Caregiving Recommendations

Approximately 18 percent of all Coloradans provide unpaid care to an older friend or family member.[1] These unpaid caregivers, who play an essential role in helping older adults remain in their homes and communities, are vital to the health and well-being of our state.[2] As Colorado's population continues to age, their unpaid work will only grow in importance.

Yet, there are significant gaps in the support systems unpaid caregivers rely upon to maintain their own and their loved one's health. Too often, this results in inadequate access to resources like respite, financial assistance, training, and paid leave. The absence of these services impacts caregivers' mental, physical, and financial well-being, but can also lead to worse health outcomes for older adults, higher nursing home costs for the state, and lost productivity for businesses.

A three-pronged approach is needed to address current holes in the network of supports available to Colorado's unpaid caregivers. Policies must leverage existing systems; broaden the network of service providers and recipients; and create new, relevant, resources. When enacted in tandem, proactive public policy can foster better outcomes for unpaid caregivers, but also for the many others who depend upon them.

Summary of Policy Recommendations

Leverage Existing Systems	1. Build a portable system of stackable credentials for direct care workers
	2. Evaluate the effectiveness of Tailored Care Assessment and Referral (TCARE) pilots and consider statewide expansion
	3. Compile and publicize cross-department data on the gaps and availability of caregiver services
Broaden Network of Service Providers & Recipients	4. Work with the private sector to expand the availability of caregiver supports
	5. Create a state-facilitated innovation fund to support underserved caregivers
Create New, Relevant Resources	6. Create a refundable tax credit for those financially supporting older adults
	7. Develop a system of universal portable benefits

Who Are Colorado's Caregivers?[3]

- Approximately 870,000 individuals, or 18 percent of all Coloradans over the age of 15, provide unpaid care to an older adult
- Unpaid caregivers provide a variety of services and supports, which often include meal preparation, personal and medical care, housework, and transportation
- Over 50 percent of caregivers provide support at least once a week
- Median age is 49 years old, and the majority of caregivers (60 percent) are women
- 73 percent participate in the workforce; more than one-quarter of employed caregivers work part time
- Slightly over one-third have a child of their own living with them

Current Gaps, Implications, & Growing Need for Additional Caregiver Supports

Supportive services can mitigate the significant challenges that often accompany unpaid caregiving. However, recent analysis from the Bell Policy Center shows sizable gaps between the availability and need for these services.

Availability of Select Caregiver Supports & Services in Colorado (2020 Estimates)

Services and Supports	% of Caregivers with Access
Respite: Temporary relief that provides caregivers with a short break to rest and recharge	Between 1% - 15% of caregivers[4]
Paid Family & Medical Leave: Provides job-protected paid leave to care for one's own or a family member's major health needs	Approximately 18% of caregivers
Paid Sick Leave: Provides job-protected paid leave to care for one's own or a family member's short-term health needs	Approximately 73% of caregivers
Financial Support: Financial relief to offset out-of-pocket caregiving costs	Very limited availability
Trainings & Education: Provides caregivers with information on a range of subjects and issues to help them better care for their own health and the health of their loved one	Inadequate data & significant variation across topics & areas

Source: "Caregiving in Colorado: 2020 & Beyond"

The absence of these supports is broadly felt by a multitude of stakeholders.

- **Unpaid caregivers:** The short and long-term financial, physical, and mental impacts of unpaid caregiving are well-documented. They include:
    - Greater prevalence of chronic health conditions, higher levels of obesity, increased risk of heart disease and cancer
    - Reduced workforce participation, decreased investments in retirement savings accounts, and significant financial strain
    - Higher levels of depression, stress, and substance abuse
- **Older adults:** Over three-quarters of all older adults want to remain in their homes and communities. However, to do so, almost half need some type of daily assistance. A majority of this support is provided by unpaid friends or family members. High stress levels, which can be mitigated by supports like respite and trainings, play a role in individuals' ability to continue providing care to their older loved ones, which impacts older adults and decisions to use out-of-home placements.
- **State budget:** Inadequate caregiver supports impact both state revenue and expenses by:
    - **Increasing Medicaid expenses:** When older adults don't have support to remain in their homes and communities, they're more likely to move into institutional facilities. In addition to being a less desirable choice for older adults, out-of-home placements are more expensive than in-home care. Importantly, Medicaid, a jointly state and federally funded program, is the prime payer for nursing home care.
    - **Lowering tax revenue:** Over 65 percent of caregivers alter participation in the workplace to accommodate their care responsibilities. While affecting individual, family incomes, these changes also impact the state budget by decreasing revenue from taxed wages.
- **Businesses:** With a workplace participation rate of over 70 percent, unpaid caregivers are a major contributor to Colorado's economy. However, without adequate supports, caregivers report reducing their hours, turning down promotions, and even leaving the workforce. These changes have significant repercussions for businesses and can lower productivity rates and increase turnover and absenteeism costs.

Whether through caregivers' financial insecurity, increased nursing home utilization rates, lower tax revenue, or unnecessarily high turnover costs for businesses, Colorado is already experiencing the impacts of an inadequate system of supports for caregivers. If left unchanged, these challenges and costs will be far greater in the coming years. Analysis from the Bell estimates Colorado will need an additional 270,000 caregivers by 2030 to keep up with the projected growth in older adults. Without an infusion of resources, the already strained system caregivers reply upon simply won't be able to keep up with the growing demand for services.

A Multi-Pronged Path Forward

The gap in needed services combined with the high cost of inaction calls for concerted effort to bolster the network of supports available to Colorado caregivers. To accomplish this, Colorado must simultaneously leverage existing systems, broaden the network of service providers and recipients, and create new, relevant resources.

- **Leverage Existing Systems:** An extensive provider network comprised of community agencies, advocates, and state/local entities currently exists to support Colorado caregivers. While effective in serving thousands of Coloradans, there are opportunities to strengthen this system. By doing so, policymakers can build upon existent infrastructure to provide needed services, connect to more caregivers, and collect the essential information necessary for the creation of strong public policy.
- **Broaden the Network of Service Providers & Recipients:** Even with additional resources, the enormity of the gap between available and needed caregiver supports is too large to fill solely through existing providers. As a result, policies must:
  - **Expand the network of service providers:** As detailed in Appendix C, the cost to provide an adequate amount of respite in Colorado, only one of many needed caregiver supports, is estimated at between $1 billion to $2 billion. Government and philanthropy alone can't cover these expenses. This reality, combined with the fact other stakeholders — including both businesses and the health care system — benefit from supported caregivers, grows the need to diversify how services are provided and funded.
  - **Expand service recipients:** In addition to growing how services are provided, there's a need to simultaneously ensure available supports reflect the diversity of Colorado's caregivers. This specifically means expanding the availability of services in rural communities, which as found in a recent analysis by the Bell, have a disproportionate need for and prevalence of caregivers; and communities of color, which generally have more onerous care burdens, faster than average growth rates of older adults, and an especially inadequate supply of tailored supports.
- **Create New, Relevant Resources:** Finally, there's a need to continuously evaluate whether currently available services are adequate to meet the breadth of caregiver challenges and concerns. As caregiver needs change, policymakers must consider and implement new supports. Currently, there's a demonstrable need to grow the prevalence of workplace and financial resources, both of which are only minimally available to Colorado caregivers.

Outside of private pay and grant/state/federally funded services, there are currently limited ways to access many caregiver supports.

- No private health insurer covers non-hospice respite in Colorado
- Only 8 percent of businesses offer subsidies for elder care. This compares to 19 percent which offer subsidies for child care.

Recommendations to Leverage Existing Systems

Recommendation 1: Build a Portable System of Stackable Credentials for Direct Care Workers

Providers regularly report respite, or temporary relief so individuals can take a break from their care responsibilities, as one of the most frequently requested services by unpaid caregivers. A growing body of research points to the value of this service, and its ability to reduce caregiver stress and depression, hospitalization, and Medicaid spending. An in-depth analysis of the Colorado-specific benefits of respite can be found in Appendix C.

Despite the need for respite services, availability challenges abound. While funding is certainly an issue, there's also a need for a stronger, better trained direct care workforce (the workforce comprised of the paid individuals who provide respite, among other services). In its final report, the legislatively created Respite Care Task Force finds 75 percent of all Medicaid funds authorized for respite services went unused. In follow-up surveys, Colorado caregivers cited the lack of a qualified workforce as a significant reason why they didn't use available funds.

While a multitude of interconnected policies are needed to build the direct care workforce Colorado needs, one of the most important solutions centers on creating a portable system of stackable credentials. In practice, this means credentials are:

- Portable, or travel with the worker between positions and agencies. Portability is a current challenge within Colorado's direct care workforce, stemming largely from the lack of standardized entry-level training recognized across employers.
- Stackable, or built progressively upon one another. This type of system allows workers to gradually build a more enhanced set of skills without needing to retake core, introductory courses.

As the Bell has previously documented, creating a stackable credential system for direct care workers in Colorado will require the development of:

- Standardized, universally recognized, entry level training courses for workers
- Sequential training modules which build on previously learned skills and foster advanced abilities to meet community identified care needs
- A graduated pay structure which provides higher compensation for workers who obtain advanced credentials

Similar recommendations were developed by the Training Advisory Committee, a legislatively created body required by the passage of SB19-238. The Departments of Public Health and Environment and Health Care Policy and Financing should look to this report for additional details on what to include in training curriculums.

In building a new system of stackable credentials for direct care workers, Colorado should look to already existent efforts in:

- **Tennessee:** As part of a widescale overhaul of their long-term care services and supports system, the state developed a progressive, curriculum with stackable credentials for direct care workers. To ensure workers understand available pathways and opportunities, Tennessee's program includes mentoring, career coaching and planning, as well as an online registry so individuals can easily track their progress.
- **Washington State:** In creating and implementing their stackable credential system, the state of Washington relied heavily upon a broad range of stakeholders, including community colleges, the state's home care union, and the U.S. Department of Labor. Similar to Tennessee, Washington uses an online platform to help workers learn about available trainings, but also connect to other needed community resources.

In addition to creating a stackable credential system, other states are working to strengthen their direct care workforce by:

- Conducting promotional campaigns to raise awareness about the value of direct care workers (Wisconsin)
- Leveraging existing funding sources to bring nontraditional workers, such as men and older adults, into the field (New York, New Jersey, and Pennsylvania)
- Partnering with universities to allow workers to receive college credit for certain trainings received as part of their direct care work (Maine)

Recommendation 2: Evaluate the Effectiveness of Tailored Care Assessment and Referral (TCARE) Pilots & Consider Statewide Expansion

Even when community resources exist, caregivers often don't connect with services because they're unaware of their presence or don't know how to access them. A lack of explicit focus on caregiver needs contribute to these challenges. Increasingly recognized by policymakers as a problem, solutions focus on using already existent networks — like those established through Medicaid and Area Agencies on Aging — to better assess the needs of and connect caregivers to services.

Colorado's made progress in this work, as evidenced through recent pilot projects which provide several community organizations with monies to purchase TCARE. An evidence-based tool, TCARE exists to help agencies provide caregivers with assessments, person-centered care plans, and connections to resources. To build upon this progress, policymakers should:

- Evaluate the impact of current TCARE pilots
- As need be and based upon evaluation results, tailor how the tool is used to best meet caregiver needs, and consider expanding use of the tool to the state's 16 Area Agencies on Aging

- Give priority to high-need communities when considering expansion
- Provide extra funding to the organizations responsible for meeting additional caregiver needs
- Fund ongoing evaluation work

An extensively researched tool, TCARE has been shown to decrease intention for nursing home placement and reduce depressive symptoms and stress burden. The tool is used widely in Washington, Minnesota, and Michigan, but also to more limited degrees in Wyoming, Illinois, and Hawai'i.

Washington was one of the first states to adopt TCARE, and it is still used by their Family Caregiver Support Program. Washington credits the program with saving its Medicaid budget $20 million, reducing long-term care claim costs by 20 percent and delaying nursing home placements by almost two years.

However, in studying how to widely implement TCARE, some states have highlighted potential challenges. For example, though an analysis completed in Hawai'i shows TCARE could prove widely beneficial, researchers note high up-front costs and the need to simultaneously bolster the broader system of caregiver supports in order for the tool to be effective.

Recommendation 3: Compile & Publicize Cross-Department Data on Gaps & Availability of Caregiver Services

While some data exists, there is little comprehensive information on the number of caregivers served by state-supported programs. Limited information complicates efforts to develop the targeted, effective programs Coloradans need. Data challenges stem from caregivers often being a secondary client behind the older adults they support, diffuse funding streams that cross state agencies and sectors, and the lack of a centralized entity responsible for collecting and disseminating information relating to caregiver services.

To address these data gaps, the Senior Advisor on Aging should work with state agencies including the Departments of Health Care Policy and Financing, Human Services, and Labor and Employment to collect information on:

- Who (with specific attention paid to capturing demographic details) receives caregiver services
- How they receive services
- Cost of services
- Service effectiveness
- Service gaps and unmet need

After an initial round of data is collected, the Senior Advisor on Aging in partnership with state agencies should consider and then implement new data collection strat-

egies as needed. This may, for example, include adding questions about caregiver services to existing program evaluations. Once collected, this information should be compiled into a single report and publicly posted on the state's website. This process should be conducted once a year and when possible, include input from outside stakeholders.

To address data gaps related to unpaid caregivers, other states are:

- Placing new questions on already existent data collection instruments. Texas for example, uses Medicaid cost reports to collect information about direct care workforce recruitment, compensation, benefits, and retention.
- Creating new survey and assessment tools. This includes Hawai'i's creation and use of the Family Caregiver Needs Assessment. This assessment, conducted at the behest of the state legislature, was intentionally developed to understand caregiver demographics, service utilization, and the impact care responsibilities have on well-being, health, and employment.
- Massachusetts uses the Global Care Survey to better understand caregiver needs. The state's 2019 survey specifically asked about caregiver health, finances, employment, and emotional well-being.

Recommendations to Broaden the Network of Service Providers & Recipients

Recommendation 4: Work with the Private Sector to Expand the Availability of Caregiver Supports

The enormity of the gap between needed and available supports makes it a reality that, even with an infusion of resources, existing providers can't adequately meet caregiver needs. As a result, new stakeholders, specifically those from the private sector, must be engaged in ongoing efforts. The current lack of privately provided resources stems partly from a lack of knowledge on the prevalence and impact caregiving has on workplace behavior. Analysis from the Harvard Business Review finds:

- Only 52 percent of employers track their employees' care responsibilities, despite 73 percent of workers reporting they provide unpaid care to friends or family.
- 24 percent of employers believe care responsibilities influence their workers' performance. This compares to 80 percent of workers who believe outside care responsibilities impact their productivity.

To grow the availability of privately provided caregiver supports in Colorado, policymakers—primarily members of the Departments of Health Care Policy and Financing, Human Services, and Labor and Employment, as well as the Division

of Insurance—should implement recommendations laid out in the Bell's brief, "Respite Coverage & Private Insurance" by:

- Educating the private sector on the prevalence of caregiving and the preventative value of supports like respite and paid leave; and
- Convening private health insurers, hospitals, businesses, and advocates to share best practices and innovative methods to support caregivers. Convenings should include distribution of already existent materials like the "Caregiving-Friendly Workplace Toolkit".

In addition to the recommendations laid out in the above-mentioned brief, departments should pilot three separate cohort programs, one each for insurers, businesses, and health care providers. Participants will receive hands-on assistance on how to integrate policies supportive of caregivers into their ongoing work, while also benefiting from discussing issues with a cohort of like-minded professionals. Evaluations should be conducted to determine best practices, effectiveness, and how to continue and expand these efforts.

Collaborative, cross-sector efforts to support caregivers exist across the country.

- The Massachusetts Caregiver Coalition brings together state agencies, businesses, and health care leaders to promote more supportive policies for unpaid caregivers. Among its many efforts, the group has created and disseminated an employer toolkit of best practices.
- Used in hospitals throughout New York City, the Next Steps Program, developed by the United Hospital Fund, helps educate health care providers on the value of integrating caregiver services and supports into ongoing work.

In addition to learning from efforts specific to unpaid caregivers of older adults, policymakers can also benefit by examining state initiatives to leverage private sector investment in support of child care. State and local governments have found success in engaging the private sector on this issue because they've made such a clear connection between child care and employee/business well-being.

- Oklahoma's efforts to support child care have included creating public-private pilot programs to provide early childhood education. An ongoing, intentionally cultivated partnership, the state works closely with the private sector, including through matching fund programs.
- Michigan created the Early Childhood Investment Corporation with monies from the state and private sectors. The corporation exists to strengthen child care infrastructure in local communities, and does so in part by providing capacity-building grants and sharing best practices.
- To more formally include the private sector in ongoing child care efforts, states like South Carolina, Virginia, and Washington have created new nonprofit organizations to bring together and move forward with jointly agreed upon public-private priorities.

Recommendation 5: Create a State-Facilitated Innovation Fund to Support Underserved Caregivers

Leveraging private sector resources will expand the availability of caregiver supports to thousands more Coloradans. However, it's likely, even with these efforts, service gaps will remain. Those least likely to benefit from an expansion of private support include those who are uninsured or under insured, don't regularly receive medical care, are undocumented, work low-wage jobs, and have less attachment to a single employer.

To meet remaining needs, the state should look to community-based organizations, and bolster their ability to provide tailored services to traditionally underserved caregivers. Policymakers should do this by:

- Creating a state-facilitated fund to provide monies for innovative, local efforts that support caregivers. The fund should receive regular allocations from the state legislature, while also remaining eligible to accept gift, grants, and donations.
- The fund should live within and be managed by the Department of Human Services, which will also be responsible for regular reporting and evaluation efforts. When possible, the department should partner with other public and private efforts to spread best practices and conduct outreach activities.
- Funding priority should be given to efforts that pay specific attention to caregivers in underserved communities, including those from rural areas and communities of color, and leverage untapped community resources and networks to create sustainable and innovative solutions.
- To ensure funded programs adequately meet community need, the Department of Human Services should set up an advisory council, which should include consumers and caregivers from underserved communities to provide feedback and recommendations on proposals.

There are few state-facilitated grant programs specifically designated to support either caregivers or older adults. With its Live Well at Home grant program, Minnesota is an exception. For nearly 20 years, the legislatively funded program has been effective in promoting localized, capacity building efforts that support unpaid caregivers and older adults. Importantly, the program also offers funding for longer three- to five-year pilot projects to help build necessary infrastructure for long-term change.

Colorado can also look to other non-caregiver/older adult specific efforts when creating its own grant program, including:

(continued)

- The Corporation for National & Community Service's (CNCS) Social Innovation Fund: In place since 2009, CNCS provides funding, which must be matched by the grant recipient, to help community-based organizations explore and implement locally tailored solutions to challenging problems. In addition to funding, CNCS offers evaluation assistance, and has developed intentional methods to help other communities learn from identified best practices.
- Nebraska's Department of Education Innovative Grant Program: In 2015, Nebraska passed legislation creating a designated fund to support local, innovative education practices. In addition to being "sufficiently innovative," programs must have a high chance of replication in other parts of the state, are required to conduct independent evaluations, and are given priority if they provide services to high need students.

Recommendations to Create New, Relevant, Resources

Recommendation 6: Create a Refundable Tax Credit for Those Financially Supporting Older Adults

Analysis from the Bell estimates Coloradans spend over $4 billion a year in out-of-pocket caregiving costs. This has significant short and long-term consequences. For example, AARP finds approximately 20 percent of caregivers experience significant financial strain as a result of caring for their loved one, which can lead them to stop saving, take on additional debt, or either leave bills unpaid or paid late.

Colorado currently offers very limited financial relief to caregivers of older adults. A first step to addressing this gap is to create a refundable tax credit for those who spend their own money supporting an older adult. This tax credit should:

- Be refundable, which will benefit lower income Coloradans who may not have tax liability
- Provide a credit for up to $700, which is approximately 10 percent of average out-of-pocket caregiving costs, in allowable health and housing expenses accrued as a result of supporting an adult 65 and older
- Involve an extensive outreach campaign to inform caregivers of available relief, with special attention paid to informing those in traditionally underserved communities
- Limit eligibility to those with household incomes under $50,000/year

Though a popular mechanism to support those who care for young children, tax credits for unpaid caregivers of older adults are less prevalent. However, they do exist, and a full list, along with eligibility requirements, can be found in Appendix B.

Efforts in other states show that to be effective, tax credits for older adult care:

- Must be robust enough to offset a substantial amount of out-of-pocket costs
- Apply to a meaningful set of expenses
- Be intuitive and easy to use
- Upon introduction, involve a substantial public awareness campaign

If these elements are not in place, tax credits won't be used. This was the case in both California and Oregon, which offered tax credits for unpaid caregivers, but discontinued them due to low utilization.

In addition to tax credits, several other states offer more immediate financial assistance to unpaid caregivers, as seen in:

- **Hawai'i:** The state's Kupuna Caregivers Program provides up to $70/day for working caregivers to cover costs like respite, personal care, transportation, or adult day services.
- **Pennsylvania:** The Family Caregiver Support Program offers up to $2,000 to help caregivers offset home modification costs and up to $200/month to cover out-of-pocket expenses.
- **Arizona:** The state is currently piloting the Family Caregiver Reimbursement program, which reimburses 50 percent of certain caregiving costs, like renovations or equipment expenses, up to a total of $1,000

Recommendation 7: Develop a System of Universal Portable Benefits

The need for these benefits, which are commonly referred to as universal portable benefits, are increasingly important because of the dual reality they produce evidence-based outcomes which bolster family health, well-being, and economic security; and are currently unavailable to thousands of working Coloradans. These benefits are especially important for unpaid caregivers, given the well-documented impact care responsibilities have on decisions to reduce hours, work part time, and switch positions.

While policymakers have taken some steps to create the portable benefit system Colorado caregivers need, work remains to implement the following benefits.

Portable Benefits in Colorado

Workplace Benefit	What the Benefit Does	Evidence-Based Benefits	Current Availability in Colorado	How to Implement & Responsible State Agency
Paid Family & Medical Leave	Provides job-protected paid leave to care for one's own, or a family member's major health needs In other states, maximum amounts of leave are generally between 12 weeks and 14 weeks/year	Paid family & medical leave only: • Reduced nursing home utilization	18%	Through legislation, create a state-supported social insurance program to provide benefits as recommended by the FAMLI Task Force Department of Labor & Employment
Earned Paid Sick Leave	Provides job-protected paid leave to care for one's own, or a family member's short-term health needs In other states, businesses are generally able to cap maximum earned leave at 40 hours of leave/year	Paid sick, family & medical leave: • Greater workforce participation & productivity • Reduced employee turnover • Better individual and family health outcomes • Increased use of preventative health care	73%	Through legislation, mandate businesses offer an earned paid sick leave benefit Department of Labor & Employment
Workplace Retirement Plans	Creates a state-facilitated retirement option for those who don't have one offered through an employer	• Increased retirement security • Reduced reliance on state/federal support programs	57% (Access to a retirement plan at one's workplace)	Through legislation, create a state-facilitated retirement savings plan for Coloradans without an employer-sponsored plan, as recommended by the Colorado Secure Savings Plan Board Department of Treasury

A growing number of states are creating universal portable benefits, including:

- 14 states that have passed earned paid sick leave legislation
- 8 states that have passed paid family and medical leave legislation
- 10 states that have created some type of retirement savings option

Learn more about each of these programs by taking a look at the Bell's "Universal Portable Benefits State Scan"

To support unpaid caregivers, best practices from other states show:

- Paid leave programs should allow:
  - Workers to take time off for an extended list of family members. This has the potential to benefit the almost half of all caregivers who support a friend or neighbor, grandparent, or other relative outside of a spouse or parent.
  - Incremental leave, which allows paid time off to be used in small increments. This can be especially helpful for those who are responsible for taking their loved one to multiple and frequent appointments.
  - Meaningful wage replacement so workers are financially able to take time off
- All programs should be user friendly and easily accessible, especially for those who may need benefits in times of crisis or stress

The time to enact meaningful policy change to support Colorado caregivers is now. Delaying action will only intensify the multitude of challenges unpaid caregivers already face, and increase costs for businesses, families, and the state. By implementing a robust and holistic set of policies, Colorado will strengthen communities and build the support system Colorado caregivers need.

Appendix A: Estimated Policy Recommendations Impacts

Recommendation	Initial Implementation Costs [5]	New Service Beneficiaries Upon Initial Implementation	Length of Time to Implement & Begin Realizing Meaningful Benefits	Growth in New Service Beneficiaries through 2030 [6]	Estimated Financial Benefit to State Budget (2030 Estimates) [7]
Strengthen Existing Systems					
1. Build a portable system of stackable credentials for direct care workers	$500,000 [8]	5,500 caregivers [9]	3-5 Years	Medium [10]	Medium
2. Evaluate the effectiveness of Tailored Care Assessment and Referral (TCARE) pilots and consider statewide expansion [11]	$7 million [12]*	5,000 caregivers [13]	5+ Years	Medium	Medium
3. Compile and publicize cross-department data on the gaps and availability of caregiver services	$100,000*	Minimal	3-5 Years	Low	Low
Broaden Network of Service Providers & Recipients					
4. Work with the private sector to expand the availability of caregiver supports	$500,000*	1,000 caregivers [14]	5+ Years	High [15]	High
5. Create a state-facilitated innovation fund to support underserved caregivers	$2.5 million [16]*	3,000 caregivers [17]	0-2 Years	Low [18]	Low
Create New, Relevant Resources					
6. Create a refundable tax credit for those financially supporting older adults	$90 million [19]*	130,000 caregivers	5+ Years	Medium [20]	High
Broaden Network of Service Providers & Recipients					
7. Develop a system of universal portable benefits	Paid Family & Medical Leave $400,000 Paid Sick:* $300,000 State-Facilitated Retirement Option: $500,000	Paid Family & Medical Leave: [21] 520,000 caregivers Paid Sick Leave: 170,000 caregivers State-Facilitated Retirement Option: 270,000 caregiver	0-2 Years	Medium [22]	High

** Denotes the need for ongoing state funding*

Growth in New Service Beneficiaries Through 2030:
Low: Below 50,000 caregivers
Medium: Between 50,000-150,000 caregivers
High: Over 150,000 caregivers

Financial Benefit to State Budget, 2030 Estimates:
Low: Below $10 million/year
Medium: Between $10 million and $50 million/year
High: Above $50 million/year

Appendix B: State Tax Credits for Unpaid Caregivers of Older Adults

State	Eligibility	Amount of Credit
Georgia Qualified Caregiving Expenses Tax Credit	Provides job-protected paid leave to care for one's own, or a family member's major health needs In other states, maximum amounts of leave are generally between 12 weeks and 14 weeks/year	Paid family & medical leave only: • Reduced nursing home utilization
Idaho Idaho Elderly Dependent Credit & Elderly and Disabled Deduction	Older adult dependents for both the credit and deduction must be: 65+, live with the caregiver, and receive more than ½ of their support from the caregiver for over ½ of the year	Credit: $100 credit per older adult for up to 3 older adults Deduction: $1,000 deduction per older adult for up to 3 older adults
Missouri Shared Care Tax Credit	Older adult dependents must be: 60+, live with the caregiver for at least ½ of the year, cannot operate a motor vehicle, and cannot receive Medicaid or Social Services Block Grant Funding	Up to $500 of state tax liability
Montana Elderly Care Tax Credit	Older adult dependents must be 65+ Caregivers must have incomes under $15,000 if single and under $30,000 if married	Between 20% and 30% of qualified expenses for up to a maximum credit of $5,000 per single dependent and up to a maximum of $10,000 if spread between dependents
North Dakota Family Member Care Tax Credit	Older adult dependents must be 65+ and income must be under $20,000	Between 20% and 30% of qualified expenses for up to a maximum credit of $2,000 per dependent. Is not to exceed a combined $4,000 between multiple dependents

Appendix C: Estimated Cost/Benefit of Respite in Colorado

Though one of the most frequently requested supports for unpaid caregivers of older adults, there's little comprehensive information about the costs and benefits of respite in Colorado. The following analysis quantifies the most significant short-term costs and benefits, and concludes with several considerations for policymakers.

Summary of Findings:

Short-Term Costs/Benefits of Respite in Colorado (2020 Estimates)			
	Low Estimate	**Middle Estimate**	**High Estimate**
Cost of Respite	**$1.3 billion**	**$1.9 billion**	**$2.5 billion**
Benefits to the State Budget			
Reductions in Nursing Home Utilization	$22 million	$31 million	$39 million
Additional Revenue from Taxed Wages	$35 million	$56 million	$77 million
Estimated Total Benefits to the State	*$57 million*	*$87 million*	*$116 million*
Benefits to Businesses			
Reduced Costs from Absenteeism	$28 million	$56 million	$85 million
Reduced Costs from Turnover	$18 million	$36 million	$54 million
Estimated Total Benefits to Businesses	*$46 million*	*$92 million*	*$139 million*
Financial Benefits to Families			
Reduced Out-of-Pocket Nursing Home Costs	$20 million	$30 million	$40 million
Additional Wages	$770 million	$1.3 billion	$1.7 billion
Estimated Total Benefits to Families	*$790 million*	*$1.3 billion*	*$1.7 billion*
Benefits to Health System			
Reduced Depression Costs	$30 million	$60 million	$90 million
Reduced Stress/Anxiety Costs	$15 million	$30 million	$45 million
Estimated Total Health Benefits	*$45 million*	*$90 million*	*$135 million*
Total Estimated Short-Term Benefits [23]	**$938 million**	**$1.5 billion**	**$2.1 billion**

Cost of Respite

In determining total respite needed and subsequent costs, this analysis makes the following assumptions:

- Respite does not benefit all caregivers equally. Instead offering respite to those with high care burdens, or those providing support at least once a week, will result in the most benefit.
- To realize benefits, caregivers need a minimum amount of respite each week. This assumption is based upon findings from a recent evaluation of the National Family Caregiver Support Program.[24]
- Because there are still unknowns about which caregivers benefit from respite and how much respite is needed to realize benefits, three scenarios were modeled which assume different hours of respite needed, based upon the frequency of unpaid care each individual provides. Assumptions are based upon findings from the National Family Caregiver Support Program which finds caregivers begin to realize meaningful benefits when they receive four hours of respite a week. It is assumed this four-hour requirement most likely applies to those with the highest care burdens.

Average Hours Needed/Week to Realize Respite Benefits (2020 Estimates)

	Low Estimate	Middle Estimate	High Estimate
Caregivers Providing Daily Support (148,000 Caregivers)	4	5	6
Caregivers Providing Support Multiple Times a Week (190,000 Caregivers)	2	3	4
Caregivers Providing Support Multiple Times a Week (190,000 Caregivers)	1	1	2
Total Hours Respite Needed/Year	**50 million**	**75 million**	**100 million**
Total Cost of Respite[25]	**$1.3 million**	**$1.9 billion**	**$2.5 billion**

Benefits to the State Budget

- **To determine respite's benefit to the state, the following assumptions were made:**
  - The two main benefits of respite to the state come from reduced caregiver stress that result in: a) lower, Medicaid funded, nursing home utilization; and b) greater caregiver workforce participation, which results in higher tax revenue.
- **Assumptions about nursing home utilization rate changes include:**
  - Though there is limited research on the exact amount of respite needed to reduce nursing home placements, it is assumed, with adequate amounts of respite, reductions will be similar to those for paid family and medical leave.
- **Assumptions about additional tax revenue include:**
  - Caregivers most likely to positively change their workforce behavior and work additional hours as a result of respite are:
  - Caregivers who are either not in the workforce or are working part-time;
  - Are under the age of 65; and
  - Have higher care burdens, assumed here to be those caring for someone multiple times a week

Benefits of Respite to the State Budget (2020 Estimates)

	Baseline	Low Estimate	Middle Estimate	High Estimate
Nursing Home Utilization Reduction [26]				
Rate Reduction in Nursing Home Utilization [27]	--	8%	11%	14%
Reduction in Full-Time Equivalent Nursing Home Enrollees/Year	8,300	60	900	1,200
Reductions in Nursing Home Costs	$280 million	$22 million	$31 million	$39 million
Revenue from Taxed Wages [28]				
Additional Average Hours Worked/Week for Part-Time Employees (40,000 Caregivers)	23 Hours	3	6	9
Additional Tax Revenue from Part-Time Workers	$47 million	$6 million	$12 million	$18 million
Additional Average Hours Worked/Week for Those Not Currently in the Workforce (72,000 Caregivers)	0 Hours	8	12	16
Additional Tax Revenue from Those Not Currently in the Workforce	$0	$29 million	$44 million	$59million
Additional Total Revenue from Taxed Wages	$47 million	$35 million	$56 million	$77 million
Total Estimated Benefit to the State from Respite	**--**	**$57 million**	**$87 million**	**$116 million**

Benefits to Business

- **In determining benefits to businesses from respite, the following assumptions were made:**
  - The benefits of respite to business stem from changes to the workforce behavior of current employees and primarily center on reduced turnover and absenteeism costs.
  - Respite will only lead to meaningful employment change for those providing care at least once a week.
  - Strong research doesn't exist on the specific connection between workforce behavior and respite. As a result, relatively low impact ranges of between 10 percent and 30 percent were modeled.
- **Assumptions about absenteeism include:**
  - Full-time, employed caregivers are currently absent from work more often than those working part time (53 percent vs. 39 percent).
  - Respite will not reduce absenteeism for all workers. Instead, it will only impact those who currently report caregiving causes them to be absent from work.
  - For workers who change their workforce behavior as a result of respite, it is assumed full-time workers will increase total hours worked/week by two hours, and part-time workers will increase total hours worked/week by one hour. This assumption is based upon analysis that finds the average caregiver misses approximately one hour of work/week due to care responsibilities. Because the caregivers analyzed for this report are providing more intense levels of care, this number was doubled for full-time employees.
- **Assumptions about turnover include:**
  - Individuals with higher care burdens are more likely to leave their job (12 percent) than those with moderate care burdens (4 percent).
  - High-intensity caregivers are assumed to be those providing care at least several times a week, and moderate intensity caregivers are assumed to be those providing care at least once a week.
  - Respite will not reduce turnover rates for all workers. Instead, it will only impact those who currently report caregiving impacts decisions to leave their job.

Benefits of Respite to the State Budget (2020 Estimates)			
	Low Estimate (10% of Caregivers Change Workforce Behavior)	**Middle Estimate** (20% of Caregivers Change Workforce Behavior)	**High Estimate** (30% of Caregivers Change Workforce Behavior
Reduced Absenteeism [29]			
Number of Part-Time Workers with Reduced Absenteeism	3,000	6,000	9,000
Increased Productivity from Part-Time Workers	$3 million	$6 million	$10 million
Number of Full-Time Workers with Reduced Absenteeism	11,000	23,000	34,000
Increased Productivity from Full-Time Workers	$25 million	$50 million	$75 million
Total Increased Productivity	**$28 million**	**$56 million**	**$85 million**
Reduced Turnover [30]			
Number of High Intensity Caregivers Who Remain with their Employer	2,000	4,000	6,000
Reduced Turnover Costs Connected to High-Intensity Caregivers	$16 million	$33 million	$49 million
Number of Moderate Intensity Caregivers Who Remain with their Employer	200	450	700
Reduced Turnover Costs Connected to Moderate Intensity Caregivers	$2 million	$3 million	$5 million
Total Reduction in Turnover Costs	$18 million	$36 million	$54 million
Total Financial Benefit to Businesses	**$46 million**	**$92 million**	**$139 million**

Financial Benefits for Families

- **In determining the financial benefits to families from respite, the following assumptions were made:**
  - The two largest quantifiable benefits of respite for families are increased wages as a result of higher workforce participation and reduced out-of-pocket nursing home costs.
  - It's likely there are significant long-term benefits that result from the additional money families either earn/save as a result of respite. Because of the difficulties involved with predicting consumer behavior, these long-term benefits were not modeled. However, they could possibly include increased retirement savings or educational investments.
- It is assumed benefits will be primarily realized by those providing unpaid care at least once a week.

Benefits of Respite to Family Finances (2020 Estimates)

Additional Revenue from Wages [31]	*Baseline*	Low Estimate	Middle Estimate	High Estimate
Additional Average Hours Worked/Week for Part-Time Employees (40,000 Caregivers)	23 Hours	3	6	9
Additional Wages Earned by Part-Time Workers	$1 billion	$130 million	$270 million	$400 million
Additional Average Hours Worked/Week for Those Not Currently in the Workforce (72,000 Caregivers)	0 Hours	8	12	16
Additional Wages Earned by Those Not Currently in the Workforce	$0	$640 million	$1 billion	$1.3 billion
Additional Wages Earned	$1 billion	$770 million	$1.3 billion	$1.7 billion
Reduced Out-of-Pocket Private Nursing Care Costs [32]				
Rate Reductions in Private Nursing Home Utilization [31]	--	8%	11%	14%
Reduction in Full-time Equivalent Nursing Home Enrollees/ Year	2,700	210	290	370
Reductions in Out-of-Pocket Nursing Home Costs	$270 million	$20 million	$30 million	$40 million
Total Benefits to Families	--	$790 million	$1.3 billion	$1.7 billion

Benefits to the Health System

- More so than other areas, estimating benefits to the health system as a result of respite is difficult because of the following:
  - Health issues are multifaceted, and tying outcomes to specific, singular interventions is very challenging
  - Many individuals have co-morbid conditions, making it difficult to attribute costs to one specific illness/disease/condition, thus increasing the possibility of double counting possible benefits
  - Health care costs vary widely, even within the same geographic area
  - Impacts to health are often long-term. Without long-term, longitudinal studies, of which few exist relating to the impacts of unpaid caregiving and respite, total benefit estimates are likely incomplete.
- Due to the above-mentioned challenges, only two benefits to the health care system as a result of respite were estimated: reduced depression and reduced stress/anxiety. Though additional health benefits likely exist, they were not modeled here. However, it's likely many of the short-term costs from other medical conditions were captured in estimated reductions of depression and stress/anxiety.
- Depression and stress/anxiety were specifically chosen because multiple evaluation efforts have shown: a) caregivers experience increased depression and stress/anxiety as a result of their care responsibilities; and b) the provision of respite is tied to reductions in both.
- For both depression and stress/anxiety, it is assumed only those providing care at least once a week will experience benefits from respite.
- Estimated reductions in depression costs account for inpatient stays, office visits, and prescription medications individuals would have incurred as a result of depression.
- Estimated reductions in anxiety/stress costs account for lower inpatient, outpatient, emergency room, and office-based visits, prescription medications, and other medical services used in comparison to caregivers with anxiety disorders.
- It is assumed respite will not reduce depression and stress/anxiety for all caregivers. Instead, it will only impact those who currently report caregiving causes higher depression, stress, and/or anxiety.

Benefits of Respite to the Health System (2020 Estimates)				
	Baseline	**Low Estimate** (10% of Caregivers Change Workforce Behavior)	**Middle Estimate** (20% of Caregivers Change Workforce Behavior)	**High Estimate** (30% of Caregivers Change Workforce Behavior
Rate Reduction in Nursing Home Utilization[34]				
Reduction in Total Number of Caregivers Suffering from Depression	80,000	8,000	16,000	24,000
Total Reduction in Depression Costs	$300 million	$30 million	$60 million	$90 million
Reduced Anxiety/Stress-Related Health Care Costs[35]				
Reduction in Total Number of Caregivers Suffering from Stress/ Anxiety	90,000	9,000	18,000	27,000
Total Reduction in Anxiety/Stress Costs	$150 million	$15 million	$30 million	$45 million
Total Benefits to Health System	--	$45 million	$90 million	$135 million

Considerations for Policymakers

- **Minimum Amounts of Respite are Needed to Realize Benefits:** Evaluation of the National Family Caregiver Support Program finds caregivers need a certain, minimum amount of respite to meaningfully reduce stress. This means it's possible even if some respite is provided, but does not meet a minimum threshold, meaningful benefits won't be realized. As a result, policymakers must ensure caregivers are receiving adequate, minimum, and sustained amounts of respite, the quantity of which will vary based upon individual care burden.

- **Differences Between Short- & Long-Term Benefits:** This analysis estimates the short-term benefits of respite. However, long-term, generational benefits, especially in relation to family financial health and the health care system, likely exist. They were not modeled here primarily because of the lack of comprehensive information about the long-term impacts of caregiving/benefits of respite. These likely long-term benefits, however, should be considered in decisions regarding whether to invest in respite services.

- **Need for Additional Research & Evaluation:** The above estimates are based upon available research regarding the impacts of both caregiving and respite. However, little comprehensive, longitudinal research exists on these topics. Additional evaluation is needed to further refine and expand calculations.

Endnotes

1 Source: Bell analysis of 2017 -2018 American Time Use Survey (ATUS) data of Coloradans who provided unpaid care to an older adult in the past three months.

2 This report focuses solely on unpaid caregivers of older adults. A secondary, but equally important group of caregivers provides support for individuals with disabilities. Though not examined here, it's likely many of the same challenges and opportunities detailed in this report exist for the larger population of caregivers.

3 Source: Bell analysis of 2011 – 2018 ATUS data of Coloradans who provided unpaid care to an older adult in the past three months.

4 This numeric range reflects the differences in the provision of respite through state/federally funded sources (1 percent) and all sources, including private/volunteer sources (15 percent). While data challenges exist around both estimates, there is an especially significant dearth of information regarding respite provided through private/volunteer sources.

5 Unless otherwise noted, cost estimates were developed by examining fiscal notes for Colorado legislation which would have created a program/initiative similar to the recommended policy.

6 Estimates assume optimal implementation of recommended policies.

7 Relative impact values were determined using findings from the Bell's "Caregiving in Colorado: 2020 & Beyond" brief. Analysis in this report finds a strong, holistic set of unpaid caregiver policies could benefit the state by approximately $200 million/year by 2030. These benefits primarily stem from reduced Medicaid funded nursing home utilization and higher tax revenue as a result of increased workplace participation. Policy recommendations in this report with strong evidence as to their ability to impact either nursing home rates or workforce participation were assumed to have a financial benefit in proportion to the number of caregivers benefiting from the policy. Two additional points of note include: though not captured in this column, it is likely several of these policies have long-term benefits to the financial health of the state, but because they are difficult to model, are not accounted for in this analysis; and though recommendations are given individual valuations, it's likely that, if enacted in tandem, benefits would be intensified.

8 Estimate based upon the fiscal note for legislation in Iowa which would have created a stackable credential program for direct care workers similar to the one proposed in this report.

9 Estimate based upon Bell analysis of unused dollars for respite as documented in the "Respite Care Task Force Report". Using previous research conducted by the Bell on the direct care workforce, it is estimated approximately 30 percent of unused funds would have been expended if caregivers had access to better trained workers. Behavior changes for caregivers using private pay/volunteer respite services were not estimated because of data limitations.

10 Estimate assumes state/federal funding for respite services will not change substantially through 2030, and as a result, a similar number of caregivers each year after 2020 will benefit from this recommendation. Behavior changes for caregivers using private

pay/volunteer respite services are not included because of data limitations related to how Coloradans use respite from these providers. While not accounted for in this analysis, it is also important to note this policy will do more than simply expand the number of Coloradans receiving services, but will also benefit those who are already using respite.

11 Implementation of this recommendation is assumed to follow a path similar to that in Washington state. Initial adoption of TCARE in Washington was paired with additional funding to meet the needs of caregivers who were referred to community services. Service referrals were limited to those with the highest care burdens. In subsequent years, this was expanded to include those with less intense care burdens. While this analysis assumes an implementation similar to Washington's, projections of cost and caregivers served could vary significantly with different implementation decisions.

12 Estimate based upon initial funding for Washington's Family Caregiver Support Program in the first year after TCARE was implemented, and estimates from Hawai'i on implementation costs.

13 Estimate based upon the number of caregivers served in Washington upon the integration of TCARE within the Family Caregiver Support program.

14 Estimate assumes the creation of three cohorts/pilots, including separate ones for businesses, community health providers, and insurers. For the business cohort it is assumed 20 businesses will participate and will have a workforce reflective of the statewide average with respect to both size and number of caregivers. For the community health provider cohort, it is assumed 300 total caregivers will be served the first year. For the insurance cohort, the total number of caregivers benefitting from additional support is estimated to be a very small fraction of those with access to new caregiving benefits. This is due in large part to the assumed need for significant and repeated outreach to beneficiaries about available services before meaningful utilization will occur. It is assumed upon initial implementation of this recommendation few in the private sector will significantly change their behavior due solely to convenings held by the state. Instead, it is assumed private sector behavior will be most likely to change only after intentional and repeated outreach.

15 Estimate assumes initial and ongoing public outreach and pilots will be successful in both reaching and influencing the private sector to grow available supports for caregivers. Growth in impacted caregivers is assumed to be large given both the current lack of supports offered by this sector and its wide reach.

16 The cost for this program can be adjusted, but a suggested amount is based upon Minnesota's Live Well at Home grant program. Relative effectiveness will likely be impacted by how robustly the program is funded.

17 Estimate assumes the average grant will be similar in size to those awarded by Minnesota's Live Well at Home grant program, or approximately $150,000 per grantee, and the average grantee will serve 200 caregivers/year with these funds.

18 Estimate assumes similar funding and awardee behavior through 2030. However, if infrastructure and capacity building efforts are prioritized, it's likely these estimates are conservative.

19 Estimate based upon Bell analysis of 2011 - 2018 ATUS family income data of Colo-

radans who provided unpaid care to an older adult in the past three months. It is assumed only those experiencing mid to high financial stress as a result of caregiving will either apply/be eligible for the benefit. Per analysis from AARP, this is assumed to be 38 percent of caregivers.

20 Estimate based upon Bell analysis found within the publication "Caregiving in Colorado: 2020 & Beyond" of changes to the number of financially burdened caregivers through 2030. It is assumed the same proportion of caregivers in 2020 will have family incomes below $50,000 as in 2030.

21 Estimate based upon Bell analysis of 2011-2018 ATUS workforce data of Coloradans providing unpaid care to an older adult in the past three months.

22 Estimate based upon Bell analysis found within the publication "Caregiving in Colorado: 2020 & Beyond" of the number of likely caregivers in 2030. It is assumed the same proportion of caregivers in 2030 as in 2020 will participate in the workforce.

23 The quantified benefits in this appendix show the short-term benefits of respite. However, there are very likely long-term benefits which are not accounted for in this appendix. These long-term benefits are not modeled due to: limited long-term data on the benefits of respite; and the specific challenges related to modeling both long-term consumer behavior and health costs/outcomes.

24 Though the National Family Caregiver Support Program evaluation made a connection between four hours of respite/week and reduced caregiver burden, additional research is needed to further explore and quantify this finding. Future evaluations on this topic may change the calculations in this report.

25 Frequency of care estimates come from Bell analysis of 2017 – 2018 ATUS data of Coloradans providing care to an older adult in the past three months. It is assumed the hourly cost of respite care is $26/hour—or the hourly cost of a personal care aide in Colorado in 2020 as documented by Genworth.

26 Estimates for nursing home savings were developed using Medicaid nursing home utilization and costs findings from the Colorado Health Institute's study "State Costs and Revenue-Related to Long-Term Care for Older Coloradans".

27 Assumptions regarding the range of nursing home utilization rate reductions are based upon an evaluation of California's paid family and medical leave program. The evaluation found paid family and medical leave reduced nursing home utilization rates by 11 percent. It is assumed adequate amounts of respite will lead to similar reductions.

28 Caregiver employment estimates come from Bell analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. To develop estimates, the following assumptions were made: caregivers most likely to change their workforce behavior as a result of adequate respite are those providing care multiple times a week and are under the age of 65; employed caregivers will earn the 2020 state median wage of $21.28/hour; and the tax rate will remain flat at 4.63 percent.

29 Caregiver employment estimates come from Bell analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. Financial benefits as a result of increased productivity are based upon the 2020 state median wage of $21.28/hour.

30 Caregiver employment estimates come from Bell analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. Turnover costs are assumed to be 21 percent of an employee's salary, which is assumed to be the 2020 statewide median wage of $21.28/hour. Differential turnover costs were calculated for part and full-time workers.

31 Caregiver employment estimates come from Bell analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. To develop estimates, the following assumptions were made: caregivers most likely to change their workforce behavior as a result of adequate respite are those providing care multiple times a week and are under the age of 65; and employed caregivers will earn the 2020 state median wage of $21.28/hour.

32 To estimate the percentage of nursing home stays paid for out-of-pocket, research from Health Affairs was used. This research estimates approximately 20 percent of nursing home stays are paid for out-of-pocket. This information was paired with analysis from the Kaiser Health Foundation on the percentage of nursing home stays paid for by Medicaid and nursing home utilization information in Colorado compiled by the Colorado Health Institute, to calculate the number of full-time nursing home enrollees using private pay. Nursing home costs were calculated using information from Genworth on the average cost of a semi-private skilled nursing facility in Colorado in 2020.

33 Assumptions regarding the range of nursing home utilization rate reductions are based upon an evaluation of California's paid family and medical leave program. The evaluation found paid family and medical leave reduced nursing home utilization rates by 11 percent. It is assumed adequate amounts of respite will lead to a similar rate reduction in private pay nursing home utilization.

34 Estimates are based upon analysis which finds the total number of caregivers impacted by depression is 26 percent. It is assumed 8 percent of these individuals would have depression regardless of their care responsibilities, as is consistent with the prevalence of depression nationwide. To calculate a baseline of caregivers that could see a meaningful reduction in depression as a result of respite, the above estimates were paired with Bell frequency of care analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. The average health costs of depression are estimated to be $3,708/year.

35 Estimates are based upon analysis which finds the total number of caregivers impacted by stress/anxiety is 38 percent. It is assumed 18 percent of these individuals would have stress/anxiety regardless of their care responsibilities, as is consistent with the prevalence of stress/anxiety nationwide. To calculate a baseline of caregivers that could see a meaningful reduction in stress/anxiety as a result of respite, the above estimates were paired with Bell frequency of care analysis of 2017-2018 ATUS data of Coloradans providing unpaid care to an older adult in the past three months. The average health costs of depression are estimated to be $1,657/year.