

**Oregon Lifespan Respite Care Council  
Minutes**

**October 19, 2010 12:30 – 3:00 p.m.**

**Present:** Terry Butler, Carla Cudmore, Marylee Fay, Stephanie Jernstedt, Joan Claypool, Cheryl Miller, Greg Russo, Pam Swisher, May Martin

**Absent:** Marty Bleau, Judy Bowen, Judy Rinkin, Dee Tafolla, Janet Williams

Topic	Presented	Primary Discussion Points	Action(s)
Introductions and review agenda	Terry B.	Introductions of Advisory Council members and partners.	
August 5, 2010 meeting's minutes	Terry B.	No questions.	Approved.
Reporting back - three priorities identified in the last meeting	May M.	<p>What was learned from conducting a sampling survey of representatives and contracted service providers for different DHS programs serving families who have needs for respite care. The purpose of the survey was to gain a better sense of how different entities are addressing or not addressing respite care/in-home support services, what might be some of the gaps, and if there is a common gap for everyone. It is to provide Lifespan Respite program a better picture of why the program services are needed, and where to better focus limited resources.</p> <p>In general, respite care needs were unmet even before the Community Lifespan Respite Care programs were cut.</p> <p>On-going issue – Families of children with complex medical needs, and adults with behavioral issues have difficulty finding respite providers; many programs do not have the service capacity for this population.</p> <p>Overall, there is an organizational support for respite care services for consumers and families caring for adults/older adults, but not for children with special needs. The question is would an organization look outside of its own structure to fill the service gaps.</p>	

<p>Discussion</p>	<p>All</p>	<p><b>Types of training</b> needed for respite providers working with children could be as followed.</p> <ul style="list-style-type: none"> <li>▪ Basic kind of training such as: role of a respite provider, basic communication skills, etc....</li> <li>▪ More specific training to be more person-centered and individualized according to needs: basic overview of the disability, and have follow-up resource and support consultation on how it relates to the person; also the role of learning and skills acquisition, how to track and report on it, especially for children in their developmental years.</li> </ul> <p>Specific training is currently not required for respite providers. Training is a way to build capacity for respite providers, but it does not mean family’s friends should be excluded. Families should have a choice for an array of services.</p> <p>As Oregon Home Care Commission (OHCC) receives additional funding to serve families caring for children with special needs, per HB3618, a lot of the work already done by the OHCC over the years to serve families caring for older adults with physical disabilities would be available to all families – e.g., the registry of providers, training for providers.</p> <p><b>HB3618:</b> As of January 2011, workers’ compensation will be covered for individuals who are employed directly by an individual consumer/family and paid through the State. Training for these individuals will also be available through the OHCC, on a limited basis. OHCC is charged to put together an advisory group serving families of people with developmental disabilities (DD) and mental health issues. The bill also mandates the registry to be inclusive of employees serving this population by July 2013; funding for the registry and training is yet to be in place. Currently, there are 8000 people who are considered this type of employees to be covered; 6500 of those are working for consumers through the DD brokerage system.</p>	<p>May is to develop an orientation tool/guide for families and respite providers, based on existing tools; also to report back on the project status at the next meeting.</p> <p>May is to also further explore with partners as to where and how the real gaps are for the children’s group.</p>
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**Reminder of the role/function of this Advisory Council:** To advise the State level of the Lifespan Respite program, which is currently under Seniors and People with Disabilities division. The program has a charge of addressing respite issues across age and disability groups. With the recent community level program cut due to budget reduction, this Council needs to have a clear recommendation on what would be the priority work for the program at the State level, and what would the Council's role be in supporting that work.

**Suggestion:** There are a lot of partners who could deliver the training, which seems to be an identified need, but may not have the time to think through the content of the training as this question has come up earlier today. So for example, the program could develop and package an orientation tool, as the one that the OHCC has developed for the home care workers. The tool could be a person-centered planning, showing someone how to have a picture of what is important for an individual while the primary caregiver is gone for two hours. Develop or revise existing tools/checklists, and have them available on the website.

The OHCC has provided in-person training for over 4000 (unduplicated count), and can serve over 9000 or more in a year. The OHCC offers professional development certificates, and home care workers are encouraged to list all the trainings they have attended in the registry.

Nationally, there is a trend to professionalize in-home care/direct support providers, and to provide standards.

Developing this type of tool does fit in with the technical assistance role for the State program to work on, as it had been requested by the community programs in the past.

	<p><b>Recommendation from the Council:</b> Develop a training/orientation tool/guide for families and for respite providers. This kind of information can be used by different entities. Lifespan Respite should be the hub for respite information; and so what would the training material be, how we broadly design it, and make it available for different groups.</p> <p>It is not doable for the Lifespan Respite program to develop a standardized respite care provider qualification in the next six months – e.g., everyone will still have its own background check process. However, there is enough commonality in different programs for some basic orientation areas that Lifespan Respite could develop.</p> <p><b>Request from the Family Support &amp; Connections (FS&amp;C) Coordinator</b> for May to be on that program’s quarterly steering committee. This program provides home visits to low-income young families with children (previously called Safety Net). Funding for this program comes from CBCAP (Community-Based Child Abuse &amp; Neglect Prevention) program, which used to include some respite care.</p> <p>It is important to make sure Lifespan Respite program develops and packages information in a way that is usable and available across websites. At the moment resource is limited for Lifespan Respite. So we need to look across areas of needs, and leverage additional federal dollars, as we can not depend on general funds. Perhaps when looking at gaps, explore and see if there is an area that we need to focus on; for example, if there is one group of population is further along than the other.</p>	
ADJOURN	<p>**** <i>Next meeting dates for 2010 and 2011</i> ****</p> <p><b><u>Please note the change of meeting time</u></b></p> <p><u>January:</u> 1/11/11, 12:30 to 3:30 p.m., Barbara Roberts Human Services Bldg., DHS, Room # 350, Salem</p> <p><u>April:</u> 4/12/11, 12:30 to 3:30 p.m., Barbara Roberts Human Services Bldg., DHS, Room # 350, Salem</p>	