

## Summary of the Communications and Coordination Initiative

### Overview of the Initiative

Many barriers to having effective and efficient long-term care (LTC) planning and coordination systems currently exist for local communities in North Carolina. Two primary barriers are:

- ***Disjointed health and human services planning.*** In North Carolina, a variety of planning bodies are responsible for different aspects of LTC services at the local level, including CAP-DA Boards, Social Services Boards, Area MH/DD/SAS Local Management Entities and Consumer and Family Advisory Committees, and Area Agencies on Aging and local aging planning bodies (primarily responsible for the allocation of Older Americans Act funds). Many counties also have Healthy Carolinians Task Forces and Mayors' and Local Committees for People with Disabilities. These planning bodies do not often combine efforts. In addition, there are state-level activities that affect the local LTC service landscape (e.g. Certificate of Need process and Medical Facilities Plan). There is essentially nobody coordinating the "big picture" of LTC. This can cause a duplication of efforts, ineffective use of resources, and fragmentation for the consumer.
- ***Lack of an effective vehicle for communication between state agencies and local communities.*** The local fragmentation in many ways mirrors and is often the result of a similar structure at the state level. There is no easily accessible or well organized means of exchange between local communities and the state Department of Health and Human Services (DHHS) to facilitate LTC systems reform, problem-solving, and development. An accessible and structured form of communication between state and local levels is needed in order to determine and ensure that barriers and policy changes are adequately addressed. Effective local planning, as well as increased communication and collaboration between state and local levels, are essential to providing consumer-based, coordinated, and efficient services to older and disabled adults in North Carolina. Especially because counties are currently facing many hardships related to increased public costs of LTC due to a growing population of older and disabled adults as well as decreased budgets, they must implement cost-effective and coordinated strategies to meet the growing needs of individuals and families in their communities.

In 2001, the NC Institute of Medicine's (IOM) Task Force on LTC recognized the need for local planning and called for counties to establish LTC planning processes in order to identify unmet needs, develop appropriate LTC services, and create a consumer-centered LTC system. Recommendation #16 of the IOM report states that "the NC General Assembly should encourage county commissioners to designate a lead agency to organize a local LTC planning process at the county or regional level." In NC Senate Bill 166, the General Assembly mandated that the Division of Aging study whether counties should designate local lead agencies to organize LTC planning processes. Currently House Bill 172 and Senate Bill 204 call on the Department of Health and Human Services to "implement a communications and coordination initiative to support local coordination of LTC and pilot the establishment of local lead agencies to facilitate the LTC coordination process at the county or regional level." Under House Bill 172, DHHS would have to submit the first report on its pilot project for LTC coordination in October, 2004.

In response to the legislative mandates, recommendations by the Institute of Medicine, and the current barriers in LTC planning systems, the NC Division of Aging designed the *Communications and Coordination Initiative to Strengthen LTC Services* with assistance and guidance from the LTC Cabinet. This initiative will assist two pilot communities in identifying and initiating strategies to strengthen LTC services for older and disabled adults and will enhance communication between state and local interests. The goals of the Initiative are to:

1. Pilot test and replicate local processes for reforming LTC for older and disabled adults (including evaluating core LTC services and developing strategic action plans);
2. Strengthen consumer participation and influence;
3. Foster innovative approaches to meeting LTC needs;
4. Develop tools to help implement local LTC coordination and planning efforts; and
5. Promote improved coordination at and between state and local levels.

### **The Planning Process**

The Communications and Coordination Initiative to Strengthen LTC Services depends on four main entities:

1. ***Two local planning teams led by a lead agent:*** Two volunteer communities will be selected through an RFP process to develop and implement a local, multi-disciplinary and collaborative LTC planning process. Each team must be led by a lead agent or agents and the County Commissioners must be in full support of the project in the community. The teams will be responsible for evaluating aspects of their core LTC services and developing strategic action plans for local LTC reform. Many benefits exist for counties to participate in this Initiative. First, the two pilot teams will participate directly in state policy discussions that will have implications for their counties. Second, the teams will have support in assessing their LTC needs (including access to data and technical assistance) and in developing strategies to address those needs. The State Team will also assist communities in addressing problems or issues the communities identify as barriers to their efforts to improve local LTC systems.
2. ***NC Division of Aging:*** NC DOA will facilitate the project to include providing hands-on technical assistance to the two pilot communities as well as coordinating the activities of the State Team.
3. ***The State Team:*** A State Team has been established that is made up of representatives from all NC DHHS Divisions and other offices with LTC responsibilities and interests. Consumers, advocates, and other stakeholders will be added to the State Team. The State Team will interact on a regular basis with the local planning teams to address policy and programmatic issues acting as barriers to a comprehensive and coordinated LTC system. Responsibilities of the State Team include providing data and information to planning teams that will assist in the core service evaluation activities, providing technical assistance to two pilot communities, assisting in training activities, researching issues that arise at the county or state level, and evaluating the effectiveness of the Initiative.

4. ***NC Long Term Care Cabinet:*** The Long Term Care Cabinet, composed of directors of DHHS Divisions responsible for LTC services, will provide overall policy direction and support to the project. The LTC Cabinet will select the pilot communities.

The Initiative consists of two main components:

### 1. The Pilot Projects

The two local planning teams will have at least one year to develop and implement a structured local LTC planning process that includes an evaluation of their community's core LTC services and the development of a strategic action plan with significant assistance and guidance from the NC DOA and the State Team. Of course, participating communities will likely continue their efforts after the year of official involvement in the Initiative.

- ***Core LTC Services Evaluations:*** Core LTC services, as outlined by the NC Institute of Medicine's "A Long-Term Care Plan for North Carolina: Final Report," are services that all North Carolinians should have access to either in their county of residence or within a reasonable distance. The long-term goal of the Core LTC Services Evaluation is to work towards having a "balanced" and appropriate set of core services in counties.

NC DOA, with significant assistance from the State Team, will develop the core service evaluation tools that the pilot planning teams can use to assess six dimensions of each core LTC service within their community. These six dimensions include:

- *Existence* (are services available?);
- *Adequacy* (are services in sufficient supply?);
- *Accessibility* (how obtainable are services to those most in need?);
- *Efficiency/Duplication* (how reasonable are service costs and are there possible ways to streamline services?);
- *Equity* (how available are services to those in need "without bias?"); and
- *Effectiveness/Quality* (how successful are these services in addressing client's needs?).

Planning teams will rate each dimension on a graduated scale of 1-5, which represents the degree to which the service measures up to the question. A lower rating equates to a lower responsiveness, lower capacity, less effectiveness, or limited quantity. A higher rating equates to higher responsiveness, greater efficiency, higher equitability, or better supply. The ratings provide a constructive review to identify strengths and weaknesses to specific services and service dimensions within the community's local LTC system. The Core Services Evaluations will also assist in setting priorities within the strategic planning process.

Local planning teams will have great flexibility in designing a planning process to meet their needs. Local planning teams will be able to choose which services to include in their analysis, which dimensions to consider in their planning process, and the level of importance given to each dimension. The pilot communities will also be able to decide which operational questions to consider along with their appropriate measures.

- **Strategic Action Plan:** Local planning teams will be responsible for developing a strategic action plan based on the results of the core service evaluations. Strategic plans may include policy changes, new program development, coordination of funding streams, and system redesign. This comprehensive planning process may reduce the need for other planning bodies within the communities and thus will reduce duplication, increase efficiency, and promote cooperation and communication between state and local interests.

**2. Communication between State and Local Interests**

A LTC Community Interest Group will be formed in order to provide a forum in which state and local interests can discuss issues concerning local LTC planning and coordination. The LTC Community Interest Group will consist of the two pilot local planning teams, and the State Team. The Interest Group will meet every other month, mainly through teleconferencing. State representatives will also visit local communities participating in the Initiative to provide hands-on technical assistance.

**Major Activities of the Communications and Coordination Initiative**

June 4, 2003	RFP is released
July 23, 2003	County proposals are due to DOA
August 11, 2003	LTC Cabinet selects the pilot counties
Mid-August 2003	Pilot counties are notified Pilot counties begin assembling their local planning teams and determining any necessary groundwork that must be completed before planning begins
Early September 2003	Face-to-face meeting of lead agents and the State Team to provide an orientation to the project, instructions for next-steps, and introduction between parties
Mid-October 2003	Training for lead agents conducted by the State Team
Mid-November 2003	Training and Planning retreats for local planning teams
January 2004	Planning begins in the pilot communities
October 2004	Preliminary report due to the NC Study Commission on Aging as stipulated in House Bill 172.
December 2004	Pilot communities have finalized their strategic action plans
October 2005	Final report due to the NC Study Commission on Aging

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