Rural Respite Voucher Option

With a Family Caregiver Centered Approach



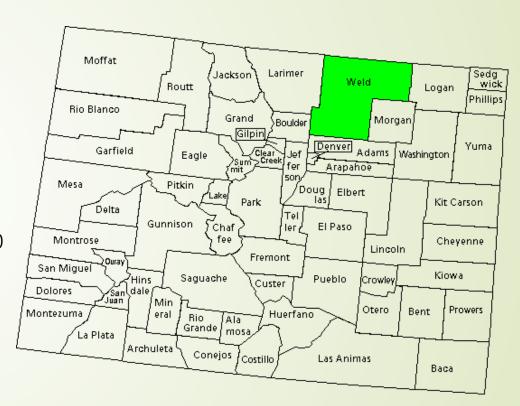
What We Will Cover

- Weld County Demographics
- What is a Family Caregiver Centered Approach
- What Does the Respite Voucher Program Look Like
- Answers these questions
 - Lack of Staff Availability in Rural Areas
 - How to Deal with Caregivers Resisting Help
 - How Meet Each Families Unique Needs
- How this Model Can be Used Across the Lifespan

Weld County Area Agency on Aging

Demographics

- Almost 4,000 square miles
- County population estimates for 2015: 285,174
- Median Age 33.7
- 11.4% are 65 years and older
- Median household income: \$58,100
- County seat is Greeley, population estimates for 2015: 100,883







Demographics Cont.

- Funding (Caregiver Program and Grandparents Raising Grandchildren)
 - \$93,456 Federal (\$16,000 for GRG)
 - ► \$30,000 State (general fund)
 - Total for Caregiver Program: \$70,000
- 1 Part-time employee
- Number of caregivers in program: 49 (expect 80+ for fiscal year)
- Average age of Caregiver: 68 year
- Average age of Care Recipient: 78 years

Family Caregiver Centered Approach

- Our definition of Family Caregiver Centered Approach:
 - A way of thinking and doing things that sees the caregiver using health and human services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting caregivers and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome.
- Flexibility
- Natural support line
- Respite options unlimited

The Respite Voucher Program

- Referral
- Intake: at initial home visit, each caregiver is assessed to determine what would provide them with the most break
- Care plan is developed to meet their unique needs
- Committee approves award amount
- Recorded into data system (excel) and voucher is mailed to caregiver
- Caregiver or agency submits reimbursement request

Lack of Staff

- Rural and frontier areas, difficulty reaching some of the remote areas – non-medical home health staff
- Case study: Grover, 55 miles NE of Greeley. Population 135
 - Caregiver's husband had mid-late stage Alzheimer's. Caregiver was in early 80's and was still assisting with the family farm; all while dealing with his needs.
 - Natural supports included neighbors, close friends, other family members. One neighbor, who has been assisting Caregiver for over 5 years unpaid, can now be compensated. The Caregiver is now receiving weekly respite visits from neighbor. As husband's needs have increased, neighbor is able to assist with husband's personal care. Husband is accepting of neighbor's help as he is familiar with her.
 - Caregiver is able to assist more with farming operations voicing an overall sense of independence and satisfaction.

Caregivers Resisting Help

- Generational
- Caregiver centered
- Eases them into the idea of accepting help and getting the needed respite
- Hiring someone familiar to them and the care recipient makes the respite time more pleasant

Unique Families

- Person centered approach allows for family ideals
- LGBT
- Culturally sensitive
- Underserved populations
- Immigrant family refugee
- Multigenerational houses

How to Adapt Across the Lifespan

- Ages (kids, adolescents, adult children, etc.)
- Sensitive to different types of disease processes not just Alzheimer's but cancer, Parkinson's, MS, TBI and general functional limitations.
 - Oversight verses hands on care hire someone with expertise in that area or someone you can train and trust
- Satisfaction surveys
 - Has the service received through the Family Caregiver Respite Program helped you feel supported and increased your feelings of being able to care for your loved one?
 - ■93% Very Much
 - 7% Somewhat

Questions?

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