

Evolution of Statewide Evidence-based Program for Caregiving Families in Georgia

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Presented at ADRC Healthy Communities Summit, Savannah Georgia, June 20, 2019



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Department of Human Services
Division of Aging Services



Partners in Georgia Program Implementation

Benjamin Rose Institute on Aging
Rosalynn Carter Institute for Caregiving
Georgia Division of Aging Services
Area Agencies on Aging



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Program Description

Elizabeth Blount, MA



BRI Care Consultation [and design] is a service mark of the Benjamin Rose Institute on Aging.

BRI Care Consultation

An evidence-based telephonic information, coaching and support service for adults with health challenges and their family and friend caregivers

Personalized coaching and advice to empower clients to manage their own care situations

Offers ongoing support and assistance throughout the caregiving journey

How Program Works

Care Consultation works to empower Caregivers and Care Receivers to manage care more effectively and efficiently by:



Personalized coaching and support via telephone to:



Gradually address unmet needs, issues or concerns related to various aspects of care in ways that:



Meet participants' preferences

Program Participants

- Care Consultant: professional who delivers program
- Care Receiver: adult with health condition(s)
- Primary Caregiver: Family member or friends that helps the most with daily activities and tasks related to care
- Other Supports: Family members or friends that assist the Care Receiver or Caregiver

Key Features

- **Empowers** clients to manage care more effectively and efficiently
- Finds **simple** and **practical solutions**
- Assistance with **access** and **coordination** of services
- **Long-term** relationship
- **Standardized** and **personalized**
- **Crisis prevention** and **future planning**
- **Equal attention** to Care Receivers and Caregivers

Four Types of Assistance

Health and Care-
Related Information

Empowers clients to manage their own situations

Family and Friend
Involvement in Care

Supports and strengthens the informal network

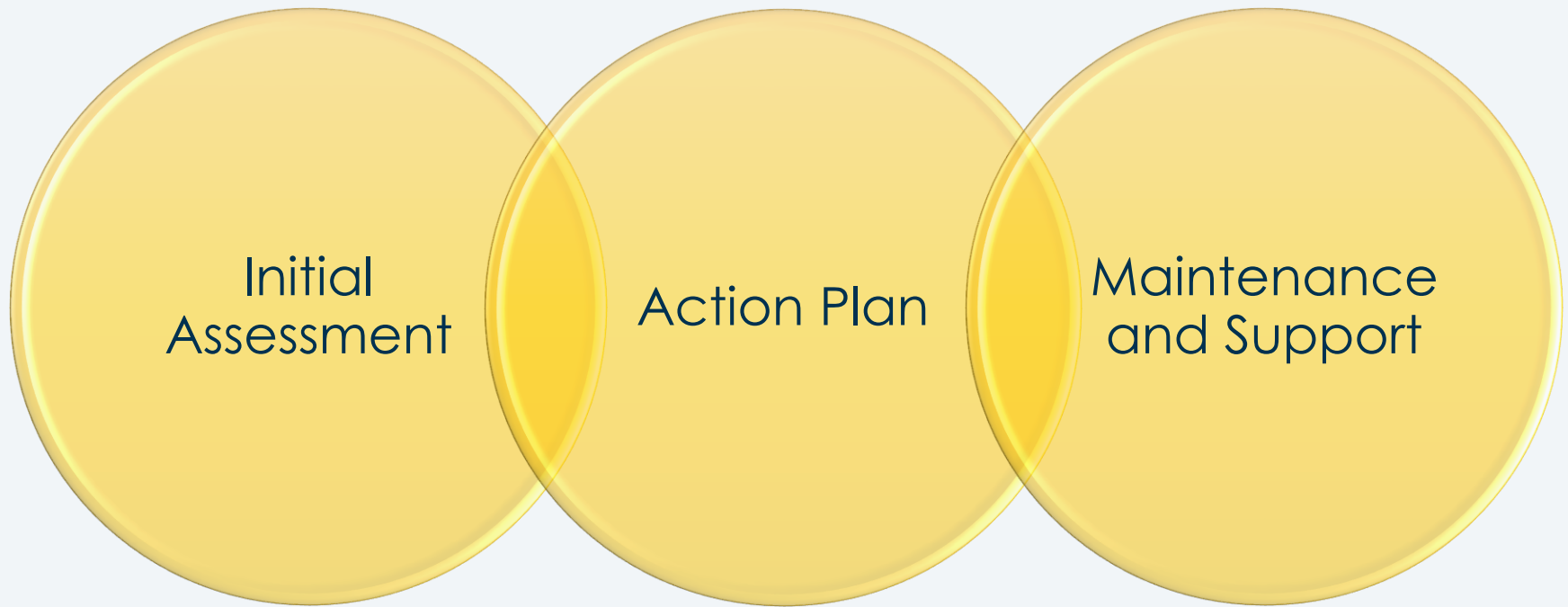
Awareness and Use of
Community Services

Helps clients learn about formal services

Coaching and Support

Coaches caregiver and provides emotional support

Key Components



Key Component



Initial Assessment

Targeted yes/no questions trigger a problem or area of need; there are 24 for the CR and 11 for CG.

Both medical and non-medical areas of need.

Examples: medications, mobility and balance, quality of informal support

Key Component



Action Plan

Simple steps that gradually address the unmet needs, issues, or concerns.

Follow-up is conducted to determine if: steps were completed, problem-solve around barriers, and additional steps are needed to fully address need/issue/concern.

Key Component



Maintenance and Support

Comprised of ongoing contacts and reassessment.

Ongoing contacts conducted throughout service delivery.

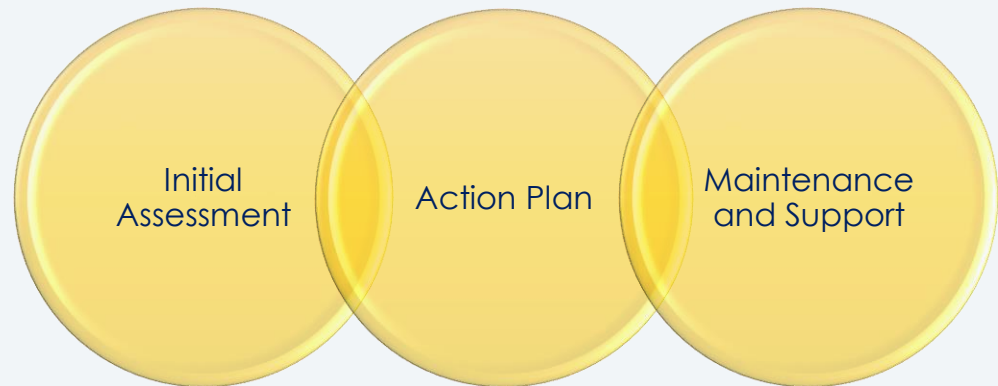
Reassessment is gradual process of assessing each potential area of need again prior to end of service term.

Web-Based Information System

Care Consultation
Information System
(CCIS)



Guides the delivery of
evidence-based
components



Research and Benefits

Proven effective for both Care Receivers and Caregivers:

- Fewer unmet needs
- Fewer symptoms of depression
- Less health or relationship strain
- Less feelings of being trapped in caregiving
- Decrease in ER visits
- Fewer physician visits

Contact Info



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BRI Care Consultation Program: History, Progress, and Future Goals in Georgia

David Watkins, MA



Department of Human Services
Division of Aging Services

Older Adult Population in GA

- Older adult population age 65+ estimated to grow 143% from 2000-2030
- Georgia has the 11th fastest growing 60+ population & 10th fastest growing 85+ population in the US
- Alzheimer's disease in Georgia 2018 (60-80% of total dementia cases) = 140,000 (65+)
- Alzheimer's disease estimated to = 190,000 by 2025 (65+)
- 35.7 % increase from 2018 - 2025

Caregivers of Persons w/ Dementia in Georgia

- Number of Alzheimer's and dementia caregivers = 527,000
- Hours of unpaid Alzheimer's and dementia care = 600 million
- Total value of unpaid care = \$7.58 billion
- Higher Health Costs of Caregivers = \$304 million
- Medicaid cost of caring for people with Alzheimer's in Georgia (2018) = \$1.1 billion

Georgia Aging Services Redesign

Systems Integration Grant from the Administration for Community Living (ACL) (2011)

- Enhance dementia capability
- Expand evidence based programs
- Sustainability
- Improved access to information and services

Alzheimer's Disease Supportive Services Program (ADSSP) Expansion Grant (2016)

Build on existing SIG programs

Activities:

- Dementia Capable Webinars
- BRI CC statewide expansion
- Underserved (rural, Hispanic Dealing with Dementia)
- Policy rewrite



Case Management Redesign in Georgia (2014)

- Traditional face-to-face CM is resource intensive
- CM historically used for client eligibility determination, service plan development and identification of services
- Expanded to Access to Care model
- Policy revisions redefined role of CM w/in Access system
- Cost effectiveness is a challenge
- Resource identification, problem solving and care partnership support can be addressed w/out traditional CM
- Program = BRI Care Consultation

Georgia Caregiver Services Policy Redesign (2018)

- DAS has long supported evidence-based programs (EBPs)
 - ARC CDSMP 2006; Statewide EBP Coordinator 2011
- Cost effectiveness is a challenge
 - T-CARE no longer supported by DAS
- Rural caregiving is a challenge (time/distance)
 - Powerful Tools for Caregivers
 - 6 classes: 1 per week for 6 weeks
 - BRI Care Consultation
 - Ongoing telephonic contact
- Policy revision redefines roles of CG and CR w/in system
- Policy revision redefines EBP policy & requirements



Advantages of BRI CC to Georgia DAS

- Time-limited, often intensive assistance to care partnerships
- Focused problem solving during times of crisis
- Telephonic: cost-effective alternative to CM w/rural area support
- It is an evidence-based program
 - Experimental/quasi-experimental design
 - Results published in peer reviewed journal
 - Includes program fidelity measures (community = model)
- Counselors can manage higher client caseload than traditional CM

Advantages of BRI CC to Georgia DAS

Care Consultation Information System (CCIS)

- Robust client and counselor focused data system w/onboard surveys & reports
- Potential data integration w/DAS Data System

Strong systemic training and support:



Benjamin Rose Institute on Aging Care Consultation (BRI CC)

- Branka Primetica – BRI Care Consultation Program Manager & Quality Improvement Director at BRI



Rosalynn Carter Institute for Caregiving:

- Elizabeth Blount – Care Consultation Specialist

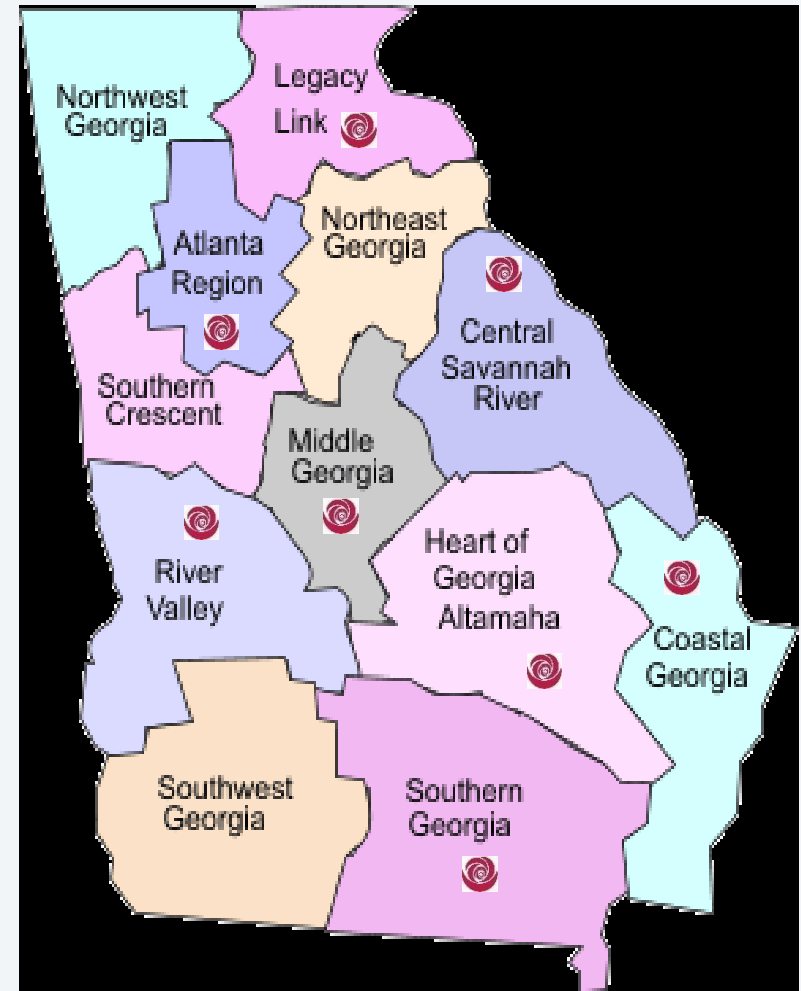
Where is BRI CC in Georgia?

Piloted in three planning and service areas through ACL/RCI grant:

- Atlanta Region,
- Legacy Link
- Heart of Georgia Altamaha

Program expanded to six more areas via ADSSP grant:

- Southern
- Central Savannah River
- Coastal
- Middle Georgia
- *SOWEGA
- River Valley



BRI CC Statewide Expansion

- Partnership and program administration:
 - BRI, RCI, DAS, AAAs
- Non-provider areas refer to licensed sites
- Began process of caregiver services policy redesign
- Contracting process between AAAs:
 - Payment, referral & evaluation
 - AAA infrastructure development
- Area program specialization
- RCI training & support webinars
- Statewide technical assistance via site visits

Status of BRI CC in Georgia

- DAS contracted with RCI for program administration
- RCI scope of services:
 - Provide training, support and TA to AAAs
 - Licensing between BRI and partner AAAs
 - Conducted marketing & fee-for-service workshop
 - Creating marketing toolkit for AAA use
 - Provides quarterly summary of work accomplished
- Recently updated site reporting requirements to DAS:
 - Service Utilization Survey
 - Client Satisfaction Survey

Future goals for BRI CC in Georgia

- Increase number of care partners served
- Integrate BRI CC client data into DAS Data System
- Collect Site Reports (longitudinal data) from CCIS
 - Service Utilization Survey
 - Client Satisfaction Survey
- Evaluate program delivery and effectiveness
- Evaluate program sustainability

Successes & Lessons Learned

- Cost-effective alternative to traditional case management
- Effective intervention to serve rural caregivers
- Fulfills EBP Caregiver Services policy requirement for AAAs
- Inter-PSA issues remain to be tested (referral, payment & evaluation mechanisms)
- Model to explore statewide program expansion without requiring direct regional provision of service

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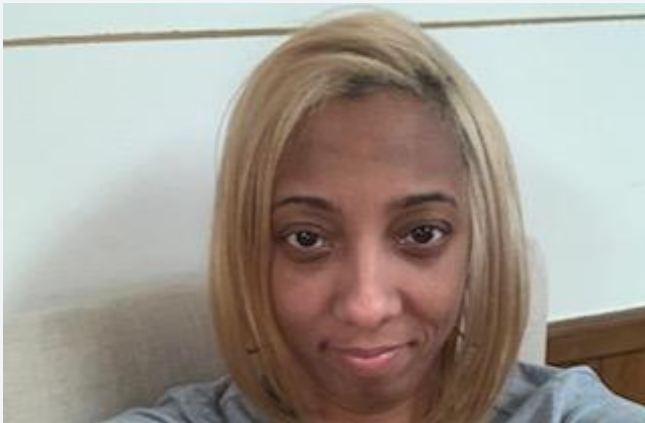


Care Consultation Information System (CCIS) Case Demo

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Questions?

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THANK YOU!