Strengthening Support for Family Caregivers: Emerging State Lessons

October 1, 2020
12:00-1:30 pm ET

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Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
Agenda

- Welcome and Introduction
  - CHCS’ Helping States Support Families Caring for an Aging America
- Prioritizing Multidisciplinary Collaboration to Support Family Caregiving in Virginia
- Identifying Shared Goals to Guide Family Caregiving Supports in Idaho
- Monitoring Iowa’s Family Caregiving Programs Through Data Collection
- Moderated Q&A
Meet Today’s Presenters

Courtney Roman, MA
Senior Program Officer
Center for Health Care Strategies

Judy B. Taylor
Administrator
Idaho Commission on Aging

Julie Bergeson
Family Caregiver and Support Services Manager
Iowa Department on Aging

Jason Rachel, PhD
Director, Division of Integrated Care
Virginia Department of Medical Assistance Services

Sarah Toevs, PhD
Director, Center for the Study of Aging
Boise State University
Goal: Support participating states (AL, IA, ID, NH, SC, VA) in shaping and/or improving family caregiving polices and programs

Funders: The John A. Hartford Foundation, the Milbank Memorial Fund, the May & Stanley Smith Charitable Trust, and the Gordon and Betty Moore Foundation

Timeline: May 2018-September 2020

Activities: Multi-state learning collaborative and in-depth CHCS technical assistance

Next steps: Phase 2 kicks off in October 2020
Key Elements Needed for Foundational Program Changes to Support Family Caregivers

Prioritize Cross-Sector Engagement

» Breaks down silos

» Increases the capacity, flexibility, and alignment of existing family caregiving programs and resources

Collaborate on Shared Goals

» Helps to isolate service and resource gaps and avoid duplication

» Leads to creative and collaborative approaches

Establish Robust Data Collection and Exchange

» Strengthens understanding of family caregivers and their value

» Facilitates cross-stakeholder information sharing
PRIORITIZING MULTIDISCIPLINARY COLLABORATION TO SUPPORT FAMILY CAREGIVING

Jason Rachel, Ph.D.
Integrated Care Delivery System – medical, behavioral health and long term services and supports

- Approximately 260,000 members
- Care Coordinator for each member
- Six health plans
Virginia Team: DMAS and DARS

DMAS: Sandra Brown, Katie Hill, Jason Rachel and Tamara Whitlock

Department for Aging and Rehabilitative Services (DARS): Linda Hamrick

**Project Goal:** Develop tools to engage and support family caregivers to strengthen home and community based living.
Multi-Stakeholder Workgroup

**Goal:** To foster collaboration among state agencies, MCOs, and community organizations to support family caregiving and strengthen home and community based living.
Resulting Workgroup Collaboration

- Partnership with VirginiaNavigator led to promotion of local resources through an email campaign to members/caregivers and Care Coordinator training
- DMAS joined the statewide Virginia Caregiver Coalition
- Caregiver survey
Goal: capture direct caregiver feedback for improved understanding of their needs and challenges.

• Analysis of results is pending and expected to be shared with multi-stakeholder workgroup.
• Survey findings will drive further stakeholder engagement and collaborative statewide efforts to support caregivers.
Lessons Learned

• Conducted an environmental scan and discovered many fragmented resources
• Met with the health plans prior to the multi-stakeholder group meeting to understand current efforts and gain buy in
• Aligned our family caregiving efforts with our existing work
Identifying Shared Goals to Guide Family Caregiving Supports

Judy B. Taylor, Administrator, Idaho Commission on Aging

Sarah Toevs, Director, Center for the Study of Aging, Boise State University
Greetings from Idaho

- 13th largest state in land mass, but 34th state in population
- One of the 10 states with a white population of greater than 90%
- Healthy economy and growing population
- Population is aging especially in the rural areas
- Typical western culture of self reliance, independence, strong communities
- Get er done philosophy, cooperation is expected and rewarded
- Government is viewed as a last resort option
Idaho’s Project Goal

Develop a public/private partnership to enhance caregiver supports, access to information, and services.
**Key Elements**

**Relationships**
- Statewide network of trusted partners
- Laser focus on family caregivers across the lifespan

**The Pitch**
- Right people at the table
- Facilitated by CHCS
- Open exchange of ideas

**Action Plan**
- Regional two year pilot
- Capitalize on existing evidenced-based tools: TCARE caregiver assessment

Idaho Caregiver Alliance

ICOA
ICA
Idaho Medicaid

Family Caregiver Navigator
Overview of Intervention

- Professional Referral (health care, social service, employer)
- Self & Organic Referral
- Ads, PSAs, Presentations

Caregiver completes brief screening

Navigator is prompted to call Caregiver after online inquiry or Caregiver may call Navigator line directly

- Navigator conducts an in-depth assessment with Caregiver
- Navigator and Caregiver develop a person-centered action plan

- Provides informal referrals via warm hand-off
- Sends list of relevant resources to Caregiver
- Makes direct contact with resource providers when necessary

Stress Burden: HIGH
Objective Burden: HIGH
Relationship Burden: HIGH
Identity Discrepancy: HIGH
Depression: HIGH
Intention To Place: NO

Family Caregiver Navigator
Action Taken

- Outreach, outreach, outreach
  - Multi-sector Advisory Committee
  - Presentations
    - 25 to community groups
    - 30 to professionals
  - Caregivernavigator.org
  - Print materials

- Navigator onboarding

- Project launch September 1, 2020
  - 24 assessments conducted
Next Steps

- Process Evaluation: Rapid PDSA
- Outcome Evaluation
  - Multiple stakeholders
    - Caregivers
    - Healthcare systems and providers
    - Public agencies
    - Community-based organizations
- Outreach, Outreach, Outreach
- Evidenced-based recommendations to guide expansion
Lessons Learned

- Build on trusted relationships
- Gap analysis
- Adequately fund outreach and marketing
- Clear, well articulated vision
- Assess opportunity costs
  - Does it align with core mission?
  - Does it advance a strategic initiative?
  - Will it advance partnerships with key stakeholders?
  - What lasting infrastructure value will be achieved?
Monitoring Family Caregiver Programs Through Comprehensive Data Collection and Information Exchange

Julie Bergeson, Iowa Department on Aging
Established under the Older Americans Act

- Executive Branch Agency

Serving:
- Older Adults [age 60+]
- Adults with disabilities [age 18 – 59]
- Caregivers, National Family Caregiver Support Program [NFCSP]

Core Services:
- Information & Service Assistance
- Nutrition & Health Promotion
- Services to Promote Independence
Streamline service delivery processes and collect more consistent data to report National Family Caregiver Support Program activities.
Existing statewide data varied widely across services.

More holistic picture of the needs of Iowa’s family caregivers.

Planning and communications.

Minimum standards but allowing for flexibility within a service region.

Future program enhancements.
Steps Taken

**Held Statewide Continuous Improvement Event**
- Clarified a common definition of a caregiver
- Identified high-level process steps across all six AAAs
- Work teams recommended more detailed protocols, national scan of Caregiver assessment tools, reviewed IDA & AAA forms

**Developed SOPs**
- Statewide training webinar

**Implemented Caregiver Assessment January 2020**
- Worked with AAA System Administrator
  [Wellsky]
Iowa’s Caregivers

Ages 26 – 98 years old.
Most provide care daily.
47% caring for someone with Alzheimer’s or a related dementia.
For majority, not affecting work.

Modified Caregiver Strain Index [MCSI]
46% of Family Caregivers indicate a high level of stress.

1,037 more Family Caregivers served in SFY20 vs. SFY19.

234 Family Caregivers completed the assessment tool in 6 months.
Question & Answer
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Highlights the innovative cross-sector work of six states—Alabama, Idaho, Iowa, New Hampshire, South Carolina, and Virginia—that participated in the CHCS initiative *Helping States Support Families Caring for an Aging America*
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