

# STUDY OF FAMILY CAREGIVERS SUPPORTS AND SERVICES - INFORMATION REGARDING THE REQUEST FOR PROPOSAL AND PROPOSAL RESPONSES

## BACKGROUND INFORMATION

Section 1 of 2015 House Bill No. 1279 provides for a Legislative Management study of family caregiver supports and services. The study must identify policies, resources, and programs available for family caregivers and encourage additional innovative and creative means to support family caregivers so that they are able to continue to provide in-home support for older adults. The study must include input from stakeholders, including representatives of hospitals, social and clinical providers, advocacy organizations, tribal government, state and local agencies and institutions, and caregivers in this state. The committee may receive testimony on the needs of family caregivers, including designation of caregivers, training, respite care services, medical leave policies, and delegation of tasks to nonmedical aides. The study must include an inventory of the resources available to family caregivers and may include recommendations for administrative actions to support family caregivers. The Legislative Council may contract for consulting and coordination of study services to assist the Legislative Management in conducting the family caregiver supports and services study. The Human Services Committee has been assigned this responsibility for the 2015-16 interim.

## REQUEST FOR PROPOSAL

On September 11, 2015, as directed by the committee, the Legislative Council issued a request for proposal (RFP) for consultant services for assistance in the study of family caregiver supports and services. The specific areas the study is to address are:

1. Identify current public and private resources, services, and supports for family caregivers, both public and private, and by region or county.
2. Identify barriers and challenges family caregivers experience, which includes the need for training, respite care services, medical leave policies, and delegation of tasks to family members and nonmedical aides.
3. Identify best practice models for family caregiver support programs from other states.
4. Identify emerging practices and technology that can enhance caregiver and patient home supports.
5. Provide recommendations to the interim committee.

Proposals were due to the Legislative Council office on October 16<sup>th</sup>, 2015.

## SUMMARY OF REQUEST FOR PROPOSAL RESPONSES

Below is a summary of consultant background and proposal information gathered from the consultants' proposals.

Summary Proposal Information	Health Management Associates (HMA)	NDSU Extension Service	Dr. Karin L. Becker, University of North Dakota, Communication Program
Consultant profile	Health Management Associates provides technical and analytical services to health care purchasers, payers, and providers, with a special concentration on those who address the needs of the medically indigent and underserved. Health Management Associates clients include the major safety net health systems; private sector providers; and local, state, and federal governments. The organization has offices in Atlanta, Austin, Boston, Chicago, Columbus,	Dr. Gregory F. Sanders has published and presented nationally and internationally on issues related to aging and families in later life and has coauthored a book called Aging North Dakota.  Dr. Jane Strommen has 25-plus years of experience working with older adults and their family members in rural, health-related settings, including nursing homes, assisted living, senior housing and community-based care. She helped	Dr. Karin L. Becker has conducted Community Health Needs Assessments for more than 50 percent of critical access hospitals in North Dakota, which included working with hospital CEOs, public health staff, law enforcement, elected officials, steering committees, and community leaders to produce findings to improve community health. She has recommended adjustments to the community health needs assessments relating to the unique

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	<p>Denver, Harrisburg, Indianapolis, Lansing, New York, the Pacific Northwest, Sacramento, San Francisco, Southern California, Tallahassee, and Washington, D.C.</p> <p>Health Management Associates Community Strategies complements and enhances HMA consulting services, and is designed to provide research and consulting to many health, human, and social service organizations and issues.</p>	<p>develop and implement Community of Care, community-based model of care serving the needs of rural elderly.</p> <p>Dr. Heather R. Fuller teaches courses that focus on aging, lifespan, development, and family dynamics. Her research includes social relationships and their effect on well-being across the life course.</p>	<p>dynamics of rural communities. In addition, she has conducted key informant interviews and focus groups, and has facilitated strategic planning sessions. Previous research studies have involved analyzing large amounts of both qualitative and quantitative data and aggregating findings for composite analysis.</p>
Lead contact	Dr. Lisa Shugarman, Senior Consultant	Dr. Greg Sanders, Associate Dean of the College of Human Development and Education	Dr. Karin L. Becker
Other team members	<p>Dr. Marci Eads, Managing Principal</p> <p>Chris Armijo, Senior Associate</p> <p>Jackie Laundon, Junior Associate</p>	<p>Dr. Jane Strommen, Extension Gerontology Specialist</p> <p>Dr. Heather Fuller, Assistant Professor of Human Development and Family Science</p>	
Expertise and experience	<p>Robyn Odendahl, Associate</p> <p>Health Management Associates has experience in the design and implementation of health programs, including system development, managed care, long-term care, and behavioral health care.</p> <p>Recent relevant projects completed by HMA include:</p> <ol style="list-style-type: none"> <li>1. Assisted the Colorado Department of Human Services in 2014 with a regional center task force and utilization study to access the state's need for regional center beds for intellectual and developmental disabilities, and to determine the types of beds needed currently and in the future.</li> <li>2. Assisted the Colorado Department of Health Care Policy and Financing since 2014 to redesign the Adult HCBS Waivers for people with intellectual and developmental disabilities;</li> </ol>	<p>Recent relevant projects completed by members of the project team include:</p> <ol style="list-style-type: none"> <li>1. Conducted a Circles of Aging project in 2014 for the Aging Services Division of the North Dakota Department of Human Services;</li> <li>2. Conducted a Nourishing Boomers and Beyond project to improve the health behaviors of adults living in rural North Dakota;</li> <li>3. Conducted an Aging in Place in Rural Areas project in 2013 for the Great Plains Individuals with Disabilities Education Act (IDEA) - Human Sciences Research Grant which focused on support needs, caregiving decisions, and well-being; and</li> <li>4. Conducted a mental health and aging - Alzheimer's education project in 2012 for the Mental Health and Substance Abuse Services division of the North Dakota Department of Human Services.</li> </ol>	<p>Recent relevant projects completed by Dr. Karin L. Becker and the University of North Dakota School of Medicine and Health Sciences include:</p> <ol style="list-style-type: none"> <li>1. Conducted a community health needs assessment in Pembina County relating to the North Dakota Medicare Rural Hospital Flexibility Program in 2014 for the Pembina County Memorial Hospital and Pembina County Public Health project;</li> <li>2. Conducted a community health assessment project relating to the North Dakota Medicare Rural Hospital Flexibility Program in 2014 for Emmons County; and</li> <li>3. Conducted a community health needs assessment in Williams County to gauge community awareness and perceptions of local health care delivery and services relating to the North Dakota Medicare Rural Hospital Flexibility Program in 2013 for the Tioga Medical Center.</li> </ol>

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Project plan	<p>3. Assisted the Colorado Department of Human Services since September 2015 to study the dynamics of supply and demand for respite care services in Colorado; and</p> <p>4. Assisted the City of West Hollywood, CA, Human Services and Rent Stabilization since July 2015 to support the city with its strategic planning process to support aging in place.</p> <p>1. Create an inventory of resources available to caregivers, which will include private and public sources that will be categorized by type, region, and county.</p> <p>2. Identify barriers and challenges for family caregivers through two town hall forums with caregivers and other key stakeholders.</p> <p>3. Conduct national research and review other states' best practices for family caregiver support programs in order to identify potential models for North Dakota including interviews with key leaders in the field. The best practices will be organized to understand the experiences, challenges, successes, lessons learned, and costs associated with the models.</p> <p>4. Research the various emerging practices and technologies from other states and national affinity groups.</p> <p>5. Present preliminary findings to the committee in March 2016 and by May 10, 2016, deliver a final report with a summary of study activities and recommendations to the committee.</p>	<p>1. Create a database of current systems for caregiving in North Dakota, including informal, private, and governmental community supports for information and referral, education, advocacy, respite care, case management, and direct service provisions.</p> <p>2. Gather feedback from stakeholders to identify barriers and challenges from the perspective of family caregivers.</p> <p>3. Review the scientific literature and websites to identify successful models across the nation and internationally. In addition, conduct analysis of the key themes of success for caregiving models.</p> <p>4. Review the scientific literature and websites to identify emerging practices and technology, including identifying practices and technology that may be particularly relevant to North Dakota with an emphasis on rural needs.</p> <p>5. Develop recommendations to provide to the committee, including best practices for community supports and technology opportunities, policy needs, and top priorities for family caregiver supports and services.</p>	<p>1. Formulate an asset map of regional resources for family caregivers according to the eight human service regions in the state.</p> <p>2. Convene community focus groups with stakeholders to identify barriers and challenges family caregivers experience, and to identify gaps, inefficiencies, and redundancies.</p> <p>3. Conduct a nationwide literature review tailored to best practice models for family caregiver supports, and technological and training tools to support and train caregivers.</p> <p>4. Synthesize focus group and key informant data with literature review findings to identify emerging practices to enhance caregiver and patient home supports.</p> <p>5. Provide a written report of recommendations and present the final report to the committee.</p>
Proposal cost	\$25,000	\$24,999	\$25,000