The Colorado Health Foundation™

501 South Cherry Street, Suite 1100 ∘ Denver, CO 80246 ∘ TEL: 303.953.3600 ∘ FAX: 303.322.4576 ∘ www.ColoradoHealth.org

Does Colorado Need a Needs Assessment to Improve Services for Aging or Disabled Residents?

April 2015

Purpose and Approach

Rational public policy development demands quality and comparable data to wisely invest in programs to improve the lives of individuals and families, plan for future needs and to make trade-offs in budget allocations by legislative bodies. In the case of long-term services and supports (LTSS), no comprehensive community needs assessment has been conducted in Colorado for more than a decade.[1] Many believe it is essential that a credible inventory of the needs and availability of services be conducted which would cover *all* populations served by LTSS to better understand current gaps in LTSS, identify what's lacking and determine what can be done to bridge those gaps. Some thoughtful Colorado stakeholders would go even further. They suggest that a comprehensive *evaluation* of current long-term services needs and community capacity be conducted to assure that care needs of individuals are addressed and to ensure the dignity of all citizens of the state.

The Colorado Health Foundation (TCHF) engaged over 30 key stakeholders throughout the state to provide recommendations in early 2012 to better anchor existing program efforts and to support enhanced future investments in the broad area of health care delivery. One strategic recommendation made by a number of Long Term Services and Supports Workgroup members to TCHF was to support targeted needs assessments in local communities for identifying the most critical needs in that community, in addition to identifying and tracking what needs were being met by existing program operations.[2] At the time, many Colorado stakeholders and policy analysts perceived gaps in Colorado's broadly defined LTSS system and associated funding levels. They concluded, based on considerable and varied experience, that many of these gaps represented problems in how services were structured and organized (or not) in communities, as well as the fragmentation and availability of service providers at the local level.

Since 2012, the Colorado landscape has changed, as it has many other states, as interest in integrated care, quality metrics and accountability and building age friendly communities -- for people of all ages -- has grown. Colorado is currently in the midst of many of these policy innovations. It is launching Regional Care Collaborative Organizations that would authorize and organize services for individuals dually eligible for Medicare and Medicaid (and others); it is implementing many of the recommendations included in the Community Living Advisory Group's report to the Governor;[3] it is building out community services specified in Colorado's Olmstead Implementation Plan; and it is piloting and investing in essential new community supports, such as transportation and accessible and affordable housing.

[1] Colorado Health Institute. *Strategies to Address Long-Term Services and Supports, Brief Four: Local Needs Assessments*, for The Colorado Health Institute. December 2012. This 2004 statewide needs assessment neither included Medicaid services nor services for individuals with disabilities.
[2] Dann Milne. *Strategic Plan for Long Term Services and Supports*, for The Colorado Health Foundation. 2012.

The Colorado Health Foundation's consideration of a contemporary needs assessment was driven by several forces. First, Colorado is experiencing a significant growth in older adults and persons with disabilities, especially in certain counties, and civic leaders are considering how to better meet their changing population's needs. Second, demand for Medicaid-supported LTSS exceeds Colorado's fiscal capabilities to deliver such services and greater attention must be paid to delaying Medicaid as the primary vehicle for delivering and supporting these services. The Foundation considered also what it learned through several Colorado Health Institute's commissioned studies,[4] and a discussion with a distinguished group of 30 Colorado stakeholders (both urban and rural) and state agency staff convened by the Foundation on January 23, 2015 (see Appendix 1 for list of participants). As Colorado and, indeed, the nation experience an aging population and tighter fiscal constraints, while seeking to build enhanced community services and supports for individuals with disabilities and/or who are aging, this is an opportune time to re-consider the idea of investing in standardized data collection across Colorado communities.

What Was Learned

The Long-term Services and Supports Needs Assessment meeting was hosted by The Colorado Health Foundation at the History Colorado Center in Denver. The meeting began with an overview of the *LTSS Needs Assessment Inventory*, compiled by Sara Schmitt and Tasia Sinn (CHI), which is appended to this report. This overview of numerous needs assessments sponsored by state agencies in Colorado and elsewhere included methodology and components, and provided a segue to Colorado presentations:

- Boomer Bond Assessment Tool, developed by the Denver Regional Council of Governments (DRCOG), is a resource local governments can use to identify challenges and successes in supporting healthy aging in their communities. It is designed as a "conversation starter" to help local governments in their programming and capital investments in areas of housing, mobility and access, community living and support services. A Boomer Bond Resource, an online searchable database, is being launched in 2015 (Jayla Sanchez-Warren and Brad Calvert).
- Community Assessment Survey of Older Adults (CASOA), carried out in the state of Colorado (and some communities) and in other states, is a scientific survey of older persons' perceptions about their localities and individuals' future needs; it used as a strategic planning and evaluation tool that communities and organizations may use to develop older adult service plans, determine how resources could be allocated, evaluate their current service provision, empower community members and monitor success (Todd Coffey and Jayla Sanchez-Warren).
- The Colorado Maternal and Child Health (MCH) Needs Assessment for 2016-2020 was discussed to identify potential lessons for a LTSS needs assessment process. MCH lessons include: establishing principles (such as target populations), setting priorities for questionnaire, administration, and value of stakeholder input. The CO MCH needs assessment builds on previous surveys and uses similar tools and approaches, leverages existing state and local MCH efforts, and balances an authentic needs assessment process with many parameters and community efforts already underway (Gina Febbraro).
- A legislative proposal, House Bill 15-1033, establishment and funding of a Strategic Planning Group and data collection and analysis to help Colorado lawmakers prepare for an aging Colorado, was discussed (Bob Semro).

From these presentations, meeting participants gained a better understanding of the multiple assessments and rich survey efforts are currently underway in Colorado and an appreciation for design tradeoffs between breadth of content and cost; the value of complementary statewide and standardized community data; and

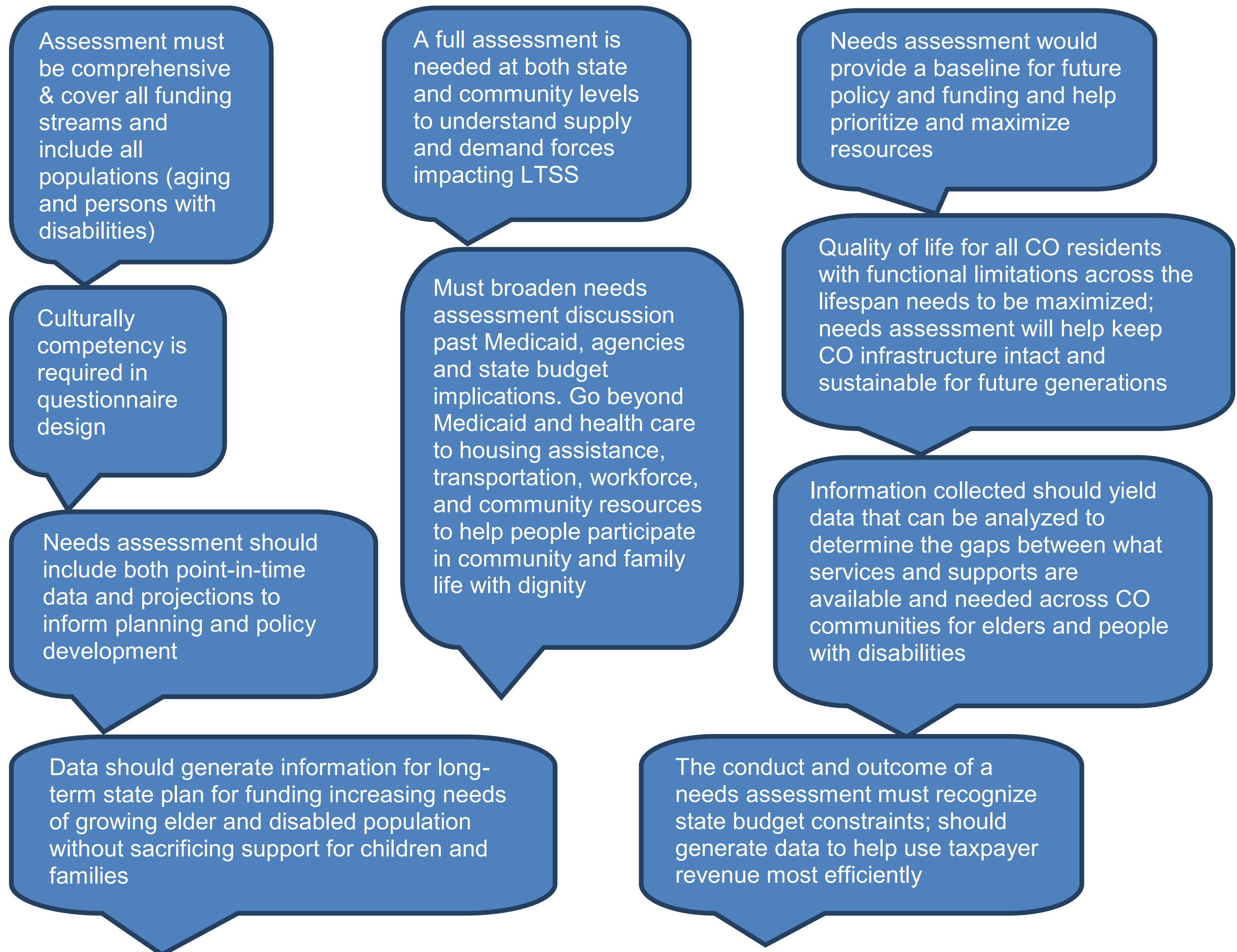
[3] Community Living Advisory Group. *Final Recommendations: Report to the Governor*. September 2014.

[4] See, for example, *Long Term Services and Supports State and Community Needs Assessments*, January 2015 and *Long-term Services and Supports in Colorado*, November 2011, updated January 2012, both funded by TCHF.

the importance of clarity of purpose (elegant research design versus generation of practical and actionable results).

Before a facilitated discussion was initiated that led to consensus about future directions of a LTSS needs assessment in Colorado, meeting participants shared their individual perspectives about what each believed was the value of such an undertaking.

Some comments include:



Reconciling Aspirations with Changing Landscape

Again, one purpose of a LTSS needs assessment is to bridge a gap in perceptions between policy-makers, the public, and Colorado consumers of long-term services and supports (both public and private) to create sustainable solutions and infrastructure so that all individuals can age well in the communities of their choosing. The group shared a genuine belief that a well-designed needs assessment would lead to policy development and planning at the local level that could improve the lives of older adults and persons with disabilities. They expressed the view that such a needs assessment could help public and private leaders better focus on innovations and programs that make a real difference in the well-being of individuals and communities and potentially reduce spending and human capital on services that have little impact.

That said, there was considerable uncertainty expressed about the value of investing in a needs assessment for long-term services and supports in Colorado, especially if it were to be conducted every few years, in light of other public priorities and what is already known about gaps in needed services. Significant design considerations include: the value of statewide versus county or community level data (or both) and the relative costs of each (sample size); the universe of services and social supports that would be included in the definition of "LTSS"; the specific populations that would be surveyed; and the amount of funding that could be sought from various sources. Different perspectives within the LTSS stakeholder community would have to be resolved before a needs assessment could to be designed along with estimated resource requirements, and the relative value of this exercise would have to be weighed compared to other LTSS investments and improvements. In light of competing demands for public (or private) resources, and resolving some of the challenges identified above, some uncertainty was expressed about the ultimate value of a "full blown" needs assessment for LTSS.

It was obvious to group members that any useful LTSS needs assessment had to reach beyond health and human services and capture action-able data on other dimensions of community living. Stakeholders have learned over the years about the importance of other essential neighborhood attributes that make it possible for older or disabled persons to live independently and thrive; these include accessible and affordable housing, transportation, person-centered support services and experience of positive community living (e.g. being valued and "heard").

A consensus of the group was that a needs assessment for long-term services and supports had to reach beyond Medicaid and state-funded services. This is because, as important as Medicaid is for LTSS delivery, the vast majority of individuals using LTSS do not access Medicaid for this service, in Colorado and elsewhere. Hence, great value could be generated in better understanding the trajectory of individual and family financial "spend down," the personal costs of and gaps in family caregiving, and capacity of private voluntary sector to deliver various LTSS. Such information could foster interventions that could help delay the need for Medicaid-supported services.

There was a sense that a well-designed needs assessment process could be an important activity and strategy for putting a public spotlight on the aging issue, if done well. A dynamic process of data collection and communication would send a clear signal that the state, including public and private sector leaders, must prepare now to "prevent catastrophic results" down the road. Participants expressed uncertainty about whether such a needs assessment might lead to new revenues or more efficient resource distribution, but they embraced the value of a needs assessment process to begin community conversations about the topic of aging and disability. They recognized the needs assessment would not indicate empirically what "works" best in program design; rather, it would give a sense of the perspectives of individuals, families and civic leaders queried.

Left unanswered was the question who will be a champion for a contemporary needs assessment of LTSS in Colorado? Given the broad scope of what meeting participants believed was needed in a credible needs assessment, several cautioned about over-reach, methodological and logistical challenges, and the cost of collecting data, as discussed. Simply put, it is hard to imagine that funding available for a LTSS needs assessment could match survey / assessment design requirements. Unstated was considerable uncertainty about the possibility of state funding authorization and whether counties would contribute some resources. The likelihood is high that the same counties that lack community LTSS capacity are those that would decline to partially fund a needs assessment.

Conclusion

So, how to assess Colorado's current status of its LTSS infrastructure in light of expected future demands? Data, in and of itself, will not drive system change or yield improvements across Colorado in available and affordable LTSS or reduce gaps in individuals' needs and the capacity of communities to meet those needs. During the facilitated meeting, participants became aware of the rich data currently available in Colorado for supporting LTSS program development. Rather than invest in collecting new information, perhaps resources could be better spent "connecting the dots" and making existing needs assessment data more

accessible to potential users. Thus, the focus would pivot from collecting data to communicating data as part of a larger Colorado strategy for engaging the public and communities to assess “readiness” for a future where larger numbers of state residents will be older or have physical disabilities that require ongoing support and assistance.

One potential next step is to support the launch of a web-based resource where all relevant needs assessment tools and data can reside for the public to access. There would be links to methodologies, needs assessment resources, best practices, as well as national surveys, data and tools that relate to the broad area of long-term services and supports (e.g. housing and transportation authorities). Technical assistance would be available, as well, for users. This needs assessment resource would be launched and managed by an organization external to state government, and chosen through a competitive application process.

There are considerable benefits for building upon what already exists in Colorado and elsewhere, encouraging a dynamic process of learning and action, to foster vitally needed improvements in the diverse long-term services and supports sector in Colorado.

Date: January 23, 2015

Long Term Services and Supports State and Community Needs Assessments

Contact: Sara Schmitt
Director of Community Health Policy
720.382.7081
schmitts@coloradohealthinstitute.org

Table of Contents

Summary Matrix
Aging Texas Well
Boomer Bond
Colorado Maternal Child Health Needs Assessment
Community Assessment Survey of Older Adults
Connecticut Long-Term Care Needs Assessment
Minnesota Long-Term Services and Supports County Gaps Analysis Survey and Community Services Input Project
State Profile Tool

	Aging Texas Well	Boomer Bond	Community Assessment Survey of Older Adults	CO Maternal Child Health Assessment	Connecticut	Minnesota	State Profile Tool
Current LTSS Policies	X	X		X	X		X
Community-level Assessment	X	X	X			X	
Statewide Assessment	X		X	X	X	X	X
State Legislation Supporting Assessment	X				X	X	X
Measures LTSS Supply and Demand					X	X	X
Older Adult Assessment	X	X	X		X	X	X
People with Disabilities Assessment					X	X	X
Qualitative Data Collection	X	X		X	X	X	X
Quantitative Data Collection	X	X	X	X	X	X	X
Standard Metrics and Process		X	X	X	X	X	X
Cost	Not Available	No cost for tool; in-kind staff time required to complete	$100,000 for state survey; community survey starts at $10,500	Staff time included in agency budget; MCH Health Status Report estimated at $15,000	$280,000	$375,000-400,000	No cost for tool; in-kind staff time required to complete

Measure Descriptions

Current LTSS Policies: Does the assessment measure or ask about policies that impact LTSS? These policies may include housing (types and affordability), transportation, land-use/zoning, financial assistance and program eligibility requirements.

Community-level Assessment: Data and information focuses on community or county issues Respondents typically live in the targeted community or represent community interests.

State-level Assessment: Data and information focuses on statewide issues. Respondents live throughout the state or represent statewide interests.

Legislation Supporting Assessment: State legislation that enables or authorizes the assessment.

LTSS Supply and Demand: Respondents are asked about their current or anticipated needs for specific LTSS. The questions may include housing or home modifications and personal care services. The assessment also asks LTSS providers to describe their capacity to provide specific services.

Older Adult Assessment: Respondents are typically ages 55 or over.

People with Disabilities Assessment: Respondents are individuals with disabilities of any age or their families.

Qualitative Data Collection: Assessment collects data from respondents that describes their experiences, ideas and impressions through open-ended survey questions and/or focus groups.

Quantitative Data Collection: Assessment collects data from respondents that can be counted or measured through closed-ended survey questions.

Standard Metrics and Process: The assessment uses an established, documented process for collecting data and information.

Cost: Estimated or actual costs of the assessment, when available.

Aging Texas Well

Web Address: www.agingtexaswell.org

Domains Addressed in the Indicators Survey	Domains Addressed in the Community Assessment Toolkit (CAT)	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Utility/Applicability of Findings	Other Considerations
• Caregiving • Community Support • Education • Employment • Financial Preparedness • General Health • Health Services • Housing • Legal Preparedness • Mental Health • Physical Health • Recreation • Social Engagement • Spirituality • Transportation • Volunteerism	• Community Supports and Services • Demographics • Health care, mental health and substance abuse services • Recreation and well-being • Residential • Transportation	Texas Department of Aging and Disability Services (DADS). The Aging Texas Well Advisory Committee provides input, direction and recommendations to DADS and state leaders on policies and programs related to aging. DADS provides technical assistance to communities using the CAT. The 2013 Indicators Survey was conducted by the Public Policy Research Institute of Texas A & M. The 2004 and 2008 surveys were conducted by the Survey Research Center at the University of North Texas.	Not available	There is no designated funding for communities to implement the Assessment. In 2012-2013, DADS awarded three AAAs with two-year $50,000 grants to use the CAT.	The Indicators Survey is used to evaluate and measure successful aging activities in Texans age 60 and older living in the community. The Community Assessment Toolkit involves creating partnerships to assess and improve community capacity to support older Texans aging in place.	Texans ages 60 and older. Sample for the Indicators Survey reflects the race and ethnic composition of Texans ages 60 and over.	Indicator Survey conducted by telephone, with 3028 respondents in 2013. The Community Assessment Toolkit includes indicator worksheets for collecting data. Communities are using different methods to implement the Assessment. Some have held open forums and used the indicator worksheets while others have only used the worksheets.	Indicators Survey is statewide. Four communities have used the CAT.	Indicators Survey conducted every four years. No specific time frame for implementing CAT.	A series of issues briefs organized around topics within the 16 life areas of the Indicator Survey have been released. The briefs draw on survey responses, compare 2004 and 2008 data and explore implications for future policy considerations. Issue briefs include the following topics: -Nutrition, Physical Activity and Obesity -Social Engagement and Recreation -Mental Health and Substance Abuse -Physical Health -Financial Preparedness. Data from the Indicators Surveys can be analyzed for trends. Statistical significance tests were administered between 2004 and 2008 responses. Data from the CAT assessments are used to develop a community action plan. Pilot communities have initiated new programs in response to assessments.	CAT has an established implementation process: 1-Designate an executive sponsor with authority to activate the process. 2-Designate an action committee leader. 3-Organize community, build an action committee; include public and private sectors. 4-Assess community using indicator worksheets. 5-Conduct SWOT and develop recommendations. 6-Implement plan. DADS has developed a CAT recognition process to acknowledge communities that have completed the process. Recognition is intended to motivate progress on the plan and encourage CAT adoption. Communities that receive funding to use the CAT have quicker overall timeline for completing the assessment.

Boomer Bond

Web Address: https://drcog.org/programs/area-agency-aging/boomer-bond

Domains Addressed	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Utility/Applicability of Findings	Other Considerations
• Affordable and accessible housing • Community design for physical activity and active aging • Community engagement and education • Community safety and security • Mobility and access • Systems that support independent aging • Survey also assesses level of collaboration between organizations and local government	Denver Regional Council of Governments (DRCOG) AARP Colorado City or county governments	Staff time to complete the survey is the primary cost. The time required to complete the survey and attend follow-up meetings varies based on how the survey is administered.	DRCOG does not charge for the use of the tool.	Facilitate local dialogue on the impacts of an aging population. Provide policies and strategies for local governments to help them plan for and effective serve their older residents. Promote regional cooperation and commitment to create age-friendly physical and social environments. Highlight best practices in communities through a voluntary recognition program.	N/A	The survey collects quantitative and qualitative data. Assessment tool also includes discussion questions in each of the domains. Each communitiy customized how they conducted the assessment. The standard survey is a paper instrument although one community converted it into an online survey. Revised assessment tool with input from project teams, pilot communities, and Tri-County Health Department.	Cities and communities.	The assessment is voluntary.	Opportunity to renew/strengthen relationships between communities and county, town and county, localities and AAA, etc.	DRCOG has provided instructions for how to use/administer assessment tool. The assessment tool acts as a conversation starter, providing structure with what might otherwise be an overwhelming discussion (preparing for an aging population). Breaks down long-term challenges into small, incremental changes.

Colorado Maternal Child Health Needs Assessment

Web Address: https://www.colorado.gov/cdphe/mchneedsassessment

Domains Addressed	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration, FY 2011-2015	Administration, FY 2016-2020	Geography	Frequency	Other Considerations
Maternal Child Health (MCH) issues for each of the target populations were prioritized on the following criteria: -Role of public health to address; -Strategies for intervention; -Ability to demonstrate outcomes/results within five years. The MCH Health Status Report includes data from state and national population-based surveys, state-level vital records and other datasets maintained by CDPHE or the Centers for Disease Control and Prevention. The report is organized according to the following "critical periods" in the life course of the target populations: preconception health, prenatal health, infant and postpartum health, child health and adolescent health.	Colorado Department of Public Health and Environment (CDPHE), Maternal Child Health (MCH) Needs Assessment Steering Team of CDPHE staff; MCH Needs Assessment Advisory Group of CDPHE and external MCH stakeholders.	CDPHE staff time to participate in the assessments is covered through the Title V block grant. The MCH Health Status Report cost approximately $15,000.	Title V Maternal and Child Health Block Grant funding from the United States Department of Health and Human Services, Health Resources and Services Administration.	To gather information to understand what issues are facing the target populations. To identify a set of specific priorities to address Maternal and Child Health (MCH) that were actionable and could achieve meaningful results within five years. To align and coordinate work with MCH populations among state and local public health, human services, schools, not-for-profits and other community partners.	Target populations included women, children, adolescents, children with special health care needs and families. The population was further subdivided into the following categories: -Women of reproductive age (ages 15-44) -Early childhood (ages birth-8), including children with special health care needs -Child/adolescent (ages 9-21), including children and youth with special health care needs	Three phase methdology: **Phase One:** expert panels and the compilation and interpretation of the Health Status Report. CDPHE convened three expert panels, organized by target populations, to identify MCH focus areas for future investment. Each panel met three times to identify and prioritize issues. Panelists received background information in advance of meetings and used established criteria to identify priorities, with the priorities that met these criteria being eligible for consideration during Phase 2 of the needs assessment process. **Phase Two:** The potential priorities identified by the expert panels were presented to key stakeholders via an online survey, with the goal of gathering additional input to further refine and prioritize the issues. 172 of 265 stakeholders completed the survey, for a completion rate of 65 percent. Survey participants chose their top three issues for each population, while also identifying any important issues not reflected in the original list of priorities. **Phase Three:** The Needs Assessment Steering Team conducted the final prioritization to narrow the list of issues to be addressed in the next five years. CDPHE staff wrote two-page justifications for each priority that examined several aspects of each priority including data to support the need, effective interventions and availability of indicators to measure success within five years. The Steering Team created the final list of priorities using these justifications and assessing state capacity to address the needs,	Quantitative and qualitative data collection conducted by CDPHE's Steering Team, with a MCH Advisory Group charged with synthesizing data and identifying priorities using pre-established critieria. Quantitative data collected from the 2012 MCH State Trend Analysis and the 2014 State Health and Environmental Assessment. CDPHE's MCH staff also prepared issue briefs on key MCH topics with incidence and prevalence, related social determinants of health, and contributing factors. Qualitative data collected through a series of 12 stakeholder input sessions held across the state that were attended by 291 individuals. CDPHE also administered a survey to 235 youth and family leaders solicting feedback on health issues facing the target populations. The MCH Advisory Group, comprised of CDPHE staff and local public health agency representatives, is reviewing these data and using a data-informed process to prioritize MCH issues for the next five years. This multi-phased process will apply identified criteria and employ several different methods (discussion, presentations from state program staff, and scoring rubrics) to narrow down potential priorities to a smaller number.	Statewide	Every five years Last assessment completed in 2010. Assessment to identify 2016-2020 priorities underway currently, to be completed by summer 2015.	CDPHE identified guiding principles at the beginning of the process that informed both assessment processes. Assessment identifies issues and opportunities to address them collectively, across target populations and in a coordinated manner between state and local public health. Issue briefs/two-page justifications were useful resources for other activities.

Community Assessment Survey of Older Adults (CASOA)

Web Address: http://www.n-r-c.com/what-we-do/survey-products/community-assessment-survey-for-older-adults/

Domains Addressed	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Other Considerations
• Community Quality -As place to live/retire -Recommend to others -Residential Stability • Community and Belonging -Sense of community -Safety -Older resident value in communitiy -Crime victimization/abuse • Community Information -Availability of info about older adult resources -Financial/legal services • Productive Activities -Civic engagement (volunteer, vote, civic attention) -Social engagement (social/religious activities) -Recreation (activities, personal enrichment) -Caregiving (providing care for children/adults) -Economic contribution ($-value of activites) • Health and Wellness -Physical (fitness, fitness opportunities, diet) -Mental (emotional being, quality of life, confusion) -Health care (health services, medications, oral/vision care) • Community Design and Land Use -Housing Variety and availability -Ease of travel (car, foot, bus) -Access to daily needs -Overall quality of life	Conducted by the National Research Center	The 2010 state package costs an estimated $100,000. The basic package for communities is $10,500. Additional services may be added to the community survey package. These services include: -Spanish translation ($1,325) -Geographic and demographic crosstabulations ($775) -Demographic profiles and projections ($1,625-$1,775) -Presentation of results ($2,875) The survey sample can also be increased. An additional 200 surveys costs $1,440. An additional 500 surveys costs $2,770.	The Colorado State Unit on Aging used federal Older Americans Act resources for administering statewide survey. Area Agencies on Aging provided most of the funding for their surveys. In 2010, the State Unit on Aging provided additional financial support to cover some of the costs.	Enable local governments/organizations to understand and predict the services and resources required to serve the aging population. Identify community strengths in serving older adults. Articulate specific needs of older adults In the community. Develop projections of older adults' future needs.	Residents ages 60 or older. Survey data are weighted to reflect the overall community population on the following variables: sex, age, race, ethnicity, housing tenure (rent/own), housing unit type and geographic area.	A survey is mailed to a random, representative sample of 1,000 older adult households for communities/county assessment in the basic package. The 2010 statewide assessment was mailed to 31,762 older adult households and had a 37 percent response rate. The National Research Council provides a report that provides a summary of the following: -areas of community strengths and weaknesses -prevalence of common older adult needs -benchmark comparisons of key results compared to communities across the nation that have used the tool.	Can be conducted statewide and/or local communities. Administed in over 175 communities across the nation.	Open	Statistically valid. Option for Spanish translation.

Connecticut Long-Term Care Needs Assessment

Web Address: http://www.uconn-aging.uchc.edu/res_edu/assessment.html

Domains Addressed in Surveys of Residents and People with Disabilities	Domains Addressed in Surveys of Long-Term Care Providers	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Utility/Applicability of Findings	Other Considerations
• Current/Future Plans -Living situation and arrangements -Services needed to age in place -Provision and payment of long-term care services • Health/Functional Status -Physical (Falls, routines, nutrition, daily activities) -Mental (Depression, interest levels) -Use of assistive devices -Disability status • Employment and Transportation • Community LTC Services -Use/desire for LTC services -Assessment of LTC services • Social Support -Family/friend interaction -Living Arrangement -Activity Level • Finances -Income -Assets -Financial Safety Net (could someone help if you needed) • Demographics (zip code, age, gender, language, race, ethnicity, education) • Caregiving (Most questions on Resident survey, reduced to one question in survey of people with disabilities) -Do you provide care/assistance for someone?	• Services provided (types of services, waiting lists) • Interaction with State Agencies • Client information (number served, ages, gender, race, ethnicity, insurance coverage, payment sources, health status) • Employee issues	Support provided by the Connecticut Commission on Aging, Long-Term Planning Committee and Long-Term Care Advisory Council. The assessment and literature reviews were conducted by the University of Connecticut Health Center's Center on Aging.	$280,000 was allocated to the University of Connecticut to complete the assessment. Partners contributed in-kind staffing for presentations and dissemination activities.	The Connecticut General Assembly authorized $200,000 in state funding to be used for the survey. Additional funding ($80,000) was provided by the Connecticut Long-Term Care Ombudsman Program.	In 2006, Connecticut General Assembly authorized and funded a comprehensive long term care needs assessment. It was the first in over 20 years. To gather information about the community-based LTC services Connecticut citizens are currently using, the services they expect to need, how prepared residents are to obtain these services and their preferences and expectations for care. Inform statewide LTC policies for next 30 years. Provider survey to characterize the current organization, financing and delivery of LTC services in the state.	Three Target Populations for General Surveys 1. Middle-aged ("baby boomers" born in 1946-1964), N = 5,250, Response rate of 24 percent 2. Older adults born 1945 or earlier, N = 5,250, Response rate of 34 percent 3. Residents with disabilities of any age, N = 5,000, Response rate of 28 percent African American and Latino residents were oversampled. Spanish-language survey and bilingual research assistants. Residents with physical, mental and intellectual disabilities were identified from participation in state programs and waivers. Public and private LTC providers, N = 1,211, Response rate of 46 percent.	Self-administered, written survey mailed to a randomized sample of Connecticut residents from the three target populations. Supplemented by telephone interviews, survey packets distriuted to organizations and a web-based survey. Public awareness campaign with television, radio, newspaper and web advertising. Survey instrument included quantiative and qualitative questions, with space for respondents to fully describe their experiences or views.	Statewide	Surveys administered in 2007 Reports and issue briefs released in 2007 and 2008	Key findings and recommendations on LTC Financing and Financial Planning were issued based on findings from the resident surveys and supplemental interviews and focus groups. Findings used as basis for federal grant applications, including Money Follows the Person, and various state initiatives. Held two legislative forums on the needs assessment and created a uniform presentation of findings that was shared at "countless" events. Not-for-profit organizations used findings for grant applications. Professional journal articles published	Legislative mandate coupled with funding. Work with academic researcher to make report findings more accessible, readable and actionable. Uniform and consistent communications and materials about the findings made it "the bible on LTC". A broad LTSS stakeholder group could easily share and promote these messages. An independent, non-partisan office (Commission on Aging) took charge of promoting the findings of an academic institute.

Minnesota Long-Term Services and Supports County Gaps Analysis Survey and Community Services Input Project

Web Address: http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_141764

Domains Addressed in Gap Analysis for Older Adults	Domains Addressed in Gap Analysis for People with Disabilities	Domains Addressed in Community Service Input Project	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Other Considerations
• Home and Community-Based Services • Housing • Nursing Facility Specialty Beds/Services • Relocation Assistance • Provider Cultural Competence	• Home and Community-Based Services • Housing Options • Employment • Consumer Directed Community Supports • Provider Cultural Competence	• Community Membership • Wellness • Safety • Independence • Relationships • Employment/Volunteering/School	Minnesota Department of Human Services	The county survey and input project costs an estimated $375,000-400,000.	State resources in the Minnesota Department of Human Services' budget.	To assess the current capacity and gaps in long-term services and supports and housing for older adults and people with disabilities. The assessment fulfills the Minnesota legislature mandate for the Department of Human Services to provide a biennial update on the effects of legislative initiatives to "rebalance" the state's LTSS system. The Community Service Input Project gathered information about LTSS directly from people with disabilities, older people and their families and caregivers.	In 2012, county agencies completed surveys for the following four populations: 1. Older adults ages 65 and over 2. Adults with mental illness 3. Children and youth with mental health conditions 4. People with disabilities The Community Service Input Project gathered insights from individuals (or their families and/or care givers) from the four populations as well as care coordinators who work with people with disabilities. County personnel, tribal leaders and key stakeholders including advocacy organizations, provider collaboratives and health plans were also interviewed.	Counties submitted responses to surveys for each of the four populations, with a response rate of approximately 97 percent. In 2012, counties were asked to report on their current capacity in the domains as well as the change in capacity in the domains. The Community Service Input Project conducted structured focus groups across the state. The study also used a website to collect data.	Administered statewide to all counties. State and county profiles are prepared.	Minnesota has been conducting capacity and gap analyses for older adults every two years. The state formally added the assessments for people with disabilities and individuals with mental illness in 2012. The Community Services Input Project was initiated in 2012 and will be conducted biennally with the county surveys.	DHS attempted to conduct a combined Gaps Analysis Survey for older adults and people with disabilities in 2007 with limited success. The results indicated a need for more training and financial support to incorporate disabilities into the existing survey process. DHS returned to a soley aging survey in 2009. In 2012, Minnesota legislature amended statute for older adults gaps analysis to include children and adults with physical and mental disabilities. DHS developed separate surveys to focus on services for each of the four populations instead of combining into one.

State Profile Tool

Web Address: http://www.nchsd.org/libraryfiles/ResearchEvaluation/CMS_LTC_TA_Guide.pdf

Domains Addressed	Sponsor	Costs	Funding	Purpose	Target Population and Oversampling	Administration	Geography	Frequency	Other Considerations
• Information on Home and Community-Based Services (HCBS) • Demographics of populations with greatest needs for HCBS -Older adults, people with physical, developmental and /or intellectual disabilities, children • Utilization of HCBS • State LTSS policies • LTSS administration and management -Role of state agencies, local agencies, legislature and consumer/advocates • Progress on system components - Consolidating state agencies for community and institutional care -Single entry/access point -Nursing home and hospital supply controls (certificate of need) -Transition from nursing homes and hospitals -Continuum of residential options -HCBS infrastructure development -Participant direction in services and program development -Quality management	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS)	States were awarded three year, $500,000 State Profile Tool grants in 2007. The profile was completed in the first phase of the grant.	U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services	To provide a comprehensive, high-level assessment of states' progress toward creating a balanced long-term care system, one that provides greater opportunities for individuals to receive home and community based services. To inform decision-making and strategic planning efforts on LTSS. To provide input to the National Balancing Indicators Project on a set of indicators that assess states' progress toward a balanced LTSS system.	The tool identifies target populations based on age (children, older adults) or type of disability (physical, developmental). Some states organized their profiles around populations served in order to capture information on all of the services accessed by each population. Other states organized their profiles around programs or system components.	States subcontracted with consultants, academic institutions or other local partners to complete the profile. States could also complete the profile internally. States did not have to complete each of the profile domains for each target population. Data sources included the U.S. Census, Centers for Medicare & Medicaid Services, state Medicaid agencies, state laws and regulations, key informant interviews and focus groups.	Ten states were awarded grants -- Arkansas, Florida, Iowa, Kentucky, Maine, Massachusetts, Michigan, Minnesota, Nevada, and Virginia. The tool assesses state policies and programs. It does not collect community or county information.	One time	A technical assistance guide was prepared to assist states in using the tool and completing the profile. The profile focuses on Medicaid and publicly-funded LTSS.