

ST. LOUIS AGING & BEHAVIORAL HEALTH TASK FORCE

A Report of Task Force Recommendations

November 2021

TASK FORCE PURPOSE

Beginning in January 2021, St. Louis City Senior Fund, Saint Louis Mental Health Board, and the Behavioral Health Network of Greater St. Louis facilitated a short-term task force consisting of 25 older adult and behavioral health service providers from the St. Louis Metro region. The purpose of the task force was to:

1. Evaluate gaps in the safety net service delivery system and improve system coordination between the aging network and behavioral health providers.
2. Educate member organizations about available resources for older adults in the St. Louis region.
 - a. Behavioral health services for older adults
 - b. Older adult services for behavioral health clients
3. Develop recommendations to improve the system of coordination between the aging network and behavioral health providers.

Task force members represented the following organizations:

- Affinia Healthcare
- Aging Ahead
- Amanda Lockett Murphy Hopewell Center
- Behavioral Health Response
- BJC Behavioral Health
- Cardinal Ritter Senior Service
- Circle of Care St. Louis
- Housing Options Provided for the Elderly
- Independence Center
- Jewish Family Services of St. Louis
- Lutheran Senior Services
- Marillac Mission Foundation
- Memory Care Home Solutions
- Mental Health America of Eastern Missouri
- Missouri Department of Mental Health
- National Alliance on Mental Illness St. Louis
- Places for People
- Provident Behavioral Health
- St. Louis Area Agency on Aging
- St. Louis County Older Adult Commission
- Saint Louis University
- VOYCE

Definitions Referenced for Task Force Discussions

Older Adults: Task Force discussions generally defined older adults as individuals who are 60 years of age and older. However, several members consider adults who are 50+ or 55+ as older adults.

Behavioral Health: Treatments and services for mental health and substance use disorders.

Mental Health Services: Efforts to serve people experiencing crisis, acute, or long-term needs related to challenges in thinking, mood, and/or behavior. This often includes those diagnosed with mental health disorders.

Substance Use Services: Efforts to serve people experiencing crisis, acute, or long-term needs related to the recurrent use of alcohol and/or drugs causing clinically and functionally significant impairment. This often includes those diagnosed with substance use disorders.

Cognitive Health Services: Efforts to serve people experiencing difficulties with memory, attention, language, problem-solving, or a combination of these. Cognitive health can be affected by trauma, diseases, mood disorders, substance use, and medications.

Co-Occurring Services: Efforts tailored to treat those experiencing a combination of concerns simultaneously (e.g., mental health and substance use).

PROCESS & LEARNINGS

The task force engaged in three primary processes: (1) information sharing and discussion, (2) exploring other collaborative models, and (3) reviewing survey data during monthly meetings held through October 2021.

- 1) **Information sharing and discussion** - to address a knowledge gap that exists between the two networks, members were charged with providing a short presentation that outlined services their organization provides for older adults.
- 2) **Exploring other collaborative models** – task force members explored models from other aging and behavioral health initiatives (e.g., Georgia’s Coalition for Aging and Behavioral Health) and invited guest presenters to share innovative approaches from across the county. One model, the Behavioral Health Initiative for Older Adults and People with Physical Disabilities, funded by the Oregon Health Authority, identified in their needs assessment similar issues providers are facing the St. Louis region:
 - Systems are fragmented and organizations often work in distinct siloes.
 - Different eligibility, and program requirements based on funding sources.
 - Behavioral health services for older adults are not a top priority in many agencies.
 - Resources and funding for services focused on older adults were limited.
 - Shortage of behavioral health workers in general, particularly professionals with training and experience working with older adults.
 - Most behavioral health professionals have little training in geriatrics/gerontology and most geriatric/gerontology professionals have little training in addressing the needs of individuals with severe mental illness; there is a lack of integrated services for complex care needs of older adults with serious mental illness.
 - A referral source or crisis line that is focused on older adults and behavioral health support is needed.
 - Training related to dementia and other cognitive health concerns—in terms of assessment, support, and other interventions—is needed in the behavioral health community.
- 3) **Survey data** – Task force members reviewed information collected from the findings from a 2016 Behavioral Health Network survey, which aimed to identify gaps in behavioral health service needs and populations served. It was determined that a new survey was needed to update and expand upon information about behavioral health services targeted for adults 60 years of age and older and assess interest in future training programs.

SUMMARY OF SURVEY FINDINGS

Responses were collected in July 2021 via an online survey. Older adult and behavioral health service providers that were members of the task force and other providers that were identified as serving adults from a 2016 Behavioral Health Network survey received an organization specific link to the survey via email. A total of 44 direct invitations were shared,

with a 66% response rate. A shareable link to the survey was also created so that respondents could share the survey with relevant organizations that had not yet been contacted; several respondents used this link. A total of 48 individuals, representing 42 organizations, responded to the survey.

The survey was intended to be an initial step in confirming providers that serve older adults, as well as identify potential gaps in resources and opportunities for collaboration. While the survey was not an exhaustive inventory of all providers that serve older adults in the region, we hope the survey findings and other information gathered during task force meetings will be used to inform next steps in strengthening the aging and behavioral health networks to better serve older residents.

Thirty-seven providers reported providing behavioral health related services for older adults in the St. Louis Metro region and a core of providers indicated their organization prioritized services for older adults to a great extent (see the survey report for a detailed summary of responses). Several organizations have staff with training and experience working with older adults and indicated an interest in expanding their capacity if the resources to do so were available.

There are many opportunities to strengthen and expand services for older adults, some of which can be informed, in part, by responses to the survey. They include:

- Ensuring organizations that maintain referral databases have the most current and detailed information on key agencies that focus on serving older adults with their behavioral health related needs.
 - Refer to individual responses to this survey as a starting point for identifying organizations for follow-up, as well as organizations that still need to be heard from.
- Organizing a series of trainings on topics of interest that will help expand providers' knowledge of approaches and best practices for serving older adults.
 - Start with survey responses to identify interest for specific topics and partners that can help deliver trainings.
- Recognizing that "older adult" is not one specific chronological age and is influenced by several factors.
 - Encourage organizations to collect and report on age of clients within smaller age ranges (5-to-10-year increments depending on age) to facilitate data sharing across organizations.
- Identifying funding opportunities that agencies might pursue individually or collectively to expand affordable behavioral health services focused on older adults.
 - Explore options for getting common evidence-based practices listed as meeting ACL's Title III-D criteria to facilitate future funding opportunities, as well as determine the fit of current EBPs identified for older adults for services in the region.

RECOMMENDATIONS FOR PROVIDERS & FUNDERS

Specific recommendations are organized below based on the different groups of partners they apply to (not in priority order). Some recommendations have high feasibility and can be responded to quickly. Other recommendations may require policy changes, fundraising, and other advocacy efforts to achieve.

All Task Force Members

Consider what changes leaders can implement to support their agency and constituents to better serve older adults with behavioral health challenges, informed by this report and the recommendations, such as:

- **Reporting** - Break out age in the following categories for aggregating of knowledge: 50-54, 55-59, 60-64, 65-74, 75-84, 85+.
 - There are policy distinctions at ages 60 (e.g., AAA services & senior levy funds) and 65 (e.g., Medicare) that can influence eligibility for services and funding. Key recommendation is to document clients served more distinctly than “55+.”
- **Messaging**
 - Share these findings and recommendations with agency leadership/staff and services constituents (i.e., presentation to staff and board of directors).
 - Identifying and publicly talking about what older adults need in the behavioral health realm.
- **Partnerships** - Seek organizations to coordinate and collaborate with to serve older adults.

Aging Services Providers

- **Screening** - Identify and promote the use of evidence-based practices to screen persons serviced for behavioral health needs, focusing on depression, suicidal ideation, and substance use.
- **Services** - Expand staff capacity to address the behavioral health needs of older adults.
- **Linkage and Referral** - Develop actionable referral and follow up structures for staff to support a client’s connection to services and support after a positive screen for a behavioral health need. Work with Behavioral Health Response and other providers to determine best paths for this system.
- **Staff Training** – Regionally collaborate with behavioral health providers to offer trainings which support staff knowledge and skills on how to identify behavioral health needs, processes for referral into and collaboration with the behavioral health system, and other relevant topics on a regular basis.
- **Crisis Response Integration** – Collaborate with other providers to ensure capacity for crisis response efforts that can attend to older adults who need immediate behavioral health and crisis management support.

Behavioral Health Providers

- **Screening** - All behavioral health providers screen clients for cognitive impairment as a core assessment along with other behavioral health screenings.

- **Services** – For agencies serving individual adults or families, ensure staff have the capacity and training to address the behavioral health needs of older adults.
 - Highlight specific services and programs for older adults on websites and other communications and outreach.
- **Staff Training** - Regionally collaborate with older adults providers to offer trainings which support staff knowledge and skills related to older adults and implementation of evidence-based practices designed to serve them. Training topics may include:
 - Introductory training for staff on older adults and behavioral health needs co-occurring with cognitive-related impairments and diseases (e.g., dementias).
 - Social isolation interventions (e.g., Circle of Friends)
 - Older Adult Mental Health First Aid
 - Cognitive Stimulation Therapy
 - Programs for older adults managing depression (e.g., PEARLS)
- **Training Follow Up** - Regionally offer training follow up supports (e.g., a learning collaborative).
- **Linkage and Referral** – Work with Behavioral Health Response to ensure details about behavioral health service providers who deliver services designed for older adults and/or which have staff with expertise to address the needs of older adults are added to their database.
 - Set standards for a directory that providers could help maintain and use as a referral source, including determination of which agencies have staff who are qualified to treat and serve older adults.
 - Ensure this is connected to United Way’s 211, Community Information Exchange, and other referral networks.

Funders

- Pursue creating funding opportunities that are responsive to these recommendations.
- Consider funding opportunities that reward aging and behavioral health service provider collaboration.

RECOMMENDATIONS FOR TASKFORCE

Continuation of Efforts

Launch a Behavioral Health and Aging Council which would perform the following functions:

- Continue to foster knowledge and connections among behavioral health and aging service providers to improve coordinated care for their clients which use both systems; and
- Collaboratively advocate for provider implementation of the recommendations from this report and public policy that optimally support quality care for older adults. Monitor and celebrate progress on recommendations.

Defined Geographic Region

Ensure there is a clear definition of the region of focus for efforts facilitated by the council. This could be influenced by funding support, equity, and other factors. Geographic focus may expand over time as resources are available.

Other Recommendations

Other council activities could include developing partnerships, resource development, advocacy, and outcomes measurement, such as:

- **State** - Engage the Missouri Department of Health and Senior Services and the Department of Mental Health in this new council to align regional with state priorities and efforts.
- **Funding**
 - Identify and seek sustainable funding sources to support the council and systems change work.
 - Coordinate collaboration to explore funding opportunities for components of these recommendations (e.g., American Rescue Plan funding, private foundations).
 - Develop concept papers of key ideas.
- **Messaging**
 - Prepare a slide deck that council members could use to elevate the behavioral health needs of older adults and actions that can be taken (e.g. these recommendations).
 - Summarize available data on older adults and their behavioral needs which could be used for grant writing, advocacy, and trainings.
- **Data Sharing & Evaluation** - Identify key indicators that would be ideal for future data collection by organizations.
 - Consider measures to assess how connections between organizations progress (e.g., track number of referrals made between organizations).