

Project C.A.R.E. Talking Points

October 2008

- **What is Project C.A.R.E.?**

- “Caregiver **A**lternatives to **R**unning on **E**mpy”
- **Goal:** “to increase quality, access, choice and use of respite and support services to low-income, rural and minority families caring for a person with dementia at home.”

- **Purpose**

- Specifically designed for dementia caregivers
 - Services provided:
 - Annual spending cap: \$2500 per family
 - Variety of respite care options
 - Adult Day Services, Group Respite, Private or Agency In-home Care or overnight residential respite (or any combination)
 - Consumer-directed/Flexible:
 - Can hire private aides (family, friend, neighbor) – except in Meck. Co
 - Caregiver determines schedule (i.e., night/day/weekends) and frequency (e.g., intensive respite within short period(s) of time or spread evenly throughout the year)
 - New: Evidence-Based Caregiver Intervention, REACH (“Resources for Enhancing Alzheimer’s Caregiver Health” (explained more in “current status” section below)
 - Family Consultant Role (*see highlighted sections on fact sheet)
 - Dementia-expertise
 - Individualized services
 - Personal relationship
 - Ongoing support
 - Development of Community Care Networks – comprehensive support (i.e., Family Consultants aim to link families with a wide range of community programs and services to supplement Project C.A.R.E. services such as Hospice, VA Programs, Meals on Wheels, Home Repair/Modification, Support Groups, etc.)
- **Nationally recognized best practice model**
 - Demonstrated success for over 7 years

- Public/Private Partnerships: DAAS, Duke, Alzheimer's Chapters, DSS, AAA's
- Closely linked to NC Family Caregiver Support Program

▪ **Impact on...**

- Dementia families: strengthens capacity to provide care at home longer without jeopardizing caregiver health and well-being
- Local Respite Care Providers: increase in business and dementia care training
- Communities: network development, dementia-capable: increased knowledge, understanding and awareness of dementia and needs of caregivers
- State: savings in delay/prevention of early institutionalization, etc.

▪ **Current Status** (*see "funding" section on fact sheet – bottom of 2nd page)

- Received \$500,000 in non-recurring State funds in July 2008 to sustain existing program sites serving 14 western and piedmont counties
- On October 1, 2008, DAAS received a new 3 year federal Alzheimer's demonstration grant: \$936,187 total (increasing match: 25% 1st year; 35% 2nd year; 45% 3rd year)
- New federal project will serve to enhance Project C.A.R.E. Family Consultant services and expand program into eastern North Carolina:
 - Provides funding for two new Family Consultants for two new eastern program sites (see below for details)
 - Major (unanticipated) changes to federal AoA grant program (refer to ADDGS fact sheet)
 - Goal of new federal demonstration grant – to implement the evidence-based caregiver intervention, REACH ("Resources for Enhancing Alzheimer's Caregiver Health")
 - This intervention was selected because it is a good fit for Project C.A.R.E., it will serve to enhance the existing program and its effectiveness has been rigorously tested through 10 years of NIH funded clinical trials in multiple settings across the nation
 - REACH will be offered through Project C.A.R.E. as an advanced level of counseling and training for high risk families (based on initial risk assessment)
 - REACH provides intensive training and counseling to families. The core elements of REACH include:
 - 1) risk assessment;
 - 2) information and training about Alzheimer's, caregiving and stress;
 - 3) guidance and encouragement in physical self-care and safety, including a "health passport" to record pertinent information, questions and concerns

- 4) recommendations for reducing safety risks within the physical home environment;
 - 5) strategies for managing challenging behaviors;
 - 6) tips on how to access social support and community resources; and
 - 7) techniques for relaxation and stress management.
- The results of the REACH risk assessment will determine the level of emphasis in each of the above areas.
- New partners: UNC-Institute on Aging, Carolina Alzheimer's Network and University of Michigan (Dr. Lou Burgio – one of the original REACH researchers)
- Extensive evaluation plan that will generate outcome data on impact of intervention and a cost analysis report
- ***Federal funds can no longer be used for traditional respite care services. Recurring State funds are critical to ensure availability of respite care services to Project C.A.R.E. families.***
- **Program Expansion**
 - Initial expansion prioritizes counties with high numbers of low-income, rural and/or minority families (ultimate goal: statewide implementation)
 - Two new program sites: piloting AAA-based programs in Regions Q and N (per new federal requirements)
 - Expansion rate dependent on level of State funding
 - New Counties
 - AAA Region Q (Washington, NC)
 - 8) Year 1: Northampton and Hertford
 - 9) Year 2 and 3: Halifax, Bertie and Martin
 - AAA Region N (Pembroke, NC)
 - 10) Year 1: Robeson and Bladen
 - 11) Year 2 and 3: Hoke and TBD
- **Preparing for the Future**
 - ADRD prevalence: just beginning...urgency to respond now
 - Important investment for state
 - **NEED FOR RECURRING STATE FUNDS**
 - 2009 NC STL legislative priority