



The Hilltop Institute

analysis to advance the health of vulnerable populations

New Jersey Care Partner Support Pilot Program: Findings

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The Pilot Program's Goal

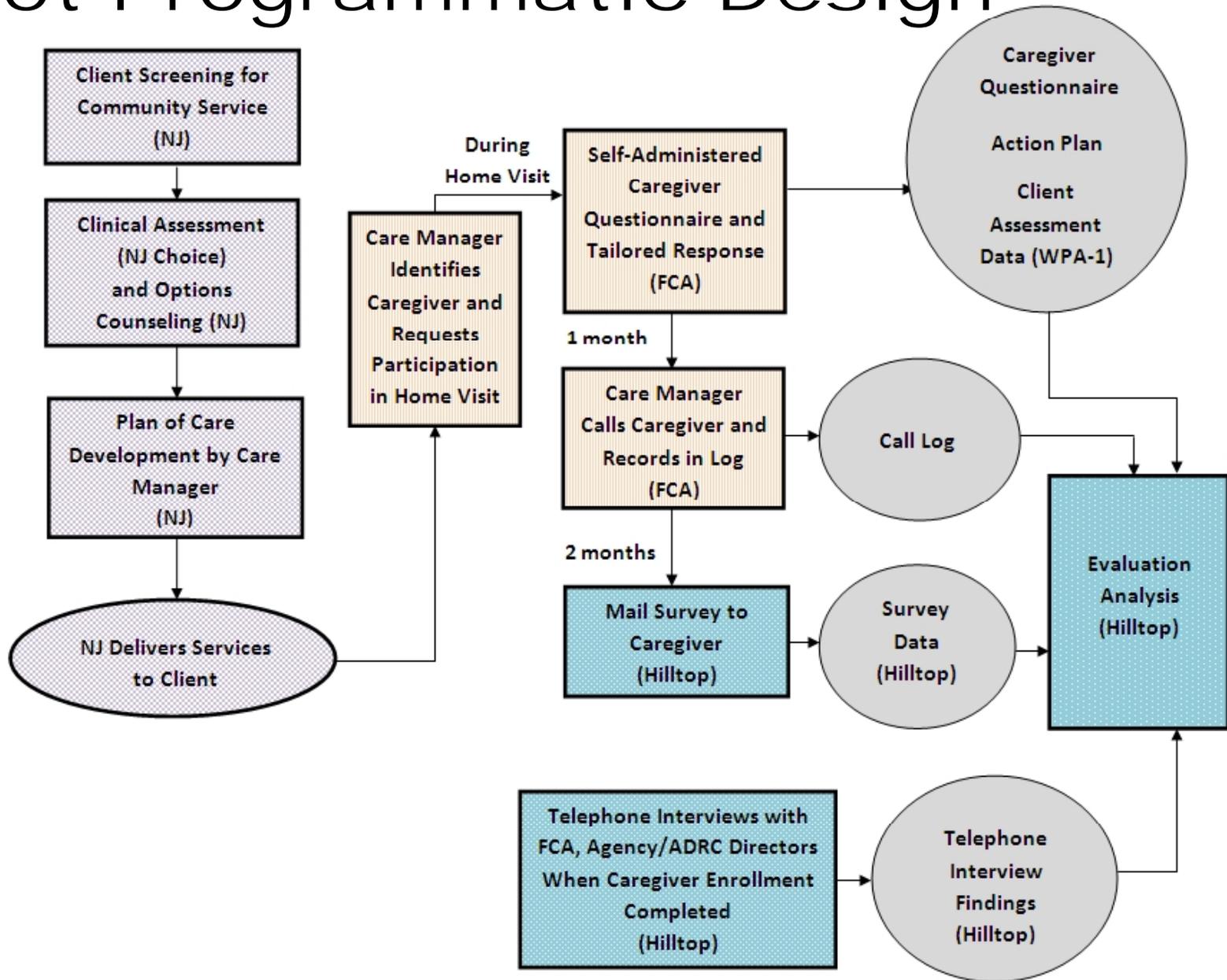
Improve the knowledge and skills of informal caregivers caring for loved ones in New Jersey's Medicaid Global Options (GO) Waiver and Jersey Assistance to Community Caregivers (JACC) Program

What makes this pilot program unique?

Unlike in most prior caregiver programs, caregivers in the NJ pilot were not self-selected. Instead, pilot participants were caregivers of individuals receiving public services.



Pilot Programmatic Design



Research Questions

- **Caregivers:** Who are they and how are they coping? How satisfied were they with the information and referrals? Was their caregiving burden lessened in some way?
- **Care Managers:** How experienced and comfortable are they in working with caregivers? Did the pilot enable them to better provide assistance and guidance to caregivers?

Who are the 86 caregivers who participated in the pilot?



On average, a 60-year-old woman currently not working who has cared for her loved one for 9 years; she reports good or excellent overall health but still has health issues that get in the way of caregiving duties.

Who are the care managers?

- Sixteen care managers and four supervisors
- Atlantic and Warren Counties use public employees; Mercer and Monmouth Counties contract with visiting nurse services
- Mix of social workers and nurses with an average of 9 years of experience; 50% report personal caregiving experience

Who are the care recipients?

- Of the 86 care recipients, 72% enrolled in GO Waiver and 28% enrolled in JACC Program
- All had functional deficiencies in at least 3 of 7 areas - bathing, dressing, toileting, transferring, locomotion, bed mobility, and eating; 21% had deficiencies in all 7 areas
- 65% had a cognitive impairment at the time of their last evaluation

Caregivers' Direct Care Roles

- For 11 of the 12 direct care needs, more than 70% of caregivers indicated that their friend or relative needed help
- The items that most frequently indicated training needs were managing symptoms and medical equipment
- The most frequent activities were coordinating care and medications

Caregivers' Roles Managing Troublesome Behaviors

- From among 12 “troublesome behaviors” they often manage, caregivers most frequently cited short-term memory loss, trouble with decision making, and communicating with friend/relative
- Mood-related issues were identified as behaviors they would like training on how to manage
- For each of the 12 behaviors, no more than 3 caregivers said that they were unable to manage the behavior

Caregivers' Burden

- 40% of caregivers reported receiving about the right amount of help from family and friends; 38% said they receive far less help than they need
- The follow-up survey showed an increase to 50% receiving the right amount of help and a decrease to 26% receiving far less help than they need
- The two items that revealed the greatest impact on the four-item Zarit Burden Interview:
 - The stress between the caregiving role and other responsibilities
 - Having enough time for oneself

Caregivers Following Up on Referrals from the Care Manager

The care manager referred me to:		Yes, I contacted the referral.
	% (n)	% (n)
Health care providers	Yes: 43% (20)	44% (7)
	No: 57% (26)	
Service organizations	Yes: 65% (30)	46% (12)
	No: 35% (16)	
Support groups	Yes: 38% (17)	14% (2)
	No: 62% (28)	
Respite services	Yes: 65% (30)	44% (12)
	No: 35% (16)	
Websites	Yes: 53% (24)	48% (10)
	No: 47% (21)	

Care Managers' Views on the Pilot

- On average, assessment added 30-45 minutes to the home visit
- 42% had difficulty talking with the caregiver alone, but most had strategies for doing so
- Care managers wanted more and better resources for caregivers

Views of New Jersey Agency Staff and Pilot Partners

- Caregiver support is crucial to rebalancing and should be a priority
- Caregiver assessment should be integrated into normal business practices
- “If you assess it, you must address it”

Recommendations

- Integrate family caregivers into business practices
- Develop a system to provide up-to-date information on local resources for caregivers

Recommendations continued

- Consider targeting caregivers who are new to caregiving and “the system”
- Position caregivers as clients and provide reimbursement for caregiver services

Reference

Woodcock, C., Tripp, A., Holt, B., & Reaves, E. (2012, March 12). *New Jersey Care Partner Support Pilot Program: Final report*. Baltimore, MD: The Hilltop Institute, UMBC. Retrieved from <http://www.hilltopinstitute.org/publications/NewJerseyCarePartnerSupportPilotProgramFinalReport-March2012.pdf>

About The Hilltop Institute

The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) is a non-partisan health research organization—with an expertise in Medicaid and in improving publicly financed health care systems—dedicated to advancing the health and wellbeing of vulnerable populations. Hilltop conducts research, analysis, and evaluations on behalf of government agencies, foundations, and nonprofit organizations at the national, state, and local levels. Hilltop is committed to addressing complex issues through informed, objective, and innovative research and analysis.

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