

**Oregon Lifespan Respite Care Council  
Minutes  
October 20, 2009 9:00 a.m. – noon**

**Present:** Marty Bleau, Terry Butler, Carla Cudmore, Deborah Letourneau, Pam Swisher (by Phone), Dee Tafolla, Janet Williams, Leah Craft, May Martin. **Guests:** Roberta Dunn (FACT), Kelsey Evans (NWSDS/FCSP), Ken Johnson (Columbia LRN), Chuck Richards (GCSS), Lynette Wynkoop (Linn/Benton LRN)  
**Absent :** Judy Rinkin, Terry Fennell, Toni Larson, Elaine Young

Topic:	Presented:	Primary Discussion Points:	Action(s)
Introductions and review agenda	Terry B.	Introductions of Advisory Council members and invited guests. Reviewed Advisory Council's purposes: <b>1/</b> to advise DHS/LRC Program; <b>2/</b> to help advise the Department broader issues of respite care systems.	
AoA Lifespan Respite Care Grant – updates	Leah/May	<p>DHS withdrew the application for the grant. DHS is in the transition process of splitting into 2 agencies – DHS and OHA (Oregon Health Authority). This is causing the department to review how business is conducted. For this reason, DHS may not have been able to commit to the deliverables outlined in the grant proposal, which was for: <b>1/</b> Respite Management System; <b>2/</b> Training for respite providers; <b>3/</b> Annual meeting with statewide partners.</p> <p><b>DHS:</b> SPD (Seniors and People with Disabilities), CAF (Children and Families) <b>OHA:</b> PH (Public Health), AMH (Addiction and Mental Health Services), PEBB (Public Employees' Benefit Board) – all regulatory agencies for health care</p> <p>So programs that are currently under the DHS Director's Office, such as Lifespan Respite Care (LRC) or Pain Management, will no longer be able to be under the same structure. LRC will potentially be under a DHS division.</p>	<p><b>AoA website:</b> May will send the link to the Advisory Council members once the <i>grant proposal abstracts</i> of the 2009 federally funded states become available. The Press Release on 9/24/09 is at &lt;<a href="http://www.aoa.gov/AoARoot/Press_Room/for_the_press/pr/archive/2009/September/09_24_09.DOC">http://www.aoa.gov/AoARoot/Press_Room/for_the_press/pr/archive/2009/September/09_24_09.DOC</a>&gt;.</p>

		<p>Awardees were announced at the <i>National Respite Conference</i> (end of September). There will be another round of funding next year, and it is Administration on Aging (AoA)'s intention to fund all states eventually. AoA will post the awardees' abstract with AoA's funding criteria on the website.</p> <p><b><u>Suggested possible assistance from the LRC Advisory Council for the next AoA grant opportunity:</u></b></p> <ul style="list-style-type: none"> <li>• Define what the deliverables should be;</li> <li>• Have an active role in defining what the grant money should go towards;</li> <li>• Ensure respite services reach populations served by both DHS and OHA;</li> <li>• Foster partnership at the State level to help Community Lifespan Respite Network (LRN) Coordinators.</li> </ul>	
April 21, 2009 minutes	Terry B.	None.	Minutes approved.
Program status report	Terry B. & May	<p><b><u>Data issues:</u></b> How each LRN counts respite care unit differently.</p> <ul style="list-style-type: none"> <li>• What does it mean when there's no data under <i>Respite Care</i>? This is when the LRN Coordinator makes a referral to another program such as <i>Family Caregiver Support Program</i> for families to use respite; so it's not possible to know how many respite hours were used.</li> <li>• Does it have clear definitions, and necessary elements to capture needed information around LRC <i>required core services</i>? Some LRNs may have more focus on services for other caregiving programs, and not enough on the LRC program.</li> </ul>	

**Funding issues:** How each LRN allocates LRC funding from DHS, which is based on population. Focus varies from 1 LRN to another – e.g., all on FTE and none for respite stipends.

**Other issues/concerns/questions:**

- LRN Coordinators' knowledge of *various DHS programs* that have respite funding varies.
  - LRC *Core services* – How do Coordinators connect families with respite providers without keeping a list of providers? If another caregiving program is providing respite services, then how do Coordinators capture that respite data?
  - Need clarification of *respite coordinators' roles* – e.g., training caregivers and/or respite providers.
  - How to have a *data collection* workgroup without being clear of what may come out of the *service standards* workgroup?
  - The Oregon Administrative Rules (*OARs*) for Lifespan Respite Care program need to be revised – to ensure no barriers for families using respite services.
  - How to work with *other DHS divisions* to make sure respite funding sources are being used?
  - Some reasons of *funding not used*:
    - \* Capacity issue – not enough providers
    - \* Trust – families rather use families and friends.
- The Advisory Council to keep these factors in mind when developing standards for respite providers.

**Other necessary clarifications raised:**

- Standards vs. standardization
- Training to providers... to LRN Coordinators... or to whom?

- Are the core services supposed to be for Coordinators? And are they defined in the OARs?
- Grant vs. competitive contract administration – by definition of a grant, DHS is not required to ask the counties to provide any deliverables or to set a standard by which they operate their respite services. Discussion on this model is going on with Contracts & Procurement.

**Base understanding of the core services, as outlined in the current 2009-2011 grant Statement of Work, the Oregon Administrative Rules, and the Oregon Revised Statutes:**

Program shall:

1. Connect families to community respite services;
2. Recruit and screen respite providers;
3. Promote and facilitate access to respite providers;
4. Increase awareness and access to respite services, and associated family support services;
5. Maintain an advisory group

Program may:

1. Identify gaps in community respite services;
2. Engage in other types of public awareness;
3. Provide other types of respite services – e.g., connecting families with mentors or volunteers
4. Conduct additional program resource development

What is the Advisory Council's recommendation of what the core services are/should be? Does the Advisory Council want to recommend changes in the OARs?

Working committees	Work groups	<p>There was not enough time for workgroup activities.</p> <p><b><u>Council's recommendation to DHS:</u></b>  To meet the objectives of clarity, accountability, and shared standards:</p> <ol style="list-style-type: none"> <li>1. There be a review and possible revision of the OARs and</li> <li>2. Use a funding process that provides sufficient accountability and clarity for local agencies to implement respite services in their community.</li> </ol> <p>This recommendation should clearly reflect the work that has been done by the LRN Coordinators, and the State LRC Advisory Council.</p>	<p><b><u>Draft recommendation to DHS:</u></b>  May will email a copy to the Co-Chairs. Co-Chairs will review and email it to the Advisory Council members for a motion.</p>
ADJOURN		<p>**** <i>Next meeting dates for 2010</i> ****</p> <p><u>January:</u> <b>1/19/10, 9:00 a.m. to noon</b>, Barbara Roberts Human Services Bldg., DHS, Room #166, Salem</p> <p><u>April:</u> <b>4/20/10, 9:00 a.m. to noon</b>, 676 Church Street NE, Salem, OR 97301</p> <p><u>July:</u> <b>7/20/10, 9:00 a.m. to noon</b>, 676 Church Street NE, Salem, OR 97301</p> <p><u>October:</u> <b>10/19/10, 9:00 a.m. to noon</b>, Barbara Roberts Human Services Bldg., DHS, Room #166, Salem</p> <p>Video Conference (VCON) site:</p> <ul style="list-style-type: none"> <li>▪ <b>Medford:</b> 800 Cardley St., Small Conference Room</li> </ul>	<p><b><u>Suggested items for the next agenda:</u></b></p> <ul style="list-style-type: none"> <li>• Update on the transition of DHS and OHA</li> <li>• Possibly resume the workgroup activities that the group did not have time to do today.</li> </ul>