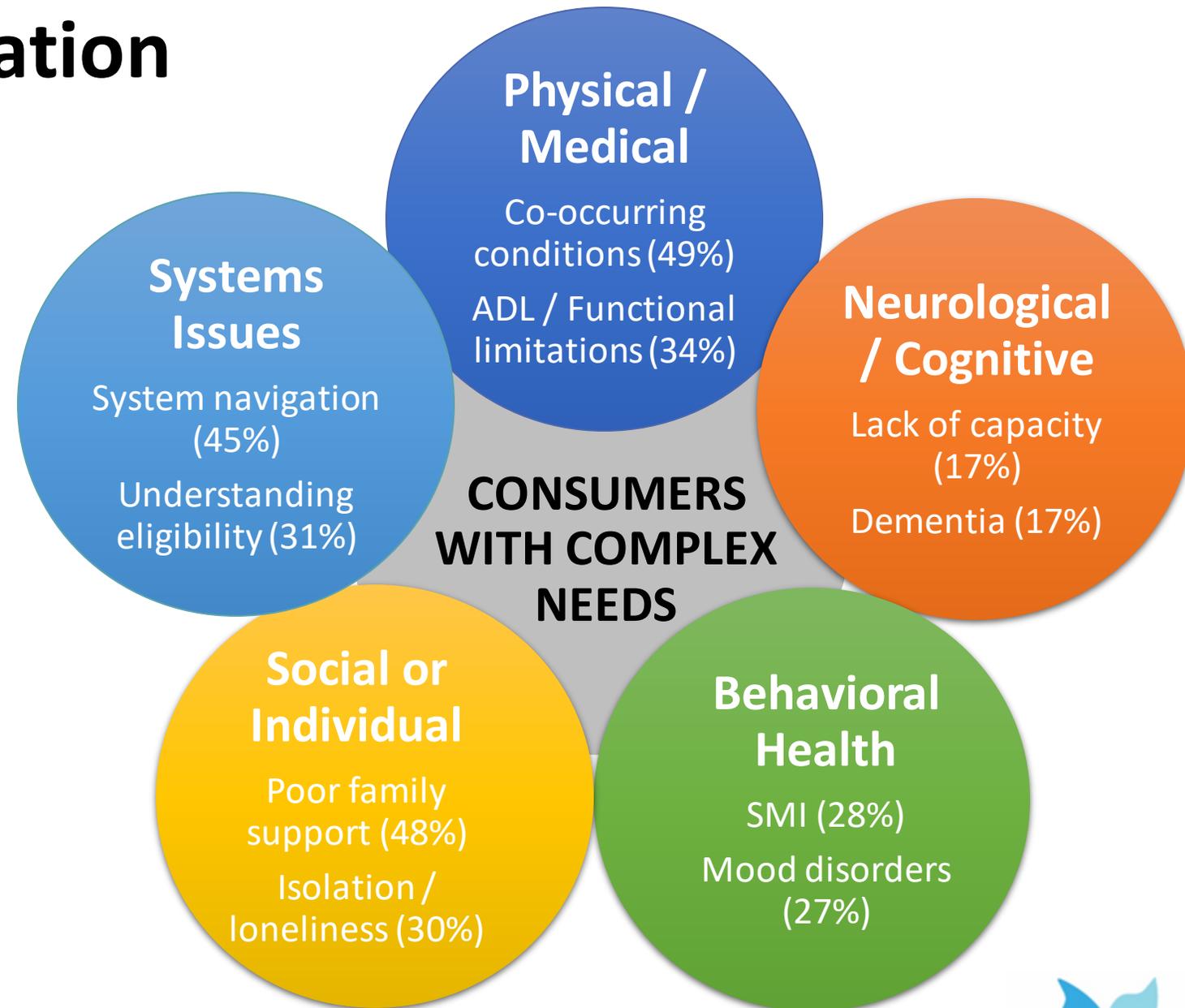
Complex Care Consultation

1,052 consultations

94% with 3+ Issues

77% of consumers use Medicaid (includes dual-eligible)

13% of consumers are people of color



Lack of Affordable Housing

OABHI CCC Data Analysis

Housing is a major concern for rural older adults Housing a significant barrier for both urban and rural consumers (30% and 20% respectively, p-value: <0.001)

The Wider Context: Housing Affordability Across Oregon

Median Oregon Monthly Rent (2 Bedroom Apartment)

Portland: \$1,950
Coos Bay \$1,600
Hermiston \$1,295

Source: Zillow, April 2023.

Average Oregon Home Prices

Multnomah County: \$499,000
Hood River County: \$800,000
Wallowa County: \$222,000

Source: Redfin Home Values Index, April 2023.



Access to Behavioral Health Providers

CCC Data Analysis

Rural consumers more likely than urban consumers to encounter a lack of appropriate behavioral health programs/services as a barrier to BH (12% to 4.9%, p-value: <0.001)

The Wider Context: Lack of BH Service providers in rural/frontier Oregon

Urban areas average 1.54 licensed BH provider FTE per 1,000 population compared with 0.54 FTE in rural/frontier areas.

Sources: Oregon Health Authority, 2021; Health Resources and Services Administration, 2023





Behavioral Health Specialists

- **Promote collaboration and coordination** among core stakeholders and community partners.
- **Provide Complex Case Consultation** for older adults and people with disabilities who have behavioral health needs.
- **Offer training to support workforce development** and community health and wellness promotion.



Recommendations



Increase behavioral health services in long-term service and supports settings

Commit to increasing and enhancing the older adult behavioral health workforce

Address the need for more affordable housing for older adults who risk homelessness

Thank you!

Contract Info:

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**COMPLEX CARE:
VIEW FROM THE
PRIMARY CARE
AND GERIATRIC
PSYCHIATRY
LENS**

Maureen Nash, MD, FAPA, FACP, DFAAGP
Medical Director, Providence ElderPlace PACE Oregon
Program of All-inclusive Care for the Elderly
Board Certified Internal Medicine and Psychiatry



FINANCIAL DISCLOSURES

none

WHAT IS COMPLEX CARE AND WHY DO OLDER ADULTS SOMETIMES QUALIFY?

- Complex care refers to care for people that have chronic or long term health conditions, including but not limited to acquired brain injuries/neurological conditions, multiple organ system diseases
- Complex care needs typically require a greater degree of clinical expertise and involvement than most social care services, such as personal care for adults.

In US, our healthcare system is aimed at “acute” and periodic care while many people have multiple chronic conditions.



SOME RESOURCES IN OREGON FOR RURAL CITIZENS

- OHSU Office of Rural Health
 - Project ECHO
- PACE: Programs of All-inclusive Care for the Elderly
- OPAL A
- Clackamas County - the Senior Council
- Central Oregon Model of Consultation through OABHI
- Examples of other sources of assistance:
 - SAMHSA and SMI Advisor
 - E4 Center Rush University

OREGON OFFICE OF RURAL HEALTH (ORH)

The mission of the Oregon Office of Rural Health (ORH) is to improve the quality, availability, and accessibility of health care for rural Oregonians.

Our vision is to serve as a state leader in providing resources, developing innovative strategies and cultivating collaborative partnerships to support Oregon rural communities in achieving optimal health and well-being.

The Oregon Office of Rural Health (ORH) has been the coordinating body for rural and frontier health in Oregon since 1979. ORH partnered with Oregon Health & Science University (OHSU) in 1989 to increase its ability to bring statewide resources to rural areas.

[Oregon Office of Rural Health | OHSU](#)

EXTENSION FOR COMMUNITY HEALTH OUTCOMES: PROJECT ECHO

- Project ECHO
- tele-mentoring education for providers on complex conditions, such as: Hepatitis C, Diabetes, Pain management and Addictions.
- Through video-conferencing, providers receive didactic training and advice on their complex cases from a team of Specialists (a Hub). Participating providers receive no cost CMEs and Nursing CEUs.



PROJECT ECHO SPRING 2023 PROGRAMS:

- **Substance Use D/O in Prenatal and Perinatal Care**
- **Foundations of Gender Affirming Care**
- **Chronic Pediatric and Adolescent Medical Conditions**
- **Leading Employee Well-being: Promoting Organizational Change in Long Term Care**
- **Diabetes Care for Whole-Person Health**
- **Substance Use Disorders in Hospital Care**
- **Pain Management and Substance Use Disorder in Dental Settings**
- **Nursing Facility Behavioral Health and Pandemic Impact Community of Practice**
- **Substance Use Disorder in Community Based Care**
- **Colorectal Cancer Screening Outreach for Rural Communities**
- **REPRODUCTIVE HEALTH IN PRIMARY CARE**



ADDICTION MEDICINE COMMUNITIES OF PRACTICE

Designed for those who have attended Addiction Medicine Project ECHO programs to come together and present their challenging cases for a facilitated discussion in an informal setting. These programs meet monthly and do not offer didactic presentations; they are 100% case-based. Learners receive CME credits for attendance.

SUD IN AMBULATORY CARE: CURBSIDES AND CONVERSATION

SUD IN HOSPITAL CARE: CURBSIDES AND CONVERSATION

HEPATITIS C: CURBSIDES AND CONVERSATION



PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

- Are 55 years of age or older,
 - Meet the OR's eligibility criteria for nursing facility level of care,
 - able to live in a community based setting at the time of enrollment,
 - Are Medicare and /or Medicaid eligible or willing to pay private pay fees,
 - Are willing to receive all health and long term care services exclusively from the PACE program and our contracted or referred providers.
- Providence ElderPlace PACE which has one rural site in Seaside, plus one site in Clackamas County, one site in Washington County and 6 sites in Multnomah County
 - AllCare PACE located in Grants Pass serving parts of Josephine and Jackson Counties

OREGON PSYCHIATRIC ACCESS LINE (OPAL)

OPAL-K about Kids

OPAL-A about Adults

OPAL provides free, same-day, Monday through Friday, child and adult psychiatric phone consultation to primary care providers in Oregon.

OPAL is a collaboration between [OHSU's Division of Child and Adolescent Psychiatry](#), Adult Psychiatry, the [Oregon Pediatric Society \(OPS\)](#) and the [Oregon Council of Child and Adolescent Psychiatry \(OCCAP\)](#).

The program expands the availability of high-quality mental health treatment to Oregon youth and adults via timely psychiatric consultation and education.

[Oregon Psychiatric Access Line \(OPAL\) | OHSU](#)



CLACKAMAS COUNTY SENIOR CITIZENS COUNCIL

The Senior Citizens Council provides: representative payee services, guardianship and conservatorship, and diversion and care monitoring programs for older adults and adults with disabilities.



CENTRAL OREGON ASYNCHRONOUS CONSULTATION & EDUCATION

Coordinated with Older Adult Behavioral Health Specialists
in Central Oregon

Complex case discussions with multiple stakeholders

Education around specific topics, examples:

Palliative Care for Older Adults with Dementia

Differentiating Delirium and Dementia

Assessment and Treatment of Substance Use

Disorders in Older Adults

SAMHSA

- The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.
- SMI Advisor – joint initiative from the American Psychiatric Association and SAMHSA



SMI ADVISOR



An APA and SAMHSA Initiative



- [CLINICIANS](#) ✓
- [INDIVIDUALS & FAMILIES](#) ✓
- [OUR TOOLS](#) ✓
- [ABOUT US](#)
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EDUCATION, CONSULTATIONS, ANSWERS, **FOR CLINICIANS**

Find evidence-based data that supports your clinical practice and helps you provide person-centered care

E4 CENTER – RUSH CENTER FOR EXCELLENCE IN BEHAVIORAL HEALTH DISPARITIES IN AGING



Center for Excellence in Aging



Foundational Competencies in Older Adult Mental Health Online Certificate Program

The growing population of older adults presents a unique opportunity for mental health professionals to expand clinical practice and experience deeply meaningful clinical work.

This peer-reviewed, 14-hour online certificate program provides foundational knowledge in older adult mental health for health care providers who work with older adults.

<https://bit.ly/MHcertificate>





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Engage, Educate, and Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging

The E4 Center measurably advances training and workforce capacity with a specific focus on the community-based implementation of evidence-based practices and programs for vulnerable older adults who experience the greatest behavioral and physical health disparities in the nation.



THANK YOU

Maureen Nash, MD

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Fellow, American College of Physicians

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2023 Forum on Aging in Rural Oregon

Thank you!



At the University of Oregon