Washington State Department of Health

March 2022

DOH PUB 821-156-05

COVID-19 Older Adult Behavioral Health Impact Situation Report

This monthly situation report presents the potential behavioral health impacts of the COVID-19 pandemic on Washington's older adult[1] population (i.e., for this particular report, this is defined as individuals 65 years and older unless otherwise noted) to inform planning efforts. The intended audience for this report includes response planners and any organization that is responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic on the older adult population in Washington.

Purpose

According to the World Health Organization (WHO), the nation, including Washington State, will soon be populated with a larger older adult population as compared to a younger counterpart.[2] The U.S. Census Bureau's 2017 National Population Projections has reported that in less than 10 years, there will be a significant demographic turning point as the Baby Boomers will be older than age 65 which will equate to 1 in every 5 residents.[3] For the first time, as the Baby Boomers grow older, they will outnumber our younger population.

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group's Impact & Capacity Assessment Task Force. These analyses assess the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washington's older adult population. Note, data in this report are obtained from different resources, and data from different sections are not related to one another.

Key Takeaways

- Older adult behavioral health is of particular concern as family and social interactions continue to be affected by COVID-19.
- The rate of emergency department (ED) visits for three syndromic indicators (psychological distress, suicidal ideation, and alcohol related) for Washingtonians aged 65 years and older have increased as compared to the previous reporting period.
    - **Caution should be taken when examining these data as the steep drop in ED visits starting in March 2020 could skew data for any type of ED visit, including behavioral health.**

[1] Older Adult: for this particular report, this is defined as individuals 65 years and older unless otherwise noted.
[2] https://www.who.int/ageing/publications/global_health.pdf
[3] https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html

- Survey data collected by the U.S. Census Bureau for January 26 – February 7, 2022, show an decrease in anxiety (-8.0%), worrying (-3.4%), lack of interest (-13.9%), and depression (-18.1%) among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington, compared to the previous reporting period of December 29, 2021 – January 10, 2022.
- The most recent reporting period (December 2021) showed a 1.0% decrease in Department of Social and Health Services' (DSHS) Adult Protective Services' (APS) investigations for ages 65 and older as compared to the previous month.
- In terms of risk factors, individuals who were 65 years and older and utilized WA Listen, 49.5% focused on preexisting physical disability, 41.6% on past substance use/mental health problem, and 39.6% on prolonged separation from family.
- In terms of mental, behavioral, and neurodevelopmental disorders hospital discharges, the most recent reporting period (December 2021) showed a 54.0% decrease for individuals who were 65 years and older as compared to the previous month.
- The most recent reporting period (December 2021) showed a 9% decrease of telehealth behavioral health services use claims for individuals 65 years and older compared to the previous month.
- For fatal falls, the most recent reporting period (Quarter 3 of 2021) showed a 1.0% increase for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020), while for non-fatal falls, the most recent reporting period (Quarter 3 of 2021) showed a 2.4% decrease for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020).

Impact Assessment

This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among the older adult population in Washington.

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. The data are always subject to updates. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This data collection system[4] is the only source of ED data for Washington. Statistical warnings and alerts are raised when a CDC algorithm detects a weekly count at least three standard deviations[5] above a 28-day average count, ending three weeks prior to the week with a warning or alert. While both statistical warnings and alerts indicate more visits than expected, an alert

[4] https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO

[5] Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

indicates more caution may be warranted.[2] These warnings or alerts will be mentioned within each respective syndrome section.

Analysis conducted by the Washington State Department of Health and the Northwest Tribal Epidemiology Center found 9,443 misclassified visits in Washington hospitals from May 15 – September 15, 2020. The visits in question should have been classified as American Indian/Alaska Native and represent a 26.8% misclassification rate during that time period.

As of the Week of October 12, 2020 Situation Report (Situation Report 13), ***visits of interest per 10,000 ED visits*** **replaced** ***visit count*** **graphs.** This new measure can help provide insights into: behavioral health impacts since the implementation of the "Stay Home, Stay Healthy" order from March 23, 2020 (CDC Week 13), seasonal shifts year-over-year,[6] new visit trends due to COVID-19 symptoms and diagnosis, perceptions of disease transmission and risk, as well as the relative frequency of these indicators for 2019 and 2020. An additional feature of these graphs is the "average weekly difference" in the lower right-hand corner. This feature is a measure of the variation in the weekly volume of visits and allows readers to compare both the year-over-year averages for a particular week, along with the weekly visit fluctuations, to better assess demand for care and care-seeking behaviors.

As of CDC Week 14 of 2021, the number of ED visits (for individuals who are 65 years or older) have increased and have returned to the pre-March 2020 number of ED visits.

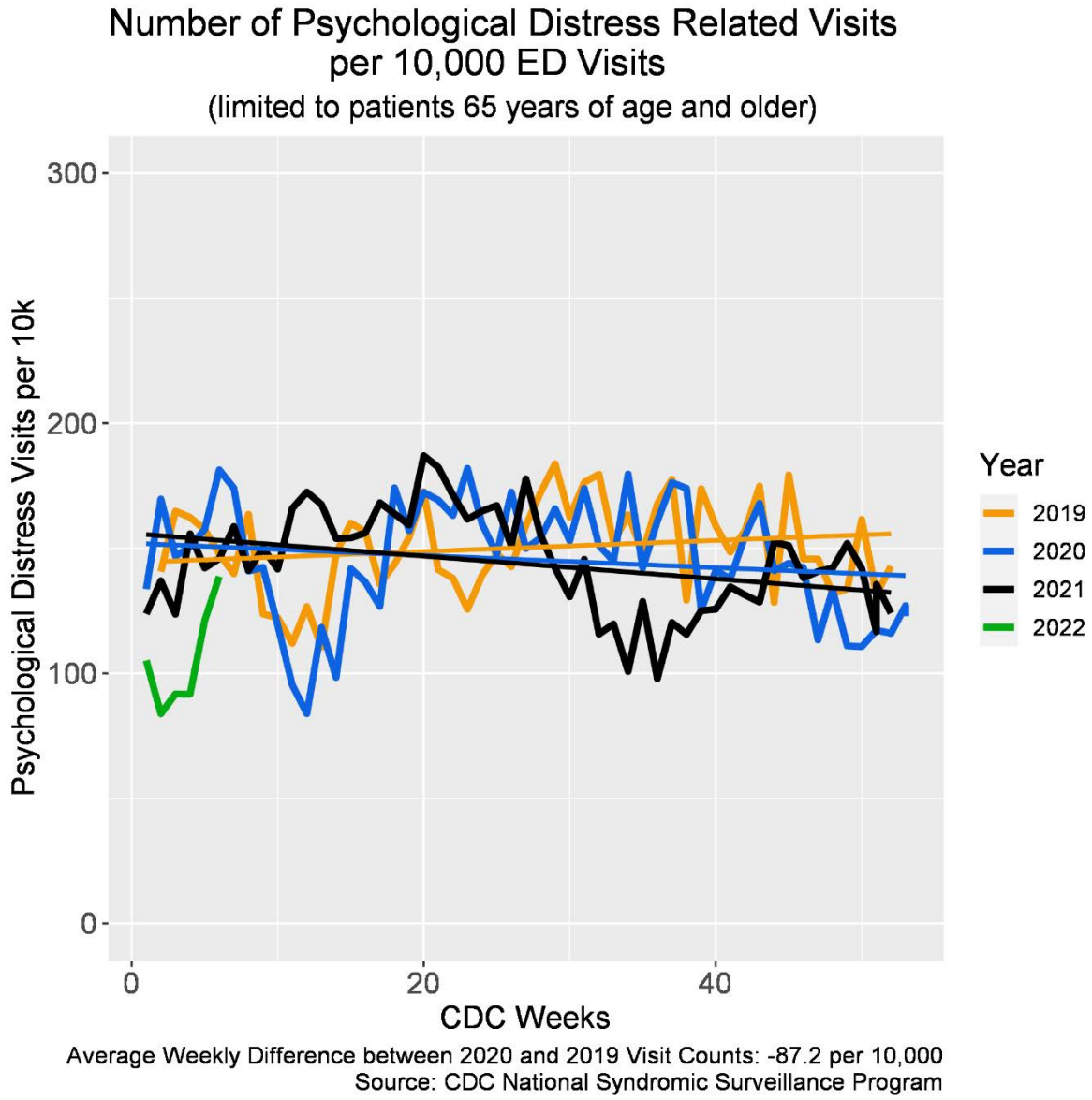
Because the volume of visits across care settings varied widely during 2020 and to date in 2021, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously.

[6] Year-over-year: The comparison of two or more years, specifically 2021 to 2019 and 2020.

Psychological Distress

During **CDC Week 4 (week of January 29, 2022)**, the relative reported ED visits for psychological distress[7] among patients 65 years or older **increased from to the previous reporting period and is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 1). **No statistical warnings or alerts were issued, to date.**

Graph 1: Relative count of ED visits for psychological distress among patients 65 years of age and older in Washington, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)

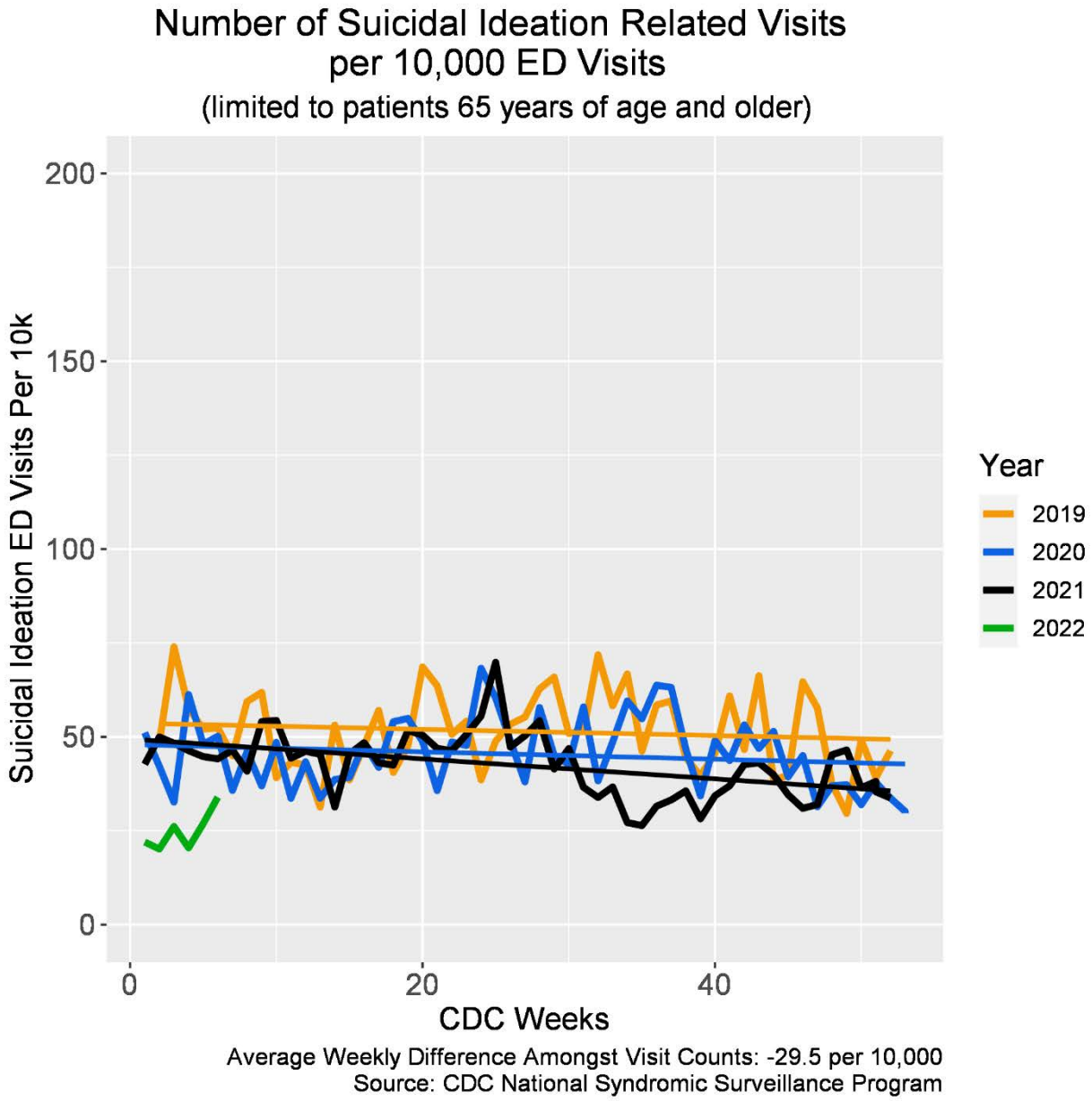


[7] Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definitioncommittee.

Suicidal Ideation

During **CDC Week 4 (week of January 29, 2022)**, the **relative reported rate of ED visits for suicidal ideation** among patients 65 years or older **increased from the previous reporting period and is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 2). **No statistical warnings or alerts were issued, to date.**

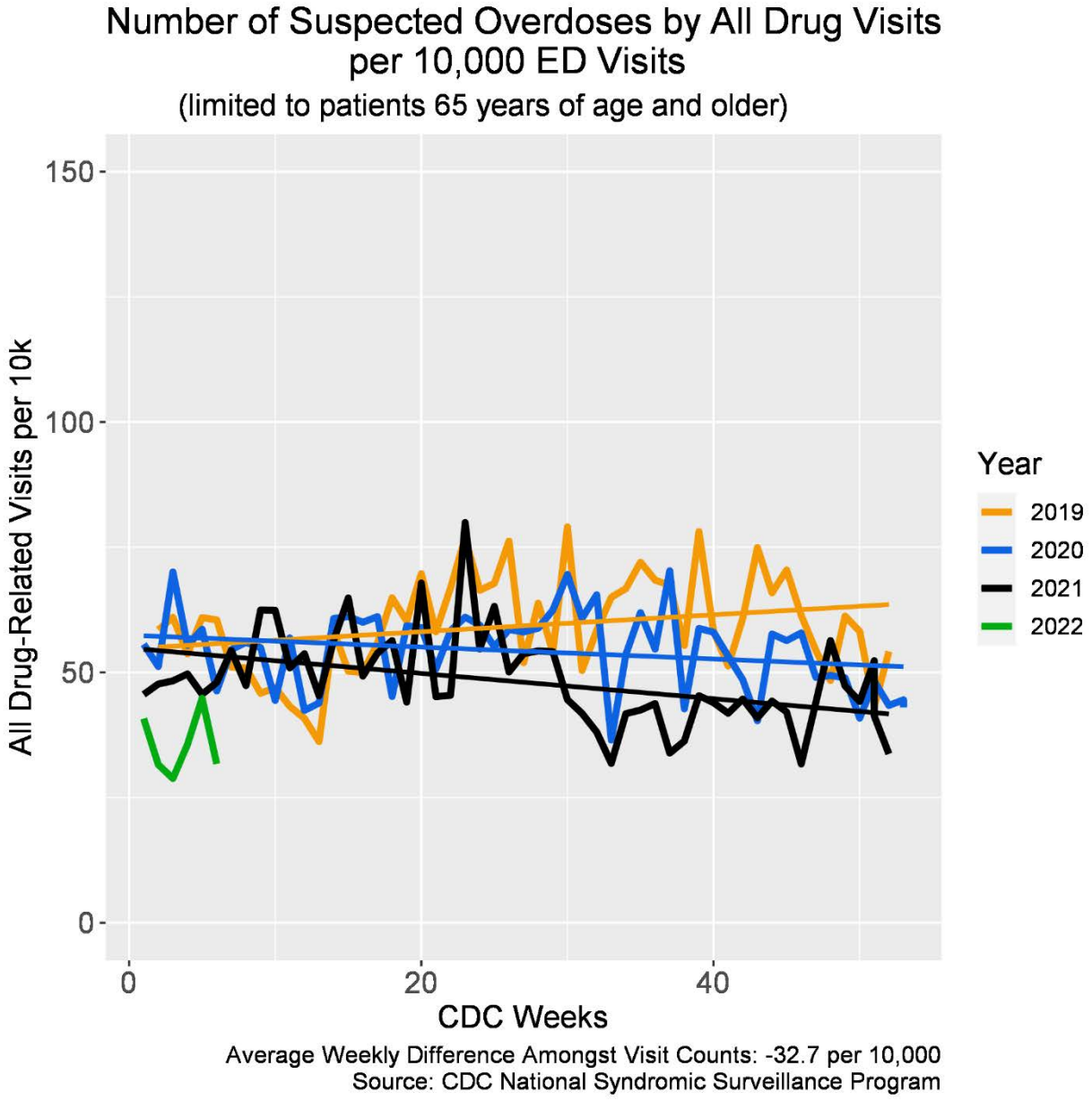
Graph 2: Relative count of ED visits for suicidal ideation among adults 65 years of age and older in Washington, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)



Substance Use – Suspected Drug Overdose & Alcohol-Related Emergency Visits

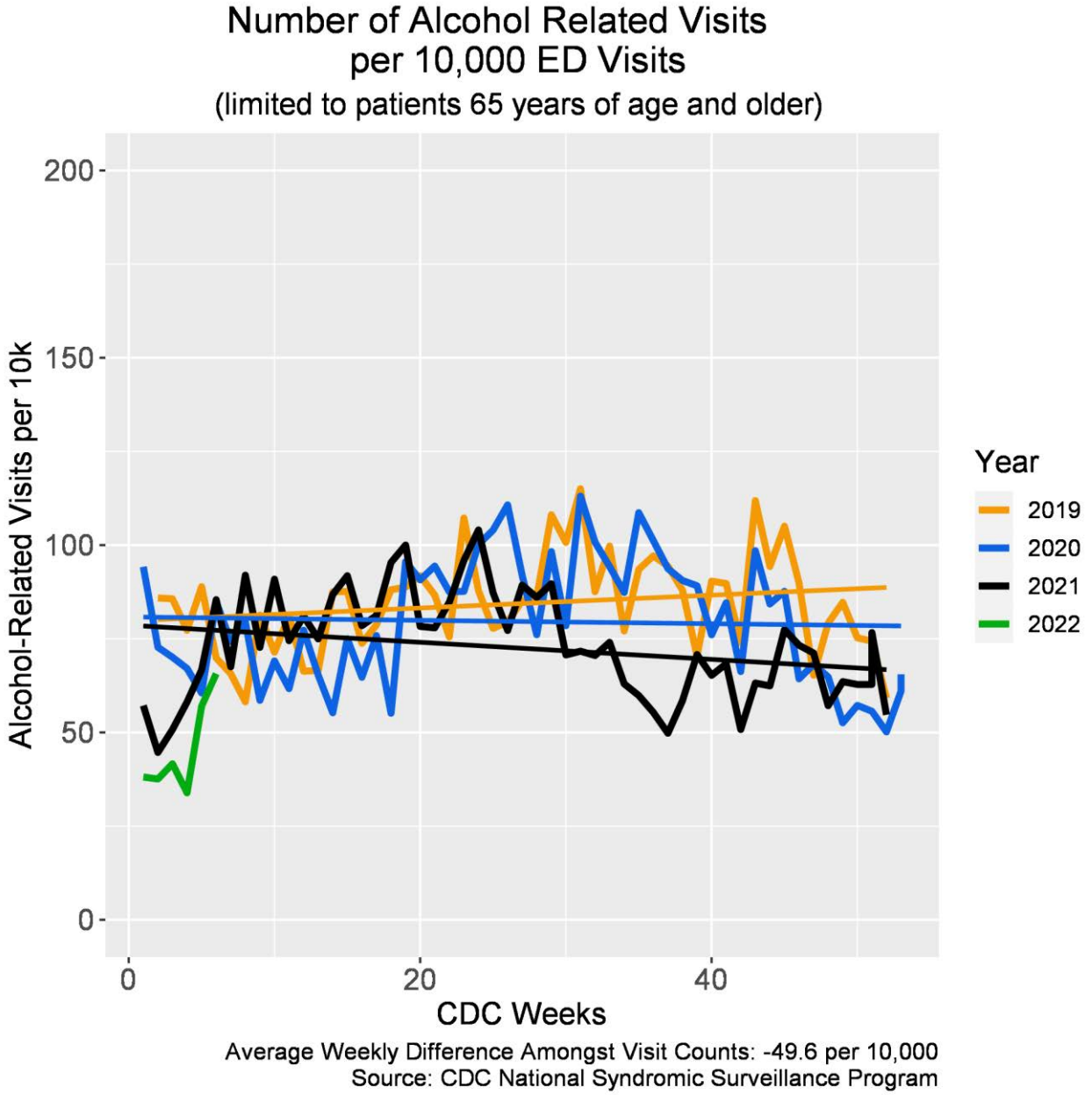
In the same weeks of 2021 as above, **CDC Week 4 (week of January 29, 2022)**, the relative reported rate of ED visits for suspected drug overdose among patients 65 years or older **decreased from the previous reporting period and is lower** than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 3). **No statistical warnings or alerts were issued in 2022, to date.**

Graph 3: Relative ED count for all drug-related visits in Washington adults 65 years of age and older, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)



During **CDC Week 4 (week of January 29, 2022)**, the relative reported rate of alcohol-related ED visits **increased from the previous reporting period** and is lower than the rates in the corresponding weeks of 2019, 2020, and 2021 (Graph 4). **No statistical warnings or alerts were issued in 2022, to date.**

Graph 4: Relative count of alcohol-related ED visits in Washington for adults 65 years of age and older, by week: 2019, 2020, 2021, and early 2022 (Source: CDC ESSENCE)

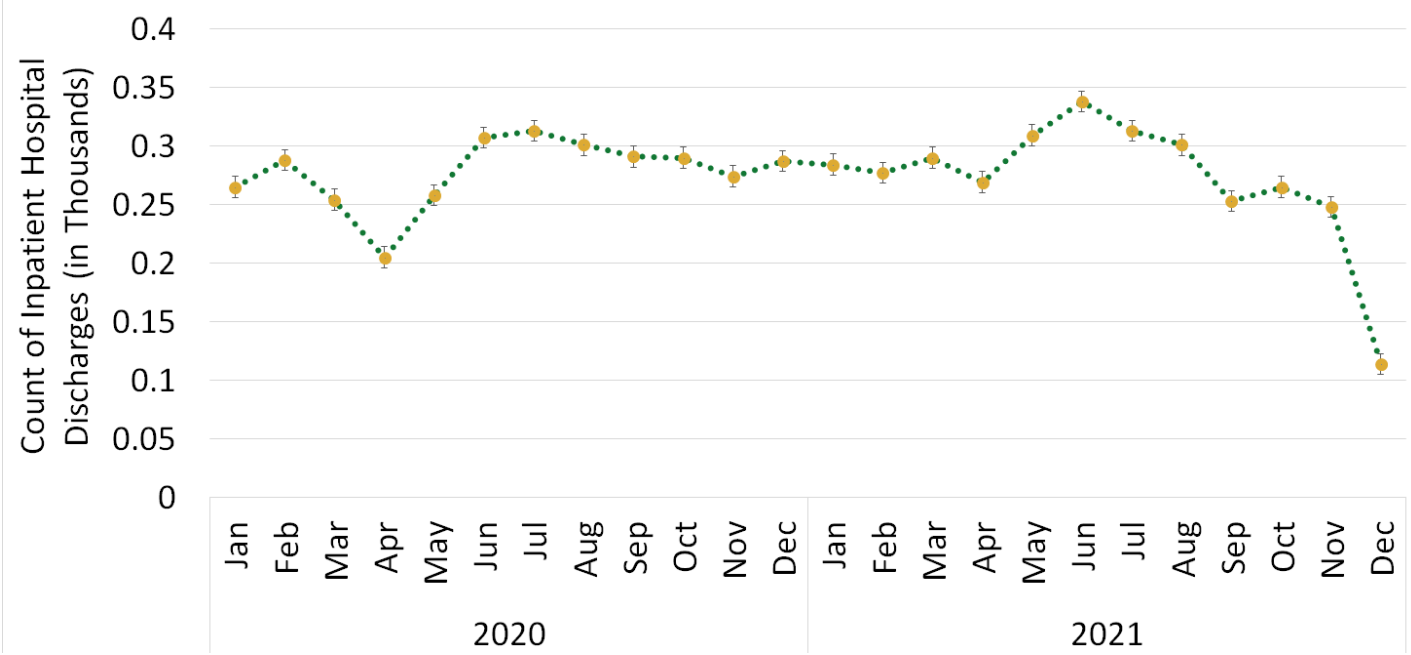


Inpatient and Observational Community Hospital Discharges

Mental, Behavioral, and Neurodevelopmental Disorders

The Comprehensive Hospital Abstract Reporting System (CHARS)[8] collects record level information on inpatient community hospital stays. Caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order (March 2020) may have impacted hospital discharge data. Only mental, behavioral, and neurodevelopmental disorders were evaluated (i.e., primary diagnoses included only ICD-10 F-codes). Graph 5 shows the count of older adult (individuals 65 years and older) inpatient community hospital discharges for mental, behavioral, and neurodevelopmental disorders. The most recent reporting period (December 2021) showed a **54.0% decrease** for individuals who were 65 years and older as compared to the previous month.

Graph 5: Count of Older Adult Inpatient Community Hospital Discharges for Mental, Behavioral, and Neurodevelopmental Disorders, by month (Source: DOH)

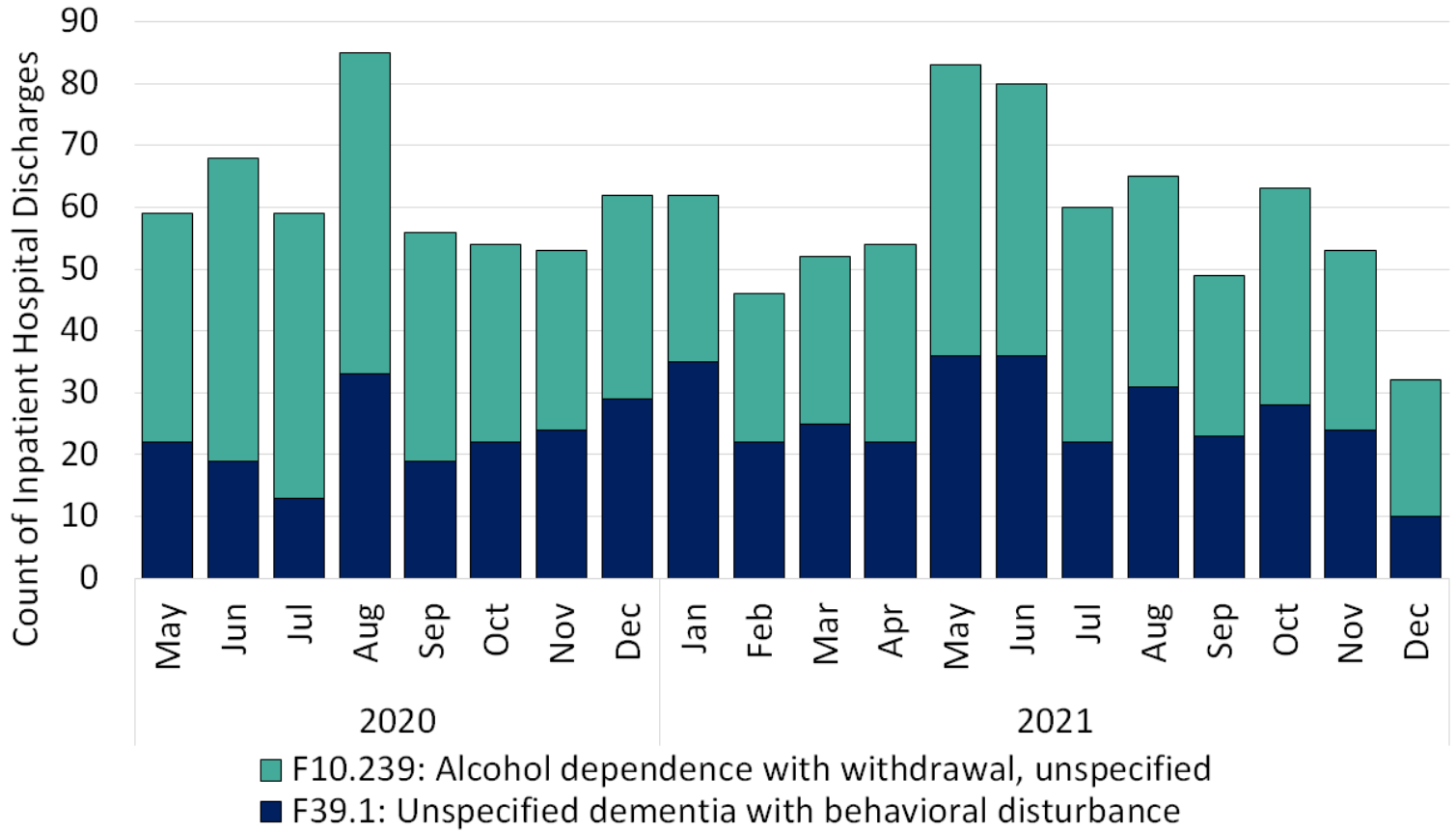


Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents were included in the analysis. Only F-codes as primary diagnoses were included in the analysis.

[8] https://www.doh.wa.gov/dataandstatisticalreports/healthcareinwashington/hospitalandpatientdata/hospitaldischargedatachars

Graph 6 shows the count of the top two mental, behavioral, and neurodevelopmental disorders in terms of inpatient community hospital discharges. Similarly, caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted hospital discharges. The most recent reporting period showed a 58.3% decrease in unspecified dementia with behavioral disturbance and 24.1% decrease in alcohol dependence with withdrawal, unspecified inpatient community hospital discharges.

Graph 6: Count of Top Mental, Behavioral, and Neurodevelopmental Disorders for Older Adults (individuals 65 years and older) Inpatient Community Hospital Discharges, by month (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Only F-codes as primary diagnoses were included in the analysis. Due to low numbers, previously reported disorders are not further assessed.

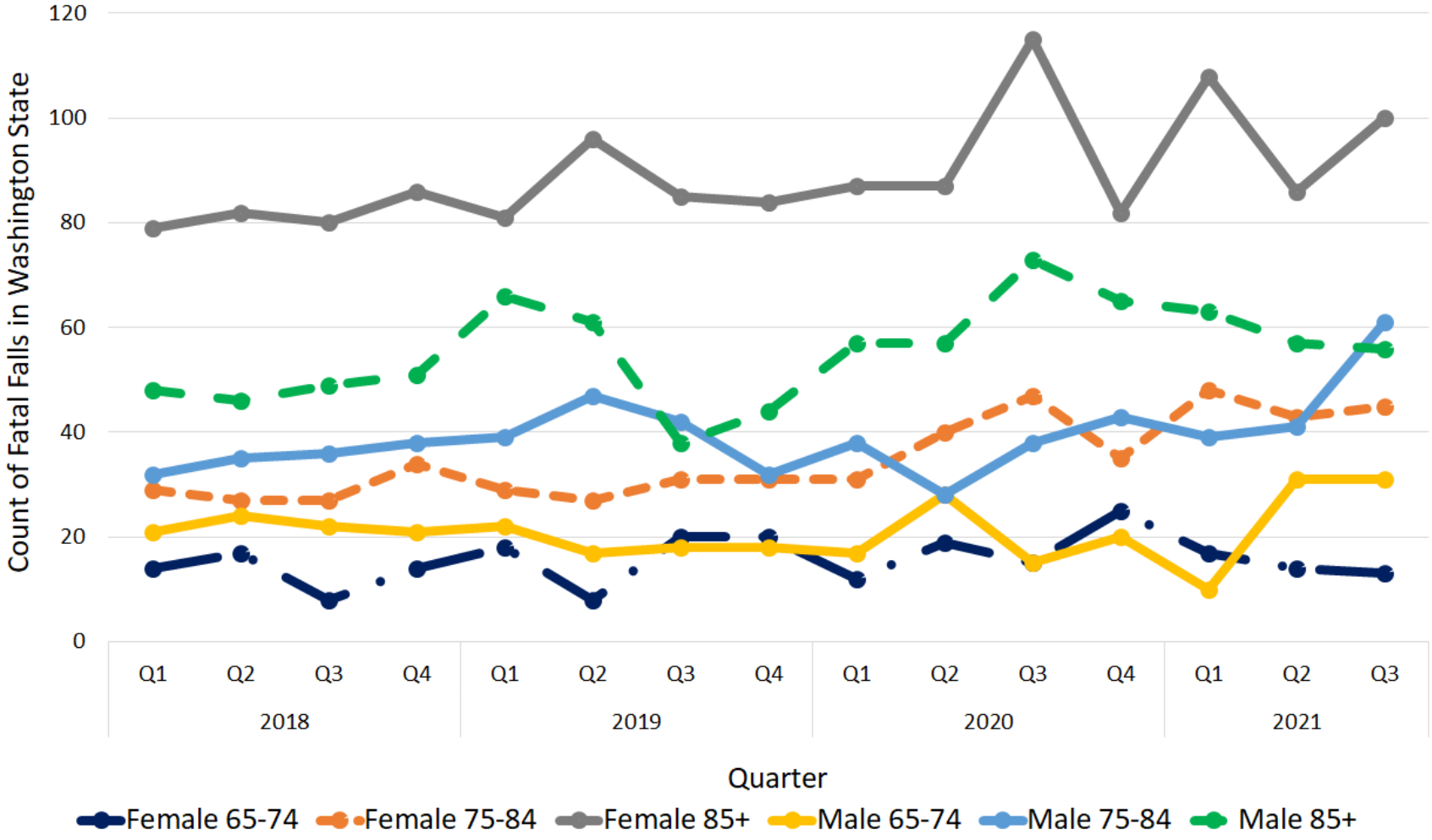
Fatal and Non-Fatal Falls

Graph 7 shows the count of fatal falls stratified by gender and age. Falls are typical in community-dwelling older adults and can result in fatal and non-fatal injuries. Falls have been linked to depression and anxiety suggesting that older people who are more depressed and anxious are more likely to be at risk for greater falls.[9,10] Similarly, caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted hospital discharges. The most recent reporting period (Quarter 3 of 2021) showed a **1.0% increase** for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020). Stratified by gender only, the most recent reporting period (Quarter 3 of 2021) showed a **10.7% decrease for females** and a **17.5% increase for males** as compared to the previous year (Quarter 3 of 2020). Stratified by age category only, the most recent reporting period (Quarter 3 of 2021) showed a **46.7% increase for older adults ages 65 – 74** , a **24.7% increase for older adults ages 75 – 84**, and a **17.0% decrease for older adults ages 85 and older** as compared to the previous year (Quarter 2 of 2021).

[9] Kvelde, T., Lord, S. R., Close, J. C., Reppermund, S., Kochan, N. A., Sachdev, P., ... & Delbaere, K. (2015). Depressive symptoms increase fall risk in older people, independent of antidepressant use, and reduced executive and physical functioning. *Archives of Gerontology and Geriatrics*, *60*(1), 190-195. https://doi.org/10.1016/j.archger.2014.09.003

[10] Holloway, K. L., Williams, L. J., Brennan-Olsen, S. L., Morse, A. G., Kotowicz, M. A., Nicholson, G. C., & Pasco, J. A. (2016). Anxiety disorders and falls among older adults. *Journal of Affective Disorders*, *205*, 20-27. https://doi.org/10.1016/j.jad.2016.06.052

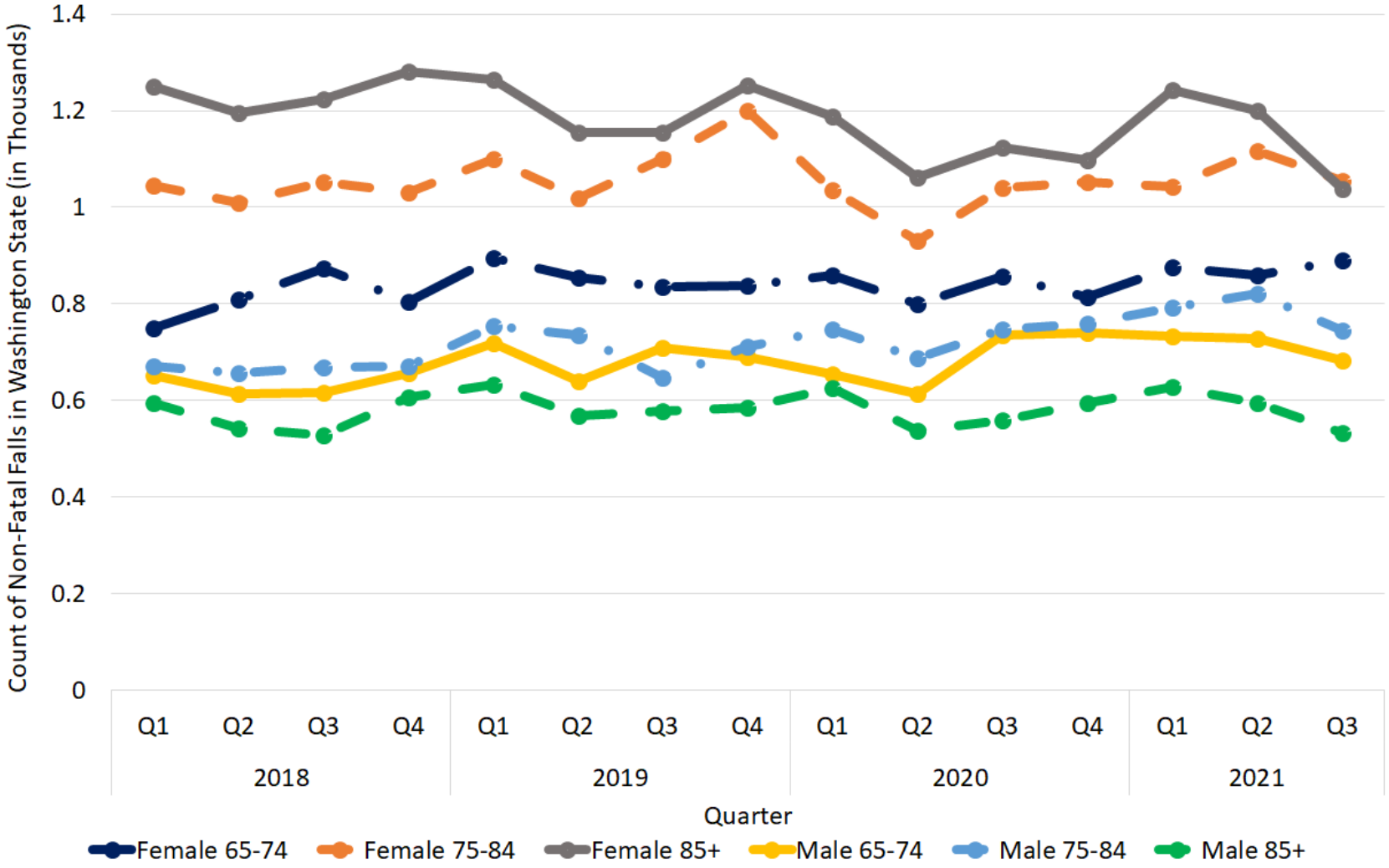
Graph 7: Count of Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)



Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Fatal falls are defined as ICD-10 codes: W00 – W19 in underlying cause of death. Data is not restricted to deaths or injuries occurring in Washington (limited to deaths among Washington residents). For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance.

Graph 8 shows the count of non-fatal falls stratified by gender and age. Similarly, caution should be taken when reviewing data as the “Stay Home, Stay Healthy” order may have impacted hospital discharges. The most recent reporting period (Quarter 3 of 2021) showed a **2.4% decrease** for individuals who were 65 years old and older as compared to the previous year (Quarter 3 of 2020). Stratified by gender only, the most recent reporting period (Quarter 3 of 2021) showed a **1.4% decrease for females** and a **4.0% decrease for males** as compared to the previous year (Quarter 3 of 2020). Stratified by age category only, the most recent reporting period (Quarter 3 of 2021) showed a **1.2% decrease for older adults ages 65 - 74**, **0.6% increase for older adults ages 75 - 84**, and a **6.8% decrease for older adults ages 85 and older** as compared to the previous year (Quarter 3 of 2020).

Graph 8: Count of Non-Fatal Falls for Older Adults (aged 65 years and older), by age, gender, and calendar quarter (Source: DOH)



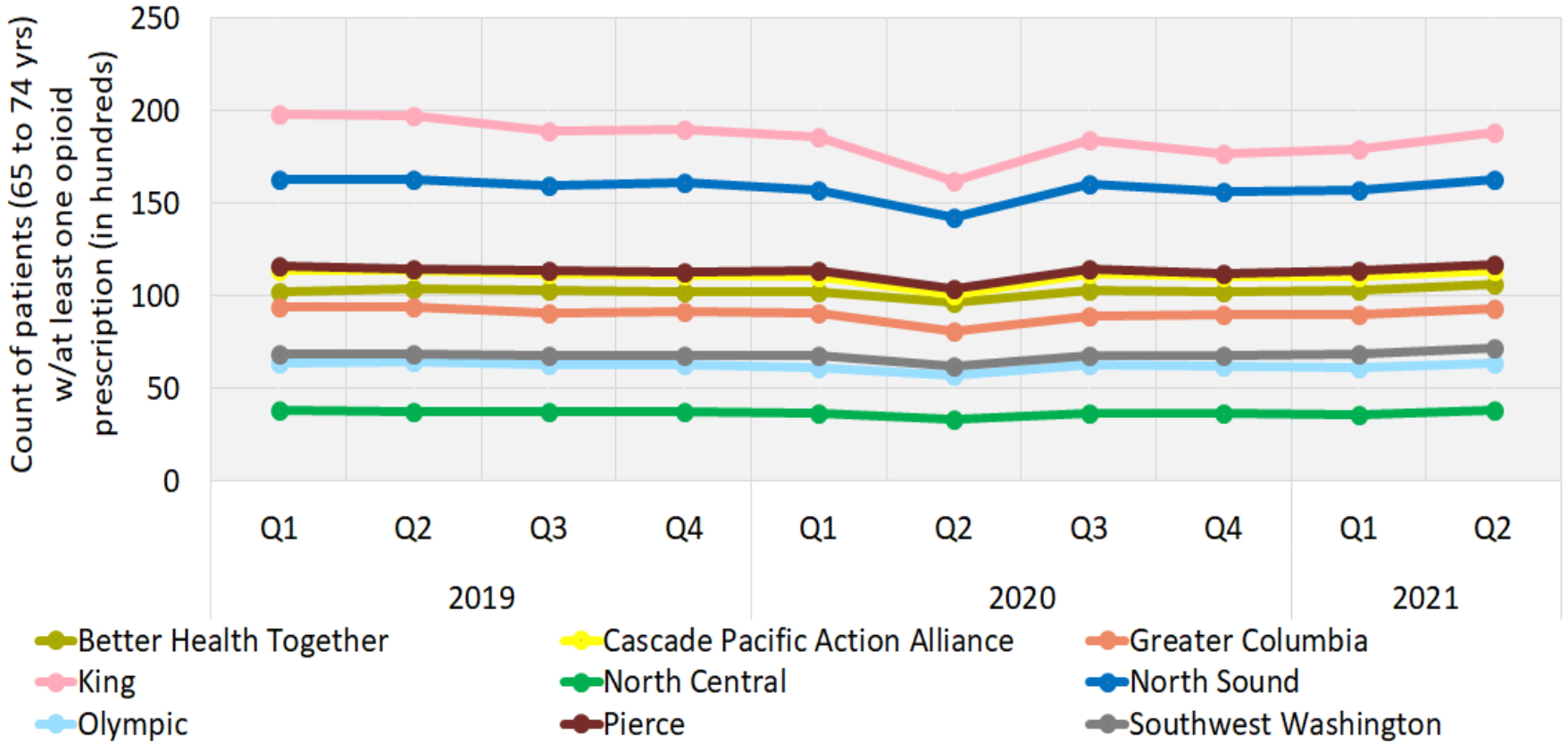
Note: Due to time lag, data might not be fully mature. While non-WA residents can discharge from a WA community hospital, only WA older adult residents (individuals 65 years and older) were included in the analysis. Non-fatal falls are defined by ICD-10-CM codes based on the CDC ICE Injury Matrix and exclude fatal hospital discharges. For more information on older adult falls prevention, please visit: www.doh.wa.gov/findingourbalance.

Prescription Opioids Usage

DOH's Prescription Monitoring Program (PMP) collects the prevalence of prescription opioid use. **For the overall Washington population ages 65 to 74,** the most recent reporting period (Quarter 2 of 2021) showed a **4% increase** of patients with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021). Graph 9 provides a count of patients ages 65 to 74, broken down by calendar quarter and Accountable Communities of Health (ACHs), with at least one opioid prescription submitted to the PMP. Stratifying by ACHs:

- For **Better Health Together ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Cascade Pacific Action Alliance ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Greater Columbia ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **King ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **5% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Central ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **6% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Sound ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Olympic ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **4% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Pierce ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Southwest Washington ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **5% increase** of patients ages 65 to 74 with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).

Graph 9: Count of patients ages 65 to 74 with at least one opioid prescription, by calendar quarter and ACHs (Source: DOH)

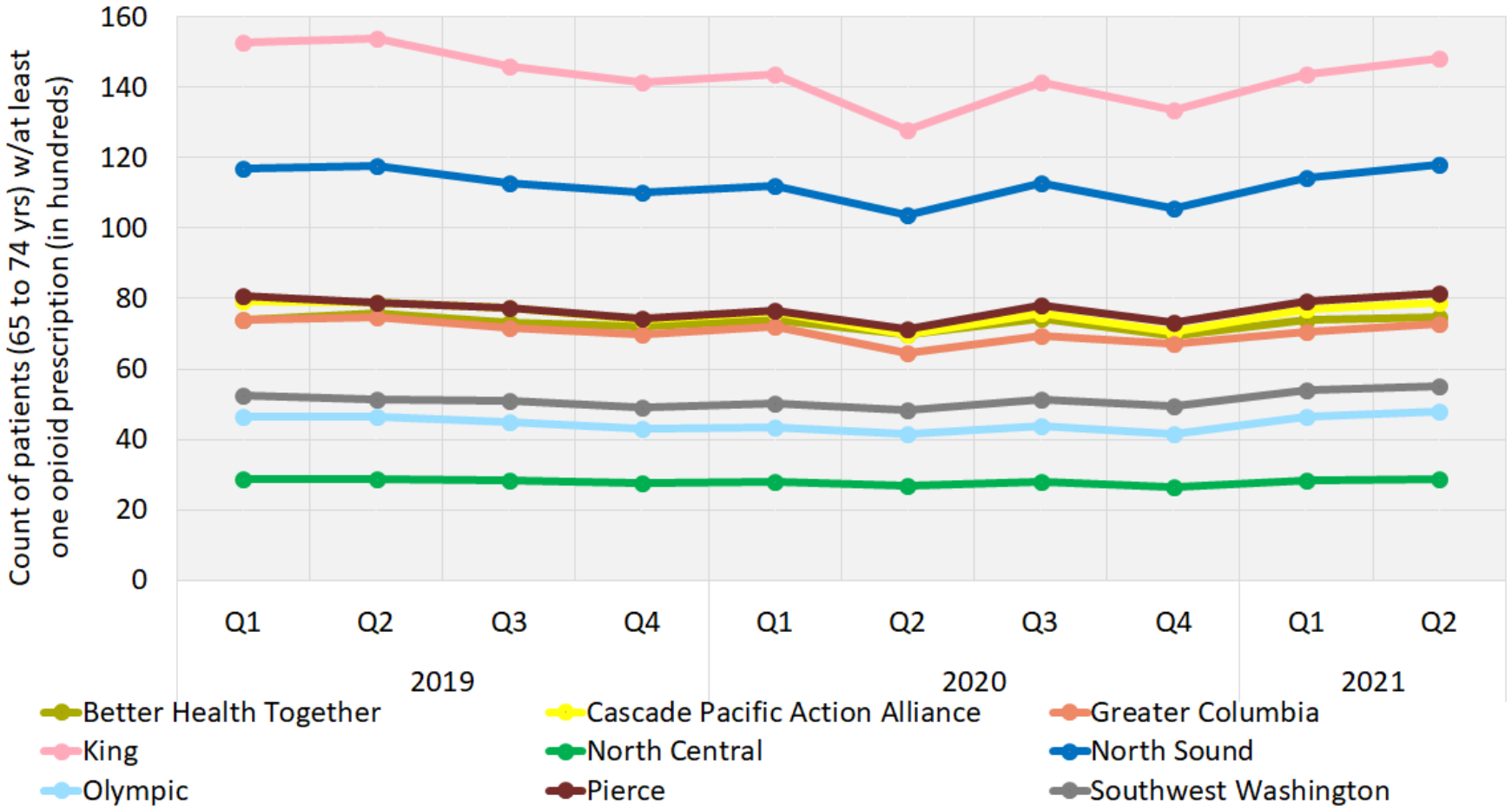


Note: Caution should be taken when examining these data. For overall Washington population, for Quarter 2 of 2021, 95% Confidence Interval (CI) [121.70, 123.26] with a state population of 779,842 and state rate of 122.48. For 2021 population estimates are based on the Office of Financial Management (OFM)'s 2020 population estimates; data can be potentially impacted when OFM releases the 2021 population estimates. Please refer to link, opioid data technical notes (PDF) (wa.gov), for technical details and limitations about the data and the metrics utilized including CI, ACH populations, and ACH state rate. For more information please refer to link: dashboard: Opioid Prescriptions and Drug Overdoses

For the overall Washington population ages 75 and older, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021). Graph 10 provides a count of patients ages 75 and older, broken down by calendar quarter and Accountable Communities of Health (ACHs), with at least one opioid prescription submitted to the PMP. Stratifying by ACHs:

- For **Better Health Together ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **1% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Cascade Pacific Action Alliance ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Greater Columbia ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **King ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Central ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **North Sound ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Olympic ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Pierce ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **3% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).
- For **Southwest Washington ACH**, the most recent reporting period (Quarter 2 of 2021) showed a **2% increase** of patients **ages 75 and older** with at least one opioid prescription submitted to the PMP as compared to the previous calendar quarter (Quarter 1 of 2021).

Graph 10: Count of patients ages 75 and older with at least one opioid prescription, by calendar quarter and ACHs (Source: DOH)



Note: Caution should be taken when examining these data. For overall Washington population, for Quarter 2 of 2021, 95% CI [139.75, 141.83] with a state population of 501,596 and state rate of 140.79. 2021 population estimates are based on the Office of Financial Management (OFM)'s 2020 population estimates; data can be potentially impacted when OFM releases the 2021 population estimates. Please refer to link, opioid data technical notes (PDF) (wa.gov), for technical details and limitations about the data and the metrics utilized including CI, ACH populations, and ACH state rate. For more information please refer to link: dashboard: Opioid Prescriptions and Drug Overdoses

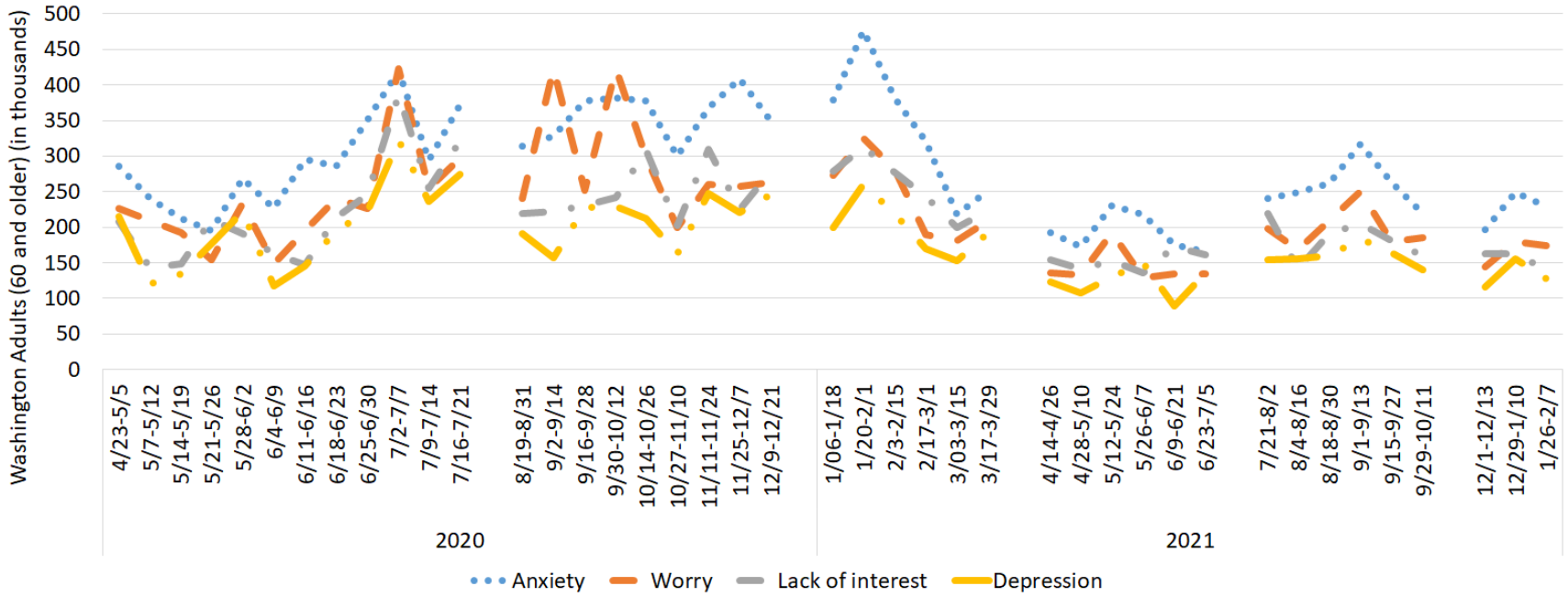
General Surveillance

Symptoms of Anxiety and Depression

Survey data collected by the U.S. Census Bureau for **January 26 – February 7, 2022,** show an **decrease in anxiety (-8.0%), worrying (-3.4%), lack of interest (-13.9%), and depression (-18.1%)** among older adults (in this sample, older adults are defined as individuals 60 and older) in Washington, **compared to the previous reporting period of December 29, 2021 – January 10, 2022** (Graph 11).[11] In the most recent reporting period represented below, **approximately 229,000 older adults** in Washington reported symptoms of anxiety on all or most days of the previous week, while about **174,000 older adults reported the same frequency of symptoms of worrying**; approximately **140,000 older adults in Washington** reported lack of interest on all or most days of the previous week, while approximately **127,600 reported the same frequency of symptoms of depression**. **Please note that the same respondent may have reported frequent symptoms, and these numbers are not cumulative.** For these measures, the standard error suggests that the inaccuracy of estimates may be around 3.3% above or below the numbers previously mentioned.

[11] In May, the U.S. Census Bureau began measuring the social and economic impacts of the COVID-19 pandemic with a weekly Household Pulse survey of adults across the country. The survey asks questions related to various topics, such as how often survey respondents have experienced specific symptoms associated with diagnoses of generalized anxiety disorder or major depressive disorder over the past week, as well as services sought. Additional details about the survey can be found at https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm.

Graph 11: Estimated Washington adults (60 years and older) with feelings of anxiety and depression at least most days, by week: April 23, 2020 – February 7, 2022 (Source: U.S. Census Bureau)

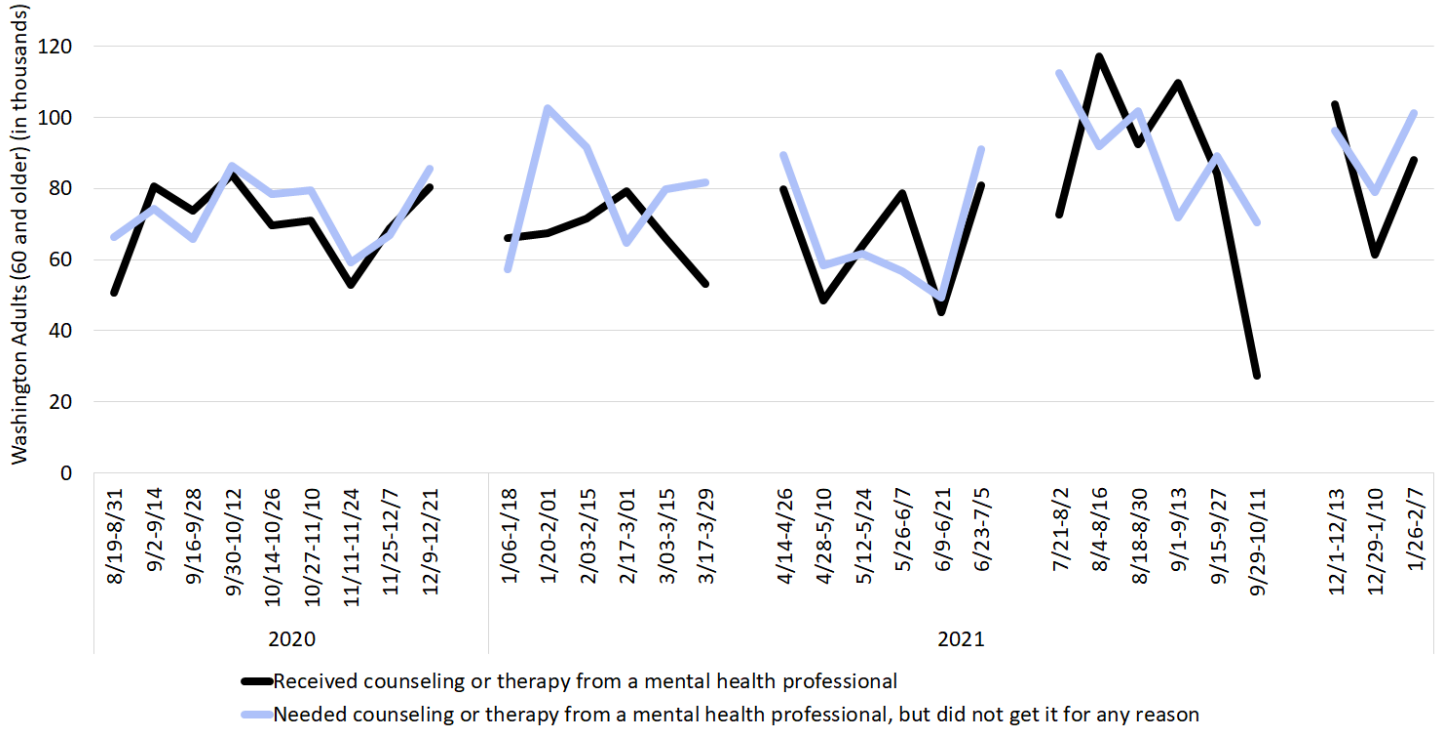


Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12 – November 31, 2021. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

Care-Seeking Behavior

Survey data collected by the U.S. Census Bureau for **January 26 – February 7, 2022** show the number of adults in Washington who received medical care and counseling, as well as the number who delayed or did not receive care (Graph 12).[8] Compared to the previous reporting period **(December 29, 2021 – January 10, 2022)**, **more people reported that they needed therapy or counseling but did not receive it (+28.1%)** and **more people reported that they received counseling or therapy from a mental health care professional (+43.6%)**. Please note the survey did not ask respondents why they did not receive care. For these measures, the standard error suggests that the inaccuracy of estimates may be around 2.4% above or below the numbers previously mentioned.

Graph 12: Estimated Washington adults (60 years and older) who received or delayed medical care or counseling, by week: August 19, 2020 – February 7, 2022 (Source: U.S. Census Bureau)

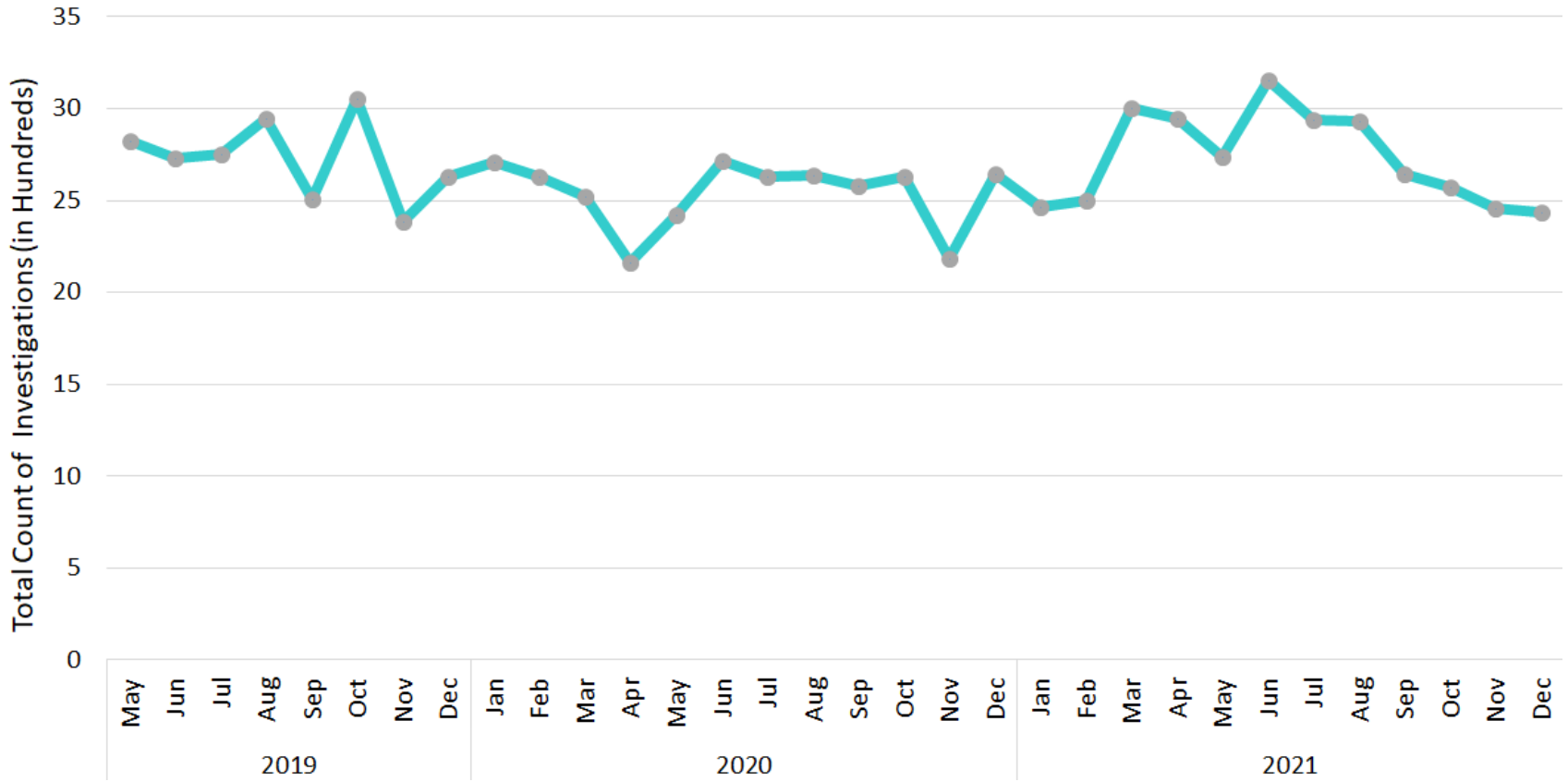


Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021, March 30, 2021 – April 13, 2021, July 6 – 20, 2021, and October 12 – November 31, 2021. Note, for Phase 3.3 has shifted to a two-weeks on, two-weeks off collection and dissemination approach, although previous phases of the survey collected and disseminated data every two weeks.

Adult Protective Services (APS) Investigations

The Department of Social and Health Services' (DSHS) Adult Protective Services (APS) receives and investigates reports of abuse, abandonment, neglect, exploitation and self-neglect of vulnerable adults in Washington. Types of investigations include financial exploitation, improper use of restraint, mental abuse, neglect, personal exploitation, physical abuse, self-neglect, and sexual abuse. Graph 13 shows the count of total Washington APS investigations for individuals ages 65 and older. The most recent reporting period (December 2021) showed a 1.0% decrease in investigations for ages 65 and older as compared to the previous month.

Graph 13: Count of total Washington investigations, by month (Source: DSHS)

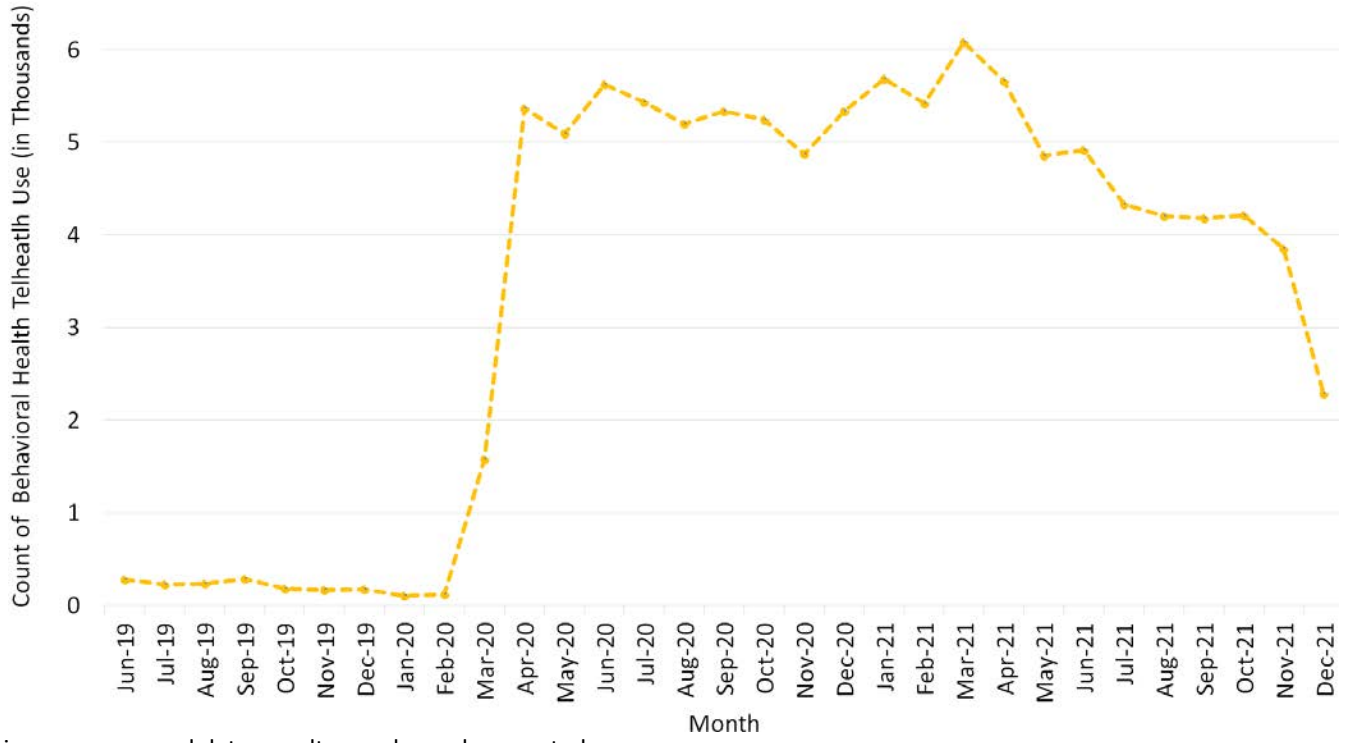


Note: Data is limited following intake report to determine if APS has jurisdiction. Investigations include thorough interviews, observations, record reviews and coordination with law enforcement and other agencies as needed.

Telehealth Use for Washington Medicaid Clients

Telehealth (phone and videoconferencing) claims use for Washington Medicaid clients is collected by the Washington State Health Care Authority (HCA). Graph 14 provides a count of telehealth behavioral health services use claims. It is important to note the limited use of telehealth in Medicaid clients prior to the COVID-19 pandemic (March 2020), which could explain the significant increase in March and April 2020 (237.6%). Caution should be taken when reviewing data as the "Stay Home, Stay Healthy" order may have impacted telehealth use. Additionally, due to the significant demand for telehealth, several changes were made to policies, coverage, and implementation that could impact this data. As this data is limited to only Washington Medicaid recipients, overall telehealth use may be underreported as older adult populations may be Medicare beneficiaries. The most recent reporting period (December 2021) showed a 9% decrease of telehealth behavioral health services use claims for individuals 65 years and older compared to the previous month.

Graph 14: Count of telehealth behavioral health use claims for older Washington Medicaid clients, by month (Source: HCA)

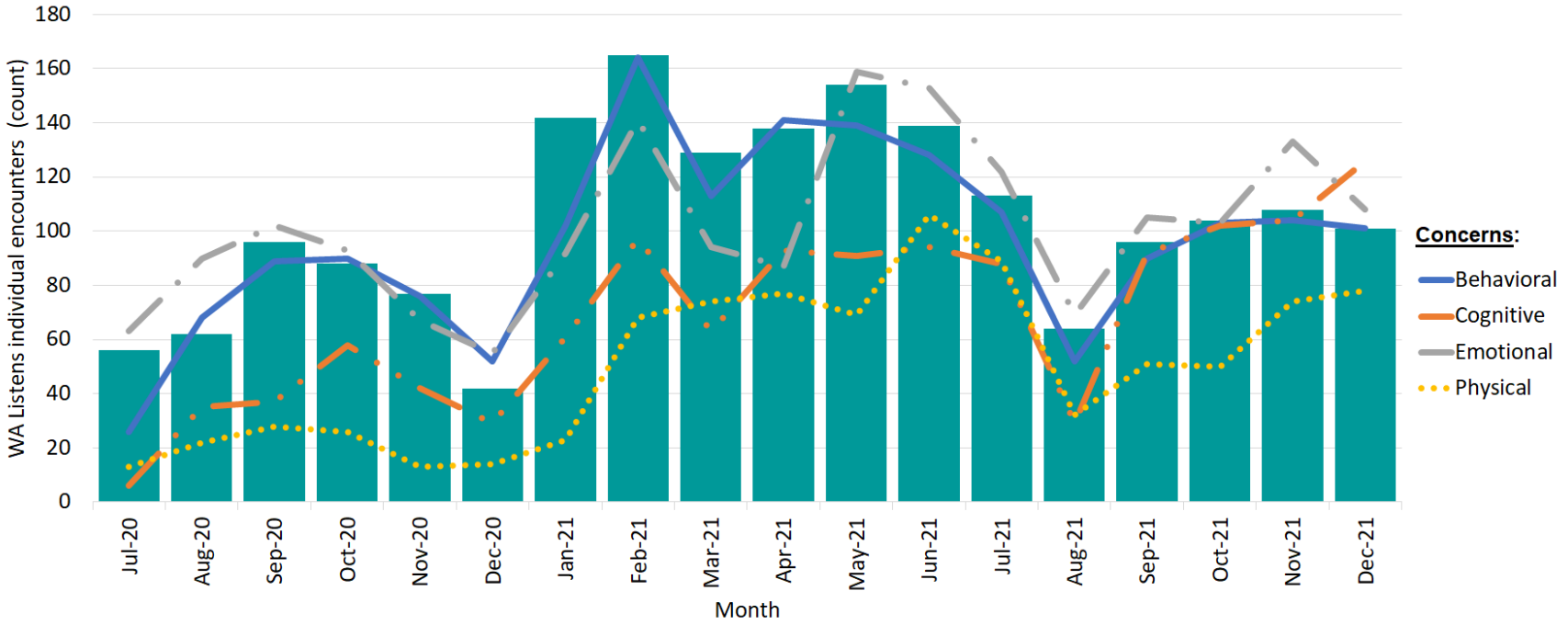


Note: Due to missing or suppressed data, results may be underreported.

Telephonic Support Lines – Service Volume

Washington (WA) Listens[Error! Bookmark not defined.] is a free, anonymous service that offers non-clinical behavioral health support for both individual and group encounters. Additionally, WA Listens provides referral information to local resources based on the needs expressed. Since its inception in July 2020, a total of 1,874 WA Listens individual encounters have been completed with individuals who were 65 years and older (Graph 15). In December 2021, calls for **physical concerns** increased by 5.4%, **emotional concerns** decreased by 18.8%, **cognitive concerns** increased by 21.2%, and **behavioral concerns** decreased by 2.9% as compared to the prior month.

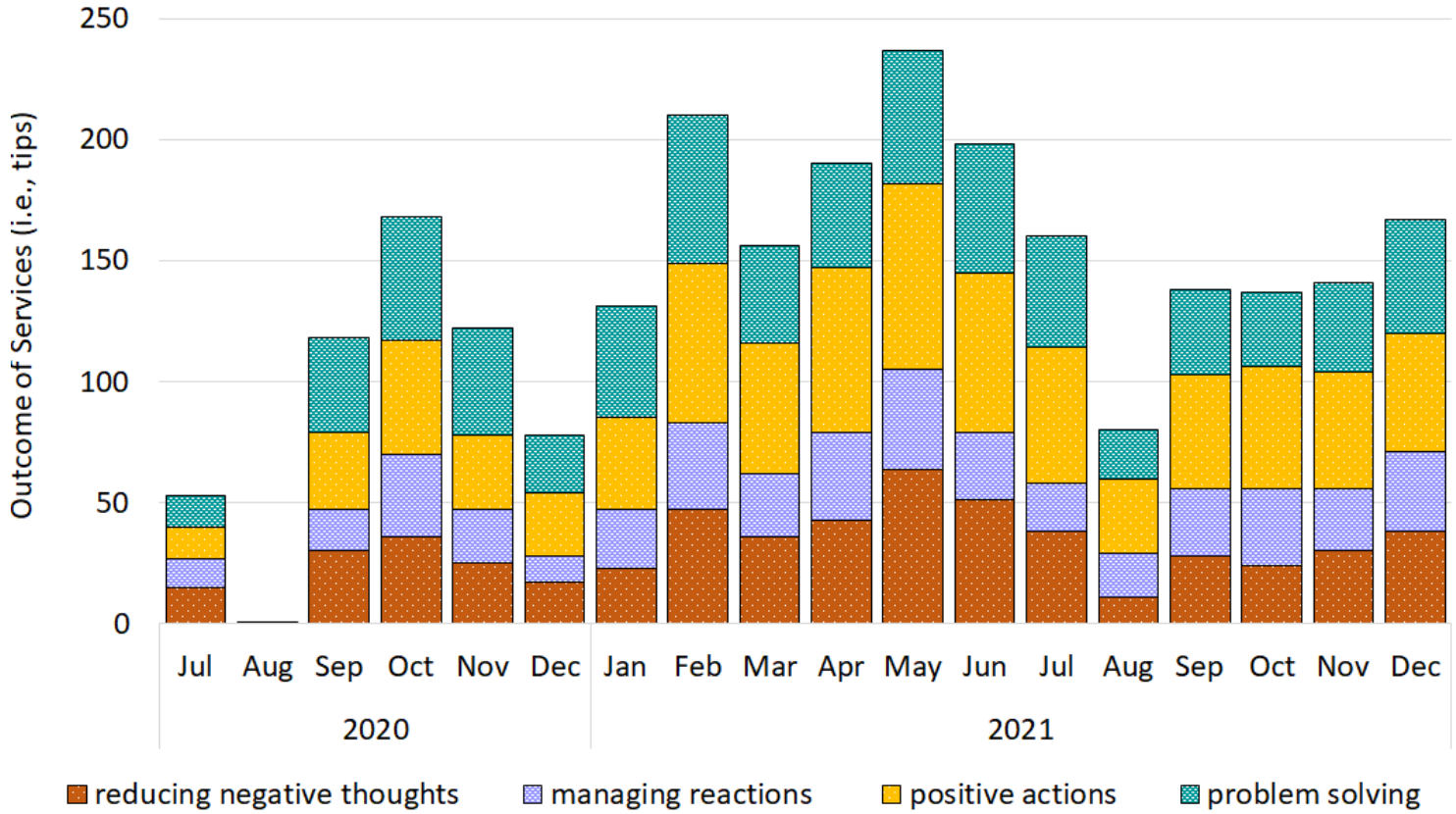
Graph 15: Total count of WA Listens individual calls for older adult (individuals 65 years and older) individuals and concerns, by month (Source: Washington State Health Care Authority [HCA])



Note: Individuals can call about more than one concern, including multiple of the same type. Due to data collection issues, data might be underreported by approximately 5-10%.

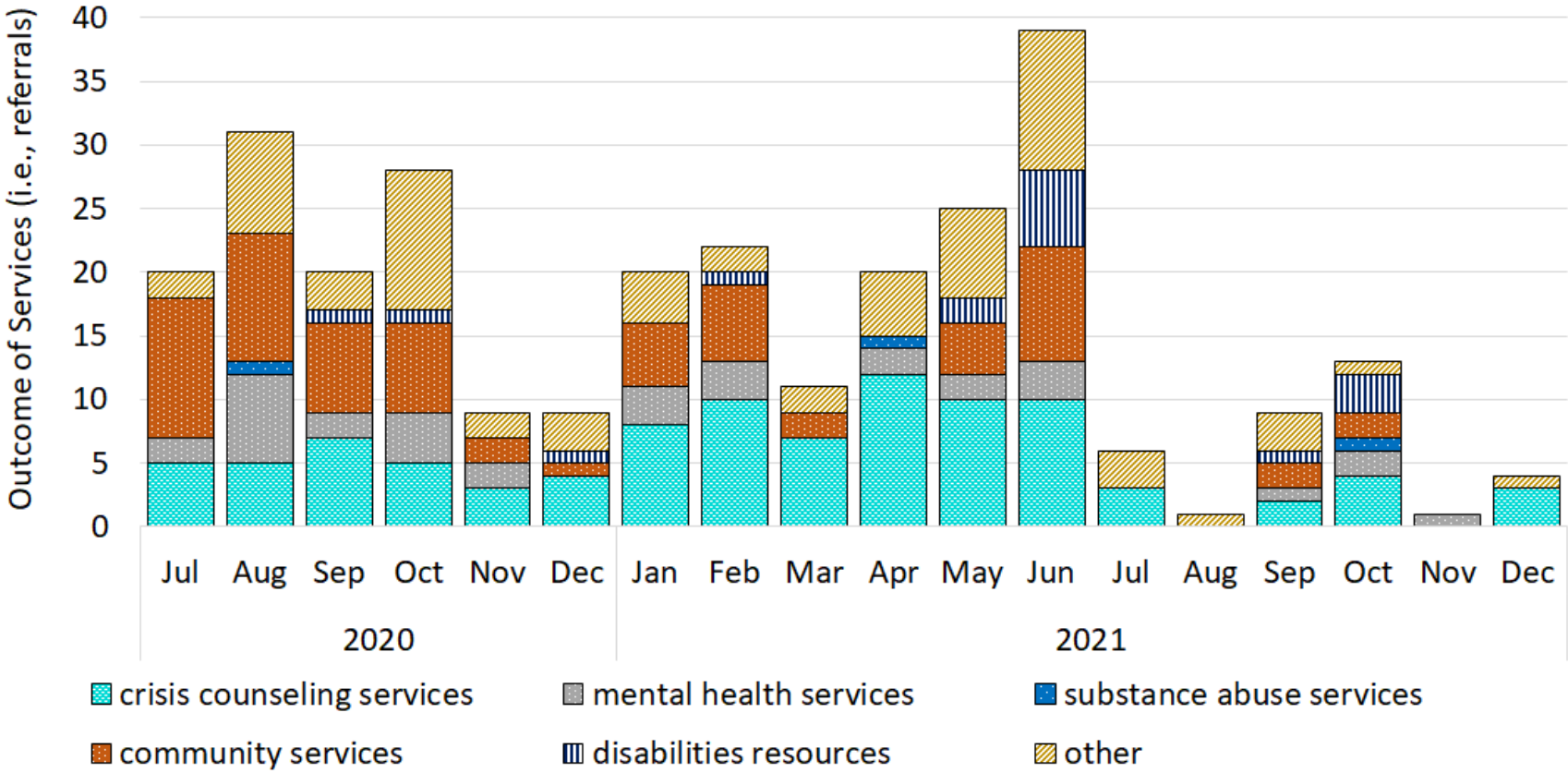
In terms of behavioral concerns, most individuals ages 65 years and older called for isolation or withdrawal concerns (34.7%) and being agitated, jittery, or shaky (28.7%). In terms of cognitive concerns, most older adults called for intrusive thoughts and images (34.1%) and difficulty making decisions (34.9%). In terms of emotional concerns, most older adults called for emotions of irritability and anger (29.6%) and feelings of anxiety or fearfulness (41.7%). In terms of physical concerns, most older adults called for headaches (32.1%) and worsening of health problems (34.6%). For risk factors, 49.5% focused on preexisting physical disability, 41.6% on past substance use or mental health problems, and 39.6% on prolonged separation from family. For **outcomes from services (e.g., tip and referrals)**, see Graphs 16 and 17.

Graph 16: Outcome of services (i.e., tips) for WA Listens older adult (65 years and older) individuals, by month (Source: HCA)



Note: Tips are not mutually exclusive (i.e., individuals can receive more than one tip). Due to data collection issues, data might be underreported by approximately 5-10%.

Graph 17: Outcome of services (i.e., referrals) for WA Listens, by month (Source: HCA)



Note: Referrals are not mutually exclusive (i.e., individuals can receive more than one referral). Due to data collection issues, data might be underreported by approximately 5-10%.

Acknowledgements

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