COMPANION GUIDE

Module 2: "Behavioral Health Partners in Older Adult Behavioral Health"

Tips for facilitators:

- Watch the Module 2 DVD prior to the training so that you can anticipate questions and identify supplementary materials needed for your particular audience.

- This module is 33 minutes.

- Consider working with a co-facilitator who will complement your own expertise and knowledge of the community.

- Handouts for this session include PowerPoint slides, Participant Companion Guide, and evaluation forms.

- Feel free to stop the DVD at any point in the program for discussion.

- Refer to the introduction of this manual for more tips.

Plan for the Session

- With knowledge you have from stakeholder interviews and with assistance from your manager/supervisor, determine optimal scheduling. Consider
  - the best times to help ensure cross-training (i.e., participation from both aging and behavioral health services)
  - how many modules to view at one time—modules are designed for 90-minute sessions to allow time to view modules and discuss content and implications for the community
  - frequency of training (e.g., weekly, monthly)

- Prepare handouts:
  - Copy PowerPoint handouts for participants.
  - Copy the resource section of the *Participant Companion Guide* as a handout.
  - Determine which, if any, fact sheets you will copy and distribute as handouts.

- Review the *Participant Companion Guide* to identify resources that will help participants understand the behavioral health system better.

- You may adapt the PowerPoint slides to fit community needs and interests. The presentations are saved to your project flash drive.

- Review the purpose of this module: *This module targets those who do not work in behavioral health. Knowledge about the behavioral health system will facilitate interagency partnerships to optimize services for older adults. Behavioral health providers who participate in this training can provide specific information about behavioral health services in your community.*

- Anticipate responses from participants and plan how to redirect comments if necessary. For example, typical responses when people view Module 2 may be:

  o "This is not the way things work in our community"
  o "There is not enough information about . . . ."
  o "This would never happen in my community"

  Keep the focus on helping participants understand the behavioral health system in your community. Use responses, such as those above, to focus on identifying service gaps and working together to find ways of addressing them.

- Prepare to offer NASW CEUs when the DVD is presented with discussion:

  o Make one copy of the roster (for signing in) and a copy of the evaluation form for each participant. Fill in forms with the title of the module, date, and location.
  o Ask participants to sign in on the roster and to complete the evaluation at the end of the session.
  o Give each participant a certificate with his or her name and the date.
  o Mail roster and completed evaluation forms to the Oregon Chapter of NASW (address is on the form).

Welcome the Participants

If you are presenting the modules in sequence, welcome back participants from Module 1. Spend some time with introductions or with activities to help people get to know each other better. Let participants who work in behavioral health know that, for this module, they are guides to their colleagues who work in aging and health services to the system in your community.

Show the DVD

If you wish, you may stop the DVD for discussion rather than watching it all the way through prior to discussion.

Facilitate Discussion

Much of the learning will take place or be reinforced through discussion following the module. Because no module can cover all aspects of the behavioral health system, particularly in your community, discussion is important. It can help participants to explore variations in your community and help them understand how the materials in the module apply to them. Your own experience, as well as the information you have obtained from the stakeholder interviews you have conducted, will help you with this.

Below are some questions designed to help participants connect the material to their own practices and to their community. Consider how much time you will have for discussion and select the questions you feel are most important. Allow as much discussion as possible of real problems and dilemmas the participants have experienced. Consider pairing a person from aging services (or another agency) with a person from behavioral health for some of the discussion. Note that some questions focus on clinical issues and others on systems issues of the broader community.

The *Participant Companion Guide* for Module 2 has multiple resources that will be relevant for your audience. This includes links to information on demographics, services, and service systems referenced in the module.

Discussion Questions

You may pause the DVD at any time for discussion or you may view the entire DVD first. Consider these questions:

1. Many types of behavioral health services were presented briefly in this module. Recognizing that services vary across the state, think about this information and what was new to you or what was different from your understanding of this complex system.

    If you are not part of the behavioral health system: ***What were surprises for you in this module? What do you want to know more about?***

    If you are part of the behavioral health system: ***What is different in this community? Why do we have these differences? What do these difference mean for addressing issues of older adult behavioral health in our community?***

2. The population is aging, and with it, the numbers of older adults with behavioral health issues are increasing. In this module, those who have been working in behavioral health for a long time have observed increasing complexity in the cases they are encountering (e.g., cognitive dysfunction and health declines co-occurring in people with a mental illness).

    What are you experiencing in your work? How are experiences of people who work in aging services similar to or different from those working in the behavioral health system?

3. The DVD provides an overview of behavioral health needs among older adults: (1) Those aging with a serious and persistent mental illness, (2) those whose problems develop later in life, and (3) those facing challenges related to aging (e.g., changes in roles, loss of friends and families, and declining functional abilities).

    How are these three areas of need addressed in this community? Who, among these groups, are served by your agency? Who is left out?

    How well is your agency equipped to help people with these different types of needs? How can agencies partner to improve our community's response to different types of needs?

4. Health reform and recent changes to Medicare and Medicaid mean that more coverage for behavioral health is available through these programs. For example, Medicare will cover behavioral services delivered by specific professions (e.g., physician, licensed clinical social worker). At the same time, these approved providers also have to agree to Medicare assignment.

    Who are the approved providers who have agreed to Medicare assignment in this community? Where are the gaps? What are opportunities to build capacity?

5. Each county is served by a Community Mental Health Program that is responsible for the delivery of core services (slide 40). The delivery of these and other services are shaped priorities established by the Local Mental Health Authority and available resources.

   What services are provided by the CMHP in this community? Who else in this community provides these core services? Are all these services available in this community? If they are not, what does this mean for addressing issues of older adult behavioral health?

6. The 1999 *Olmstead* decision emphasized self-determination for persons with disabilities, including older persons with newly acquired disabilities. *Olmstead* gives people with disabilities the right to receive state-funded supports and services in the community rather than institutions, as long as certain conditions are met. People also have the right to refuse treatment.

   How has the Olmstead decision affected the way behavioral health services are offered in this community? What about the impact of the decision on the delivery of aging services? What are common experiences across these two systems? What are differences?

7. As described in the module, people with behavioral health needs have more chronic health conditions, more outpatient visits, and are hospitalized more frequently than those who do not have these needs. Although CMHPs and other behavioral health providers may offer a wide range of services, these programs serve relatively few older adults. Only a few behavioral health programs are specifically designed for an older population, although those programs have been shown to be effective. Oregon's health transformation effort's top priority is integrating physical and behavioral health services to address needs of individuals.

   How can we use this knowledge to make the case for systems integration in our community? That is, how can we work together with CCOs, aging services, and others to advocate for and make the systems changes needed to improve services and outcomes for older adults with behavioral health needs?