

Contract No.: 040530
MPR Reference No.: 8861-820

MATHEMATICA
Policy Research, Inc.

**The Community
Partnerships for Older
Adults Program**

**Cross Site Report:
Improving the
Connectedness of
Long-Term Care
Providers**

Final Report

July 2006

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INTRODUCTION

Accessing long-term, community-based health and social services is a challenging task for America's older adults. They (or their caregivers) have to determine which services will meet their needs, who will provide the services, and how to pay for them. Because long-term care services are delivered by a complex mosaic of businesses, non-profit institutions, government agencies and informal caregivers—all with different missions, regulatory frameworks, funding streams, and limitations—coordinating these services can be quite daunting, especially for an older adult whose physical and cognitive capabilities may be compromised.

The Robert Wood Johnson Foundation (RWJF) has recognized this problem and has sought to reduce the challenge of navigating through this complex set of services by financing a number of different programs. It has invested in improving the integration of acute care and long-term care through such programs as PACE, the Wisconsin Partnership, No Place Like Home, and Texas Star-Plus (Robert Wood Johnson Foundation grant results website. Accessed: March 28, 2006; Alper and Gibson 2001). Most of these initiatives have focused on the first of two distinctly different strategies to make it easier for older adults to secure appropriate community-based long-term care services. This first strategy focuses on improving care coordination for individuals by generating greater volume of services, providing improved quality in existing services, and/or promoting innovations in services, that a case manager could then use to provide better integrated care for the individual senior.

The Community Partnership for Older Americans Program (CPFOA) adds a second strategy to resolving the coordination problem. In the CPFOA program, the Foundation funded community partnerships—consisting of long-term care providers, health care providers, community-based organizations, consumers, and local officials—to identify ways to improve the long-term care *system* at the local level as well as to design programs to meet individual needs.

Thus, the program adds a new strategy, since it asks grantees to identify ways to improve the long-term care system as a whole, in addition to targeting improvements in how an individual older adult obtains services from the existing fragmented system. This paper explores and contrasts the efforts of the eight sites of the CPFOA Program to improve the community-based long-term care system as a whole and the efforts required to improve the quality or availability of specific services to individual seniors. CPFOA sites have generated a wide variety of tactics to implement one or both of these two strategies, with some sites emphasizing one more than the other. In this report, we first analyze the degree to which the partnerships are working to improve the long-term care *system* in their communities versus improving the quality of *individual services* available for older adults. We then go on to explicate the lesser known types of system-improving tactics that the partnerships are using, as a resource for ideas that other communities could adopt to improve their own local long-term care systems. How the various tactics evolve, how successful they are, or whether one type is more effective than another in improving the services available to older adults, are questions that will be answered in a subsequent report, as the program proceeds.

BACKGROUND

The CPFOA program is an eight-year, \$20 million, RWJF effort to help communities develop and implement creative tactics to “develop and sustain comprehensive long-term care and supportive services.” Specifically, the CPFOA program was designed to encourage communities to (1) improve long-term care by creating greater awareness of the implications of an aging society and more knowledgeable consumers of long-term care services, (2) improve access to long-term care by providing information to consumers, increasing the communication and coordination among service providers, and leveraging public and private resources; and (3)

promote better quality of life for older adults and their caregivers by enhancing choices and responding to caregiver needs. (CPFOA Call for Proposals 2001). The CPFOA specifies two cross-cutting goals for its grantees: first, communities should improve the “quality” of the individual services available for the elderly, and second the long-term care *system* should be improved to create “comprehensive” or “integrated” services. Under this program, the chief mechanism communities should use to pursue these goals is a “partnership” (or coalition), where various service providers, political figures, and other stakeholders, come together to work on the goals in concert.

After a competitive process, RWJF awarded 18-month, design grants in August 2002 to 13 communities to form partnerships, prioritize community long-term care needs, and develop plans to improve long-term care in their area. In February 2004, RWJF awarded implementation grants to eight of these communities: Atlanta, Boston, Broome County (NY), El Paso, Houston, Maui (HI), Milwaukee, and San Francisco. The eight implementation grantees are currently working to achieve their community-specific goals (Table 1) through a variety of tactics.

MPR’S EVALUATION OF THE CPFOA PROGRAM

In 2002, the Foundation commissioned Mathematica Policy Research, Inc. (MPR) to evaluate the CPFOA program. The overarching purpose of the evaluation is to determine whether the Partnerships effectively implemented their goals and strategies, and if so, what range of effects the Partnership efforts have on the community-based long-term care system. This report analyzes data from one of the three major components of the evaluation: an implementation analysis that documents the strategies the different program sites take to reach the Program’s goals and explores the barriers and challenges that affect the implementation of those strategies. Data collection for the implementation analysis involves two rounds of site

TABLE 1
CPFOA SITE GOALS

ATLANTA
Goal 1: Raise awareness of long-term care issues
Goal 2: Improve coordination and collaboration among providers
Goal 3: Develop neighborhood approach to service delivery
Goal 4: Improve Outreach to Underserved Populations
BOSTON
Goal 1: Improve health care as it relates to the long-term care system
Goal 2: Improve social services
Goal 3: Address other aspects of long-term care
BROOME COUNTY
Goal 1: Help seniors remain in the community
Goal 2: Support Caregivers
Goal 3: Reduce the incidence of stroke and untreated depression
Goal 4: Increase awareness of long-term care issues
Goal 5: Develop and strengthen the Partnership
EL PASO
Goal 1: Promote a "no wrong door" system to access long-term care services
Goal 2: Address the shortage of affordable assisted living facilities
Goal 3: Raise awareness of long-term care issues
HOUSTON
Goal 1: Improve access to long-term care services
Goal 2: Improve long-term care service availability
Goal 3: Improve quality of home care workforce
Goal 4: Raise awareness of long-term care issues
MAUI
Goal 1: Improve access to long-term care information
Goal 2: Improve the long-term care workforce
Goal 3: Increase service options
Goal 4: Educate the community about long-term care issues
MILWAUKEE
Goal 1: Improve quality of long-term care by improving the retention of paid caregivers
Goal 2: Increase public awareness of long-term care issues
Goal 3: Develop neighborhood-specific responses
SAN FRANCISCO
Goal 1: Improve coordination of services for vulnerable older adults
Goal 2: Advance the quality of care for vulnerable older adults
Goal 3: Promote the concept of home- and community-based services

Source: Spring 2004 site visit data.

Note: At the time of the site visit, some CPFOA sites were still developing their goals. We have omitted any goals for which there were no concrete workplans at that time.

visits. MPR staff collected baseline information during the first round in early 2004 through interviews with members of each of the eight partnerships that received implementation grants. The second round of site visits is planned for 2007 when MPR staff will return to these same sites to discuss the progress and effects of the CPFOA grant.¹ Ultimately the evaluation will analyze the evolution of these two types of strategies—do they have very different trajectories; do they require different skills or resources; is one easier to implement than the other; and finally is one more effective than another as a strategy for improving the community-based services available to older adults? These questions, however, can only be answered as the program evolves. This report therefore, based on the first round of site visits, will serve as the baseline measurement for the evaluation report. This report’s descriptions of the various tactics can now serve, however, as a source of ideas for other communities interested in improving their local community-based long-term care systems.

Improving the Long-Term Care “System” Versus Meeting the Needs of Individual Seniors

To examine the distribution of tactics designed to improve the long-term care “system” and/or tactics designed to address individual needs across the eight CPFOA sites, we first developed two basic definitions. We define “system-improving tactics” as those either intended to improve *linkages* among the services and the organizations providing services to the aged, or those efforts trying to improve the system as a whole. For example, San Francisco’s tactic to strengthen the ties between various home and community-based services by creating mini-coalitions of neighborhood organizations to jointly identify problems and create joint solutions, is an example of CPFOA work directed at improving the connectedness of the long-term care

¹ For additional information on the site visits please see the individual site reports for each site (Black et. al. 2005).

“system.” Or, Boston’s tactic of educating providers on the aging services provided by others improves the operations of the system as a whole. In contrast, we define “individual needs-tactics” as those intended to improve a particular service for older adults. These tactics, however, would not likely strengthen the long-term care “system” as a whole. For example, Atlanta’s program to repair the homes of community-based older adults is a tactic that addresses the housing needs of individual seniors. Similarly, Boston’s efforts to improve the referral process for police to report possible elder abuse addresses the needs of individual older adults, but does not improve connections among the many different providers and service venues or help improve the entire system.

To classify the tactics used by each CPFOA Partnership into these two categories, we first listed each site’s tactics as gathered from the site’s implementation plan and site visits that took place a few months after the grantees began the implementation phase of their projects.² Two members of the evaluation team then separately coded each tactic into one of the categories. These coded data were compared by the entire team and discrepancies were discussed and re-coded. (See Appendix A for the actual classification of the CPFOA tactics into these categories.)

We found that the majority of the tactics used by the group of eight sites (64 percent) aim to improve the long-term care system (Table 2). Two sites (Broome County and Milwaukee) had a slight majority of tactics that were aimed at addressing the needs of individual seniors. One site (Maui) split its tactics almost evenly between the two approaches. Finally, five of the eight sites devoted most of their tactics towards improving the cohesion or connectedness of the long-term care system (Atlanta, Boston, El Paso, Houston, and San Francisco).

² The second round of sites visits is planned for Spring 2007 when MPR staff will return to these same sites to discuss the progress of the grantees. One of the major topics for this second round of interviews is to first, explore

TABLE 2
SYSTEM TACTICS VERSUS INDIVIDUAL NEEDS TACTICS

CPFOA Site	Tactics to Improve the System	Tactics to Address Individual Needs	Total
Atlanta	11	5	16
Boston	8	3	11
Broome County	2	3	5
El Paso	4	1	5
Houston	5	2	7
Maui	6	4	10
Milwaukee	9	11	20
San Francisco	8	0	8
Total	53	29	82

(continued)

the reasons sites chose one or the other strategy for different goals, and second, to analyze whether one of the strategies proves to be more effective in generating change than the other.

Given the fact that efforts to improve or innovate specific services to individual older adults are more familiar to most researchers and practitioners, the remainder of this report will focus on the less-familiar tactics to improve the connectedness of the system as a whole.

Types of System-Improvement Tactics. Even though communities face similar problems with their community-based long-term care, they also face some unique problems as well. Moreover, the CPFOA communities have different priorities and abilities to address the problems that they face. This state of affairs has resulted in many distinctive approaches. Despite these distinctions, however, we were able to categorize the tactics into the following general categories:

- Improving communication among providers;
- Increasing consumer knowledge about available services;
- Expanding the range of services in the system;
- Improving the capacity of the system to secure greater resources; and
- Improving the quality and efficiency of the system.

Improving communication among providers. The first category of tactics used by the sites to improve the connectedness of the long-term care system are those tactics that improve how parts of the system communicate with each other. El Paso is devising a common, comprehensive intake form to be used across agencies so that duplication of the same information to many providers can be reduced. The subsequent data-sharing among agencies will be facilitated by written permission from clients in order to comply with HIPAA privacy standards. El Paso also intends to cross-train staff in all of its partner organizations to provide data and referral services to their older adult clients. Staff will learn what kinds of services are available to older adults and how to use the common intake form to collect client information

and make referrals. The El Paso partnership believes that this training for staff, to learn of the services of others and then to counsel clients using this information, will build staff support for improvements in the long-term care system as well as enhance coordination of services. San Francisco meanwhile, is forming a collaborative of case managers to develop uniform training standards and performance protocols to help case managers provide more consistent and equivalent services. These standards would then be used by all case managers in the city. The collaborative, composed of the director of the major case management programs in the city, is first going to survey aging services agencies to identify differences in rules and practices. It will then focus on standardizing the eligibility rules and supervision practices across the agencies. Simultaneously, it is also expanding the use of an online multi-agency case management tool, which is designed to improve care coordination by allowing case managers to share case notes online. Similarly, the Atlanta partnership has created a multi-agency computer system (called Care Options) that tracks the admissions and discharges of clients that they all serve in common. Specifically, this database allow providers to determine which agencies are serving a given client; this in turn allows providers to communicate about the client's condition, quickly notify other agencies when his or her condition changes, and avoid duplicative services.³ The common interchange among agencies, furthermore, has strengthened ties among the agencies.

Increasing consumer knowledge about the availability of services. A related tactic is to improve communication between aging services providers and the aged by giving clients information about the services that are available and that therefore can be utilized. Atlanta is using “branding” techniques developed by the advertising industry to create a prominent identity for its information and referral hotline. They intend for this “brand” identity to help inform

³ Specific diagnoses, however, are not input into the common data system because of HIPAA requirements.

individuals about the contents of the local long-term care system, link individuals to services, and help individuals create their own “system” of services. The brand “Agewise” is being used on the referral line, specific programs, and to label specific types of services; the idea is to present one coherent face to the community. A very similar branding strategy has also been developed by the Milwaukee partnership. The Houston partnership is also using this strategy. It is updating and expanding the United Way’s existing database of long-term care providers that is used to support the 211 telephone helpline that provides service information to consumers. So that it is more comprehensive, the Houston partnership also intends to build in telephone-based case management services to complement the information and referral. These telephone-based services will serve as a gateway to specialist information and referral services to callers who request information from one of four categories: Alzheimers disease, Parkinson disease, Asian elders, and Caregiving.

As another way to increase consumer knowledge about aging services, most of the partnerships are using multi-faceted communication campaigns to raise awareness of local community-based long-term care services. Broome County, for example, has not only developed an online aging services guide of senior resources, but it spotlights one partner organization per week on a local television news segment. Similarly, El Paso is sponsoring a biweekly television news program and a weekly column in the major newspaper that discuss senior issues and are designed to educate older adults about how to manage problems that they commonly face. Topics have included ideas on how to deal with lack of transportation, poor health and health care, and issues with Social Security benefits. Each newspaper article includes the authors’ email address so that older adult readers can provide feedback or request additional information. Milwaukee’s communication campaign involving 75 marketing and media executives, in contrast, is using “influencers” such as providers, adult children, and neighbors to disseminate

messages about long-term care access points, as well as culturally-appropriate messages targeting the city's diverse ethnic groups. The presumption across all these tactics is that better communication will lead to better coordination, and perhaps, a greater tendency to cooperate in developing new activities that will also strengthen the system.

Expanding the range of aging services in the long-term care system. One of the major ways to increase connectedness is to fill in gaps in the system. One such tactic aims at making system “members” aware that they are actually part of the aging services system. Providers of housing, transportation, or postal services to seniors need to recognize that their services are a critical part of the infrastructure that supports older adults. Once this recognition has been established, they might be more willing to work with other providers of aging services. Various CPFOA sites have invited these providers to join their CPFOA partnerships in order to incorporate them into the community-based system. These nascent partnerships between the traditional aging service providers and these non-traditional providers are intended to fill in the gaps in needed long-term care services, thereby better consolidating the system. Boston, for example, has developed links to the federal “Main Streets Program” and has worked with that program to declare several neighborhoods “elder-friendly business districts.” The Boston site is now working with Main Street in one pilot neighborhood to make that designation a reality. The partnership realized that even isolated seniors go into businesses, and so ties with businesses will better reach isolated seniors. Borrowing from similar models in Florida and Oregon, the BPOA, has planned to train banking staff to spot seniors in financial trouble, pull in the city public works departments to fix or widen sidewalks, and ask businesses to hold special hours for seniors. They also plan to set up a system to certify businesses as “elder friendly.” In their efforts to involve non-traditional providers, Milwaukee has worked with businesses patronized to have local businesses providing “safe house” logo that are hung in the windows to offer older adults a

safe refuge if they have a problem. The Milwaukee partnership is also exploring the possibility that local businesses might fund part of the costs of a senior shuttle bus based on the increased business the shuttle would bring.

Improving the Capacity of the System to Secure Greater Resources. Increasing the funding and in-kind support for aging services is a way to strengthen the long-term care system as a whole. One tactic is to create a central fundraising mechanism to bring in additional funding. The Houston CPFOA aims to secure at least \$5 million of additional outside funding from a variety of sources to allow partnership member organizations to expand their capacity for providing existing services or to incorporate additional services into their organization. Another tactic to expand the system is to increase the resources coming from the public sector. Several CPFOA sites are lobbying and/or educating public officials about the importance and the needs of the long-term care system. Maui is analyzing state legislation related to long-term care issues and researching innovative solutions to those issues, so that it can present a cogent analysis when it meets with local and state policymakers. Its Policy and Advocacy Workgroup has created a policy action plan detailing the types of policy changes they want to work on and the methods or mechanisms by which they can effect these policy changes. Atlanta is also using reports and presentations to educate policymakers. It updated the “Aging in Place” toolkit developed by the local Area Agency on Aging which gives policymakers background information on how to shape local policies to better meet the needs of the aging population. The partnership plans to distribute this toolkit and a report of best practices to local officials. The Boston partnership is using a related tactic. It plans to build a database of information on service gaps and senior needs for its future advocacy and public education activities intended to recruit political support for improving the long-term care system. The Boston partnership has also made connections with several *state*-wide coalitions that deal with issues important for seniors, including a housing

coalition and the home care coalition. This will, they hope, extend their capacity to exert influence in policy areas related to the concerns of the long-term care system in Boston.

Improving the quality and efficiency of the long-term care system. The last category of tactics to strengthen the system is composed of tactics that involve building the skills and increasing the numbers of personnel who work in the long-term care system. These improvements in turn would presumably improve the quality and efficiency of the care provided. San Francisco is trying to improve quality by increasing the recruitment and retention of homecare workers. It has launched a campaign for the city and the state to improve wages and benefits for these workers. Under its own auspices, the SF CPFOA partnership is encouraging the expansion of an existing peer-mentoring program that strengthens worker skills in negotiating working conditions with the elderly clients that employ them. The partnership has secured federal and city funding to provide training in several languages to home care workers in first aid, body mechanics and safety. The partnership also promotes retention by providing English lessons to foreign-born workers so they can talk with clients and feel more competent in doing their jobs. Similarly, Milwaukee is providing support groups for long-term care workers and has planned a series of workshops on work life issues such as opening a savings account. Working from the agency side of the issue, the Milwaukee partnership intends to conduct employer workshops to educate employers about the problems that low income workers face in combining work and family (such as the lack of affordable child care). It is also hosting an annual symposium on best practices in working with employees. This will be combined with the development of various mechanisms to recognize and reward worker contributions and job longevity. Meanwhile, Maui is working with high schools to increase the supply of recruits to the long-term care industry. Using the state's system of vocational education, the Maui partnership has developed a direct-care curriculum and internship program for high school

students to foment interest in careers in long-term care. The curriculum covers lessons in the problems of aging, types of aging services, and what the aging services system looks like. The main partnership is linking this effort to a teacher training course and is creating a library of teacher resources on relevant topics. The partnership has enlisted the participation of all Maui hospitals, home health and long-term care agencies on the island to support a subsequent training program at Maui Community College. High school students could then move from their internship into formal college-based training for careers, while the agencies provide structured opportunities for practical experiences. Finally, to improve the quality of its homecare workforce, Houston is developing a tool to screen potential home care workers and an orientation guide to train new homecare workers. The screening tool will be available for use by both agencies and individuals or families seeking to hire a home care worker. Using expert help from researchers and practitioners, they plan to develop and test questions that can potential employers could ask that best reveal potential problems in the applicant's background. The intent is to raise quality of care by improving the quality of the long term care workforce.

DISCUSSION

CPFOA sites that attempt to improve the “system” aspects of long-term care are taking on a substantial challenge. Many factors combine to mitigate against the development of an integrated or coordinated system. The silo-ed nature of the long term care sector is difficult to change because it is the province of many different segments that traditionally do not interact very well, such as health care, mental health, and community-based social service providers. Each is composed of very separate professions, with their own identities and occupational cultures; each with separate reimbursement systems and government agencies that regulate them. Moreover, some of the mechanisms or pieces that build the connections to create a system are

the items that few willingly pay for themselves. Finding the funds, for example, to finance information technology (such as a common computerized in-take system) can be difficult. No single service provider is likely to provide the financing, since it would not make sense to use organizational resources on something that will help free-riding competitors. To finance such mechanisms, either the public sector (like the local Area Agency on Aging) could provide funds, or a critical mass of service providers must see the possibilities of a common solution and agree to contribute some resources to the effort. CPFOA sites are in a position to help address such difficulties. The sites are neutral arenas for negotiating differences. They could generate greater agreement on solutions among different service providers and other stakeholders as common problems are identified. And, with professional staff, the CPFOA grantees have the time to devise techniques that can either resolve or move around such obstacles. Over the course of the next few years, the evaluation team will track whether the CPFOA sites can fill this role and whether the pursuit of a coordinated long-term care system is possible to achieve through a partnership model.

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APPENDIX A
CATEGORIZATION OF SYSTEM TACTICS VERSUS INDIVIDUAL NEEDS TACTICS

Tactics	Improve the System	Address Individual Needs
ATLANTA		
<i>Goal 1: Raise awareness of long-term care issues</i>		
Tactic 1: Market the existing information and referral hotline	X	
Tactic 2: Expand database of services	X	
Tactic 3: Develop toolkit of long-term care resources	X	
Tactic 4: Disseminate long-term care information through media	X	
Tactic 5: Disseminate information on home- and community-based services through businesses and churches	X	
Tactic 6: Educate policymakers through presentations and reports	X	
<i>Goal 2: Improve coordination and collaboration among providers</i>		
Tactic 1: Implement online database	X	
Tactic 2: Implement post-discharge management initiative		X
Tactic 3: Identify gaps in service provision using GIS mapping and make recommendations on service reconfigurations	X	
Tactic 4: Facilitate information among mental health providers, providers of affordable housing, and other provider types	X	
<i>Goal 3: Develop neighborhood approach to service delivery</i>		
Tactic 1: Use findings from GIS mapping to lead community discussions about priority issues	X	
Tactic 2: Incorporate nontraditional providers to help provide for seniors' needs	X	
Tactic 3: Assess livability of seniors' homes and facilitate home modifications		X
Tactic 4: Institute travel voucher program		X
<i>Goal 4: Improve Outreach to Underserved Populations</i>		
Tactic 1: Door to door outreach campaign and individual needs assessments		X
Tactic 2: Customize and distribute materials for certain vulnerable populations		X
BOSTON		
<i>Goal 1: Improve health care as it relates to the long-term care system</i>		
Tactic 1: Develop an expanded definition "continuum of care model"	X	
Tactic 2: Communicate need for expanded "continuum of care model"	X	
Tactic 3: Unite medical & social services fields to improve healthcare for older adults	X	
Tactic 4: Educate providers about services available to seniors	X	
Tactic 5: Provide geriatric training to providers who might interact with older adults	X	
<i>Goal 2: Improve social services</i>		

Tactics	Improve the System	Address Individual Needs
Tactic 1: Improve elder protection by reconvening the Elder Protective Issues Round Table to discuss such issues		X
Tactic 2: Raise awareness of elder protection needs		X
<i>Goal 3: Address other aspects of long-term care</i>		
Tactic 1: Improve information and referral system	X	
Tactic 2: Develop elder-friendly business districts		X
Tactic 3: Collect data for future planning, advocacy, and public education	X	
Tactic 4: Analyze the way resources for elder services are allocated across the various types of services	X	
BROOME COUNTY		
<i>Goal 1: Help seniors remain in the community</i>		
Tactic 1: Improve connections to social supports	X	
<i>Goal 2: Support Caregivers</i>		
Tactic 1: Implement a caregiver support program staffed by volunteers		X
<i>Goal 3: Reduce the incidence of stroke and untreated depression</i>		
Tactic 1: Implement quality improvement initiatives with primary care clinics		X
<i>Goal 4: Increase awareness of long-term care issues</i>		
Tactic 1: Implement a multifaceted communications campaign	X	
<i>Goal 5: Develop and strengthen the Partnership</i>		
Tactic 1: Offer professional development opportunities for Partnership members		X
EL PASO		
<i>Goal 1: Promote a "no wrong door" system to access long-term care services</i>		
Tactic 1: Develop and implement a common intake form and common data system to hold this information	X	
Tactic 2: Cross training staff on conducting referrals	X	
Tactic 3: Develop an electronic inventory of service resources	X	
<i>Goal 2: Address the shortage of affordable assisted living facilities</i>		
Tactic 1: Have private agencies manage long-term care service provision for elderly residents of a low-income housing complex (Supportive Living Initiative)		X
<i>Goal 3: Raise awareness of long-term care issues</i>		
Tactic 1: Media campaign	X	
HOUSTON		
<i>Goal 1: Improve access to long-term care services</i>		
Tactic 1: Improve and promote telephone helpline	X	
Tactic 2: Address lack of transportation		X
<i>Goal 2: Improve long-term care service availability</i>		
Tactic 1: Secure additional funding	X	
Tactic 2: Expand pool of volunteers available to help the elderly		X
<i>Goal 3: Improve quality of home care workforce</i>		
Tactic 1: Implement a pilot project for attracting, screening, hiring, and training home care workers	X	

Tactics	Improve the System	Address Individual Needs
<i>Goal 4: Raising awareness of long-term care issues</i>		
Tactic 1: Implement media campaign	X	
Tactic 2: Develop a community report card	X	
MAUI		
<i>Goal 1: Improve access to long-term care information</i>		
Tactic 1: Standardize the language used to convey long-term care information	X	
Tactic 2: Develop a database of services, education opportunities, and employment opportunities	X	
Tactic 3: Develop one-stop center for long-term care information		X
<i>Goal 2: Improve the long-term care workforce</i>		
Tactic 1: Train family members how to care for elderly relatives		X
Tactic 2: Develop and implement training for long-term care professionals		X
Tactic 3: Work with high schools to increase the supply of workers coming to the long-term care industry		X
<i>Goal 3: Increase service options</i>		
Tactic 1: Explore and adopt alternative program models for care	X	
Tactic 2: Engage business community	X	
<i>Goal 4: Educate the community about long-term care issues</i>		
Tactic 1: Implement a marketing campaign	X	
Tactic 2: Improve policymaker awareness	X	
MILWAUKEE		
<i>Goal 1: Improve quality of long-term care by improving the retention of paid caregivers</i>		
Tactic 1: Develop support groups for paid caregivers	X	
Tactic 2: Develop career ladders for paid caregivers	X	
Tactic 3: Develop best practice models for caregiver retention	X	
<i>Goal 2: Increase public awareness of long-term care issues</i>		
Tactic 1: Implement mass media campaign	X	
Tactic 2: Create and use an endorsement symbol	X	
Tactic 3: Develop consistent long-term care language	X	
Tactic 4: Demonstrate the usefulness of Elder Link (I&R line)	X	
Tactic 5: Use "influencers" to disseminate messages	X	
Tactic 6: Target minorities with culturally-appropriate messages	X	
Tactic 7: Conduct an annual sponsorship campaign	X	
<i>Goal 3: Develop neighborhood-specific responses</i>		
<i>Layton Boulevard Neighborhood</i>		
Tactic 1: Implement peace making circles to improve understanding between generations		X
Tactic 2: Operate a senior-specific shuttle		X
Tactic 3: Renovate neighborhood senior center		X
Tactic 4: Establish police-escorted walking groups		X
<i>Sherman Park Neighborhood</i>		
Tactic 5: Distribute a calendar with appendix of senior resources	X	

Tactics	Improve the System	Address Individual Needs
Tactic 6: Implement police escorts for seniors		X
Tactic 7: Implement safer community transportation options		X
Tactic 8: Develop a toolkit explaining how to use public transportation		X
Tactic 9: Develop and implement a "safe house" logo		X
Tactic 10: Maintain informational bulletin boards in places frequented by seniors	X	
SAN FRANCISCO		
<i>Goal 1: Improve coordination of services for vulnerable older adults</i>		
Tactic 1: Stengthen neighborhood partnerships	X	
Tactic 2: Improve case management by implementing common standards and training	X	
Tactic 3: Improve case management by expanding use of online case management tool	X	
<i>Goal 2: Advance the quality of care for vulnerable older adults</i>		
Tactic 1: Push the city and state to raise homecare worker wages	X	
Tactic 2: Expand peer mentoring programs for homecare workers	X	
Tactic 3: Develop empowerment/support groups for homecare workers	X	
Tactic 4: Establish hotline and drop-in office for homecare workers	X	
<i>Goal 3: Promote the concept of home- and community-based services</i>		
Tactic 1: Marketing campaign	X	

Note: At the time of the site visit, some CPOA sites were still in the process of developing tactics for select goals. We have omitted any goals for which there were no concrete tactics at that time.