

Oregon STAR-C Project

June 30, 2009

1. Summary/Abstract

Oregon's State Unit on Aging proposes to implement STAR-C, "family caregivers of people with dementia" intervention. The State Unit on Aging will work with two Area Agencies on Aging, aging services providers in the Portland area, the Oregon Chapter of the Alzheimer's Association, and the University of Washington School of Nursing Northwest Research Group on Aging to translate this evidence-based intervention in urban and rural areas of the state. The goal of the project is to effectively translate and sustain an evidence-based intervention to increase the ability of caregivers to care for family members with dementia. Project objectives are:

1. Develop partnerships and systems to translate and sustain the evidence-based STAR-C program in both a rural and urban area of Oregon.
2. Provide STAR-C intervention to at least 168 family caregiver/care recipients.
3. Ensure program effectiveness, maintaining fidelity to the original research.

Anticipated outcomes of the project are:

1. A decrease in frequency and severity of behavior challenges among care recipients,
2. A decreased in depression and caregiver burden among caregivers, and
3. Successful translation of the STAR-C program as a community-level intervention in both an urban and rural setting with fidelity to the core elements of the original research.

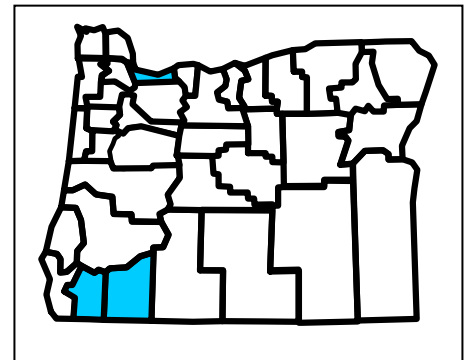
Anticipated products include a final report of key findings, a replication manual, a cost analysis estimating program start-up and per client costs, a yearly data report, and promotional materials.

2. Problem Statement

Caring for a family member with Alzheimer's disease or a related dementia (ADRD) is a major challenge for caregivers and their extended families, for Area Agencies on Aging (AAAs) and aging services agencies that provide support services, and for Oregon's Medicaid system which pays for services when family members can no longer provide or pay for care themselves. Oregon faces the combined challenges

of increasing numbers of people with ADRD and caregivers, increasing needs and service restrictions brought on by the current economy, and limited availability of services and specialists to address the specific needs of ADRD caregivers and care recipients.

Dementia prevalence: Approximately 26% of the 65+ population in the state live in the two areas targeted by this project. And based on national prevalence data, there are approximately 15,000 Oregonians 65 years and older with dementia in these two regions, plus an additional population of younger adults with dementia. As the population of Oregon, and particularly the population over age 85, continues to age, these numbers will increase rapidly.



Multnomah County, which is served by Multnomah County Aging & Disability Services (Multnomah ADS), is Oregon’s largest metropolitan area with considerable diversity in terms of language, race and ethnicity. Jackson and Josephine counties in southern Oregon, which are served by Senior & Disability Services of Rogue Valley Council of Governments (RVCOG), are rural counties with a growing number of older adults aging in place or who have moved here from other states. Both areas have a range of income levels, with considerable populations of low-income older adults. While the AAAs don’t currently track clients according to a diagnosis or caregiver role for ADRD, case managers estimate that a majority of clients are dealing with ADRD, and that they struggle to find the support they need. The table below shows the estimated prevalence of dementia and specific issues for each targeted area:

	Urban setting - Multnomah ADS	Rural setting - RVCOG
Pop. 65+	70,632	46,260
Est. pop. 65+ with dementia*	9,182	6,014
Additional characteristics of this region	12 percent of the 65+ population lives below federal poverty level. Racial and ethnic minorities make up approximately 13 percent of the population, with Asians being the	Both counties are entirely rural except for the city of Medford. The older adult population has almost doubled over the past 30 years, and currently, seniors 60 and older account for 22.7% of the population

	largest racial minority followed by African Americans. Hispanics constitute two percent of the 65+ population.	(279,740). The fastest growing population is the 75+ population (currently 24,260) which has increased 24.9% in the past ten years. Approximately 12.2% are minorities (Latino, Native American, Asian, and African American)
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*Estimated at 13% of the population age 65+.
 Alzheimer’s Association 2009 *Alzheimer’s Disease Facts & Figures*.

Impact of economic downturn: Like the rest of Oregon, these two regions have been strongly impacted by the downturn in the economy and increased demand for all services. Oregon faces a likely reduction in services for Medicaid clients, as well as those enrolled in Oregon Project Independence—a state-funded program that provides home-support services to low-income older adults who are not eligible for Medicaid. While these cuts affect all older adults, family caregivers for people with dementia are likely to be hit harder by these changes. These caregivers are more likely to be piecing together support from limited community and family/friend networks, and dealing with higher rates of depression and poor health, all of which make these families more vulnerable to reductions in services.

Limited services for those with ADRD: Currently Oregon’s Area Agency on Aging network provides a limited level of support to family caregivers through the Older Americans Act Family Caregiver Support program, Oregon Project Independence, Medicaid case management and Home & Community Based waiver services for eligible clients. The AAAs also partner with community and faith-based organizations to offer the six-week *Powerful Tools for Caregivers* program in many parts of the state. These programs serve all caregivers however, and are not specifically tailored to those with dementia or their caregivers. The Alzheimer’s Association, through its 4 regional offices, provides a range of informational and caregiving workshops, support groups, and access to a 24-hour Helpline. However, the Chapter statewide mission and limited staff make it difficult for the Chapter to provide targeted and in-home consultation to caregivers experiencing challenging behaviors and depression. And like many other states, Oregon has insufficient numbers of health and social service professionals who can provide

dementia-specific support, counseling, and intervention services to families—and particularly to low-income and rural families.

Impact on caregivers. According to the *2009 Alzheimer's Disease Facts and Figures*, about one-third of family caregivers of people with ADRD have symptoms of depression. This report also notes that caregiver stress, “especially stress related to a loved one’s behavioral symptoms, is associated with nursing home placement.” Feedback from family caregiver support program coordinators in the two targeted regions echoes the national findings, with reports that depression and dealing with behavioral issues are critical in caregivers’ ability – or inability – to continue to provide care in the home. Without additional support, an increasing number of caregivers will find themselves unable to continue providing good care, resulting in increased placement of family members into long-term care facilities, an increased potential for poor care or abuse, and a greater demand on the state’s limited Medicaid services.

3. Goals & Objectives

The goal of the project is to effectively translate and sustain an evidence-based intervention to increase the ability of caregivers to care for family members with dementia.

Project objectives with brief explanations are listed below. Further detail for each objective is included in the workplan.

- 1. Develop partnerships and systems to translate and sustain the evidence-based STAR-C program in both a rural and urban area of Oregon.** As the attached workplan indicates, the Advisory Group, SUA, and the AAAs plan work together to address implementation issues and develop a replicable system to support this, and/or other similar evidence-based Alzheimer caregiver programs in Oregon communities. This objective includes steps to address program expansion and links to related programs in order to increase sustainability.
- 2. Provide STAR-C intervention to at least 168 family caregiver/care recipients.** The two participating AAAs have identified qualified staff coordinators and will be recruiting experienced case managers to serve as interventionists. Also addressed in this objective area are the steps that

will be taken to promote and recruit participants for this program. Working with the two AAAs, the project anticipates reaching at least 168 caregiver/care recipient dyads. The project will also be exploring expansion of training to additional partners in the two targeted areas by the third year; if this is determined to be feasible, the anticipated reach will increase to 198 caregiver/care recipient dyads.

- 3. Ensure program effectiveness, maintaining fidelity to the original research.** The workplan outlines the University of Washington's role in providing training and ensuring fidelity for the program's translation. Monitoring and assuring program effectiveness will be addressed by having direct involvement of the original University of Washington researchers and use of many of their original assessment tools, contracting with a qualified researcher to analyze collected data, and oversight by a state-level Advisory Group.

4. Proposed Intervention Program

As noted in the problem section, depression and dealing with behavior challenges were identified as critical areas to be addressed in order to support ADRD caregivers. The STAR-Caregiver (STAR-C) program—developed and researched by a team from the University of Washington's School of Nursing Northwest Research Group on Aging (UW)—was selected for use in Oregon because of its ability to address these issues, and its potential for sustainability by using existing case managers and staff in partner agencies to implement the program. The two targeted AAA regions were selected because of the diversity they represent both in terms of geography (rural and urban) and population (varying incomes and diversity of ethnic groups); their capacity and experience in developing and implementing programs; and their strong interest in piloting the translation of the program. The two AAAs provide both Older Americans Act and Medicaid long-term care/Home and Community Based Services (HCBS) services, and have strong staff capacity to help translate the selected program through case management systems. An Advisory Group led by the Alzheimer's Association and including the SUA, both AAAs, and other key partners will help oversee the implementation of this project.

Oregon is requesting \$880,759 in federal funding. Of this requested amount, at least \$680,162 (77%) will go to community activities with at least \$517,955 (59%) being used for direct services to family caregivers and people with ADRD. The table below summarizes some key aspects of the proposed implementation in the two targeted regions, with further explanation using the RE-AIM model as a framework, of the intervention plan for this program in Oregon described below.

	Urban setting - Multnomah ADS	Rural setting – RVCOG
Case manager interventionists	4 case managers from at least 3 District Centers (aging services providers). At least one bilingual. District Centers/case managers to be selected by application process to assess capacity/experience.	2 AAA case managers selected based on experience/interest in providing program.
Coordination	Coordinator to be hired	Coordinator will be existing case manager coordinator
Participant reach	24 in year 1 36 in year 2 48 in year 3	14 in year 1 20 in year 2 26 in year 3
Key partners for recruitment	Alzheimer’s Association, hospital discharge planners, healthcare and social service providers, other AAA and District Center case managers, local caregiver and aging task forces and advisory groups	
Potential partners for program expansion	Nonprofit social service providers, geriatric care managers	Nonprofit social service providers, volunteers

Reach – The STAR-C program uses community-based “interventionists” to provide a series of eight home visits over eight weeks, with four follow-up phone calls. The original research relied on master’s-level nurses and social workers to implement the program, but in consultation with the UW researchers, Oregon proposes to train existing aging services case managers to implement the program, working with two AAAs, aging service providers in the Portland area, and the Oregon Chapter of the Alzheimer’s Association. As in the original research, Oregon will target caregivers for people with dementia who are experiencing depression, anxiety, and/or challenging behavioral issues. Based on discussion with the UW researchers and assessment of capacity, we anticipate reaching at least 168 family caregivers and their care recipients – 38 in year one, 56 in year 2, and 74 in year 3.

The program will target families currently getting services through state-funded and Medicaid programs as well as people identified and referred by partner organizations. A screening tool based on the UW program's tool will be used to identify appropriate participants. The AAAs will present information on STAR-C to internal staff of their agencies and to community organizations to encourage referrals.

Operating under the Older Americans Act, the AAAs are already focused on reaching lower-income and underserved populations, and in partnering with community agencies to do outreach. Existing links with organizations such as hospital discharge planners, Veterans Administration, Lifespan Respite and caregiver programs will enable the AAAs to let their communities know of the program's availability and encourage recruitment. The AAAs will use existing outreach workers and case managers who have experience working in rural areas (RVCOG) and who are bilingual/bicultural (Multnomah) to do program outreach and recruitment. Multnomah ADS serves a significant number of low-income and minority older adults through its district centers, with services targeted to minority elders including Native Americans, African Americans, and Asians and Eastern Europeans who have limited proficiency in English. Multnomah plans to select at least one interventionist who is bilingual/bicultural to participate in the initial training to help ensure outreach to these groups and develop translation of the project to these populations.

While this project is focused on building capacity to offer this program within the AAA system, there is also interest in helping the program expand. Starting in year 2, the Advisory Group in consultation with UW and the AAAs, will assess the feasibility of expanding the program to additional organizations in the two regions. The Advisory Group will review initial program success and challenges, and consider safety, fidelity, and effectiveness issues involved in expansion. The goal would be to allow case managers at nonprofit social service organizations or geriatric care managers as well as skilled volunteers (e.g., retired social workers, nurses or dementia care providers) to participate in training. These additional "interventionists" – estimated at 2 more in southern Oregon and 4-5 more in the Portland area – would be carefully recruited and be expected to sign a detailed memorandum of understanding clarifying expectations in terms of program fidelity and monitoring. They would receive the training at no cost and

be included in the evaluation and fidelity monitoring under the grant, but would not receive grant funds to implement the project.

Effectiveness – Project outcomes from the original research included improvements in depression, caregiver burden, and reductions in the frequency and severity of behavior problems. Oregon will be working with UW to select core measures relating to depression, anxiety, and behavioral disturbances from the extensive range of outcome measures used in the original research. Oregon and UW have already discussed using a methodology of pre-, post-, and six-month surveys (similar to those used in the original research) that will be mailed to caregiver participants to assess program impact.

Adoption – The project will use case managers as the program interventionists. Multnomah ADS will contract with at least three of its nine district centers, which are the county’s aging services providers and have case managers participating in Older Americans Act (OAA) programs. District centers will be selected based on the diversity of the population they serve, center capacity to support the program, and case manager experience, and at least one interventionist will be bilingual/bicultural. RVCOG will use AAA case managers, as the AAA is the provider of OAA case management and caregiver support services in this more rural part of the state. In both areas, case managers will be selected based on their interest and experience in working with family caregivers of people with dementia. The case managers as well as Alzheimer’s Association staff and coordinators from both AAAs will be trained initially by the UW team. Oregon will track adoption by the district centers, the two AAAs, and the initial group of case managers, and will also track interest from other case managers or partner agencies in subsequent training opportunities. As noted above, presentations will be made to community agencies in the two regions to increase understanding of the program and to encourage referrals, and referrals will be tracked to assess adoption and acceptance of the program by community partners. Adoption will also be tracked based on feasibility and interest by other organizations in having staff trained to implement the program by year three of this project.

Implementation – The UW team will provide a two-day training in Oregon for the selected case managers and project coordinators from each area, with the SUA coordinator and a representative from the Alzheimer’s Association also attending. Given the shift from using master’s level providers to mostly bachelor’s level case managers, Oregon anticipates the need to provide greater support and training to interventionists than were part of the initial study. Additional dementia-specific training and in-services will be provided by the Alzheimer’s Association, and the SUA will contract with a master’s level mental health and/or clinical dementia-specialist to provide case consultation as needed to both regions. Both AAAs are including considerable staff time for coordination in their budgets and plans for this project. Previous involvement with the AoA evidence-based prevention grant has made clear to Oregon how critical it is to have strong local coordination of projects. The two area coordinators will be trained as interventionists and conduct a few home visits, but will also help ensure development of needed systems for referrals and tracking, coordinate implementation in each area with regular meetings with their interventionists, and help secure additional training or consultation as needed.

The UW team is providing assistance in identifying key fidelity and outcome measures and tools for Oregon to use in its translation, based on their original research. The UW team has agreed to provide rater-review of the in-home sessions that will be audiotaped using small digital recorders, similar to what was used to ensure fidelity in the original research. The UW team will provide review and feedback on all eight sessions conducted by each newly trained interventionist, as well as two sessions per series after the initial series. Other process measures, such as tracking topics addressed during the eight home visits, will be recorded by the interventionists and tracked along with outcome data.

By selecting case managers with a strong interest in this project for the initial training, Oregon hopes to ensure initial success before considering expansion of the program to additional staff and partner organizations. The UW team will help identify capable individuals from the group of initially trained interventionists to help train and monitor interventionists in subsequent trainings, building capacity in each region to sustain the program.

The two AAAs and SUA are very interested in program sustainability, and will work to track implementation requirements (e.g. interventionist time per home-visit series) and costs as the program is implemented, using the AoA cost analysis tool or a similar tool to determine program time requirements and costs. Finally, Oregon also hopes to work with other states that may be selected to implement STAR-C or similar models to share strategies and learn from each other.

Maintenance – The state-level Advisory Group will be working with the SUA, both AAAs, and additional partners to explore sustainability from the start. Potential on-going funding options that will be explored include the Family Caregiver Support program, Oregon Project Independence, the Medicaid Home and Community-Based Services (HCBS) waiver for eligible clients, and development of a fee-for-service sliding scale option to allow those who can pay for the service to do so. Also of concern to the Advisory Group will be ensuring reach and on-going project fidelity. Oregon will be tracking basic demographic information to assess participant reach, and will be using both the audio-taped review as well as tracking of session topics and participant completion of activities to monitor fidelity. Pre-, post-, and six-month post surveys will help assess program impact. The Advisory Group will review process and outcomes data and help address systemic challenges to support sustainability and maintenance of the project.

5. Project Reach

As noted above under the “Reach” section of Proposed Intervention Program, Oregon anticipates reach at least 168 family caregivers/care recipients in the 3 years of this project -- 38 in year one, 56 in year 2, and 74 in year 3. The projected reach numbers were developed in consultation with UW, with increasing numbers of interventions each year:

- Year 1: 6 case managers x 6 interventions each, plus 2 interventions by coordinators = 38
- Year 2: 6 case managers x 9 interventions each, plus 2 interventions by coordinators = 56

- Year 3: 6 case managers x 12 interventions each, plus 2 interventions by coordinators = 74. In year 3, if in consultation with UW and the AAAs it is deemed possible to expand training to other organizational staff, and possibly volunteers, in the targeted regions, the projected reach would be higher with 7 additional interventionists providing 4 interventions each, for a total of 28 additional interventions and a total of 196 over the 3-year project.

The state-level Advisory Group will be critical to the overall project, but especially to ensuring appropriate reach. Presentations to partner agencies will explain the program to encourage referrals, with both existing clients and referred individuals being targeted for participation. Respite care will be offered to caregivers to allow them to participate in the in-home visits, and the proposed budget includes funds to develop marketing materials, and information from the Alzheimer's Association, including "Understanding Alzheimer's" booklets, which will be used to educate caregivers and partner organizations about the STAR-C project.

Both AAAs will work with Alzheimer's Association staff and a broad-based partnership to help ensure that opportunities are available for a diverse group of caregivers to participate. Multnomah ADS will coordinate recruitment of clients with its district centers; its long-term case management unit and nursing facility diversion team which serve Medicaid clients; and hospital discharge planners to reach caregivers. Multnomah ADS's three advisory councils—Elders in Action, the Disability Services Advisory Council, and Multi-Ethnic Action Committee—will provide input on project activities. RVCOG plans to work through its "Caregiver Training Advisory Committee," a local group of agency and individual providers that is focused on the provision of community-based, quality training for paid and unpaid caregivers. RVCOG will also meet with discharge planners, community service consortiums, and service clubs to educate about program.

Based simply on the proposed grant request and estimated participants, a crude estimated cost per participant is \$5,253 for 168 caregivers, or \$4,494 for 196 caregivers. The Oregon project will be tracking the cost/participant data – separating out start-up costs, and looking at ways to streamline and

reduce costs as the program is expanded. Oregon will also be interested in potential benefits and cost-savings. While the original research did not track delayed need for long-term care use, Oregon is working with UW to identify a validated “intention to place” question as part of our assessment, and will be comparing program costs and benefits to current long-term care costs in dementia-care nursing facilities, assisted living, and adult foster homes.

6. Outcomes

The first two anticipated outcomes of the project are based on outcomes from the original research, and the third relates to the system for providing this program here in Oregon:

- 1) A decrease in frequency and severity of behavior challenges among care recipients. This outcome will be measured by using selected questions from the original research. The questions will be answered by participating caregivers before, immediately after, and six months after the program, using a pre-paid mail-in survey, followed up by a phone call if the survey is not returned.
- 2) A decrease in depression and caregiver burden among caregivers. This will be measured using the same survey process – but including questions specific to the caregivers themselves.
- 3) Successful translation of the STAR-C program as a community-level intervention in both an urban and rural setting with fidelity to the core elements of the original research. This will be assessed and measured through tracking of internal operational changes in the two participating AAAs to support this program, and steps taken by the state-level Advisory Group that help ensure the sustainability of this project beyond the end of the AoA funding.

Oregon is aware of how helping to translate this evidence-based program benefits national efforts, and will be happy to share lessons learned and the implementation manual that will be developed. Oregon has been involved in the adoption of evidence-based programs that have already been developed and tested in other states (i.e. *EnhanceFitness* and the *Chronic Disease Self-Management Program*) and has served as the testing ground for new programs (i.e. *Powerful Tools for Caregivers*, and *Tai Chi: Moving for Better*

Balance). Oregon looks forward to working with the UW and other STAR-C states to further develop implementation strategies and systems to put this evidence-based program into practice.

7. Project Evaluation

Oregon will be contracting with UW and Multnomah ADS’ research and evaluation unit to ensure appropriate evaluation of this project. The UW will provide training of the interventionists, work with Oregon to identify basic outcome measures from the original research to assess impact, and provide monitoring of audiotapes and ongoing consultation to ensure fidelity of the program. Multnomah ADS’s research and evaluation unit will do data collection and analysis for the selected outcome and process measures. Involving this experienced research group based within one of the two participating AAAs brings the advantages of a research team that understands AAAs, case management programs, and aging services systems in Oregon. They will be able to develop a data collection and reporting system that will have the potential to expand to serve other organizations or regions in Oregon that may adopt STAR-C. In order to ensure that data analysis is not biased by use of this in-house research group, however, Oregon will contract with the UW team to provide input on developing of the data collection system, and review of annual reports and analysis.

Using the RE-AIM model, the following is an overview of the proposed evaluation:

RE-AIM area	What will be tracked	Additional explanation
Reach	<ul style="list-style-type: none"> • Numbers of participants • Participant demographics (based on ADSSP requirements) 	Collected by interventionists & AAAs. Data input/analysis by Multnomah ADS.
Efficacy/ Effectiveness	<ul style="list-style-type: none"> • Key outcomes questions relating to depression, anxiety, and behavioral challenges, based on initial research, selected with help from UW 	Collected by mailed survey at pre-, post-, and four-month post timeframes. Data input/analysis by Multnomah ADS.
Adoption	<ul style="list-style-type: none"> • Adoption by AAAs, aging services providers, case managers • Referrals by community referral agencies • Spread to other organizations, years 2-3. 	Collected by AAAs and Advisory Group.
Implementation	<ul style="list-style-type: none"> • Fidelity tracking through checklist of topics covered by interventionists • Audiotaping & review/feedback of in-home 	Tracked by interventionists. UW team to do audiotape monitoring & feedback. Data input/analysis

	visits by interventionists	by Multnomah ADS.
Maintenance	<ul style="list-style-type: none"> • Lessons learned and internal changes made within AAAs/aging services providers in order to implement program • Tracking of systems/policy change to enable on-going support of the program 	Collected by AAAs, SUA, and Advisory Group

The Advisory Group will meet in person or by phone quarterly to review project progress and RE-AIM measures, review data, identify any challenges or concerns, and discuss issues relating to systems and maintenance.

8. Project Management

Key partners and their roles are as follows:

The State Unit on Aging. The State Unit on Aging is contributing staff time to oversee and coordinate this project, with 0.25 FTE project coordinator (0.2 FTE in years 2 & 3), and 0.1 FTE Family Caregiver Support program staff person. The SUA has worked carefully with the two participating AAAs to ensure there will be strong local coordination in each of their areas. The SUA staff will be working closely with both organizations as the project is initiated to address barriers as they arise, but will expect the local coordinators to oversee the day-to-day operation of this project in their two regions. The SUA will maintain regular contact with both the national (AoA & ADSSP) contacts, and with the other implementation partners listed in this section. The SUA will use the Advisory Group and regular calls with the AAAs to ensure progress in meeting proposed activities and objectives, and will work within the state Department of Human Services to identify and address systems-level issues to support this program.

Multnomah Aging & Disabilities Services will contract with three district centers (OAA aging services providers) and provide a .5 FTE Project Coordinator to implement STAR-C. The Project Coordinator’s responsibilities will include supervision of case management interventionists in conjunction with each interventionist’s district center supervisor, developing and implementing strategies to market the program and recruit project participants, completing all required reports, monitoring the progress of the project and providing information through educational presentations and others means to community partners and

other Oregon AAAs about STAR-C and its outcomes in Multnomah County. Multnomah ADS also plans to add a dementia field to its University Client Registry in order to track clients.

Multnomah ADS's Senior Research & Evaluation Analyst and Program Development Technician, a PhD researcher, will be responsible for collecting and analyzing data on outcomes drawn from the STAR-C evaluation tools, ensuring data quality and timeliness in working with the two AAA coordinators, and developing annual reports to UW, the SUA, and the Advisory Group.

Rogue Valley Council of Governments Aging & Disability Services will be responsible for implementation of the project in their two-county rural region, working with partner organizations to promote and recruit participation, and ensuring that the project is implemented with fidelity. RVCOG will train 2 existing case managers and use an existing experienced case manager coordinator to oversee the project in Jackson and Josephine counties.

The Oregon Chapter of the Alzheimer's Association will provide dementia-specific training as needed for the interventionists, and coordinate a state-level Advisory Group composed of representatives from the two AAAs, the SUA, and additional dementia experts and consumers, to ensure the program meets anticipated outcomes. The Alzheimer's Association will help promote the program, and will be a key source of additional information, programs, and services for participating family caregivers.

The University of Washington School of Nursing Northwest Research Group on Aging will provide training, consultation on project design, and fidelity monitoring for the project in Oregon. The UW team, including Dr. Rebecca Logsdon, Dr. Sue McCurry, and Dr. Linda Teri, have already provided extensive information and support via email and conference calls with the Oregon SUA and participating AAAs to clarify roles and implementation issues. Data entry and analysis for the project will be provided either by the University of Washington or by a local evaluator if the project is funded.

9. Product Dissemination

The Oregon project agrees to produce the required products – a lessons learned report, an implementation manual, a cost analysis, and a yearly data report. Based on findings, Oregon hopes to work with the UW

team to publish outcomes of the project. Other plans for dissemination of results – including data and lessons learned – include presentations to Oregon AAAs and aging services partners.

10. Organizational Capability Statement

The **Oregon SUA** is part of Oregon’s Division of Seniors and People with Disabilities (SPD) which is responsible for administering programs for seniors and people with physical disabilities, and for children and adults with developmental disabilities. The overall mission of SPD is to assist seniors and people with disabilities of all ages with services and supports that promote choice, independence and dignity. SPD serves as the single Medicaid agency for services to seniors and people with physical disabilities through long-term services, supports programs, and financial assistance programs.

The Oregon SUA has experience in coordinating evidence-based projects as a current recipient of an AoA evidence-based prevention grant supporting three evidence-based health promotion programs in four areas of the state – including Multnomah ADS and RVCOG. The SUA has partnered with Public Health in developing systems for statewide reach of the Stanford Chronic Disease Self-Management Program – with a website and data reports available at www.healthoregon.org/livingwell. Oregon Public Health and the SUA currently receive a grant from the National Council on Aging/Atlantic Philanthropies to develop sustainable systems for the evidence-based Chronic Disease Self-Management Program, and the SUA has a CMS Real Choices Systems Change grant to develop a Person-centered Hospital Discharge Planning Model and an Aging and Disability Resource Center/Single Entry Point Program. While the CMS grant is initially targeted to another region of the state, the SUA will be looking for opportunities to link efforts and approaches among these various grants, and to develop systems approaches to sustain efforts among these various projects. For this project, the SUA will be contracting with the four following organizations:

Multnomah County Aging and Disability Services (ADS) is the designated Area Agency on Aging for the county and a division of the county’s Human Services Department, which also includes Mental Health and Addiction Services, Developmental Disabilities, and Domestic Violence. ADS’s mission is to assist

older adults and persons with disabilities to live as independently as possible with a range of accessible, quality services that meet their diverse needs and preferences.

ADS provides services to low-income seniors and people with disabilities through its 24-hour Helpline, at nine District Centers and five Medicaid offices throughout the county. ADS's Family Caregiver Support Program serves approximately 600 caregivers yearly. In addition, its Adult Protective Services, Adult Care Home Licensing, and Public Guardian/Conservator programs offer targeted assistance to those who are most vulnerable and at risk. ADS offer clients seamless entry to services to ensure that they receive appropriate help regardless of where they enter the system, and to further that aim, four of the nine District Centers are co-located with Medicaid offices and all Medicaid sites serve both older adults and people with disabilities. ADS's primary goal is to help elders and adults with disabilities live as independently as possible and it provides a range of services—some directly and others under contract with community agencies—to achieve that end.

Multnomah ADS's Research and Evaluation Unit has extensive experience developing measurement tools, utilizing statistical software to analyze data, and preparing reports. Staffed by a Senior Research and Evaluation Analyst who holds an MSW and PhD, and a Program Development Technician with a master's degree in Public Policy, the unit has evaluated Multnomah ADS's programs as well as other programs of the county's Department of Human Services. Unit staff use and thoroughly understand client databases tracking services for older adults including Oregon Access, the state's Mainframe, RAIN, and department-specific database systems. Staff is familiar with the RE-AIM model for evaluating interventions and will consult with UW to address any questions that arise in the assessment process.

RVCOG is the designated AAA for Jackson and Josephine counties under the Older Americans Act. Through its Senior and Disability Services department and in partnership with the senior and disability communities, RVCOG has developed a network of services to help seniors and adults with disabilities live with dignity, quality of life and self determination. RVCOG is administratively responsible for the Title XIX (Medicaid) Long-Term Care and Financial Assistance programs. RVCOG provides some services directly and contracts with local agencies for others. Direct services are provided through a

central administrative office, located in Central Point, and three field offices: two in Jackson County –the Senior Services Field Office and the Disability Service Field Office—and the combined Senior and Disability Services Field office in Josephine County. The organization has experience in implementing government funded grants and understands the challenges of taking on an evidence-based program, based on successful implementation of the evidence-based chronic disease self-management and falls prevention programs under AoA grant funding. Examples of government-funded grants that RVCOG has received include the US Department of Housing’s Supportive Housing Program for Homeless People with Disabilities and FEMA’s Emergency Assistance Disaster Preparedness for Special Needs Populations.

The Oregon Chapter of the Alzheimer’s Association is a statewide Chapter based in Portland, with 3 regional offices, one of which is in the southern Oregon counties targeted by this project. The Chapter has a staff of 17 statewide and provides support services including information and referral, education, support groups, and care consultation to families of those with ADRD.

The University of Washington School of Nursing Northwest Research Group on Aging (UW-NWRGA) under the leadership of Drs. Linda Teri, Rebecca Logsdon, and Susan McCurry, is internationally recognized for research assessing and treating mood and behavior disturbances in persons with Alzheimer’s disease and other dementias. The UW-NWRGA, with funding from the National Institutes of Health, the Centers for Disease Control and Prevention, and private non-profit foundations, is committed to research, service, and teaching that improves mental and physical health and quality of life for older adults with dementia and their caregivers. The NWRGA has long-standing partnerships with local, state, and national community health care organizations, including the State of Washington Department of Social and Health Services, Group Health Cooperative, the Alzheimer's Association, the Administration on Aging (AoA), and state and national Assisted Living and Adult Family Home Associations. NWRGA faculty have worked with these organizations both in supporting the empirical evaluation of newly implemented programs developed by the partner organizations, and in translating evidence-based treatments into the community setting. These efforts have been recognized and

recommended for wide-spread implementation in national arenas such as the AoA Evidence-Based Grants Program, the National Alzheimer’s Association, and the Rosalyn Carter Institute for Caregiving.

11. Current ADSSP Cooperative Agreements – Oregon does not currently have an ADSSP grant.

12. Systems Reform

The following are some of the connections that Oregon will be exploring as possible links for project sustainability and systems change:

Evidence-based practice. Oregon Dept. of Human Services at the state and local level is increasingly focused on use of evidence-based programs. Oregon’s SUA and Public Health have been working closely on expanding use of evidence-based health promotion programs such as CDSMP, Tai Chi for falls prevention, and several evidence-based physical activity programs. The state’s Addictions and Mental Health division is also promoting the use of evidence-based approaches for community mental health providers. This project will explore ways that this Alzheimer program can be promoted as part of this overall approach to evidence-based practice.

Person-centered care, care transitions, and nursing home diversion. The SUA’s Real System Choice CMS grant is currently working on a hospital discharge planning project linked to the development of a state Aging & Disability Resource Center (ADRC). SPD is also involved in piloting a Behavioral Coach program for people with developmental disabilities – using trained “coaches” working one-on-one with caregivers to teach skills in dealing with behavioral challenges. And SPD is involved in several projects focused on nursing home diversion. STAR-C, with its person-centered focus on supporting family caregivers, could potentially be connected with any or all of these efforts. The SUA and state-level advisory group will be looking for links with these and other identified programs.

Alzheimer’s State Plan. The Alzheimer’s Association just successfully obtained legislative approval to develop a new state plan for Alzheimer’s, and will be working with stakeholders over the coming year to develop a plan addressing awareness, funding, research, and support for those with dementia and their families. Success with this project will demonstrate the possibility of increased community-level evidence-based services for those with ADRD and their caregivers.

Funding to sustain and expand the project. As noted elsewhere in the proposal, the state-level Advisory Group will be exploring possible sustainability for this project through existing programs like Oregon Project Independence, the Family Caregiver Support program, and by seeking a waiver from CMS for coverage of evidence-based caregiver services as part of the Medicaid HCBS program. And the AAAs and Advisory Group will explore the possibility of implementing a sliding fee scale for participants once the program has been well-developed, as another strategy to help make the project sustainable. Oregon's goal of translating the program to existing case managers – rather than master's level clinicians and social workers – will enable the program to be offered through existing programs and services at a more cost-effective and sustainable level. And based on the initial experience with AAA case managers, the AAAs will be working with UW and the Advisory Group to identify ways the program training can be opened up to skilled volunteers and/or community partners who have the capacity to provide the Star-C program, allowing the programs to be incorporated into existing volunteer programs or into services other organizations already offer.