

## Share the Care - Survey of Attendees Spring 2008 and 2009 Training Sessions

### Counties in Attendance:

#### Spring 2008

Bedford/Somerset  
Berks  
Blair\*  
Bradford/Sullivan/Susquehanna/Tioga  
Cambria  
Centre  
Chester  
Franklin/Fulton  
Huntingdon/Mifflin/Juniata  
Lackawanna/Susquehanna  
Lebanon  
Lehigh  
Luzerne/Wyoming  
Lycoming/Clinton\*  
Northampton  
Potter  
Tioga

**Responses = 26**

**Survey Conducted Spring 2009**

\*No response to the survey

#### Spring 2009

Allegheny  
Armstrong/Indiana  
Cameron/Elk/McKean  
Forest/Warren\*  
Lawrence  
Mercer  
Washington/Fayette/Greene  
Westmoreland  
Venango\*

**Responses = 17**

**Survey Conducted Fall 2009**

\*No response to the survey

93% rated the training as “Extremely Helpful” to “Helpful”

72% reported they already had a joint Aging/MH case review process in place prior to attending the training

21% reported that they developed a new joint case review process following the training

16% reported that changes were made to the county MOU as a result of the training

42% reported they had implemented other changes and/or held other activities related to behavioral health issues in older adults

51% reported that Aging-MH collaboration had improved since the training

**Barriers Identified:**

- Finding Medicare providers for MH services. It is equally difficult to find a provider of MH services for homebound elderly.
- Consumers who have HealthChoices do not get opened to our County MH system, which then means that the AAA staff has to navigate the MH system on their own.
- Time limitations and changing staff
- Billing issues prevent Human Services staff from accompanying Aging care managers on home visits.
- Aging population in CRR's (Community Residential Rehabilitation) are unable to access waiver services through Aging and thus end up in nursing homes rather than maintained in the community.
- Aging struggles when an individual with a serious mental illness chooses not to engage in MH services. Aging care managers then face challenges of supporting MH needs.

**Successes:**

- Aging and MH workers make home visits together and assist with several 302 activities. This would not have occurred in the past.
- We applied and received a grant for a certified peer specialist for older adults.
- The Link Program is being piloted in our area. This is the most significant implementation related to coordination of services.
- A more active planning / discussion process has been developed between the local HealthChoices Program and local Aging programs. This effort involves meeting between the HealthChoices Program, county aging and mental health program staff.
- We have initiated the Personal Care Risk Management Team Meetings with the Area Agency on Aging, the managed care behavioral health organization, and Department of Public Welfare at the table.
- The Area Agency on Aging collaborates with our Base Service Unit to sponsor a very successful and well attended senior health fair every October.
- Staff members have become more familiar with the aging agency and are making referrals to utilize several programs they have available.