

Project C.A.R.E: “Caregiver Alternatives to Running on Empty”

2010 FACT SHEET

Project C.A.R.E: “Caregiver Alternatives to Running on Empty” uses a family consultant model to provide consumer-directed respite care and comprehensive support to caregivers. *The goal of the program is 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.* Through the integration of dementia-capable services and the development of family-centered and caregiver-focused community care networks, Project C.A.R.E. helps create a seamless, coordinated delivery system that is responsive to the needs, values and preferences of Alzheimer’s families.

Project C.A.R.E. is administered through the Division of Aging and Adult Services (DAAS) with expert consultation and technical assistance provided by the Duke Aging Center Family Support Program. Project C.A.R.E. is implemented at the local level through Family Consultants. The program is currently based within the Mecklenburg County Department of Social Services, two local Area Agencies on Aging (Regions Q and N), and Park Ridge Health (Henderson County). The Project C.A.R.E. staff at Park Ridge (based in Hendersonville) serve as the program’s statewide training and technical assistance resource.

Project C.A.R.E. employs Family Consultants with expertise in Alzheimer’s disease and other types of dementia. The Consultants visit the homes of referred dementia caregivers in crises and offer timely, individualized assessment, guidance, counseling, support, advocacy, coaching and education. Their aim is to match families with the most appropriate and preferred local respite and community services tailored to their unique situation and needs. Through Project C.A.R.E., caregivers may spend up to \$2500 per year toward respite services. Families are able to choose among a full continuum of consumer-directed care options, including adult day services, group respite, private or agency in-home care, and overnight residential respite.

There are currently **five program sites** set up to serve the following **23 counties**: 1) **Charlotte** (Mecklenburg County), 2) **Winston-Salem** (Forsyth, Stokes and Surry); 3) **Hendersonville** (Buncombe, Haywood, Henderson, Jackson, Madison, McDowell, Polk, Rutherford, Swain and Transylvania); 4) **Pembroke** (Bladen, Columbus, Hoke and Robeson); and 5) **Washington** (Bertie, Halifax, Hertford, Martin and Northampton).

“You gave me hope, much strength to endure, and time to care for and make good choices in the best interest of my wife.”

Husband ~ Eastern NC

“I referred countless families to Project C.A.R.E. The relief on their faces, where there once was only pain, exhaustion and guilt, is evident in each and every smile...”

~Local Healthcare Provider

“Before Project C.A.R.E., my life was very unstable with an enormous responsibility I wasn’t ready for... My life was on hold. [Project C.A.R.E.] allowed me to regain some self worth and to feel good about being a caregiver”

Daughter ~ Central NC

“Even though I am often depressed about how this disease has changed our life together, getting a break makes me a better person to give him the care he needs and deserves.”

Wife ~ Western NC

National Recognition:

- ◆ **2008 National Program Champion** – U.S. Administration on Aging
- ◆ **2005 National Best Practice Model** – U.S. Administration on Aging and RTI International
- ◆ **2005 National Innovative Program Clearinghouse Award and 2005 National Model for Home and Community-Based Care Coordination** – National Alzheimer’s Association
- ◆ **2004 Geriatric Best Practice Award** – Southeast Regional Geriatric Best Practices Initiative

Approach:

Project C.A.R.E. Family Consultants use a family-centered, home-based assessment intervention. In-home assessments are preferred because they are responsive to caregiver time and energy constraints. During the home visits, the Consultant:

- ◆ assesses the family care environment;
- ◆ identifies the needs and preferences of both the caregiver and the person with dementia;
- ◆ facilitates discussion and mutual understanding among family members;
- ◆ connects the family with community resources; and
- ◆ ensures the provision of quality respite care and support services.

The personalized approach of the Consultant fosters family trust, offers individualized caregiving and coping skills and encourages caregiver self-care. Project C.A.R.E. helps families learn the value of quality respite services and feel empowered to make self-directed, informed decisions about care.

“It is wonderful to know she is cared for and safe when I’m at work. We could never have kept (our mother) at home this long without Project C.A.R.E. It has been so very, very helpful to us.”

Daughter ~ Piedmont NC

“Upon arrival into the home, families are often paralyzed by their experience. I begin, first, by teaching the caregiver how to accept help, practice better self care and make informed care decisions.”

~Project C.A.R.E. Family Consultant

“I was so sorely sleep-deprived that your outstretched hand was a lifesaver...”

Wife ~ Western NC

“Project C.A.R.E. kept me from having a nervous breakdown.”

Daughter ~ Eastern NC

The Project C.A.R.E. model builds upon, enhances and sustains existing home and community-based services by using local providers to deliver respite care while serving as a direct link to the expertise and resources of the Duke Family Support Program. Project C.A.R.E. also connects families to the NC Family Caregiver Support Program, Community Resource Connections, Veterans Programs, Hospice and other caregiver-focused initiatives– creating a strong network of community support for Alzheimer’s families. This comprehensive system of care strengthens the family’s capacity to manage the ongoing and diverse challenges inherent in caring for a person with dementia, enabling families to provide care at home longer.

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