

Central Texas Family Caregiver Services

Expanding access and creating a menu of service options for family caregivers through partnerships.



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A Culture of Cooperation in Central Texas

- Demographically diverse – includes urban, rural and semi-rural
- Strong military influence (Home of Ft. Hood and the Central Texas VA-MC)
- Accessible and high quality medical care
- History of partnership across health and human service agencies and local governmental entities

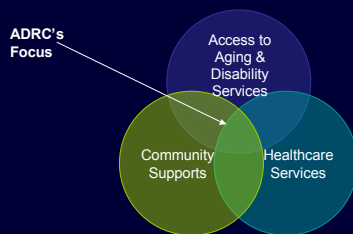
A Culture of Cooperation in Central Texas

- Strong existing capacity within multiple organizations dedicated to community living and partnership with formal healthcare
- Past successes built a foundation for enhanced private/public partnerships
 - Community Awareness & Relocation Grant
 - Designated as 2-1-1 Area Information Center
 - CMS Real Choice Systems Change Grant
 - Multiple foundation awards, including Rosalynn Carter Institute (RCI) award funded by Johnson & Johnson
 - Aging & Disability Resource Center (ADRC)

Central Texas ADRC Partners



ADRC organizational structure allows leaders to align the individual goals of partner agencies to achieve greater access and new menu of services



ADRC Organizational Structure Allows a Single Point of Contact for Consumers.



Why the ADRC Caregiver Focus?

RCI 2009 National Summit

- In general, family caregivers are underserved and do not receive proven interventions.
- The excess burden of caregiving results in compromised caregiver health and premature – unnecessary institutionalization for care recipients.
- Adoption of evidence based programming can significantly lower caregiver stress and extend community living for persons with disabilities and chronic illnesses.
- Persons with chronic illnesses and/or disabilities and their family caregiver deserve access to the most effective, proven programs available.

Methods Used to Identify & Serve More Family Caregivers

- OAA National Family Caregiver Support Program
- AAA Access & Assistance Services
- Partner Agencies of the Central Texas Aging & Disability Resource Center
- 211 Area Information Center
- Scott & White Healthcare – Program on Aging & Care
- Scott & White Healthcare - Center for Diagnostic Medicine - Primary Care Physicians
- AoA Community Living Program
- Central Texas Veterans Healthcare System

Caregiver Assessment Domains

- Caregiver Circumstances and Relationship
- Knowledge of Care Recipients Illnesses/Disabilities
- Care Recipient Functional & Cognitive Status
- Care Tasks and Gaps in Caregiving Skills
- Caregiver Physical and Mental Health Status
- Legal Relationships and Financial Ability
- Confidence and Competence in the Caregiver Role
- Existing or Available Social Supports
- Knowledge of Coping Strategies
- Positive Rewards of the Caregiver Role
- Caregiver Strengths and Ability to Meet Own Needs

Program Development and Implementation Issues

Identified at the 2009 RCI National Summit

- # 1 Interventions with promise in trials are usually not ready for implementation without real world modification
- # 2 Agencies are typically not ready for implementation without great effort to build capacity and infra-structure
- # 3 Host Systems may be unwilling to support new programming and be reluctant to change policies, funding, and thinking

Issue # 1 - Modify the Intervention

- The Central Texas Community Living Program is real world experience
- Partnership between AAA/ADRC and Scott & White Healthcare – Program on Aging & Care
- Modified and Integrated both the Coleman Care Transition Intervention for the Care Recipient and the REACH II Intervention for the Family Caregiver
- Gauges the Intent of the Family Caregiver to place the Care Recipient into a Nursing Home

Central Texas Community Living Program

- Three coordinated intervention activities for both the care recipient and caregiver (the family unit)
 - Transitional coaching across care settings (ie. from hospital to the home) for the care recipient.
 - Support and skills training for the family caregivers via the REACH II Intervention
 - Direct access to community-based services available through the AAA and other partner agencies of the Central Texas Aging and Disability Resource Center (ADRC).

Issue # 2 – Central Texas Systems Change & Capacity Building

- 2000 - Regional Access Plan (Aging & Disability)
- 2002 - Community Awareness & Relocation Services
- 2003 – Established of the Independent Living Center
- 2004 - CMS Real Choice System Navigation
- 2006 – RCI/J&J Grant for Caregivers - Integration of Support Teams & REACH II
- 2007 - Aging and Disability Resource Center
- 2009 - AoA Community Living Program
- 2009 - Veterans Directed Home and Community Based Services Program

Partnerships to Leverage Resources for Infrastructure & Capacity Building

- Engage Powerful Partners – Inventory Them
- Build on Past Accomplishments
- Cast a Wide Area Stakeholder Net
- Give Stakeholders a Stake
- Push the Present Into the Past
- Bring the Future Into the Present
- Reach Partner Consensus
- Secure Full Community Buy-In
- Develop a Strategic Design Logic Model



Engage Powerful Partners To Implement Caregiver Services

- Include local elected officials for political legitimacy
- Include “Credentialed” Partners (RCI/J&J)
- Include consumers => End product must meet their needs
- Involve partners early in the conceptual planning process
- Identify champions among partners
- Set clear partner expectations
- Leverage partners’ strengths
- Remain flexible to partner roles & responsibilities
- Establish relationships with new partner leaders early
- Develop a partnership *Communication Statement*
- Partner with other system reform efforts



Issue # 3 - Secure Support for “Host Systems Change”

- Define a Vision: As Central Texans grow older, they maintain optimal health, family caregivers are supported in their diverse caregiving roles, and care recipients and caregivers continue to be supported in the community through evidence based programming.
- Secure Leadership Commitment to the Vision
- Develop a Strategic Design Logic Model
 - Create a Mission Statement for the System of Evidence Based Programming
 - Adopt Core Values and Principles
 - Select Suited Strategies and Analyze Required Inputs
 - Itemize Needed Action Steps and Activities
 - Determine Desired Outputs
 - Develop Short and Medium Term Measures of Success
 - Achieve Long-term Outcomes Tied to the Vision and Mission

Central Texas Menu of Caregiver Service Options

- Caregiver Support Teams
- SAVVY Caregiver Training
- Coleman Care Transition Intervention
- SAVVY Caregiver Support Groups
- REACH II Intervention
- Chronic Disease Self-Management Program
- Matter of Balance Fall Prevention
- Healthy IDEAS
- Powerful Tools for Caregivers
- Coming Soon - Medication Management Improvement System

Caregiver Evidence Based Programming Community Partners

- Scott & White Healthcare - Program on Aging & Care
- Bell County Public Health District
- Texas Department of Aging & Disability Services
- Texas A&M Health Science Center
- Central Texas Veterans Healthcare System
- Scott & White - Center for Diagnostic Medicine
- University of Mary Hardin Baylor
- Alzheimer’s Association – Capital of Texas Chapter
- Home Health & Hospice Agencies
- Assisted Living Centers
- Faith-Based Day Respite Programs

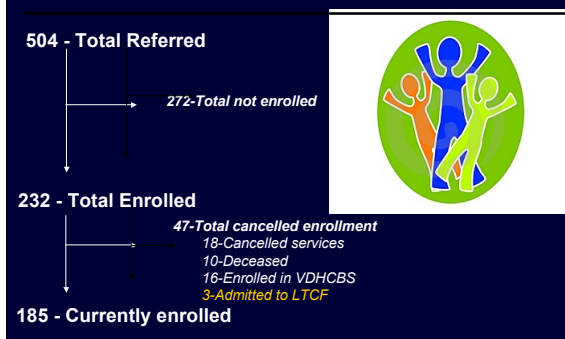
Caregiver Evidence Based Program Funding Partners

- Rosalynn Carter Institute for Caregiving Grant Award Leveraged Additional Funding from the Following:
 - Texas Department of Aging & Disability Services
 - Texas Health and Human Services Commission
 - U.S. Administration on Aging
 - Veterans Healthcare Administration
 - Scott & White Healthcare – Program on Aging & Care
 - Bell County Judge and Commissioners Court
 - United Way of Central Texas
 - United Way of the Greater Ft. Hood Area
 - Bernard and Aubrey Rapoport Foundation
 - Houston Better Business Bureau – Education Foundation
 - Partner Agencies Contributions
 - Community Volunteers

Case Study

- 75 yr. old Veteran as care recipient with spouse serving as the primary caregiver
- Pancreatitis, Type II Diabetes, Difficulty Walking, Muscle Weakness, Cataracts, and Hypertension
- Spouse enrolled in the Title III-E Family Care Giver Support Program in October 09
- Veteran was hospitalized in November and the caregiver was oriented to the Community Living Program (CLP) and the Care Transition Intervention began upon discharge from hospital. The caregiver was also administered the REACH II RAM and accessed the Scott & White – Program on Aging and Care Counseling Services
- Veteran was enrolled in CLP and on December 4th Title III-E Services ended and on December 5th CLP services started
- While receiving CLP services the Veteran was referred to the Veterans Directed Home and Community Based Services Program (VD-HCBS) for potential eligibility
- After the appointment with the VA Primary Care Physician the Veteran was approved to enroll the VD-HCBS program and the AAA Veteran Consultant started the process
- On January 21st CLP Services ended and on January 22nd the Veterans Directed Services began
- The Caregiver also began attending the Chronic Disease Self-Management Classes

Our CLP Progress to Date



Baseline Consumer Characteristics

22% Rural		
55% Female		
57% Married		
Mean Age = 82 yrs		
	Race	White 86% Black 10% Other 4%
	# in Household	1-3 93 4+ 7
	Income < poverty	Below poverty 5% 100-249% 77%
	Assets	\$0-\$10,000 35% \$10,001-\$30,000 38% Over \$30,000 27%

Preliminary Hospital Readmission Data on Community Living Program Participants

- 59 of the 62 participants receiving CTI are 30 days post discharge
 - 30 day readmission rate is **3.4%** (2/59)
- 52 of the 62 participants receiving CTI are 90 days post discharge
 - 90 day readmission rate is **17.3%** (9/52)