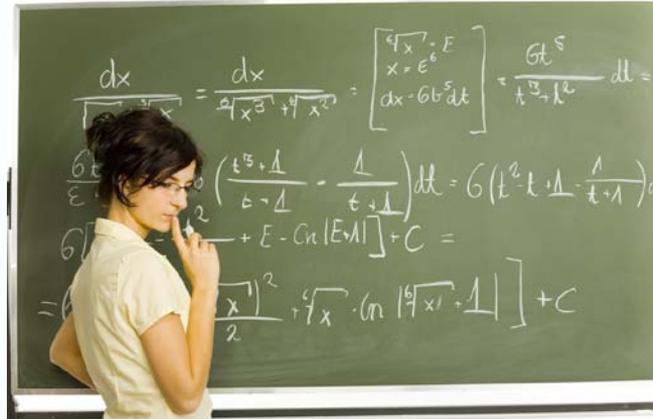




# North Carolina Lifespan Respite Project

Giving Your Communities the Freedom to Care:  
How a Little Money Can Go a Long Way

# Learning Objectives



At the conclusion of the presentation, the attendees will:

- Describe the process for implementing a mini-grant and MFP initiative
- Summarize outcomes of local respite projects
- Apply knowledge to their own states and communities

# History and Timeline



- Lifespan Respite Care Act of 2006 made funds available
- Money administered and overseen by the U.S. Administration on Aging
- NC one of 12 states to receive initial project funding (collaboration and respite landscape) in 2009
- Initial Grant Period: September 2009 - September 2012
- Have received two additional Lifespan Respite Grants - funding through January 2014

# Today's Focus...

## Grant # 2: Expansion Supplement

- NC one of 8 states awarded Expansion Supplement - \$135,657 to grantees
- 1 year (ran concurrently with Grant #1 & Grant #3)
- Focused on direct service to go to our identified gap populations
- NC chose to create Request for Applications
- NC also wanted to add effective use of respite exercise – measure impact on caregiver burden

# How we started...

- Wrote Request for Applications
- Developed scoring criteria, score sheet
- Assembled application review team
- Announced 9 mini-grants to recipients, our Project Advisory Team, and the community at large
- Initiated contracts with nine organizations



# Mini-Grant Recipients

- Alamance ElderCare
- Adult Center for Enrichment
- CarePartners Adult Day Services
- Community Adult Respite Experience, Inc.
- Montgomery County Council on Aging
- The ARC of Davidson County, Inc.
- First in Families of North Carolina
- Early Memory Loss Collaborative, Park Ridge Health
- Land of Sky AAA Senior Companion Program



# Expansion Grant Development & Reporting

- Finalized materials for effective respite use effort
- Developed quarterly and end-of-grant reporting format
- Held conference call with all mini-grant recipients to train them on reporting and invoicing procedures, and what would be needed to contract with them
- Created listserv of mini-grant recipients and their key contacts
- Conducted summary interviews with each grantee at end of project
- Wrote comprehensive summary report

# Mini-Grant Outcomes

March 2012 – May 2013  
North Carolina

NC awarded 9 mini-grants to providers to reach out to targeted gaps (between \$5k and \$20k each)

- Provided 14,126 hours of respite to 235 new families
- Trained 86 volunteers
- 12 new or enhanced services have been sustained (summer camps, private pay options, volunteer teams)
- Gave providers a tool to help caregivers plan their respite time. Initial research leads us to hypothesize consultation by provider about planning respite time has a positive effect on reducing CG burden



# Restorative Respite Planning Tool

## Caregivers and the impact of respite

- \*\* Webinar by Dr. Dale Lund & team
- Respite use does not automatically translate to lower burden/less stress for caregivers
- Studies show when a caregiver uses their respite time to do what they intended to do, may feel less burden and more satisfaction with their caregiving role
- Mini grant recipients tested a respite planning tool

# Setting Goals to Maximize Your Respite Time

“On this sheet of paper, please write down one to three specific goals of what you would like to accomplish during your respite time this week/month. Your goals can be anything (e.g., sleeping, cleaning, going to lunch with a friend), but they must be attainable during the respite time that is available to you. We recommend that you choose activities that:

you have always enjoyed doing;

you did before you became a caregiver but may not have been doing lately;

have religious or spiritual meaning to you;

may improve satisfaction with caregiving;

may reduce the stress you might feel from caregiving;

may increase your respite time;

encourage you to use your respite more regularly.”

**Goals:**

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# Effect of respite planning on caregiver burden scores

“A Repeated Measures ANOVA was conducted to examine whether or not the provider discussing respite planning with the caregiver had an effect on the caregiver burden scores. An effect was found such that average caregiver burden scores significantly declined from pre- to post-respite only for those caregivers that talked to their provider about respite planning. Burden scores did decline for those caregivers that did not receive consultation from their provider on respite planning, but the decline was not significant.

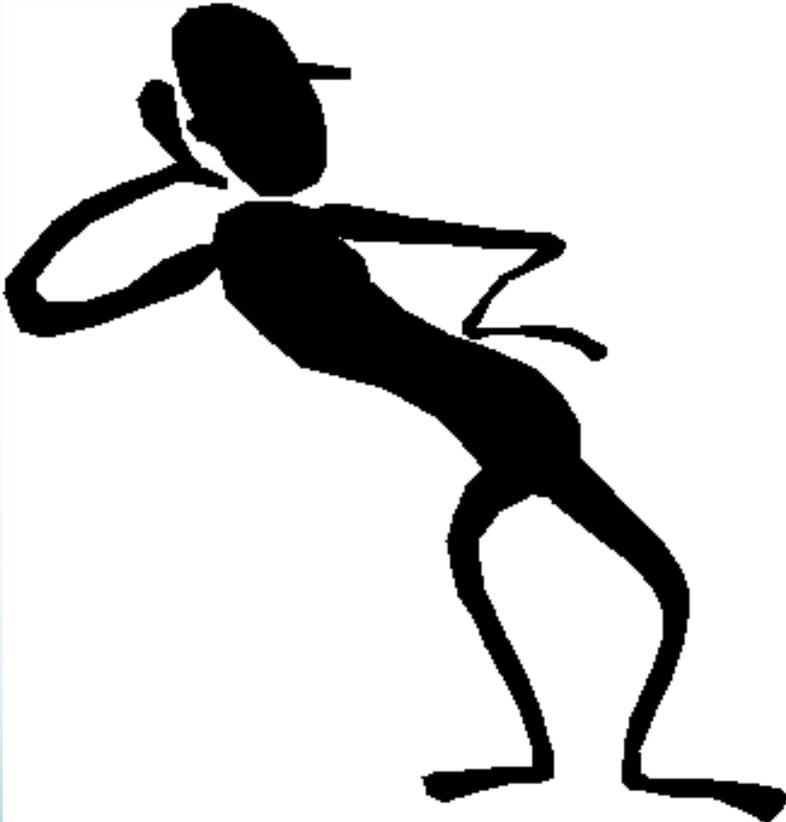
Given that there was not a comparison group in the study, we cannot say that the significant decrease in caregiver burden was a direct result of the respite program, but we can hypothesize that the respite service provided with these Lifespan Respite funds along with the “Consultation” has a positive effect on the caregiver.”

# What we learned...

- It was time consuming to manage nine grantees, but this funding catalyzed nine communities across the state to create a lasting effect on peoples' lives.
- Timing and approach seem to be key elements in introducing and using the “Maximizing Respite Time” planning tool.
- In more than one setting, caregivers no longer receiving grant-funded services looked for informal/unpaid respite supports. Once experienced, respite was viewed as valuable.



# What we heard...What is in place that wasn't there before?



“This project confirmed the need for respite and now we’re able to go back with data/findings to ask for more funding.”

“Camps continue to grow! And there are plans for after school and camps for the entire year.”

“More community members are now aware of the direct support that First in Families offers.”

“These funds have allowed ACE to hone our skills in helping families move to other funding sources.”

“There are now five Memory Cafes in place that weren’t there before...thank you!”



## Continuing to leverage funding...



- Money Follows the Person (MFP) demonstration project determined two major barriers to people being able to come home from an institution were lack of housing and lack of caregiver supports
- MFP came to Lifespan Respite Advisory Team and asked for a plan to help in the area of caregiver supports to be paid for by MFP rebalancing dollars
- Result is two family caregiver-to-caregiver peer mentoring and respite volunteer projects underway, with one more to start later this fall



# Your Questions, Ideas and Practices!



# Interested in NC's Tools?

The Application Form and other materials used to solicit mini-grant proposals is on the ARCH National Respite Network website highlighting resources and state examples at:

<http://www.lifespanrespite.memberlodge.org/LifespanTools>

For other tools or information requests, feel free to contact us directly.



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