STATE AND NATIONAL EFFORTS TO HELP COMMUNITY-BASED ORGANIZATIONS BETTER SUPPORT FAMILY AND FRIEND CAREGIVERS

TRAE TURNER

OHIO DISTRICT 5 AREA AGENCY ON AGING OHIO, INC.

JENNIFER HESTON-MULLINS

SCRIPPS GERONTOLOGY CENTER, MIAMI UNIVERSITY

Ohio AAA's Caregiver Pilot with Health Plan

Trae Turner, Chief of Community Living

*Ohio District 5
Area Agency on Aging, Inc.*

Caregiver Task Force

- Overview
  - Established November 2021
  - Made up of twenty members, representing all twelve Area Agencies from across the state
  - Experts in local caregiver services and supports

- Purpose
  - A state-wide approach to caregiving
  - Opportunities with health plans

Timeline of Work

November 2021

Task Force
Established

January 2022

Caregiver
Inventory
Completed

March 2022

Health Plan
Workgroup
Established

July 2023

Health Plan
Pilot Initiated

4

Opportunity with a Health Plan

Goal: To create and pilot a caregiver intervention within an existing statewide care transitions program.

Work group focus on the following key areas:

- **Identification**
- **Screening**
- **Referral**
- **Local Services and Supports**
- **Extended Support**
- **Outcomes**

Pilot Overview

- July 1- Sept 30

- Five AAA's participating (1,2,5, 10A and 10B)
  - Care transitions staff and AAA caregiver support staff involved

Identification

- Identification of primary caregiver involvement at home visit
  - Health plan member and/ or their caregiver
- Scripting
    - *"Are you helping anyone?" "Is anyone helping you?"*
    - *"Do you check in on someone?" "Does someone check in on you?" (in-person or by phone)*
- Observation
  - Caregiver may or may not appear stressed/ strained

Screening

- Any trained staff member can complete the tool

- In-home vs. Telephonic (situational)

- Tool development and scoring
  - Screen to assess areas such as financial, physical, emotional and social strain.
  - Yes (2 points), Sometimes (1 point), No (0 points)
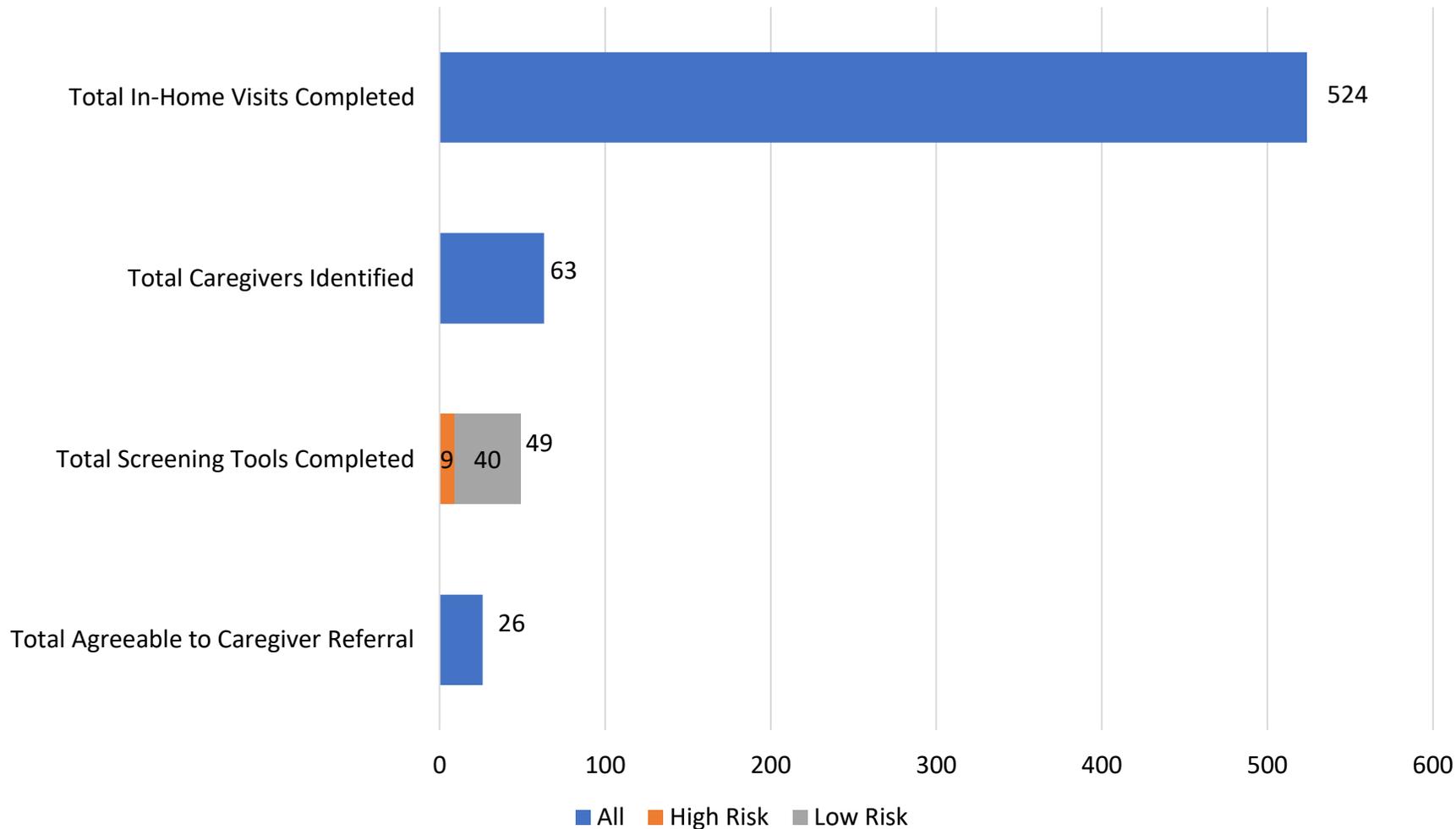 - "Low Risk" or "High Risk" (7-19 points)

Referral

- "Low Risk"- Referral made to AAA caregiver team for information regarding local services and supports.

- "High Risk"- (7-19 points)- Referral made to caregiver team for information and connection to internal/ external services and supports.

Outcomes

Caregiver Pilot Outcome July 1st- Sept 30th

- Approximately half of the caregivers screened are health plan members and half are their caregivers.

- Ages screened vary from 33 to 91 years old (average age of 65).

- High Risk individuals

The Scripps Gerontology Center Team

Jennifer Heston-Mullins PhD, LSW
Principal Investigator

Robert Applebaum PhD
Co-Investigator

Molly Noble, MGS
Project Manager

Madison Williams, BBA, ABA
Graduate Assistant

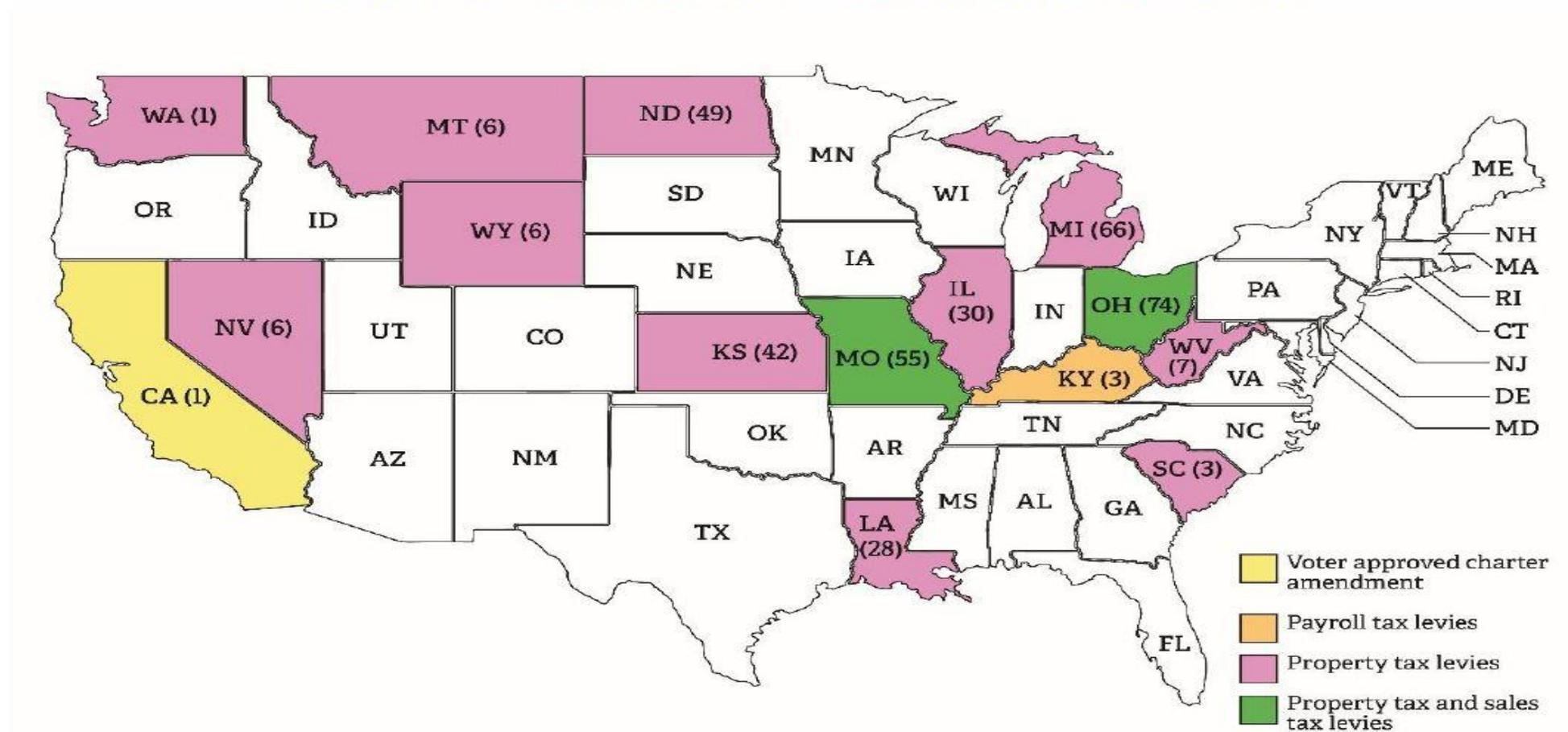# Enhancing Caring Communities

Funded by the RRF Foundation for Aging

» *Enhancing Caring Communities: Strategies to Help Locally Funded Senior Service Programs Better Support Caregivers (June 2019 – February 2021)*

Goals

1) Identify how many locally-funded senior services initiatives there are in the United States

2) Gain a better understanding of how existing locally-funded programs directly or indirectly impact caregivers' lives

3) Assess whether these locally-funded programs could enhance their intentional focus on, and their effectiveness for, caregivers

Enhancing Caring Communities

Figure 1. Number of Local Regions in States and Types of Funding Initiatives to Support Aging Services Programs for Older Adults

Legend:
- Voter approved charter amendment
- Payroll tax levies
- Property tax levies
- Property tax and sales tax levies

Local Program Support for Caregivers

Caregiver Services	Percent Yes
Program provides at least one service to family/friend caregivers	62.7
Services Provided (could select more than one)	
Respite Services	35.5
Education/training programs	33.3
Assessment of caregiver needs	29.8
Family/Friend caregiver support groups	26.8
Programs for family/friend caregivers of those w/specific illnesses (e.g., Alzheimer's, Parkinson's)	20.6
Counseling programs	13.6
Coaching or care navigation programs	10.5
Other (e.g., adult day, information/referral, application assistance)	11.4
Reported eligibility criteria for family/friend to receive services (e.g., must reside w/care recipient)	19.7
Interested in learning about service options to support caregivers w/local funds	51.4

Note: n = 228 survey respondents

Koumoutzis, Heston-Mullins, Mayberry, & Applebaum (2022)

Caregiving Services Interviews

June - December 2020

» 29 organizations across 13 states

» Area Agencies on Aging, Councils on Aging, County Departments on Aging, Senior Centers, Community Service Providers

  » Not all services reported in the online survey were actually targeted specifically to family and friend caregivers.

  » A handful of organizations provided very robust services for caregivers (respite, education, support groups).

  » Many organizations offered only one or two services intended to benefit caregivers.

  » Caregiver services are typically funded through a combination of sources which include local funds.

Enhancing Caring Communities

Funded by the RRF Foundation for Aging

» *Enhancing Caring Communities: Assisting Locally Funded Programs in Improving Support and Services to Family and Friend Caregivers (January 2022 – December 2023)*

Goals

1) Help existing locally-funded programs develop strategies to better serve family and friend caregivers

2) Produce a toolkit for programs around the nation, including those funded through diverse funding sources, to disseminate the knowledge generated by a national caregiving learning collaborative

National Caregiving Learning Collaborative

» 2 participants from each organization

» Five virtual sessions with 4-5 week action periods and "homework" between sessions

» Online survey completed at the end of the virtual sessions and again 6 months later

» Google Group for sharing resources

» $500.00 paid to participating organizations after completion of each online survey

Virtual Sessions

» Virtual Session #1: ***Welcome, Overview, and the Importance of a Caregiver Focus***

» Virtual Session #2: ***Integrating Evidence-Based Practices in Caregiving Support***

» Virtual Session #3: ***Practical Tools for Caregiver Support***

» Virtual Session #4: ***Hot Topics in Caregiving Support and Service***
  ➢ Respite (funding, flexibility, best practices)
  ➢ Identifying and reaching family and friend caregivers
  ➢ Caregiver assessment
  ➢ Caregiver training/education
  ➢ Managed Care

» Virtual Session #5: ***How are We Doing and Where Do We Go from Here?***

Organizational Self Assessment – Part 1

Getting a sense of where you are as an organization

» Resources dedicated to caregiver support/services

  » ***Proportion of total organizational budget, local funding, other revenue, staff positions, and other organizational resources dedicated to caregiver support/services***

» Caregiver Philosophy

  » ***Our organization's guiding philosophy prioritizes caregiver support and services.***

» Caregiver Assessment

  » ***Our organization tailors support and services to caregivers' individual needs.***

» Caregiver Supports and Services

  » ***Education/training programs; support groups; specialized programs or support groups; counseling programs; coaching/navigating programs; respite services***

» Community Collaboration

  » ***We maximize community collaborations to ensure caregivers in our community have adequate support and services.***

» Overall Self-Rating ***(1) Needs major improvement to (5) Excellent***

Organizational Self Assessment – Part 2

Now that you know where your organization is, where do you want it to be?

» Gaps between local caregivers' needs and organizational offerings

» Challenges or barriers experienced in providing services or support

» Needed knowledge and/or training

» Needed resources

» Areas of caregiver support would most like to improve

Organizational Self-Assessment – Part 3

Selecting an area of focus

➢ Identifying a specific caregiving program or service area that you would like to improve or develop in your organization.

1 Easy Less Important	2 Easy Important
3 Hard Less Important	4 Hard Important

» *Do we have enough data on actual caregiving needs in our community?*

» *Have we comprehensively examined our current caregiving support and service approaches?*

» *Do we need to refine our gap analysis based on more in-depth information and data?*

» *Have we really focused on the best program or service option, including its strengths and weaknesses?*

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Organizational Self-Assessment – Part 4
Planning, Piloting, and Preparing for Evaluation

➢ Thinking through a detailed planning process for the identified program or service area.

- » *Who should be included in the planning process?*
- » *What is the program you are offering?*
- » *What are the identified goals of the program?*
- » *Who is the target population?*
- » *What resources are needed?*
- » *What is the time frame for implementation?*
- » *What outcome measures will you examine to help you know if your program is successful?*
- » *How will you collect data to evaluate how your program is performing?*
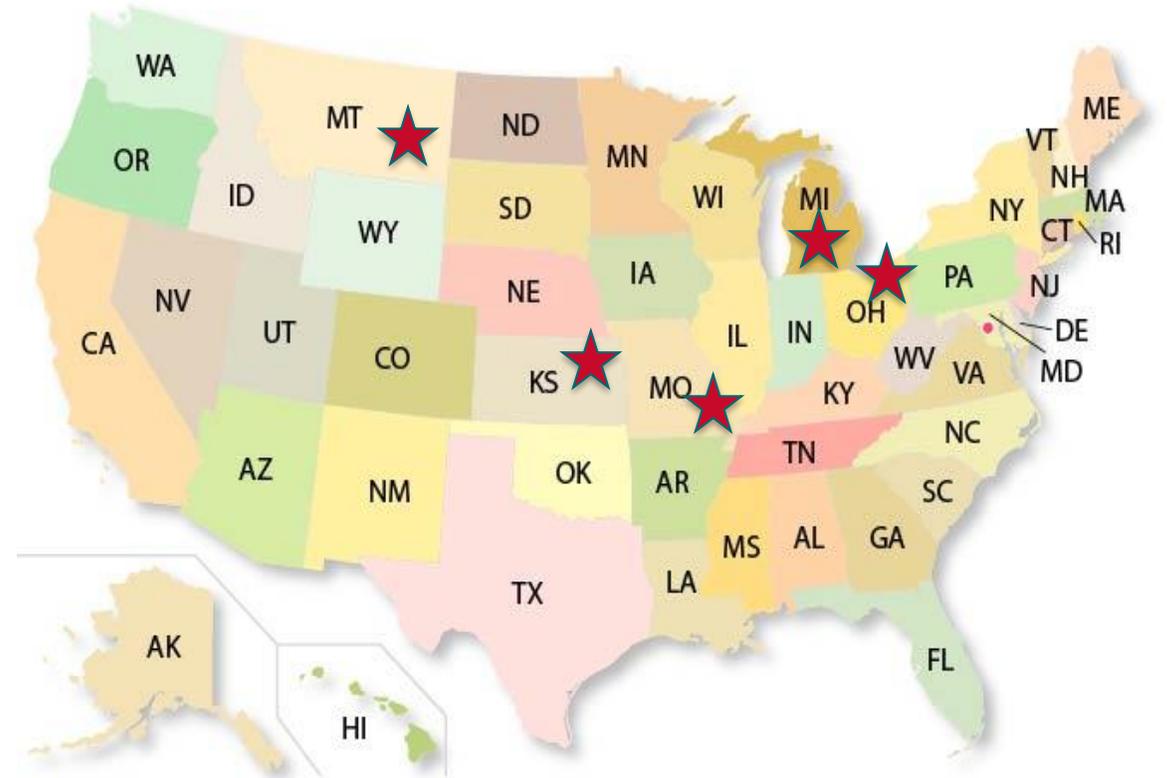- » *How will you measure program quality?*

Cohort A
May 2022-October 2022

›› 11 organizations from 5 states
  ›› **Kansas**
  ›› **Michigan**
  ›› **Missouri**
  ›› **Montana**
  ›› **Ohio**

›› **Types of Organizations**
  ›› AAAs
  ›› Commission on Aging
  ›› County Departments on Aging
 ›› Community Service Providers

Cohort B
December 2022 – April 2023

» 12 organizations from 10 states
  » **Iowa**
  » **Illinois**
  » **Indiana**
  » Kansas
  » Michigan
  » Missouri
  » **New York**
  » Ohio
  » **Oregon**
  » **Vermont**

» **Types of Organizations**
  » AAAs
  » Community Service Providers
  » County Departments on Aging

» Board of County Commissioners
» Council of Governments
» Yoga & Wellness

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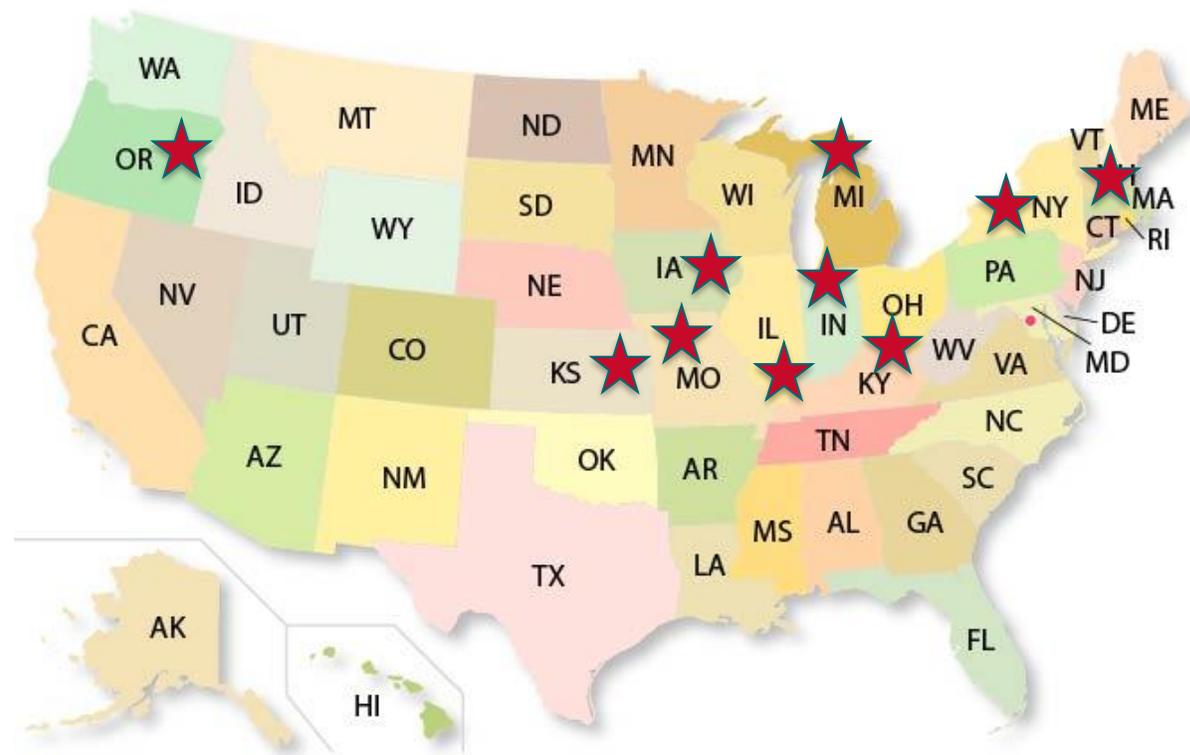
Identified Service Gaps

»Respite care

»Funding for caregiver programs and training

»Caregiver education

»Volunteers and community support

»Mental health support/resources

»**Other service gaps mentioned:** caregiver identification, care management, staffing, transportation, burnout support, referrals, and technology

Identified Challenges

>> Lack of respite and other services

>> Early caregiver identification

>> Staffing

Other challenges mentioned: caregiver awareness of services; rural area limitations; caregivers have no time; lack of funding; service limits; waiting lists; lack of understanding of services offered; lack of community support; affordable support; low program attendance; limits on number of hours a caregiver can be paid

Identified Skills and Training Gaps

>>Caregiver awareness and support

>>Caregiver training

>>Assessments to identify caregivers

Other skills and training gaps mentioned: case manager training; Diversity, Equity, & Inclusion; caregiver advocacy; organizational management training; program implementation; grant writing and research; multidisciplinary services (e.g., low vision; stress management; end-of-life (care, financial planning); managing payers (veterans programs, Social Security, Medicare, Medicaid); pain management

Identified Areas for Improvement

>>Increase available respite care

>>Increase support for caregivers

>>Training for caregivers

>>Community support (better partners)

Other areas for improvement mentioned: transportation; funds; staffing; in-home services; volunteers; centralization of data; marketing; increase attendance for caregiver support groups; trainings for multidisciplinary services (low vision, Parkinson's, dementia, diabetes); goal setting; focusing on provider areas offered; outreach to grandparents

Identified Improvement Initiatives – Cohort A

» Caregiver education*

» Funding (new funding, reallocation of existing budget funds)*

» Respite care / in-home services*

» Community awareness*

» Support groups for caregivers*

» Create Caregiving Coordinator position

» Our Family, Our Way

» Dementia Simulation (Virtual Dementia Tour)

* Identified by more than one organization

Identified Improvement Initiatives – Cohort B

» Combination of evidence-based programming for older adults and caregivers

» Continued development of the substance to a caregiver support program

» Assessing the caregiver first as opposed to the care recipient

» Create a Dementia Cafe

» Offer BRI [Care Consultation] program to residents of community at no charge

» Training and Education

» Implement Powerful Tools for Caregivers

» Provide targeted outreach to underserved populations (rural residents, LGBTQ+, BIPOC, and grandfamilies)

» Expanding respite options

» Outreach to caregivers via the faith community

» Exploring resources to expand grandparent program

» Conducting a survey directed towards caregiver staff

Participant Feedback: Virtual Sessions

» *Session 4 significantly shifted my mindset from "too difficult to do" to "this is possible".*

» *All of the sessions were well laid out and enhanced by the group discussions. The follow up questions helped guide us through the process of what needs to happen to enhance our caregiver support program.*

» *Not so much a particular session, but what I found most valuable in each session was learning about [caregiver] programs that are happening now. That, in addition to reinforcing what we know in our own communities, and taking us through the planning process - all of it is so valuable.*

» *I think all sessions were valuable and provided good balance (an opportunity to learn from guest speakers and opportunities to interact and learn from each other).*

Participant Feedback: Organizational Assessment Documents and Process

» *The organizational assessment process helped us to examine our current caregiver programming with our agency director. We examined the effectiveness of current programs, as well as the direction of future programming.*

» *I really appreciated the final handout thinking through a detailed planning process. I hadn't seen anything like that before and it was so helpful to break down a big project into smaller steps to help reach the final goal/project. I've started using it for other programs here!*

» *The organizational assessments forced members to critically think and reaffirm it in writing and discussion. This was not only beneficial for discussion but to have as a reference to share with leadership team and revisit goals.*

» *The pacing and structure of the organizational assessment was perfect. I think if you had just given us a sheet and asked us to outline goals for our organization, it would not have been as useful as the breakdown and step by step by step process that we went through.*

Participant Feedback: What Worked Well

» *This collaborative helped me with what we can do to assist caregivers - it advanced my thinking of needs, options and solutions.*

» *I liked how it brought folks from across the country to the discussion*

» *It was interesting to find out what was available to support our consumers participating in family caregiver programs across the nation.*

» *I really enjoyed being able to collaborate with others around the country regarding resources.*

» *I really liked the variety of the organizations as well. Not all were from a government agency or an area agency on aging. There were individuals represented that worked in administrative roles, but also direct care and contact with caregivers. It gave a whole well-rounded perspective to this learning collaborative.*

Would you recommend the National Caregiving Learning Collaborative to a colleague?

Yes (93%)

Maybe (7%)

AAA5's LC Experience: Benefits

- Opportunity to share ideas, best practices, and challenges with other collaborative participants.

- Collaborative promoted very intentional conversations with organizational leadership and staff regarding caregiver support.
  - Opportunity to identify service gaps
    - Companion Care
    - In-Patient Respite

AAA5's LC Experience: Impact

- Companion Care
  - A timely (often on short notice) in-home service provided to individuals, supporting their caregivers.
  - Examples include caregivers needing to attend social events, medical appointments, self-care, etc.
  - Through this service, providers offer socialization and ensure health and safety to individual's by being present (not hands-on care).
  - AAA5 has provided 60 hours of Companion Care to date (Levy/ Alzheimer's Funds).

- In-Patient Respite
  - Partnership with Skilled Nursing Facilities to provide extended (around the clock) respite care.
  - AAA5 has provided 195 days of In-Patient Respite to date (Levy, Alzheimer's and Title IIIE Funds).

Technical Assistance Toolkit

Coming soon…

➢ Step-by-step guide for organizations that want to better serve caregivers in their communities

➢ Web-based

➢ Interactive organizational assessment

➢ Links to caregiving data and resources

➢ Free!

Thank you to our experts!

- **David Bass, PhD,** Senior Vice President, Senior Research Scientist, Director of the Center for Research and Education – Benjamin Rose Institute on Aging

- **Rachel Cannon, MPH,** Senior Research Analyst - Benjamin Rose Institute on Aging

- **Abigail Helsinger, MS,** Senior Research Associate **-** Discovery Center for Evaluation, Research, and Professional Learning, Miami University

- **Kathy Kelly,** Executive Director - Family Caregiver Alliance

- **Erica Marks,** Director of Volunteer Services – AgeWell

- **Alyssa Perkins,** Caregiver Specialist; Lead Care Consultant, BRI Care Consultation - Atlanta Regional Commission

- **Shauna Portner, MSSA, LISW-S**, Program of General Caregiver Support Services Senior Social Worker - Central Ohio VA Health Care System

- **Courtney Roman,** Senior Program Officer - Center for Health Care Strategies

- **Jenna Shankman,** Policy Specialist – Family Caregiver Alliance

- **Jason Smith,** Vice President, Duals Markets – Aetna, a CVS Health Company

- **Tina Uridge,** Executive Director – Clay County Senior Services

- **Celia Williams,** Team Lead – Atlanta Regional Commission

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THANK YOU!
WE APPRECIATE YOUR TIME AND ATTENTION.

Trae Turner

Chief of Community Living

Ohio District 5 Area Agency on Aging, Inc.

TTurner@aaa5ohio.org

(419) 522-5612 x1189

Jennifer Heston-Mullins, PhD, LISW

Associate Director of Research

Scripps Gerontology Center, Miami University

hestonjl@MiamiOH.edu

(513) 529-1858