

**Community of Practice
Respite/In-Home Family Supports
November 5, 2014**

Welcome/Introductions

Brief history of the CoP Respite Committee

Why are we here?

What we hear from families:

1. We need more out of home respite
2. We want providers to know how to do in home supports better- providers are stating the same

Respite

- no support/ directives from DDS to provide in home supports - agencies are willing to provide these supports with DDS assistance and training
- less expectation with respite – no IP goals
- out of home respite – where do we find a bed?
- emergency placements – barriers finding a bed, the individual can be sleeping on a couch or pairing them with a SLP individual
- Day program – the space is sitting empty on the weekends, they are already equipped with self-stim rooms and vehicles – using the space for respite or family support on the weekend
- Build community supports – integrated referral process between providers

Family Support

- IHS supports – distinction between HIS supports, CRS, in home support, respite
- VSP Case Managers inconsistent with family involvement
- Expectations with in home supports – IP goals are established
- Collaboration between agencies and state – we serve individuals better when we work together
- Vantage (agency) - does not know how to collaborate with other agencies/DDS, collaboration is needed to provide better supports to family, asking DDS to provide training to Vantage to assist them in doing/providing in home supports better
- Rates – 24 hour care – not feasible to provide supports due to rates
- Need continuity of services between family and day program
- Transportation issues continue
- Rates – staff prep time not included in the rates
- Agencies struggle meeting family needs and staff rates
- Expectation of QSR

- Inconsistencies with families – families cancel the visit, staff go out to the family home and family decreases the visit time (ie – supposed to be a 2 hour visit, family only wants staff there for an hour) – agencies still have to pay staff for the whole time
- Agency staff note that providing in home supports is very different than providing any other type of support
- Silo's between QSR's and nursing regulations
- Staff competencies – flexible, competent, accountable

Where do we want to go as a group?

Does the group want to stay as one big group or break off into two separate groups? One group look at out of home respite and one group look at in home support and what are the competencies that staff should have when providing in home supports.

The group decided not to split off and right now stay as one big group.

Some resources:

- One agency stated they would like to develop a Family Handbook, the handbook would provide families with expectations of services and supports.
- CT Lifespan Respite Coalition has developed a book " Get Creative with Respite" - families can fill out information that can be shared with agency and staff
- DDS has developed Training Academy: direct care staff are being trained in family support and how to work with families in the community

How many families are being served by providers?

Benhaven – providing over 800 hours a week of in home supports

We need providers that can handle intense behaviors and provide supports for individuals with Autism.

Baseline

- 211 – developing Assets/Future Planning resources
- CT Family Support Network
hosting 6 caregiving events, 2 in each Region
- Evaluation: How well did we (DDS) do connecting families with other families
- We need families to be "mentors" – mentor a family who may not have any resources to assist them in looking at things differently
- Tyze – like facebook with protection and securities – individual/family can post things that only authorized individuals can have access to.
- Technology – using technology to provide supports and services to individuals and families, individuals using technology to be more independent

- Community Supports - There is a CoP Committee – Social and Recreation, they are connecting with Town Social Services and seeing how DDS can assist in developing community supports for the individuals we serve.
- One provider suggested a “Community Fair” - instead of hosting separate resource fairs – have one Community Fair – invite DDS, community providers and schools.

DDS Supports

- Individual grants – up to \$5,000 per year. Most families chose to use grant money for respite and in home supports. We have baseline data that outlines by town how many families are in the town, how many families use grants to purchase respite and in home supports and the grant amount.
- Individual Budgets – allocation based on LON, family can chose agency, private hire or combination of both.
- DDS Respite Centers – on average families can use the centers approx. twice a year. DDS is exploring using the centers for recreation programs, respite when not in use – i.e. Monday – Wednesday.

Next steps for DDS

- Rules – getting clarification on questions raised by the group: QSR, HARC, Inc. would like to facilitate family support groups, need funding from DDS.
- What characteristics, competencies we would look for in a good provider
- Continuing to bring resources to the table to share with providers

Next steps for Agencies

- Group decided to meet monthly
- Look at Best Practices, what “intrigues you”, bring other Best Practice resources to the group
- Bring Priorities – what do you want to accomplish in the next 6 months to a year

Table to next meeting:

- The group to decide if they would like to invite agencies – i.e. DCF, CT Lifespan Respite Coalition, Dept. of Aging – as a guest of the committee or ask the agencies to do a presentation on their respite resources.
- Invite DDS QSR staff as a guest to the next meeting.

Meeting Dates:

- Tuesday, December 9, 2014
- Tuesday, January 13, 2015
- Tuesday, February 10, 2015
- Tuesday, March 10, 2015

Meeting times: 1:30 – 3:30 pm

Meeting Location: United Way of Rocky Hill
1344 Silas Deane Highway
Rocky Hill, CT 06067
860-571-7500

Respectfully Submitted By
Lorraine Gendron