

**Community of Practice**  
**Respite/In-Home Family Supports**  
January 13, 2015

**Welcome and Introductions**

**Present:** Toni Means, Rick Pittman, Denise Henry, Joy Liebeskind, Denise Tillman, Beverly Keller, Donna Hollis, Robin Wood, Lorraine Gendron

**Minutes of 12/9/14 reviewed** – no changes noted.

Robin Wood handed out Blue Space book to those who have not received a copy.

**Blue Space Activity:** How do you create free time, looking at doing things differently, using ambidextrous skills, how do we develop those skills?

- Need to have optimism
- Need to ask 1001 people to join the journey
- Need to work collaboratively
- Change won't happen unless other people really want change, need to have "heart"
- Donna Hollis (March Inc.): Joining the CoP Team, learning the new vision, excited about this journey want to share the new vision with March Inc. direct care staff, managers, Board Members.
- Beverly Keller (Adelbrook) : there are still the have and have not's, Adelbrook has not had the best of luck in having people join in the new vision, have to tackle this one person at a time, the more agencies that get involved in doing things differently, will show success
- Rick Pittman (Vantage): seemed to get away from values, became more of a business, the work force now does not seem to have that "value" base, Board Members are business based – not really sure what staff do day to day, need to engage Board Members in what we do day to day. DDS use to have "Social Role Valorization" training – should we bring this training back?
- Joy Liebeskind ( CT Medical Home): during transition mtgs, parents are in a panic mode thinking about the future for their individual – "who is going to take care of my child when I am gone". We need to make sure families are aware of our new direction and that they are involved and have a say in our (DDS) change, we cannot leave the family out of the equation.
- Denise Henry (Sarah): we have shifted from institution to community living and community living (group homes) were abundant during the golden age of funding. That funding structure is not there anymore. DDS's structure is so rigid: not sure how to make the CoP vision happen.
- Toni Means (DDS Quality): over the years we have focused on paper – more licensing demands – lost track of why we are doing this.

### **In –Home Supports:** (3 concepts)

- In home supports for individuals who remain in the family home
- Out of home respite
- In home supports to assist the individual with gaining independence so they can move out into the community

### **Reviewed Handouts**

- **Strengthening Families – In-Home supports:** ideal in home supports also means supporting the family. The supports we provide for the individual – reduces the stress for the family. Families to be good role models – give their child support when they need it.
- **Social Connections:** through the NCI – National Core Indicators- individuals say that when they are connected to peer supports – they have a better life
- **Recruitment Materials:** not able to locate best practice for working in the family home, found best practices for community involvement.

The goal would be for families to say that the supports they received for their individual made them a stronger family unit.

### **VSP Handouts:** shared, tabled discussion until next meeting

Should be invite family members and self-advocates to join this CoP Committee?

Comments:

- Denise – yes
- Robin – need to weigh pros and cons – family can stall the process, they might focus on their situation and not look at the whole picture
- Donna and Lorraine – concur with Robin
- Toni – torn, maybe too early
- Beverly – families need to be part of the discussion but at a later date
- Rick – this committee needs to be a lot more focused and specific before we invite family members or self-advocates

**Outcome:** we need more providers who do and are willing to do in home supports before we invite others to join.

### **Next Steps:**

1. Robin Wood to send out an email – seeking Board Members willing to speak to other Board Members about what they are doing differently in their agencies.
2. The committee continuing with the exercise of “Creating Blue Space”.
3. Providers to bring training materials at next meeting – training materials that providers use with their staff

**4. Do Field Trips:** to an agency who is providing good in-home supports

**Out of Home Respite:**

Other Countries do not use the term “respite” – gives a negative connotation, they use “short break”.

The goal is to find ways to provide places for individuals to go out of the home, challenge is we do not have buildings.

Other states use:

- Vacation clubs
- Faith/Spiritual based organizations
- YMCA camps– use their buildings off season for respite opportunities
- Provider agencies have teamed up with Colleges - providers use their dorms/buildings for out of home respite on school breaks

**Options:**

1. Utilizing DDS CCH (Community Companion Home) for respite options. Explore if we could utilize CCH who have vacancies. We need to explore the barriers, cost.
2. Explore certifying respite homes only
3. Family Co-Op – shared supports between families
4. Joy L. mentioned that the CT Medical Home website – there is a respite section - Joy to do a write-up about this website
5. DDS website – Respite – only has information about DDS Respite Centers, need to re-create our respite website to include other respite options that are not only DDS.
6. Camp Harkness - ? starting up a respite option

**Next Steps:**

1. DDS Respite website – need new ideas and links to put on the website that are not only DDS resources.
2. Field Trip – explore going to a Faith based organization – like West Hartford Synagogue
3. Table VSP overview to next meeting. VSP handouts were shared with providers – providers to bring questions to next meeting.
4. Bring information back about DDS CCH re: respite options

**Future Meeting dates:**

2/10/15

3/10/15

Time: 1:00 – 4:00 pm

Location:

United Way  
1344 Silas Deane Highway, Rocky Hill, CT 06067  
(860) 571-7500