Utilizing Cross-Sector Partnerships to Reduce Behavioral Health Disparities in Older Adults

September 2021

E4 CENTER
Center of Excellence for
Behavioral Health Disparities in Aging

SAMHSA
Substance Abuse and Mental Health
Services Administration

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The 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.**

The mission of the E4 Center is to engage, empower, and educate health care providers and community-based organizations for equity in behavioral health for older adults and their families. E4 will achieve this through the provision of education, implementation resources, and technical assistance regarding mental health, substance use, and their intersection with physical health. To learn more, please watch the E4 Center video or click here to read more.

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Introduction

"Mental health is not solely a health care issue, and we have to take on its intersectional impacts." [i]
- Ashwin Vasan, MD, PhD

Welcome! We are glad you are here. People across the United States, including older adults, experience behavioral health needs – mental health concerns, substance use, and social isolation and loneliness. However, stigma and a lack of access to appropriate care often leads to these needs going unaddressed, particularly for older adults. These needs have only been exacerbated by the COVID-19 pandemic.

By focusing on improving behavioral health for older adults, we can achieve improved health and quality of life outcomes for all of us as we age.

Why Focus on Partnerships?

Behavioral health is influenced by the social determinants of health, so improving outcomes takes more than mental health and substance use treatment alone. Care ecosystems – interconnected groups of organizations that shape and are shaped by the environment – can be effective at collaborating to improve behavioral health outcomes for all, including older adults, or they may be weak and allow behavioral health needs to go undetected or unaddressed.

Partnerships across sectors that serve older adults are critical to filling gaps in care and improving behavioral health outcomes. Partnerships could help address the following situations:

- Due to stigma (a feeling of shame) of regarding substance use and mental health needs, some older adults may be hesitant to seek mental health care or substance use support directly. Rather, they may be more comfortable sharing their behaviors or needs in a primary care setting that is seen as more of a "normal" place to access care.

- Research indicates that depression and the impact of substance use may be interpreted as normal signs of aging. Moreover, mental health and substance use disorders often lead to somatic symptoms (physical manifestations), such as restlessness, muscle tension, and sleep disturbance. A partnership with behavioral health clinicians could include training for medical providers to better detect behavioral health issues and their unique presentations in older adults.

- Direct care workers have eyes and ears in the home and can flag concerns to health care providers and behavioral health clinicians while also reinforcing engagement in care. A partnership between agencies that includes training on symptoms of behavioral health issues and creates secure communication pathways can lead to early detection and intervention in case of symptom exacerbation.

- Trusted, culturally-responsive community agencies can help engage older adults who may not be engaged in behavioral health treatment. This can be done by helping reduce stigma around accessing treatment and by hosting peer support specialists and evidence-based workshops around self-management. They can also provide resources that expand access to care and improve quality of life that many providers do not refer to or are not aware of.

- Private practices may seek to serve more older adults (for example, a team of therapists may have just started accepting Medicare). Strengthen connections with geriatric primary care, aging service providers, and geriatric care managers to build up your client base and connect clients with home- and community-based services and care management when needed.

Such partnerships do not always come naturally. Health care, behavioral health, and social care services are siloed, with different funding streams and regulatory bodies. Mental health, substance use, and social services are chronically underfunded, leading to high caseloads, waitlists, undercompensated staff, a reliance on short-term grants, and a weak care ecosystem. Strategic partnerships have the potential to mitigate these issues, prevent gaps in care, and ultimately improve behavioral health outcomes.

About this Toolkit

In recent years, there has been significant focus on the benefits of cross-sector partnerships for improving health, particularly on partnerships between health care and community-based social service organizations. [ii] This toolkit applies best practices from such initiatives to the world of behavioral health care for older adults, an important area of care that is often overlooked.

Our goal with this toolkit is to describe the landscape of resources that influence older adults and their behavioral health needs and to provide meaningful guidance for partnering across sectors to improve outcomes for diverse older adults.

Who is this Toolkit for?

This toolkit is for diverse organizations that serve – or seek to serve – older adults and those who care for them. It is designed to highlight opportunities that are relevant no matter which sector you work in. Individuals working within these organizations who may benefit from this toolkit include:

- Health care administrators who build programs and develop organizational partnerships
- Health care providers across the care continuum, including interprofessional staff working in family medicine, internal medicine, and geriatric practices; physical and occupational therapists; chaplains; and pharmacists
- Frontline and program development staff and volunteers working within aging network agencies and other community-based organizations that provide social services and supports
- Mental health clinicians (including private practitioners) who work with older adults
- In-home care providers who work with older adults
- Staff and volunteers within grassroots or advocacy groups that work with or on behalf of older adults and caregivers

How to Utilize this Toolkit

This toolkit provides several sections to assist you in identifying resources and pursuing partnerships with other organizations that can collectively improve behavioral health outcomes in your community. We recommend jumping into whichever section feels most appropriate given your familiarity with these issues and relevant resources, and current status of your partnerships.

While this toolkit is focused on external partnership development and maintenance, we also identify opportunities to strengthen your organization's internal work.

The Landscape: Behavioral Health Needs and Care

Despite the widespread need for mental health and substance use services, millions of US older adults receive inadequate care or no care at all. [iii] Older adults are 40% less likely than younger adults to pursue or engage in mental health treatment, and when they do seek treatment, older adults are less likely to receive adequate services. Substance use is increasing with the baby boomer generation, particularly alcohol, yet among older adults with substance use disorders (SUDs), only 28% receive treatment. [iv] Members of marginalized communities – including Black and Brown populations and individuals who do not speak English as a first language – are less likely to initiate and remain engaged in treatment, and when they do access care, they frequently receive less appropriate or poorer quality services. [v-vii]

Creating an age-friendly society that addresses these issues and provides the care all older adults need will take concerted efforts by many of us working within diverse sectors. Collaborative working relationships across sectors can help more effectively respond to ensure older adults get the treatment they may need.

This section shares select resources to help understand the current landscape of older adults' behavioral health needs, the types of services that are available to support them, and important considerations with access to and quality of those services.

Older Adult Population and Needs

This section includes relevant data sources and select literature for understanding older adult population behavioral health needs.

Data Sources

Federal and state data sources can provide high-level insight into older adults in your community and their behavioral health needs:

- **US Census data**
  - o The Population 65 Years and Older in the United States (US Census Bureau, October 2018)
  - o Demographic Profile data from the 2020 US Census are anticipated to be released in 2022. Check here for updates.
- **State-level reports on adult behavioral health needs**
  - o Behavioral Health Barometer (SAMHSA, June 2019)
  - o Behavioral health profiles (SAMHSA, 2016)
    - ◆ Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)
    - ◆ Region II (New Jersey, New York, Puerto Rico, U.S. Virgin Islands)
    - ◆ Region III (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia)
    - ◆ Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
    - ◆ Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
    - ◆ Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
    - ◆ Region VII (Iowa, Kansas, Missouri, Nebraska)
    - ◆ Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)
    - ◆ Region IX (Arizona, California, Hawaii, Nevada, American Samoa, Micronesia, Northern Mariana Islands, Guam, Marshall Islands, Republic of Palau)
    - ◆ Region X (Alaska, Idaho, Oregon, Washington)

- **County-level data on influencers of health**
    - [County Health Ranking Model](#) (University of Wisconsin Population Health Institute, 2021)
    - Includes county-level data on a number of influencers of health, including ratio of population to mental health clinicians.

- **Surveys on trends in Health Risk Behaviors and Burden of Chronic Disease**
    - [Chronic Disease Data](#) (Centers for Disease Control and Prevention, 2021)
    - Includes data from federal surveys such as: Health-Related Quality of Life, Behavioral Risk Factor Surveillance System, National Health Interview Survey, United States Cancer Statistics, and the National Adult Tobacco Survey.

- **Quality measures for inpatient psychiatric facilities**
    - [Inpatient Psychiatric Facility Public Reporting](#) (Centers for Medicare and Medicaid Services, updated annually)
    - Includes data from inpatient psychiatric facilities for numerous measures, including 30-day all-cause unplanned readmission following psychiatric hospitalization, and medication continuation following inpatient psychiatric discharge.

Select reports and publications summarizing how behavioral health issues are experienced by older adults include:

- **Substance use**
    - [A Day In The Life Of Older Adults: Substance Use Facts](#) (SAMHSA, May 2017)
        - This report presents facts about substance use among adults age 65 and older, including information on substance use on an average day, receipt of substance use treatment, and emergency department (ED) visits.
    - [Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health](#) (SAMHSA, 2017)
- **Opioid use among older adults**
    - [The Opioid Public Health Emergency and Older Adults](#) (Administration on Community Living, 2017)
- **Disparities in depression and anxiety**
    - [Racial and Ethnic Differences in Depression: Current Perspectives](#) (Neuropsychiatric Disease and Treatment, February 2019)
- **Chronic pain**
    - [Clinical Toolbox: Pain Management](#) (GeroCentral, nd)
    - [Psychosocial Aspects in the Management of Arthritis Pain](#) (Arthritis Research & Therapy, 2006)
    - [Overview of Pain Management in Older Persons](#) (Clinics in Geriatric Medicine, 2008)
- **Social needs and older adults**
    - [Social Needs of Older People: A Systematic Literature Review](#) (Ageing & Society, April 2017)
    - [Social Frailty in Older Adults: A Scoping Review](#) (European Journal of Ageing, January 2017)

Partnership Example

Ms. B is a woman in her 60s who needs to move out of her home to be closer to her adult son. She had severe anxiety and agoraphobia that got worse during the pandemic. She has a chronic heart condition and also sees a psychiatrist. When she first came in for psychotherapy, she could hardly leave her home and was one of the most severely anxious people I have worked with. She took care of her mother at end of life, who died in Ms. B's home.

Ms. B's anxiety has drastically improved since coming in for behavioral health care. I was able to leverage a partnership our organization has with our local aging network organization to get resources to help Ms. B throw things out (which she was struggling with after accumulating years' worth of her mother's things). I also worked with the organization's case management team, who linked her to a community health center she could get care from after she moved to live near her son. During the pandemic, I also leveraged an organizational partnership with a local primary care office to get her access to a COVID-19 vaccine, since she did not have internet to sign up herself.

We worked in therapy to prepare for the move, make medical appointments a priority, and process grief around her mother and the stress that came with caregiving and end of life care. Because my clinic participates in a local coalition with the hospice agency that served her mother, I was able to get information to share with Ms. B about their bereavement supports - including a tree-lighting ceremony honoring Ms. B's mother and others who had passed away that year.

Once, when her son visited, Ms. B wanted him to meet with me separately to explore his own anxieties around caregiving and her moving closer to him. Rather than initiate that short-term relationship, I found a community mental health center in his town, and recommended he contact them or his local Area Agency on Aging for caregiver support groups.

Types of Behavioral Health Care

It is important to be aware of the diverse types of care that may be influencing the behavioral health outcomes of older adults you serve. These could include mental health and substance use treatment, initiatives based in health care, crisis intervention, evidence-based workshops, and psychosocial interventions.

Mental Health and Substance Use Treatment

There are diverse clinicians, organizations, levels of care, and types of clinical practices used as part of mental health and substance use treatment. However, few have extensive training in working with older adults.

Professionals who may provide behavioral health care for older adults include:

- Psychiatrists, some with a geriatric board certification
- Psychiatric or Mental Health Nurse Practitioners
- Psychologists, some with a geropsychology board certification
- Clinical Social Workers, some with geriatric specializations
- Psychiatric pharmacists
- Licensed Professional Counselors
- Marriage and Family Therapists
- Certified Alcohol Drug Counselors
- Licensed Advanced Alcohol Drug Counselors

Types of organizations that provide behavioral health care include: [viii]

- Private practices
- Community health centers or clinics within health systems
- Community or County Mental Health Centers, which are operated by or contracted by cities or counties, and provide outpatient services, medication management, case management services and intensive community treatment services
- Certified Community Behavioral Health Clinics, which provide prevention, crisis response, and post-crisis care
- Substance Abuse Treatment Centers, including detoxification facilities, Acute Residential Treatment programs, and Intensive Outpatient Programs
- Online counseling, where an app or platform connects you with a therapist. Learn more about various vendors here.

The behavioral health care continuum typically includes the following settings: [ix]

- Drop-in center
- Outpatient: Office visits ranging in frequency from semi-weekly to monthly depending on severity of symptoms, for psychotherapy, medication support, or both.
  - Note: These include telehealth sessions by phone or video.
- Intensive day program: Coordinated outpatient care, usually for several months, for moderate to severe disorders. Typically 9 or more hours per week.
- Partial hospitalization: Coordinated outpatient care, usually for several months, for severe disorders. Typically 20 or more hours per week, but not 24-hour care.
- Residential treatment: Low or high intensity "rehab" programs, lasting several weeks, in 24-hour treatment settings, for severe disorders.
- Inpatient hospitalization: Medically directed, 24-hour services, lasting several days to a week. May manage substance withdrawal.

Practices used commonly as part of behavioral health treatment include:

- Pharmacotherapy, or the use of pharmaceutical drugs
  - Prescribed typically by psychiatrists or primary care providers
  - Includes antipsychotic medications, antidepressant medications, mood stabilizers, benzodiazepines and other anxiolytics (to address anxiety disorders), and anti-dementia drugs (to address cognitive deficits). Learn more about the geriatric population and psychiatric medication here.
  - Can also include medication-assisted treatment as a harm-reduction approach for opioid use disorder. Learn more about medication-assisted treatment for opioid use disorder in older adults here.
  - Medication management is an important component for older adults, which includes monitoring medications, their side effects, and their possible interactions with other medications. Learn more about older adults and medication safety here.
- Psychotherapy, counseling, or "talk therapy"
  - Provided by licensed mental health clinicians within private practices, community mental health centers, or other clinics
  - Format can include individual, group, couples, and family therapy
  - May utilize modalities with research on effectiveness with older adults:
    - Cognitive Behavioral Therapy (CBT), a form of psychotherapy that focuses on challenging and changing cognitive distortions and behaviors, improving emotional regulation, and the development of behavioral coping strategies
    - Interpersonal psychotherapy (IPT), a form of psychotherapy that focuses on relieving symptoms by improving interpersonal functioning
    - Problem-Solving Therapy (PST), a brief psychosocial treatment for individuals experiencing depression and distress related to inefficient
- Psychoeducation, which teaches people about their illness and courses of treatment, including coping strategies, problem-solving skills, and recognizing signs of relapse.
- Assertive Community Treatment (ACT), an interdisciplinary team approach to intensive case management that integrates medication management, rehabilitation, and social services in the community.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT), early intervention and treatment services for persons with SUDs and those at risk of developing a SUD.

Initiatives Based in Health Care

- Integrated care initiatives, such as:
    - o Co-located behavioral health clinicians with primary care
    - o Collaborative care initiatives that include screening for depression and anxiety, a behavioral health care manager (psychologist, social worker, or counselor) to provide psychotherapy and assist with navigating services, and a psychiatrist to consult with the primary care provider on medication management. Learn more about collaborative care models here.
    - o Screening and interventions, such as the Introduction to Healthy Living as You Age (HLAYA) initiative within primary care for older at-risk drinkers, which includes the Comorbidity Alcohol Risk Evaluation Tool (CARET) screening, a personalized report, booklet on alcohol and aging, drinking diary, advice from the primary care provider, and telephone counseling from a health educator at 2, 4, and 8 weeks.
- Linkage and other care management activities to engage external providers
- Emergency Departments provide a significant amount of triage and crisis intervention for individuals with mental health and substance use needs.
    - o Some Emergency Departments may have specialized initiatives to stabilize, provide medication recommendations, and connect individuals with follow-up care, including discharge planning required to find inpatient beds or refer to a community-based initiative such as Assertive Community Treatment (ACT).
    - o There are also psychiatric emergency programs which may be called Psychiatric Emergency Services (PESs), Comprehensive Psychiatric Emergency Programs (CPEPs), Clinical Decision Units (CDUs), and more recently, Emergency Psychiatry Assessment, Treatment, and Healing units EmPATH unit). Learn more about these hospital-level psychiatric Emergency Department models here.
    - o Geriatric emergency departments incorporate best practices for responding to the unique presentations, needs, and dispositions of older adults, including delirium and dementia. Accredited programs follow certain guidelines, and can be a free-standing space or integrated into general emergency departments. Learn more about the accreditation program here.
- Program of All-Inclusive Care for the Elderly (PACE) provides medical care and long-term services and supports to individuals who are dually-eligible for Medicare and Medicaid, and qualify for nursing-home level of supports. Many PACE participants have mental health or substance use issues, and PACE sites may have specialized programs to support them. Learn more about PACE programs with a focus on behavioral health here.

Crisis Intervention

- **First responders** (such as police, firefighters, Emergency Medical Technicians) often are the first to come across an individual experiencing a crisis, but they may not be trained or equipped to identify or respond to older adult behavioral health issues.
  - o **Crisis Intervention Teams** are police-based crisis response staff that help persons with mental disorders and/or addictions access medical treatment rather than place them in the criminal justice system due to illness-related behaviors. Learn more here and here.
- **Living Rooms**, which are community crisis centers that offer people experiencing a mental health crisis an alternative to hospitalization, offering crisis intervention, support from peer counselors, intervention from professional counselors, and linkage with mental health care and social services. Learn more here.
- **Crisis lines**, including hotlines that are staffed 24/7 to provide immediate support and warmlines for less emergent support.
  - o There are numerous state and national crisis lines to be aware of, such as the National Suicide Prevention Lifeline, Veterans Crisis Line, SAGE National LGBT Elder Hotline, Crisis Text Line, and the NAMI HelpLine.
  - o As of July 2022, a nationwide hotline that connects callers to suicide prevention and mental health crisis counselors will be available by dialing 988. Learn more here.

Evidence-based Disease Prevention and Health Promotion Workshops

These are manualized programs that are replicable, many of which are recognized and reimbursed by federal funds via the Administration on Community Living, Older Americans Act Title III-D. Some are more widely available than others. Many require upfront investment and licensing to implement.

Relevant programs include:

- **Healthy IDEAS** (Identifying Depression & Empowering Activities for Seniors): Screens older adults for symptoms of depression, educates older adults and caregivers about depression, links older adults to primary care and mental health care, and empowers them to manage depression through a behavioral activation approach that encourages involvement in meaningful activities. Format: Three to six months including home visits and telephonic sessions. Learn more here.

- **PEARLS** (Program to Encourage Active, Rewarding Lives for Seniors): Educates older adults about what depression is (and is not) and helps them develop the skills they need for self-sufficiency and more active lives. Format: Six to eight sessions across four to five months. Learn more here.

- **HOPES** (Helping Older Adults Experience Success): Aims to improve psychosocial functioning and reduce long-term medical burden in older people with severe mental illness (SMI) living in the community. Format: 1 year of intensive skills training and health management, followed by a 1-year maintenance phase. Learn more here.

- **IMR** (Illness Management and Recovery): A standardized program for teaching psychiatric illness self-management skills. Format: Nine modules delivered over nine months with weekly sessions. Learn more here.

- **I-IMR** (Integrated Illness Management and Recovery): Teaches psychiatric and physical illness self-management skills, as well as medical needs assessment and monitoring provided by a nurse case manager. Format: Ten modules delivered over eight months with weekly sessions. Learn more here.

- **WRAP** (Wellness Recovery Action Plan): Peer-led group where participants create a personalized recovery system of wellness tools and action plans to achieve a self-directed wellness vision despite life's daily challenges. Format: 8-12 weekly sessions in groups of 10-15. Learn more here.

- **Functional Adaptation Skills Training** (FAST) program: Provides education and independent living skills training for individuals 40 years and older living in board-and-care facilities who have been diagnosed with schizophrenia or schizoaffective disorder. Format: 2-hour sessions weekly for 24 weeks. Learn more here.

- **Cognitive-Behavioral Social Skills Training** (CBSST): Combines cognitive behavioral therapy and social skills training to teach cognitive and behavioral coping techniques, social functioning skills, problem-solving, and compensatory aids for neurocognitive impairments to individuals with serious mental illness. Format: 18 weekly sessions in group or individual format. Learn more here.

- **Chronic Pain Self-Management Program** (CPSMP): Small group focused on sharing experiences and skill-building, including techniques to deal with frustration, fatigue, isolation, and poor sleep; appropriate use of medications; and effective communication practices. Format: 2.5 hours weekly for 6 weeks. Learn more here.

- **Savvy Caregiver:** Training for caregivers who assist family members or friends with Dementia and/or Alzheimer's Disease, on approaches they can use to decrease their own stress and improve caregiving skills. Format: 2-hour sessions weekly for 7 weeks. Learn more here.

- **Stress-Busting Program (SBP) for Caregivers**: Education, support, problem solving, and stress management techniques to address emotional, physical, spiritual, and cognitive needs of family caregivers. Format: 1.5 hours weekly for 9 consecutive weeks. Learn more here.

Other Psychosocial Supports

- **Support groups**, including those provided by Alcoholics Anonymous, Narcotics Anonymous, and local health care and social service agencies.
- **Club Houses**, local community centers that provide people living with mental illness with opportunities to build long-term relationships that, in turn, support them in obtaining employment, education and housing. Learn more here.
- **Certified Older Adult Peer Specialist Programs** and other peer support programs. Learn more here and here.
- **Mental Health First Aid for Older Adults**, which teaches community participants how to notice and respond to an older adult who may be living with a mental illness or addiction. Learn more here.
- **Socialization initiatives**, including the national Friendship Line and offerings from local organizations.
- **Pastoral counseling** provided via trained clergy and parish nurses.
- **Bereavement support** via hospice organizations to address grief.
- **Bibliotherapy** (facilitating psychological growth and healing through reading) and other self-help practices. Learn more here.
- **Interventions for caregivers**, such as TCARE, a care management protocol that engages strategies and services to minimize identity discrepancy and ultimately caregiver burden and depression among caregivers; programs may be funded by Older Americans Act Title III-E.
- **Behavioral supports** for Alzheimer's Disease and Related Dementias.
- **Vocational Rehabilitation**, a federal-state program that provides career counseling and job search assistance for people with disabilities, including mental illness. Learn more here.
- **Individual Placement and Support** (IPS) Supported Employment, programs that help people with serious mental illness locate jobs that match their individual strengths and interests. Learn more here.
- **Volunteerism opportunities**, which can provide opportunities for connection with others and reconnect volunteers with meaning feelings of hope.
  - AmeriCorps Senior programs are one mechanism for older adults to volunteer with local organizations, including via the Foster Grandparent Program, the Senior Companion Program, and RSVP (opportunities to use skills and talents learned over the years). Learn more here.

Special Initiatives

- **Dementia-Friendly Communities** are localities that are committed to fostering meaningful access to and engagement in community life for people living with dementia and their care partners. This is accomplished by convening key community members to identify existing resources and opportunities to make businesses, health care entities, faith communities, transportation, housing, or other locales more supportive of those with dementia and their care partners. Learn more here.
- **Medicare Quality Improvement Networks-Quality Improvement Organizations** (QIN-QIO); each state's QIN-QIO runs learning communities and provides other resources to address local Medicare beneficiaries needs. One relevant initiative includes the Medication Management and Opioid Initiative. Locate your QIN-QIO here.

Policy and Systemic Issues

It's also important to understand trends related to older adults' access to services and quality of those they access. Select references to start with, some of which may not be open-access, include:

Resources to Support Older Adults

- Learn about state- and federally-funded benefit programs to help older adults pay for health care and prescription drugs, house-related expenses, nutritious food, and legal help. Learn more here and here.
- The Older Americans Act of 1965 (OAA) established a national "Aging Network" of agencies to plan and provide services that help older adults live independently in their homes and communities, such as meals, job training, senior centers, health promotion, benefits enrollment, caregiver support, and transportation. Individuals 60 years of age and older are eligible for services under the OAA. Learn more here.

Workforce Issues

- **Workforce capacity:**
    - Older Adults Living with Serious Mental Illness: The State of the Behavioral Health Workforce (SAMHSA, May 2019)
    - More People Than Ever Before Are Receiving Behavioral Health Care In The United States, But Gaps And Challenges Remain (Health Affairs, August 2014)
    - Mental Health And Addiction Workforce Development: Federal Leadership Is Needed To Address The Growing Crisis (Health Affairs, November 2013)
- **Geriatric training:**
    - Perspectives on Training Needs for Geriatric Mental Health Providers: Preparing to Serve a Diverse Older Adult Population (The American Journal of Geriatric Psychiatry, July 2019)
- **Ageism:**
    - Not for Doctors Only: Ageism in Healthcare. (Generations, November 2015)
- **Impact of COVID-19**
    - Ensuring and Sustaining a Pandemic Workforce (New England Journal of Medicine, June 2020)
    - Challenges Experienced by Behavioral Health Organizations in New York Resulting from COVID-19: A Qualitative Analysis (Community Mental Health Journal, October 2020)

Health Care System Issues

- **Siloed care:** From Silos to Bridges: Meeting The General Health Care Needs of Adults With Severe Mental Illnesses (Health Affairs, May 2006)
- **Interoperability:** Care Coordination Gaps due to Lack of Interoperability in the United States: A Qualitative Study and Literature Review (BMC Health Services Research, December 2016)
- **Financing:** Financing and Sustaining Older Adult Behavioral Health and Supportive Services (SAMHSA, 2013)
- **Telehealth access:** Possibilities and Limits of Telehealth for Older Adults During the COVID-19 Emergency (Kaiser Family Foundation, April 2020)
- **Universal design:** Removing Barriers to Health Care: A Guide for Health Professionals (North Carolina Office on Disability and Health, 2007)

Training for Frontline Providers and Other Staff

An important part of improving behavioral health outcomes for older adults is equipping diverse team members to work effectively with older adults and those who care for them, and to identify and respond to behavioral health concerns. Relevant training opportunities could include:

- **Equipping clinicians and non-clinical staff to work with older adults**: There are numerous online modules covering topics relevant to working with older adults from the CATCH-ON Geriatric Workforce Enhancement Program, available here. (Please login or create a new account to access modules.) Topics include:
    - CATCH-ON Basics: Normal aging, managing multiple chronic conditions, dementia, working with interprofessional geriatric health care teams, evaluating memory concerns
    - CATCH-ON 4Ms: Caregiving, medication, mobility, depression, dementia, and delirium (separate offerings for clinicians and non-clinicians)
    - CATCH-ON Communication: Communicating with older adults, communicating in health care teams, communicating about multiple chronic conditions
    - CATCH-ON Dementia: Person-centered care, treatment of behavior changes in persons with dementia

- **Age-Friendly Health Systems**: There are several free resources available online to assist with applying the Age-Friendly Health System framework in various settings, including videos about actions hospitals and primary care providers can take, such as:
    - Asking What Matters to older adults, making sure that the care plan aligns with their own priorities and preferences
    - Reviewing Medications, decreasing high-risk medications when possible
    - Addressing Mentation, or Mind, by screening for delirium, dementia, and depression, then treating or referring to specialists
    - Assessing Mobility and taking action on a plan to move more and better

- **Crisis intervention**: There are various trainings available for crisis intervention, including this document from SAMHSA:
    - National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (SAMHSA, 2020)

- **Substance use**
    - Numerous training resources related to addressing substance use in older adults are compiled on the E4 website here.
    - Opioid Overdose Prevention Toolkit (SAMHSA, 2018)

- **Post-traumatic stress disorder (PTSD)**: The Veterans Affairs' PTSD Consultation Program is a resource for VA and non-VA providers who are treating Veterans with PTSD regarding evidence-based treatment, clinical management, resources, assessment, education and training opportunities, referrals, and transitioning Veterans to VA care. Other resources for supporting veterans' mental health are available here.

- **Psychosis**: The National Association of State Mental Health Program Directors offers free online trainings on early intervention in psychosis here.

Assessing Your Local Landscape

To apply this understanding to your local community, we recommend first assessing your organization's ability to respond to behavioral health needs among older adults in your community, identifying areas for improvement, and identifying current and potential partners to engage with you in those improvements.

As much as possible, we recommend including older adults from the communities you serve throughout this process. Their insight will help identify gaps that you as a clinician or other provider may not be attuned to, and their active participation will help ensure you prioritize what would be most helpful to and valued by them.

Review Data on Local Needs

Review various data sources (described above) for your local county and state to understand high level trends and needs. These data sources can also help identify disparities in behaviors and outcomes between older adults and other age-groups, and among different demographic groups within older adults.

For example, the 2016 Behavioral Health Profile for New Mexico shows that 35.7% of New Mexicans over 50 years old are Hispanic, while 47.7% of all admissions to substance use treatment for New Mexicans over 50 were for Hispanic individuals. Comparing these metrics can suggest higher prevalence of substance use disorder among Hispanic older adults compared with other populations. Combined with other insights from the data sources above and insights from older adults and partners (on page 19), this data can help clinicians and other providers in New Mexico understand unique needs of certain communities of older adults and opportunities for focusing outreach or other partnership initiatives. This information is available by state and territory.

Figure 1. Example infographic from SAMHSA Older Adults Behavioral Health Profiles

SAMHSA Older Adults Behavioral Health Profiles: New Mexico Demographics

New Mexico is home to 2,085,572 people. Of these:

- 730,227 (35.0 percent) are over age 50.
- 447,604 (21.5 percent) are over age 60.
- 209,966 (10.1 percent) are over age 70.
- 75,957 (3.6 percent) are ages 80 and older.

The proportion of women rises fairly steadily in each age group, and women make up 59.3 percent of the 80+ group. The racial/ethnic composition of older New Mexicans is as follows:
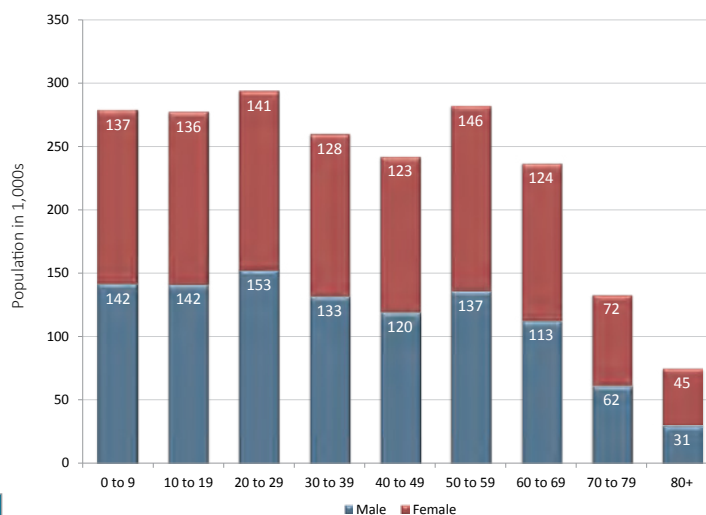
Race/Ethnicity of New Mexicans Ages 50+

White	AI/AN	Black	Asian	NH/PI	Other	Hispanic
88.3%	7.2%	1.8%	1.4%	0.1%	1.2%	35.7%

Source: U.S. Census Bureau, 2015
AI/AN stands for American Indian and Alaska Native.
NH/PI stands for Native Hawaiian and Other Pacific Islander.

Exhibit 1. New Mexico Population by Age Group, 2014

Source: U.S. Census Bureau, 2015

Figure 2. Another example infographic from SAMHSA Older Adults Behavioral Health Profiles

SAMHSA Older Adults Behavioral Health Profiles: New Mexico Substance Use Disorder Admissions

In 2012, there were 948 admissions of New Mexicans ages 50 and older to substance use disorder (SUD) treatment in state-funded treatment programs, a rate of 129.8 per 100,000 people ages 50+. This rate was higher than the regional rate and lower than the national average. Men made up 70.1 percent of these admissions. Of all admissions, 78.6 percent were White/Caucasian, 1.8 percent were Black/African American, and 47.7 percent were Hispanic.

The principal sources of referral to treatment among those ages 50 and older were:

Self-Referral	Criminal Justice	Other
34.3%	41.4%	24.3%

Exhibit 7. SUD Treatment Admissions of Adults Ages 50+ in New Mexico, Region 6, and the United States by Sex, 2012
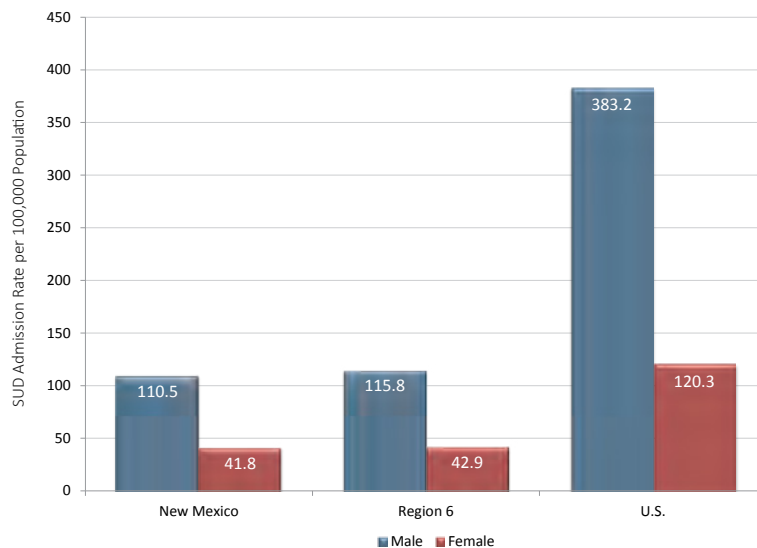
Source: Treatment Episode Data Set (TEDS), 2012[1]
Data include only those clients reported to SAMHSA.

Learning from Older Adults

Information gathered directly from older adults can help identify gaps and potential organizational partners, and can help ensure any action you take focuses on what matters most to older adults themselves.

Asset-Based Community Development provides a community organizing framework that recognizes that everyone has something to offer that is of value. [x]

Engaging older adults in your initiative development is one way to leverage their knowledge and talents and ensure your work aligns with their priorities and experience. This could include surveys, interviews, focus groups, or ongoing participation in an advisory council related to your initiative. Provide stipends to older adults you engage when you can.

Potential questions to pose to older adults include:

1. **Learning about social connectivity and community ties:**
   - If something exciting happened to you, who would you call or tell? If applicable, who would your partner tell?
   - If you had news to share, whether it was good or bad news, who would you call?
   - Tell me about your neighbors. How often do you see your neighbors? How likely are you to call them? How friendly are your relationships?
   - What do you like about the community you live in? What ideas do you have to build on those strengths or to offer to partner with others?
   - Where do you spend your free time? Are there spaces in the community that you would enjoy spending a free afternoon?
   - What would make you smile today?

2. **Learning about engagement in care:**
   - Are you receiving any in-home services? How frequently? What agency(ies) do you work with?
   - Do you have a doctor you see regularly? Who is it? What other health care providers or community-based organizations do you receive support from?
   - What role do you play in keeping yourself healthy?

3. **Learning about perceptions of behavioral health care and community:** [xi]
   - If you were experiencing mental health or substance use issues, where would you go for treatment?
   - Who do you trust to talk through options and resources or services related to behavioral health?
   - Would you feel comfortable opening up to a behavioral health clinician about your concerns?
   - What would keep you from accessing a behavioral health clinician?
   - How has behavioral health support changed over the course of your lifetime?
   - What does a behavioral health clinician's role look like to you?
   - What would it take for you to feel safe or comfortable to talk about behavioral health needs to a professional or to a friend?

These questions will identify concrete information about perceptions and utilization of behavioral health supports, as well as insights about social connectivity and trusted community partners. Synthesizing learnings from across interviews and/or surveys can help get a community-level view of priorities and stakeholders to engage.

Identifying Relevant Providers and Partners

Types of Providers & Programs

Partnering more intentionally with diverse entities and existing community assets can help strengthen your ability to attend to older adults' behavioral health needs and to strengthen the care ecosystem more broadly. You likely work within one of the settings described below; becoming familiar with the others will allow you to effectively build your partnership network.

Relevant settings and partners could include:

- **Clinicians and organizations providing diverse types of behavioral health** (settings / types of initiatives described above)
- **Health care settings and the interprofessional providers who work within them**
  - Hospital
    - Especially those with geropsychiatry or psychiatric units
  - Outpatient primary and specialty care
  - Independent practitioners
  - Long-term care providers, such as Skilled Nursing Facilities and Long-term Acute Care Hospitals
  - Pharmacies
  - Home health agencies
  - Rehabilitation agencies including physical therapy, occupational therapy, speech therapy
  - Private pay providers, including dietitians and functional medicine physicians
  - Respite care
  - Dentists
  - Podiatrists
  - Optometrists
  - Hearing aid providers

- **Social care and home- and community-based services, and the staff who work within them**
    - Aging network organizations, including Area Agencies on Aging and their contracted agencies that provide programs such as Meals on Wheels, adult day center, caregiver respite, and adult protective services
    - Other social service agencies, including Jewish and Catholic human service agencies and affiliates of the local United Way
    - Homemaker services that provide support for Activities of Daily Living and Instrumental Activities of Daily Living. Services may be provided via an agency with public or private funding, or individual arrangement.
    - Senior Centers
    - State Health Insurance Assistance Program (SHIP), a network of volunteer sites around the country that provide free and objective outreach and counseling to Medicare-eligible individuals to make informed health insurance decisions
    - Durable medical equipment providers
    - Transportation providers
    - Residential settings, if living in a senior building may have on-site service coordinator or social worker
    - Practical support services provided via faith communities such as pastoral care teams, Stephens Ministry volunteers at local congregations, or Faith in Action volunteers
    - Veterans' organizations such as the American Legion
    - Legal assistance organizations
    - Alzheimer's Association chapters
    - Geriatric care managers, who are typically private pay
    - YMCA, including the Silver Sneakers program and socialization activities

- **Other relevant partners could include:**
    - Villages are neighborhood-based membership programs for older adults that help coordinate access to affordable services, including transportation, health and wellness programs, technology support, home repairs, social and educational activities. Find a local Village network here.
    - Mutual aid societies, usually based at the neighborhood or city-level, focus on solidarity and resource sharing. Many mutual aid societies developed in response to the COVID-19 pandemic. Find a local existing effort here.
    - Neighborhood block clubs
    - Barbers and beauty salons are sometimes co-located with senior residential settings or with special programs for older adults, such as in-home services
    - Small businesses, which could be engaged in an Age-Friendly States and Communities initiative
    - Cleaning services to help with downsizing or to address hoarding or clutter
    - Libraries

Partnership Example

I was working with Mr. K, a Black gentleman in his late 60s for substance use counseling. Mr. K had worked with a local addiction medicine physician Dr. N for a number of years, and was also working with a couple other specialists to manage heart disease and monitor cancer remission.

Mr. K's health was frequently exacerbated due to his drug use, financial insecurity, and not having a reliable way of getting to appointments or the grocery store. I was lucky that my agency has a partnership with Dr. N's clinic, so we could communicate easily via secure messaging. When I first started working with Mr. K, my agency didn't have the same type of partnership with his cardiology and oncology clinics – but my boss was able to get that initiated to make it easier to communicate around concerns he had shared with his heart disease medications and to troubleshoot challenges he faced attending medical appointments.

Another complication was that Mr. K had an adult son living with him who was also using drugs - often bringing them into the home and being verbally abusive when Mr. K attempts to set boundaries, making it very difficult for Mr. K to stop his own use and causing additional stress. My agency meets quarterly with our local aging network organization, so I knew the adult protective services staff person. I sent her a referral due to my concerns about Mr. K's son, and she conducted a home visit to assess whether there was an appropriate legal intervention.

Meanwhile, I continue to engage in substance use counseling as Mr. K's therapist.

How to Find Relevant Providers and Potential Partners

Finding local providers of mental health care or substance use treatment that are in-network, do not have a waitlist, provide culturally-appropriate care, and are trained to work with older adults is a significant challenge.

Most localities have a community resource referral platform that has searching functionality for service type (such as substance use services) and population served (such as older adults). [xii] We recommend starting with those existing databases to identify local leaders in addressing older adults' behavioral health needs and to identify other potential partners to engage to strengthen the ecosystem more broadly.

Other effective approaches to finding relevant care providers and potential partners include:

1. **Search insurer's website**
   - Directory of clinicians who accept Medicare available <u>here</u>.
   - For individuals with Medicare Advantage or other managed care plans: to find an in-network provider, access "Find a Provider" section of insurance company's website or call the phone number on the individual's insurance card.

2. *Psychology Today* **maintains a large directory of therapists, psychiatrists, treatment centers, and support groups across the United States.** Available <u>here</u>.
   - Searchable by zip code or city/state, and you can filter by insurance (for instance, Medicare), therapists who work with older adults, gender, language spoken, types or modality of therapy, and specialties (such as dementia or alcohol use).
   - Note: Individuals with a "check-mark" symbol have been verified by Psychology Today to have at least a Master's degree and current license to practice in their state. This does not mean that they have specialized training in working with any particular population.

3. **2020 National Directory of Mental Health Treatment Facilities, a listing of federal, state, and local government facilities and private facilities that provide mental health treatment services.** Available <u>here</u>.

4. **Alcohol Treatment Navigator:** A searchable database to find specialty programs, therapists, and addiction medicine physicians. Available <u>here</u>.

5. **Opioid overdose prevention medication (Naloxone):**
   - Learn about your state's laws around access to medication, such as Naloxone <u>here</u>.
   - Naloxone is often available via local pharmacies (often without a prescription), needle-exchange programs, or community-based organizations that support individuals using illegal substances.

6. **Identify whether a consortium of behavioral health clinicians exist within your region.** These are groups of mental health and substance use clinicians that streamline access and expand capacity for behavioral health care services, often by having a single intake process.

7. **Professional organizations can also help find local clinicians and programs,** either through searchable online provider databases, or by connecting you with their members and initiatives. Organizations and databases could include:

   - American Psychological Association and its psychologist locator available [here](#).
   - State and local psychological associations
   - National Association of Social Workers and associated state chapters. Learn more [here](#).
   - National Coalition on Mental Health and Aging and associated state chapters
   - Society of Clinical Geropsychology. Learn more [here](#).
   - American Board of Geropsychology. Learn more [here](#).
   - Center for Mental Health & Aging, with provider directory [here](#).
   - American Association for Geriatric Psychiatry, with clinician locator [here](#).

8. **The Evidence-Based Leadership Collaborative compiles information** on where evidence-based programs such as PEARLS or Chronic Pain Self-Management Program are offered. Access their program directory [here](#).

We also recommend reviewing these two resources to identify relevant organizations to partner with:

- **BenefitsCheckUp**: A comprehensive, free online tool that connects older adults with benefits they may qualify for. Categories include medications, health care, housing & utilities, veterans, food & nutrition, and more.
- **Eldercare Locator**: The Eldercare Locator links those who need assistance with state and local agencies on aging, as well as community-based organizations that serve older adults and their caregivers.

To supplement what you can find in these existing databases, we also recommend reviewing the above types of services and providers that serve older adults – and identifying at least one provider in each category that you could collaborate with to address a reported need and fostering partnerships that can provide competent and relevant care to individuals with diverse identities.

Diversity of Older Adults

Older adults are not a monolithic group. People have other identities besides age, these identities may intersect and evolve through life transitions, and aging looks different for everyone. Some of these other identities may include:

- Sexual orientation
- Gender expression
- Race
- Culture
- Preferred language
- Class
- Disability status
- Veteran status
- Caregiver status

There are also cultural considerations regarding the role of health care providers and views of health, such as pain and depression among older adults. It is also important to recognize historic patterns of exploitation and neglect from health care providers to persons of color; older adults of color, in particular, likely remember mistreatment by health care providers, including forced sterilization, having treatment withheld for experimental purposes, and a lack of informed consent. We must also acknowledge that bias in health care continues today through institutional racism, implicit racism, and in some cases, explicit racism.
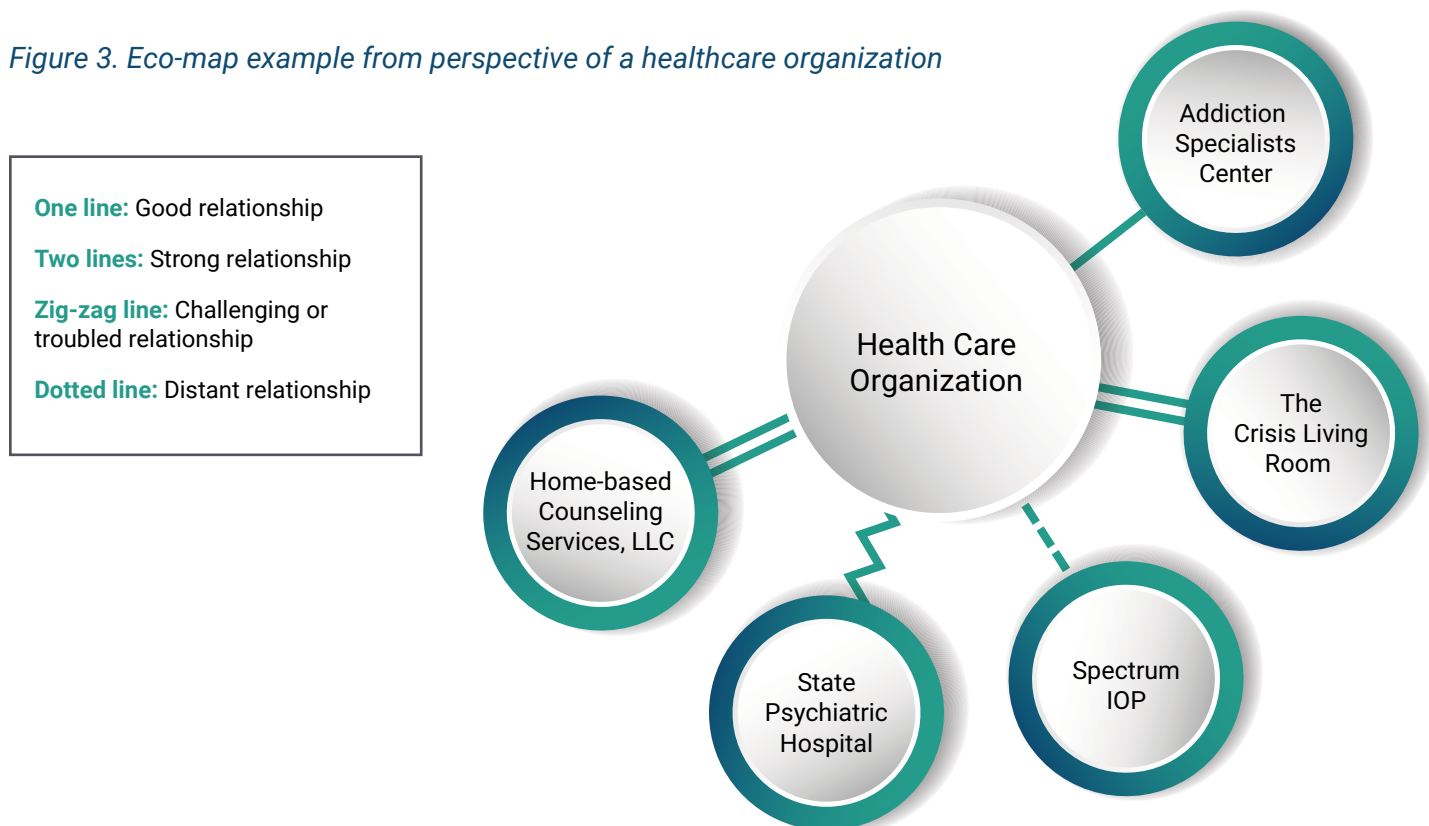
Behavioral health collaborations should seek to include organizations that are trusted by and have expertise in working with these diverse communities, and that can address the unique intersectional experiences of those you serve. While community-based organizations may be more likely to be these trusted groups, they also tend to be financially challenged due to having limited funding streams. It is still important to engage and partner with them – and if you work within an organization with more secure funding, to seek ways to leverage your institutional privilege to secure funding for their work.

Assessing the Current Status of Partnerships

Once you have a list of potential partners identified, it is helpful to assess the strength of your partnership with each entity and of the broader care ecosystem. This step will identify opportunities to improve direct referral and collaborative relationships, and will also identify gaps in organizational partnerships.

One way to organize this step is using an eco-map, a visual tool that agencies and staff can use to map current partners, potential partners, and levels of collaboration between agencies. Eco-mapping is typically done at the individual level to identify linkages and supports for a given client; here we recommend applying the same process to your collective clientele and the numerous institutions and supports that may interact with them.

Figure 3. Eco-map example from perspective of a healthcare organization

One line: Good relationship

Two lines: Strong relationship

Zig-zag line: Challenging or troubled relationship

Dotted line: Distant relationship

The basic process of eco-mapping is:

1. Begin by identifying other agencies that work with older adults in your community.
2. Write the names of these agencies in the circles surrounding "our agency." Add as many circles as you need in order to include all the agencies that come to mind.
3. Next, rate your working relationship with each agency, and use different kinds of lines to indicate the current level of collaboration:

- One line = Good relationship; can refer between each other effectively, but little proactive work and there is an opportunity to build a more formal partnership
- Two lines = Strong relationship; you have a good understanding of each partner's role and clear communication mechanisms between partners
- Zig-zag line = Challenging or troubled relationship; perhaps poor communication has left a bad feeling for the respective partners
- Dotted line = Distant relationship; neither good nor problematic

A blank eco-map tool can be found here.

Synthesizing Lessons Learned and Identifying Next Steps

In the previous section, we recommended four ways to begin understanding needs within your community: reviewing data sources, interviewing older adults, identifying relevant organizations, clinicians, and other providers, and assessing status of your partnerships. Next, we recommend combining these insights with your on-the-ground perspective from your own work to assess potential ways to work collaboratively to improve older adults' behavioral health outcomes.

SWOT Analysis

A SWOT (Strengths-Weaknesses-Opportunities-Threats) analysis is one popular method to organize information regarding current status within your community: identifying strengths or assets, weaknesses or gaps to address, opportunities, and threats. [xiii]

- Strengths may include:
  o Characteristics of your organization that enhance your ability to improve behavioral health outcomes among older adults
  o Resources and capabilities that will contribute to success
- Weaknesses may include:
  o Characteristics of your organization that hinder your ability to improve behavioral health outcomes among older adults
  o Absences of, or "flip sides" of strengths
  o Factors contributing to current poor outcomes
  o Your organization's "Achilles' Heels"

- Opportunities may include:
    - Environmental factors that might contribute to improved behavioral health outcomes directly or facilitate your efforts to improve outcomes
    - Needs that are not served by other programs but could be served by you and/or your partnership
    - Upcoming changes to status quo (regulatory, political, social, technological, economic, etc.)
    - Chances made possible by unique strengths and/or eliminating weaknesses
    - Factors: Political, Economic, Socio-cultural, Technological
- Threats may include:
    - Environmental factors that might worsen outcomes directly or prevent improvements in behavioral health outcomes
    - Upcoming changes to status quo (regulatory, political, social, technological, economic, etc.)

To conduct a SWOT analysis, we recommend following the below process, looking within your own organization as well as across your local community:

1. **Brainstorm Strengths, Weaknesses, Opportunities, and Threats** with respect to being able to improve behavioral health outcomes among older adults in your community

- Consider domains such as:
    - Population needs and priorities
    - Availability of behavioral health and social services, and gaps in coverage and funding
    - Cultural relevance of services
    - Status of workforce availability and training in behavioral health and working with older adults
    - Workflows to identify needs
    - Data sharing and/or interoperability with other health care, behavioral health, and social care providers
    - Status of partnerships from eco-mapping exercise
    - Use of age-friendly practices and language
- At the beginning of your process, it can be helpful to fill this out on your own or with a small internal team to capture your own perception of opportunities
- Once you have begun engaging with cross-sector partners, it is helpful to revisit a SWOT analysis with a team representing diverse perspectives (the "Guiding Coalition" described further below)

2. **Review brainstormed SWOT items and identify potential next steps** for improving your ability to respond to behavioral health needs among older adults in your community. Suggested questions to guide the prioritization include:

- What matters most to the older adults you serve?
- How can you leverage your strengths and assets to take advantage of opportunities and mitigate threats?
- How can you compensate for or address your weaknesses?

Figure 3. Example SWOT analysis completed by team within geriatrics practice

STRENGTHS
- Active local Village (older adult membership group)
- Community resource referral platform with numerous social care and mental health providers included
- Clubhouse located nearby
- Annual Wellness Visit processes in development
- Existing partnership with health system and Area Agency on Aging (grant funding to deliver food after hospital discharge, community case managers have ability to send notes to PCP)
- Good working relationship between primary care, neurology, and local Alzheimer's Association chapter (important when patients' behavioral issues may be due to dementia)

WEAKNESSES
- PCPs not regularly screening for depression, anxiety, alcohol use, or opioid use
- Little interoperability with other health care, social service, and mental health providers
- Data provided for closed-loop referrals is limited (e.g., if someone deemed ineligible, it doesn't indicate why)
- Lack of in-home care options and inpatient beds for individuals with SMI
- Community mental health center understaffed due to COVID-19 pandemic and lack of funding
- PEARLS not available locally

OPPORTUNITIES
- More clients we serve are aging at home, esp. persons with dementia
- Lots of available education for our providers (e.g., CATCH-ON modules)
- Federal funding to replicate Chronic Pain Self-Management Program
- Reframing Aging can be infused across our institution and partners'
- Concentration of senior residential buildings nearby that could host programming; opportunity to engage with local Village to put on programming focused on physical and mental health?

THREATS
- Not many therapists locally take Medicare (low reimbursement rate) and not all who do are trained to work with older adults
- If people go into SNF their therapy with social worker gets disrupted (Medicare payment issue)
- Lack of insurance coverage for older adults without legal status
- Pervasive ageism and views of older adults as drains on the health care system, exacerbated by COVID-19

Opportunities Within Your Organization

While this toolkit is focused on external partnership development as a way to strengthen your ability to care for older adults, it is critical that you also consider internal opportunities for improvement. For example, are all staff or clinicians aware of age-friendly practices, even if they work with individuals of all ages? Are all clinicians trained in crisis management, familiar with presentation of depression and anxiety in older adults, and aware of psychosocial supports that influence behavioral health outcomes? Are there opportunities to develop a workforce internally that can address the need for mental health and substance misuse care? For example, an organization could host graduate students to complete their field training requirements while also helping fill a need for behavioral health services for older adults and ultimately hire them on into reimbursable positions.

It is also important to note that in rural areas, there may be limited potential partners to engage with. In this case, enhancing your own organization's capacity and working with city and county entities (including first responders, libraries, etc.) can be more direct routes to improving older adult behavioral health outcomes. Dementia-Friendly Communities are one example of how this might work.

Building and Maintaining Organizational Partnerships

"If you want to go fast, go alone. If you want to go far, go together."
– African proverb

In completing your SWOT analysis, you likely identified opportunities to pursue within your organization as well as opportunities to strengthen external partnerships. This section will describe ways that two or more agencies can collaborate and suggested tactics for building and maintaining partnerships.

Types of Partnerships

There are many types of partnerships between organizations that serve community members. A partnership could be between two entities, or could be part of a broad referral ecosystem with shared governance across partners.

The following categories describe common characteristics of integration across organizations: Service models, financing, data exchange between partners, impact of the partnership beyond individuals served, and governance. [xiv]

Service Models or Other Activities

Within a cross-sector partnership, relevant services can be delivered in different ways:

- **Referral services:** Partners link clients to services through sharing client information with each other, and/or providing clients with information about partner services that meet their needs.
- **Coordinated services:** Partners coordinate delivery of a complementary set of services for shared clients. Partners actively connect their services, often through roles that strengthen service linkages.
- **Joint services:** Partners provide services that are co-located and/or jointly staffed and together strengthen care connections and/or service linkages. For example, co-located behavioral health services or collaborative care with a consulting psychiatrist or psychologist.

It is also important to note that partnerships to improve behavioral health do not solely have to do with direct services. Workforce training, case consultation, and collaborative advocacy projects are examples.

Financing

Any initiative or service takes staff time and thus, funding. Typical financing mechanisms include:

- **Independent sources of funds**: Each partner may fund their participation through separate resources.
- **Shared grants**: Partners might share governmental or philanthropic grants that support partnership activities and services.
- **Service contracts between partners**: Financial support varies based on completed activities and services. Formal agreements between partners define the amount of support provided via government or private fee-for-service contracts, or insurance reimbursement.
- **Risk-sharing or outcomes-based:** Partnership funding is partially or fully based on results. Partners may receive payments based on value, quality metrics, patient outcomes, and/or performance through Accountable Care Organizations, pay-for-performance, or other incentive-based payment models.

Data Exchange Between Partners

As part of daily collaboration and project oversight, partners often exchange data regarding patient care and outcomes. This could include:

- **Reporting only**: Partners report data to a central system or lead agency after services are provided. Partners review program-level data independently and/or together.
- **Partial access**: Partners share patient-level data with limited access to view full records and/or input data. Partners maintain separate systems to track data and provide regular program updates to each other.
- **Full access**: Partners can fully view and input patient data in real time, often through a joint data system. Partners regularly review program-level and/or outcomes data to inform decision-making.

Note that resource referral platforms – such as NowPow, Healthify, UniteUs, Aunt Bertha – can assist with this.[xii] Electronic Health Records are also increasingly offering ways for external providers to access patient-level information and add onto charts; examples include Epic Care Everywhere and Cerner Direct.[xv]

Impacts of Partnership Beyond Individuals Served

Effective partnerships often include significant impact beyond the individuals served directly. These ripple effects can play out at various levels:

- **Partner level**: Partners build their existing organizational capacities – their staff, service, technological, network, financial assets – and/or establish new capacities.
- **Community level**: The partnership develops new ways of working across and within the community, strengthening connections among service providers, with funders, between social service agencies and health systems, with academic research centers, and/or with government agencies.
- **Policy and/or systems-level change**: The partnership advances policy changes, influences payment and financing models, and/or contributes to the evidence base of cross-sector approaches to inform research and practice.

Governance (Partnership Management and Oversight)

Partnerships can be informal, or can have formal management and oversight mechanisms:

- **Informal**: The partnership functions without a formal governance structure. Partners operate without formal agreements on leadership structure. Informal partnerships can be effective, but are often challenged during times of staff turnover or agency acquisition.
- **Negotiated agreements**: The partnership has a formal agreement defining partner roles and expectations, in form of a Memorandum of Understanding or a signed contract. The partnership may have a leadership structure governed by formal agreements, with one organization serving as the lead or accountable party.
- **Shared accountability**: Partners share leadership and accountability (legal, financial, etc.) through formal agreements, possibly including a joint board and/or a distinct backbone entity.

Formal agreements often include:

- Purpose of the program
- Responsibilities of both entities
    - o How will you know if you were successful?
- Individual staff responsibilities
- Financial arrangements
    - o Or, if piloting, is there an agreed-upon number of no-cost services being provided by one agency in anticipation of a future reimbursement contract?
- Client information and confidentiality
- Data sharing and privacy responsibilities
- Termination

In cases of sharing patient-level data, a formal Business Associate's Agreement may be necessary between a HIPAA-recognized "covered entity" (health plans and certain health care providers) and a "business associate" that collaborates with and shares patient-level data with that entity. In these agreements, partners agree to only use shared data for purposes of their mutual work and to protect data privacy.

Initiating and Formalizing Partnerships

Getting Started

We recommend this process for exploring a partnership with another entity:

1. **Reach out via email, cold call, or, if feasible, have someone introduce you**

- Think about your networks such as your alumni network, local professional groups, board members, volunteers to see if there are any mutual contacts. LinkedIn and other social media outlets can help identify mutual contacts as well.

- Consider leveraging existing networks rather than reaching out agency by agency. For example, state Mental Health and Aging Coalitions have many members that may be interested in partnering.

2. **Introduce yourself and your goal**

- Introductory language could include: *"Hi, how are you? My name is Jane and I provide **x** type of care to individuals who visit **y** organization. I am reaching out to see if I could learn more about your services to support older adults and see if there are any opportunities for our agencies to collaborate to better meet their behavioral health needs."*

3. **Set up a time to meet**

- Ask if partner is open to a meeting to discuss further, or if they prefer to communicate via email.

- If open to a meeting, try to be flexible with scheduling, acknowledging how busy everyone's schedules are.

- If able to get together in person, invite them to your office or offer to go to theirs. Consider coffee and donuts to help break the ice!

Exploring a Partnership

At your meeting or in communications beforehand, it is helpful to talk more about each other's work and begin exploring ways to collaborate:

1. **Describe your organization's work**, the issues you see, what you are hoping to accomplish, and how they can help

- Creating a written description or "elevator speech" about your organization's services and why you are looking to partner can make it easy for potential partners to share your inquiry with leadership and can also help with consistent messaging across your own staff who may be reaching out to partners.

- Sample message: *"Our organization provides in-home care to older adults in Washington County, and we're looking to work more closely with primary care practices and mental health clinicians on supporting our clients' health. Because we often visit our clients daily, we have a unique perspective and sometimes detect changes in their behavior or mood that could indicate a need for additional assessment or support from a mental health or medical professional. For example, last week one of our team members noticed that an older adult with schizophrenia had skipped a couple doses of his medications, but didn't know exactly who to notify. Having easier communication pathways and training for our team could help address situations like this more efficiently and hopefully improve outcomes for those we serve."*

2. **Get to know each other's services**

- It can be helpful to learn about how potential partners approach their work so you understand how their services are delivered and how they may influence your own work with an older adult.

- For example, if seeking to find a program to refer to that could address an older adult's alcohol use, you could ask: [xvi]
    - What services do you provide?
    - Do you have a wait list? How soon could treatment begin?
    - Can you estimate costs of treatment? Does insurance cover these costs?
    - Are you licensed and accredited? Can you tell me about the qualifications of your counseling staff? Are they trained to work with older adults?
    - Can you tell me about your treatment approach for people with alcohol problems? How do you establish a treatment plan?
    - What do you expect of your patients and their families during treatment? What do you do if a patient has a relapse while in treatment?
    - What about after treatment? Is ongoing recovery support available?

3. **Explore ways to collaborate**

- If you have an idea of what the partner can do to help meet a need, ask directly!

- Ask the entity if there is anything your organization can do to help address needs they are observing.

4. **Create a partnership plan**

- Agree on structure for:
    - Service models or other activities
    - Financing
    - Data exchange between partners
    - Governance

- If you have an idea of what the partner can do to help meet a need, ask directly!

- Ask the entity if there is anything your organization can do to help address needs they are observing.

- Consult with your organization's legal, compliance, and information services departments and other leadership to have a realistic sense about timeline and other considerations before moving forward.

Launching a Collaborative Initiative

Once the scope of your partnership is agreed upon, begin planning its roll out. Some partnerships are relatively straight-forward and do not impose burden on staff; others entail significant change so will only be successful with intentional preparation and launching.

One way to prepare for and launch your partnership is following Kotter's 8-Step Process for Leading Change: [xvii]

Kotter Step	Applications to Efforts to Improve Behavioral Health Outcomes Among Older Adults
1. **Establish a sense of urgency in order to get other colleagues on board.**	Describe the local gaps in care or disparities in outcomes among older adults you serve in order to highlight the need for action. Cite data compiled earlier in your process! Incorporate this in your elevator speech to create a "burning platform" – enough discomfort so people are firm in their belief that the status quo is unacceptable, but not so much that anxiety overwhelms or shuts down the process or that things seem realistic. It is important to make sure that you do not fall into traps of ageism here; avoid fear-based language about the growing older adult population such as the "silver tsunami." Reframing Aging has suggested language that can be found here.
2. **Create a "guiding coalition" of stakeholders with staff from all partner agencies, including individuals serving in diverse roles.** This group will be responsible for carrying out the below steps of project launch and maintenance.	Engage participants by pitching to them "What's in it for me?" Highlight how their participation in this partnership will accomplish the organization's mission or help them be more efficient in their work. For partnerships to be effective, you need to include diverse roles in guiding the coalition: • Organizational leadership will help get buy-in so you have the ability to implement change among diverse organizational priorities and initiatives. • Frontline and program-level staff will provide on-the-ground insight to identify current gaps and feasible workflows, trainings, and other initiatives to address them. • Depending on the project, you may need expertise from other departments such as revenue cycle, legal, compliance, and data sharing / knowledge management.

Kotter Step	Applications to Efforts to Improve Behavioral Health Outcomes Among Older Adults
3. **Develop a vision and strategy for your new partnership that is built around aligned goals**	Consider completing a collective SWOT analysis and prioritization process to ensure the partnership's vision and strategy incorporates diverse partners' insights. Effective initiative visions and strategies have the following characteristics: 1. Imaginable – Listeners can see a "clear picture" of the future state 2. Desirable – Clear benefits to older adults and those responsible for carrying out the initiative 3. Feasible – Feels realistic and attainable 4. Focused – Clear enough to provide a reference point(s) in decision-making. This is difficult when there are a lot of needs. 5. Flexible – General enough to accommodate changing conditions 6. Communicable – Can be explained in under 5 minutes An example vision for your partnership could be *"Ending the Stigma and Expanding Access to Care: Addressing the Mental Health Needs of Older Adults in Garfield Park."* In this case, the strategy would detail ways the partnership would reduce stigma around mental health needs among older adults in the Garfield Park neighborhood, as well as ways the partnership would help connect people with mental health treatment and programming to expand access to care.
4. **Communicate the change vision and strategy**	Communicate the vision for change (pitch the project) to staff across organizations. If relevant, communicate the partnership to older adults as well! 1. Use multiple forums and repetition – messaging via multiple channels; reinforcement of messages 2. Lead by example: leaders make a point of "walking the talk" 3. Avoid inconsistencies, and address them as they come up – demonstrate, and re-demonstrate, commitment to the change
5. **Empower broad-based action**	Identify and address operational and knowledge barriers to make it more likely that staff can embrace the new partnership and more effectively serve older adults. *Operational:* Is it easy to refer to the new partner? Are there multiple or duplicative steps? How will people know what happened after a referral? Technology platforms and data sharing can serve an important role here to ease processes for staff, integrate across programs, and track success. *Systemic:* Are there populations who will be ineligible for this initiative? (for instance, undocumented older adults) *Knowledge:* Are there training needs to equip staff and clinicians to better work with older adults or to identify behavioral health needs? (If so – see training section for concrete offerings) What training is needed in new workflows or in technology platforms?

Kotter Step	Applications to Efforts to Improve Behavioral Health Outcomes Among Older Adults
6. Generate short-term wins	Effective initiatives can show people that their work is paying off in order to keep building momentum among frontline staff and keep leadership on board. Pilot tests around your new partnership are an effective way to reflect on progress and challenges. They can help fine-tune your vision and strategy. Consider implementing Plan Do Study Act cycles. More information can be found here. Note that data must regularly be collected, reported, and monitored in order to gauge progress and course-correct as needed.
7. Consolidate gains to produce more change	Actively work as a guiding coalition to gauge progress and engage additional team members. Use small successes to drive larger change and keep focus on the initiative vs. people moving on to the next new initiative. Example messaging: "*In our first three months, we screened 42 older adults for depression (50% of those we served), referred 16 to our county mental health clinic, and referred 13 to participate in an upcoming PEARLS workshop to learn about depression and develop skills for self-sufficiency and more active lives. Help us get closer to 100% screening rates so we can identify and refer everyone who may benefit!*"

8. Anchor new approaches in the culture	Continue to implement the initiative and look toward longer-term sustainability. This could include:
	
	• Revised or longer-term partnership agreement with more explicit expectations from each partner
	• Institutionalization of the initiative, such as:
	  o New hires are automatically trained in the new workflow
	  o The initiative is viewed as part of standard of care rather than a pilot
	  o Creation of incentive systems for participation or outcomes, or other ways to maintain focus and avoid "project-itis"
	  o Partners regularly attend each other's team huddles to align around patient care and collectively monitor referrals and impact data
	• Monitor and mitigate challenges in maintain partnerships. This includes seeking additional funding to assist with project oversight and each partner's continued efforts.

Maintaining Partnerships

Following the Kotter change leadership principles will help with maintaining partnerships. Other important considerations include:

Regular Check-ins Help Maintain Momentum

- Once operations are up and running, the guiding coalition may not need to meet as frequently.
- Quarterly or semi-annual check-ins are still important for assessing impact and discussing long-term strategy. These are opportunities to engage leadership as well.

Levels of Partnerships Can Evolve Over Time

It's okay to have the type of partnership evolve over time as organizational priorities and capacities shift.

- For example, if one partner needs to step back from integrated referrals due to other pressing priorities or a change in funding, it can still be helpful to explore lighter-touch partnership opportunities such as information sharing or conducting annual trainings for each other's staff.

Ongoing Monitoring and Evaluation is Important.

Ways of monitoring the impact of partnerships can include:

- Qualitative lessons learned – for example, surveys or focus groups with staff or older adults
- Quantitative lessons learned – for example, process or outcome metrics that describe the reach and results of an initiative
- A more formal evaluation that goes beyond descriptive metrics could include a retrospective study with a comparison group or a prospective study with an experimental design that only offers the initiative to some individuals or sites

Dependent on level of resources and stakeholder expectations, it is critical that all are on the same page regarding who the evaluation is for and what the top priorities are for the partnership. Including these expectations in the initial partnership agreement is a helpful strategy.

Funding and Sustainability

Maintaining funding for cross-sector initiatives and project oversight is a challenge for any partnership, much less a significant undercurrent that greatly influences access to mental health care.

- Funding is often needed to cover the direct service itself. However, funding for project oversight itself is also often needed to effectively manage collaborative projects.

- Some reimbursement avenues and funds may be available for direct services (for example, Behavioral Health Integration Medicare fee-for-service billing codes or Older Americans Act Title III-D funds for Disease Prevention and Health Promotion programming). However, they may not be applicable for the entire population served, may not cover the entire cost of services, or may have other operational barriers to being fully leveraged.

- Grants from philanthropic organizations or governmental agencies can be leveraged to fill gaps in direct service offerings and in partnership oversight, but typically are short-term in nature.

Due to the critical nature of funding opportunities to support efforts to improve diverse older adults' behavioral health outcomes, a subsequent toolkit (to be released in 2022) will detail funding opportunities and challenges in greater depth.

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