



# *Long Term Care Advances*

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Duke University Center for the Study of Aging and Human Development

## **AROUND THE TABLE IN CLEVELAND COUNTY, NC: COLLABORATION AND COOPERATION AT WORK FOR THE ELDERLY**

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**From the Editors:** This issue of *Long Term Care Advances* describes the experience of Cleveland County, North Carolina, in developing and enhancing services for frail older adults and their families. Service providers in Cleveland County, one of the three initial communities designated by the Teaching Communities Program of Duke Long Term Care, have been coming to the table for almost 15 years to work on common challenges and enhance service development and delivery. In 1989, Accessing Cleveland County Elder Services (ACCES) was formed as a coordinating body for those efforts.

ACCES's success and longevity relate to the working nature of its activities. Community-wide interagency coordinating efforts that exist only to share information about programs among agencies often do not stay vibrant or even survive. ACCES has gone beyond sharing information among providers to significant "gap filling" activities and more recently, to develop common systems elements through case management services. Importantly, ACCES also has brought consumer and civic leadership to join agencies at the table. ACCES's story of collaboration and cooperation provides useful information for communities engaged in improving services for frail older adults.

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Suzi Kennedy is Executive Director and one of the founders of the Life Enrichment Center of Cleveland County, a private, non-profit organization offering adult day services for adults with physical and mental disabilities, including Alzheimer's, developmental disabilities and frailties associated with aging. She is also President of ACCES, Inc. and has been active in advocating for and implementing services for older adults in her community. Her nursing degree is from Niagara University, Niagara Falls, New York.

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## AROUND THE TABLE IN CLEVELAND COUNTY

*A community's ability to identify needs and to implement solutions is fundamental to its success.* This paper describes how service providers to the elderly in rural Cleveland county in western North Carolina came together to provide needed services, to fill gaps in service areas and to work together to accomplish these tasks. These service providers came to and stayed around the table to achieve the common goals agreed upon by the community.

### Coming Around the Table

In 1987 three individual service providers began meeting over coffee to discuss the fragmented service system for care of the elderly and disabled that existed in their community. From this initial group of three, other service providers were invited to join the conversation and in March 1989 the first initial meeting of ACCES (**A**ccessing **C**leveland **C**ounty **E**lder **S**ervices) was held. More than ten organizations attended the first meeting. Discussions centered around creating a better system of care by increasing the amount of services to the elderly, by filling gaps in service provision, and by finding ways to communicate better with each other to lessen duplication as well as share information.

#### Exhibit 1

##### **SHARING THROUGH COMMUNITY EDUCATIONAL FORUMS**

*Educational workshops, sponsored by ACCES, have been held frequently since 1990 to acquaint the community with services and issues critical to the development of a coordinated service delivery system.*

The topic of the first workshop was ***“The Church, the Elderly, and Their Families”*** and was attended by more than 80 people. In 1991, the second workshop, ***“Expected and Unexpected Changes with Aging”*** also drew a large audience. The workshop ***in 1992 focused on the Aging Plan*** that had been submitted to the Board of County Commissioners. Discussions centered around the lack of availability of in-home services in sufficient quantity to meet the needs of the community. A follow-up town meeting was held to share the Aging Plan with the community.

***“Elder Care in Cleveland County”*** was the topic of the 1993 workshop, featuring the availability of older adult services in the community. In 1994 the title of the workshop was ***“When Love Comes Full Circle”***, emphasizing the mental health needs of the elderly. ***Care management*** was the topic of the 1995 workshop. A forum in 1996, as part of the Duke Teaching Community's sharing of ideas, was attended by persons from all across North Carolina. The focus of the ***forum was to present the services and delivery system that ACCES was working on*** in Cleveland County. A forum on long term care insurance is planned in 2001.

During the time period ACCES was initiated, the United Way of Cleveland County was conducting a community needs assessment. **One of the findings of this assessment was that residents of the community did not know how to access the services that were available.** Focus groups also verified that information. Given the fact that few consumers knew how to find out about services, one of the goals of ACCES was to arrange for educational workshops, geared toward the community. (See Exhibit 1 for a description of the educational forums sponsored by ACCES.)

**In June 1990, the North Carolina Division of Aging awarded a planning grant to Cleveland County (one of four in the state to be awarded).** The purpose of this grant was to survey in-home needs, housing conditions and access services in the community. The Council on Aging was designated as the lead agency for this grant and a steering committee was formed. Membership on this advisory committee were the ACCESS members, which included staff from key agencies serving the elderly, older adult consumers, members from the faith community, and county commissioners. In addition to working on the elderly plan, ACCES also began to work on a brochure highlighting all ACCES providers and on the development of the Community Alternative Program for Disabled Adults (CAP/DA) in Cleveland County. (CAP/DA is North Carolina's Medicaid Home and Community-based waiver and is an optional service at the county level.)

### **A Course of Action Emerges**

**In August 1991, "A Plan for Growing Older" was submitted to and approved by the Board of County Commissioners. The plan identified three strategic areas: aging well, housing, and caregiving.** The work that went into this plan was done by members of ACCES, all of whom were active participants in this process. Keeping everyone involved was a key ingredient in the success of this community achieving its goals. Membership in ACCES continued to grow to include more consumers, representation from minority populations, and younger adults

### **Starting to Work**

**To begin operationalizing the goals of "A Plan for Growing Older," the Council on Aging applied for a HUD grant for more housing.** To address the concept of "aging well," many quality of life issues were identified. The need for home repairs and handyman chores was mentioned often. Students from Gardner-Webb University volunteered to provide these services in return for credit in their social science class. This is an example of collaboration, since Gardner-Webb was represented on the ACCES committee.

ACCES also published and distributed its first resource booklet which described services for the elderly in Cleveland County. This booklet met one of the "aging well" goals of sharing information and keeping members and the community informed about services for the elderly. Hospice of Cleveland County asked ACCES for its support of a six-bed facility that Hospice was developing. This request for support was further evidence that collaboration and cooperation was a reality. (See Exhibit 2 for more examples of housing options that were built as a result of this collaborative work.)

## Exhibit 2

**EXPANDED HOUSING OPTIONS FOR THE ELDERLY**

**Diane Padgett, Director  
Isothermal Area Agency on Aging**

*The Aging Plan for Cleveland County, adopted by the Board of County Commissioners, in 1991, recognized a need for an expanded range of housing options for older adults, especially additional units of affordable housing with supportive services. A Housing Subcommittee of ACCES was formed to address those housing needs.*

*In 1992 the Cleveland County Council on Aging, in partnership with the Lions Club, opened 48 units of subsidized housing in the City of Shelby. This housing complex was called West Warren Manor, and featured service coordination for the frail elderly who resided there. The Council on Aging created a management company to provide the administrative management of the complex, as well as the service provision and programming of activities for the residents.*

*In 1998 the Council on Aging built an additional 37 units on the land adjacent to West Warren Manor. The new complex is called Marion West and provides the same mix of services as the first housing site.*

*Housing through other auspices also has been developed in Cleveland County: Charles Place is a 40 unit subsidized independent living facility developed by a for profit development corporation. Shelby Senior Village is a 36 unit subsidized housing complex built specifically for the elderly. Three additional assisted living facilities have been built to care for those older adults who are not able to live independently.*

Currently, a new senior center is under construction by the Council on Aging. Plans are also underway to develop 17 acres of the tract of land adjacent to the Senior Center into other housing options. *An application for a 37-unit complex is under consideration by the North Carolina Housing Finance Agency financing support through tax credits.*

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**Funding for Service Expansion**

**Funding was sought by ACCES for the establishment of a care management service in Cleveland County. The Kate B. Reynolds Charitable Trust awarded a two year demonstration grant to**

establish a care management service. Care management in Cleveland County was defined by the ACCES committee as “a service which helps provide ACCESs and coordination to care solutions for older and disabled individuals and/or their caregivers through professional screening, assessment, development of a plan of care, monitoring, reassessment and plans for discharge. Care management should be accessible through a single point of entry.” ACCES designated the LIVE (Living Independently though Volunteers for the Elderly) agency as the community agency to receive the Kate B. Reynolds funds. This agency was selected in part because its governing structure met the requirements of the Foundation.. LIVE was a volunteer-based organization, but its board agreed to take on the challenge of developing a care management service for the community. In 1994, ACCES membership continued to increase with the addition of membership from long term care institutions, the Foster Grandparent program, and home health agencies.

### **Establishing a Pharmacy Assistance Service and Beginning to Share Beyond Cleveland County**

**During 1995, the issue of prescription drug costs for low-income elderly became a concern for many service providers and their clients.** With cooperation in gathering information and collaboration in finding resources, the community established the Cleveland Pharmacy Assistance Program in July 1996. This was under the auspices of the Cleveland County Health Department.

**Another milestone in 1996 was the invitation that ACCES received to become a Teaching Community, a program of the Duke Long-Term Care Resources Program.** The Teaching Communities Program goals are “to leverage the experience of some of North Carolina’s leading communities in long term care infrastructure development and disseminate their lessons learned to a wider audience across the State. A forum was held in October 1996 to present the services for older adults in Cleveland county to attendees from all parts of North Carolina. This program highlighted the work of key agencies in Cleveland County.

### **Continued Collaboration**

The two-year grant from the Kate B. Reynolds Charitable Trust ended in 1997. **Broad-based care management services as a viable, independent entity was not yet a reality in Cleveland County. The ACCES committee continued to meet and to strategize about ways to secure funding to implement the service.** Acute health care providers in the community formed an “Alliance for Health” to link health care providers from both the for-profit and non-profit service agencies in the community during this same period of time. The original members of the Alliance for Health were the Cleveland County Health Department, Cleveland Center, Cleveland Regional Medical Center, and Cleveland Home Health Agency.

**Since many of these members of the Alliance for Health were also members of the ACCES committee, discussions soon focused on funding of the care management service.** Budget for the first full year of service (1999-2000) was estimated at \$147,700. The Alliance for Health received \$25,000 from the County Commissioners in 1998 to assist in developing a care management program. Most of the remainder of the needed funds came from North Carolina’s Home and Community Care Block grant (HCCBG) allocation to Cleveland County. **Service providers gave up a percentage of their allocations from HCCBG to assure that the care management service would have funding for at least a year.** In-kind contributions of \$60,160 from various agencies completed the needed revenue.

### Implementation of Care Management Services

**In 1999, a centralized care management service for older adults in Cleveland County was established under the name “Care Solutions.”** In April of 1999 the first two employees, a nurse/care manager and an administrative assistant, were hired for the care management program. Cleveland Regional Medical Center donated office space, equipment, office furniture, and agreed to serve as the employer of these staff members. A management contract was signed between ACCES and the hospital, with ACCES committee members providing the operational oversight of this service.

Since October 1999, 216 information calls have been received by Care Solutions; 305 referrals have been made to other agencies or services; and 47 clients have been provided case management services. Currently there are 20 active case management clients.

### Increasing Capacity by Adding CAP/DA Services

**In January 2001, the CAP/DA (Medicaid Home and Community-Based Care waiver) program in Cleveland County was transferred from the Department of Social Services to Care Solutions.** Cleveland County has 62 active CAP/DA clients and more than 150 on the waiting list. Additional social workers and nurses will be hired to provide care management services to new active clients as they are added to the program.

### What’s Next for ACCES

The ACCES committee continues to meet quarterly, with membership active and diverse. Educational forums will continue; in 2001 ACCES will sponsor one on long term care insurance. An automated centralized Information and Referral system for the region is being discussed. **As Diane Padgett, Director of the Isothermal Area Agency on Aging states: “ACCES is a success story in how agencies and organization can come together to develop a strong system of support.”**

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#### *Acknowledgments:*

The authors would like to thank all the participants in this collaborative process. The people mentioned below have been particularly helpful in bringing changes to the long term care system in Cleveland County. **Libbie Shipley**, Director of the Council on Aging/Senior Center; **Nancy Abasiokong**, Home Extension agent; **Diane Padgett**, Director of the Isothermal AAA; **Dottie Leatherwood**, vice-president of Cleveland County Regional Medical Center; and **Sarah Wray**, retired Director of LIVE, deserve special recognition for their tireless commitment to this process.

*MORE ABOUT THE TEACHING COMMUNITIES PROGRAM*

***In 1996, building on the success of the Aging at Home Program, the Duke Long Term Care Resources Program launched the Teaching Communities Program with support from the Kate B. Reynolds Charitable Trust.*** The concept of the Teaching Communities Program was to work with communities in North Carolina where effective leadership had taken long term care systems development beyond planning into implementation. In the broadest sense, all communities were thought of both teaching and learning communities and communities in most of North Carolina's 100 counties were eventually touched by Teaching Communities events and publications.

***Initially, three Teaching Communities were named to begin the sharing among communities. In exchange for sharing their experiences with other communities, these initial Teaching Communities were offered technical assistance and educational opportunities to complement their continued development.*** Those communities were ***Alamance County, Cleveland County*** and a consortium of 5 eastern counties, referred to as the ***Down-East site***, coordinated by the Mid-East Area Agency on Aging. Inaugural events held in each community were widely attended by community leadership along with long term care leadership from across the state.

***Those three communities shared many common elements and goals but also developed special interest areas that they pursued. Alamance County*** focused on access services and became expert on screening as a tool for information and referral and case assistance services. Staff leadership from Alamance became "master trainers" on screening techniques for a series of workshops held around the state. ***Cleveland County*** further developed expertise in volunteer programs to assist the frail and worked toward a goal of a viable, independent source of case management for older adults. ***The Down-East Community*** had special expertise in housing development and took on the issue of what communities could do to address frontline workforce shortages in long term care.

***From these experiences, several publications emerged which provide more detail about their work:***

"The Alamance County Experience: Foundations of a Teaching and Learning Community." B. Porter, K. Berry and H. Brennan. *Long Term Advances* Vol. 7, No. 4, Fall 1996

"Recruitment and Retention of Nursing Assistants: Community Perspectives on a National Issue." P. Capehart. *Occasional Long Term Care Policy Paper Series*. Paper # 9, July 1999.

"Around the Table in Cleveland County, NC: Collaboration and Cooperation at Work for the Elderly." B. Patnaik and S. Kennedy. *Long Term Care Advances*. Vol. 13, No. 1, Summer 2001.

***Additional Papers in the Occasional Long Term Care Policy Paper Series developed as resources to communities addressing long term care issues include:***

"Developing Access Services in Mecklenburg County, North Carolina: The Just1Call Experience." B. Patnaik and A. Geltman. Paper #12, February 2001.

"Local Taxes for Local Home Care: Evaluating the Hamilton County, Ohio, Elderly Services Program." R. Applebaum, J. Straker, and K. McGrew. Paper #7, May 1998.

"Pre-Assessment Screening: An Essential Building Block in LTC Information Systems." G.L. Maddox and S. Bratesman. Paper #6, November 1997.

***Copies of the above papers maybe found on the Duke LTC Website at: <http://ltc.duke.edu>***

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