

COMPANION GUIDE

Module 3: “Aging Services Partners in Older Adult Behavioral Health”

Tips for facilitators:

- Watch the Module 3 DVD prior to the training so that you can anticipate questions and identify supplementary materials needed for your particular audience.
- This module is 25 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 aging services 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 aging services. Knowledge about aging services will facilitate interagency partnerships to optimize services for older adults. Aging services providers who participate in this training can provide specific information about aging services in your community.*
- Anticipate responses from participants and plan how to redirect comments if necessary. For example, typical responses when people view Module 3 may be:
 - “This is not the way things work in our community.”
 - “There is not enough information about”
 - “This would never happen in my community.”

Keep the focus on helping participants understand the aging service 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:
 - 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.
 - Ask participants to sign in on the roster and to complete the evaluation at the end of the session.
 - Give each participant a certificate with his or her name and the date.
 - 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 Modules 1 and 2. If needed, spend some time with introductions or with activities to help people get to know each other better. Let participants who work in aging services know that, for this module, they are guides to their colleagues who work in the behavioral health 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 aging services system, particularly in your community, discussion is important. It can help participants to explore variations 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 3 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 aging 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 aging services system: ***What were surprises for you in this module? What do you want to know more about?***

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

2. Older Americans Act services and Oregon Project Independence services are provided through Area Agencies on Aging (AAA). Other kinds of services, including Medicaid services, are provided through Aging and People with Disabilities (APD). In some communities, these services are offered through a Type B AAA and in others they are provided by separate agencies (Type A AAA and an APD field office).

What type of AAA serves this community? Where do people go to get Older Americans Act services? How are Medicaid services provided? If you are in a community served by a Type A AAA, how do these agencies coordinate services?

3. Oregon is an “older” state, with a higher percentage of older adults than the national average. Rural communities tend to have the greatest percentage of older adults, exceeding 24% in two counties. Population projections inform us that the state will continue to age.

How “old” is the county where you live? What are implications of the aging population for this county? Consider the opportunities as well as challenges.

4. The *Olmstead* decision, described in Module 2, has shaped the behavioral health system. In aging services, the emphasis of services is to protect a person’s individual independence, dignity and choice.

How is the approach of the two systems toward choice and self-determination similar? How are they different? (Think about the right to make decisions that may not be in the person’s best interest, or refusal to accept services or treatment.)

- ADRCs are a coordinated network of agencies and organizations, including Area Agencies on Aging, Centers for Independent Living, APD field offices, Office of Intellectual and Developmental Disabilities, Veterans Services, and Mental health. The ADRC can help consumers and providers access each of these partner organizations to get the help that they need.

What ADRC is serving this community? If you work in the behavioral health system, how can the ADRC support your work? Benefit your clients?

- Many programs available through the aging services system are prevention-focused or support people's health and well-being. Examples include nutrition programs, evidence-based exercise programs, caregiver support, and living with chronic illness.

Which of these services are available in this community? How can aging service and behavioral health service providers work together to increase participation in these programs? How can these programs be strengthened to meet the needs of the community?

- ADRCs are providing services to support people experiencing depression or anxiety.

Which program is available in this community? Who is eligible? What is the referral process? Who is not served through this program? That is, who is at risk of "falling through the cracks"?

- Most aging services staff have not been trained to support people with severe mental illness, yet the population of older adults with behavioral health needs is growing.

How can behavioral health providers help aging services providers develop the skills and knowledge they need to work effectively with this population?

- Behavioral health services available in a community may not be designed for older adults or for people with disabilities. This may limit access to services or reduce the effectiveness of the service.

Discuss why it might be important to tailor services for an older or disabled population (consider the information presented in Module 1). Are there behavioral health services specific to older adults or people with disabilities in this community? How can aging services and behavioral health services work together to either develop or enhance population-specific services?