Thursday Round Table Discussion Notes:

RT-1: Lifespan Respite Web and Database Prototype
Facilitated by Debbie Bowers and Nicholas Bowers

Wish List
That Family Caregiver Alliance/ARCH will work close with Aging and Disability Resource Centers to improve Respite Resource information and access

That Aging and Disability Resource Centers and other Agencies would recognize Respite Coalitions/Programs as Experts in the Field of Respite

That there was a National Internal Dialogue that links Respite Programs & Partners together

That there was an enhanced Website that was updated by members and service providers to access the most current information and programs

That there was a Template—Universal to search for Existing Respite Resources – National (by Zip Code)

That there was a user-friendly/web based tracking system specific to program operations—caregiver intake and matching providers in a local area (services available could be fed into National Database of Respite Resources)

That web-based system would also address confidentiality issues, permissions, etc.

That awareness and visibility of small programs was enhanced to reach more families

RT-4: Universal Criteria for Respite Eligibility

Attended by: Lois Kramer, Marklund and Illinois Respite Coalition (Recorder); Mike Huckins, California Respite Association (Facilitator); Louise Barnes, Tennessee Respite Association, Stacey Cranfill, Families United; Mike Splaine, Alzheimer’s Association,

Why Universal Criteria for Respite Eligibility? To help determine how to best serve respite family needs across the lifespan

Topic Discussion Points:
Challenges—emotionally disturbed with behavioral issues that are not managed—crisis services need to be available—they might not be able to be managed in home

Eligibility assessment to identify – family network of services, family needs

California has a respite worksheet for the developmentally disabled population. Each section covers caregiver and consumer scoring system and total score determines number of hours the family receives (CRA will share this and other assessment tools later)

Eligibility Criteria #1: Residence of the person getting the relief care shouldn't have to be the same as the person with special needs.

Eligibility Criteria #2: Services models should be as flexible as possible so the caregiver will receive the type of service they believe will be most helpful to their family

Eligibility Criteria #3: Criteria must be structured so that the respite service provider does not take people that they cannot ethically care for within their program (If you don't have the service to meet the specific needs, the suitable facility or trained workers for the specialties needed, then you can't serve the family.

Eligibility Criteria #4: Training process uses specific training with families on individual needs so training includes customized personal info.

Eligibility Criteria #5: Financial Criteria: There should be a sliding fee scale available which allows providers a chance to survive and build capacity.

Needs Assessment should include an affidavit that implies that the family would have had to place their loved one if they didn't receive respite.

Respite Care Worker Training (does it require certification or licensure?)

Other Discussions/Resources: Tides Foundation (San Francisco based) is a 501 c 3 umbrella organization; New Technical Assistance Collaborative (ARCH NRN and Family Caregiver Alliance (San Francisco); SHRM: Society for Human Resources Management: Movie Idea—do what the movie "Nine to Five" did for working women with Caregivers, but call it "24/7".

RT-7: Training Best Practices
Attendees: Lea Montgomery (In-home respite); Ann Lawrence (community-based respite); Katy Santillan (In-home respite); Lina Lapid (In-home respite); Jim Schroeder (WI Lifespan Administrator); Debra (CEO, ARC, Lifespan Respite, Respite House); Gina (Center based respite), Tom Leonardi (In-home respite)

What attendees are doing:
Mandatory training, i.e., abuse, conditions, CPR/First Aid, Consent Forms, Policies/Procedures, Service specific such as ProAct for behaviors

Most trainings are "home grown"

Some use set curriculums and video/computer trainings

For home grown—topics are identified with input from client/families, staff and on individual program needs and policies, philosophies

Some additional topics for trainings—grieving and copying, back care, transferring clients

Do lots of training

Have good training and Resource materials

Client Specific Trainings:
Review care needs, use shadowing

Some programs are site based

Some programs are de-centralized (in-home/in-community)
Training needs for staff can vary—staff in community may feel isolated—use lots of contact and support

Lots of input from family/primary caregivers

RT-9: Readiness for New Technologies

1. Remote access technology: a) cloud—off site—sales force; b) connect to onsite server—go to my pc, mycomputer.com, logmein.com

2. Client Management—what program? a) Access, b) Excel

3. Training: Tennessee a) online training

4. Calling Post

5. Facebook/Twitter