Please note that many states brought copies of tools and resources to share with participants. If they provided these to ARCH electronically, they are posted on the ARCH website. Check back as new tools and resources are added here. For contact information, see Participant List.

**Alabama** shared information about their “Helping Those Who Care” statewide training for aging caregivers to use assistive technology, and follow up with AT referrals and an AT lending library, also available on line. The goals of this initiative are to help care recipients remain at home; to reduce caregiver stress; and to support quality of life. **Arizona** reported that they focus their resources on adult day centers and locating underserved adults. **Arkansas** is undergoing a transition in leadership after the grantee’s retirement. Her successor is actively seeking information on coalitions from other grantees, starting REST volunteer respite provider training, and working on respite vouchers. **Colorado** convened a Faith Conference last year, a first time event, and shared a toolkit from the event. The following two activities were not funded by the grant but are complementary to grant activities: 1) A statewide outreach and messaging campaign was developed: *Your care may be super, but you’re only human; and 2) a guide for navigating respite care in their state.* **Idaho** is focusing on advocacy and legislative awareness, using their website and social media to reach caregivers and developing an advocacy toolkit to help them talk with local policymakers. They are also working cooperatively with two health care systems that sponsored a legislative luncheon, and on two conferences. **Maryland** emphasized the importance of partnerships in implementing the grant and they continue to work on developing new partnerships. The stakeholder committee worked on vetting on-line training. The MD grant supports an emergency respite voucher program in partnership with a statewide home care agency. The grantee also worked with partners to develop a statewide caregiver survey several years ago, which was used by the grantee to apply for Lifespan Respite grant funding. **Massachusetts** convened state agency partners to form a collaborative and are working to evaluate its effectiveness. They are working with University of Massachusetts medical school, collecting quantitative and qualitative data and also using the Levels of Organizational Rubric as part of their evaluation. **Mississippi’s** grantee manager is “new to the respite game” and is working to connect with their family caregiver coalition. They are developing new brochures with information about lifespan respite and working on REST training.
Montana continues their voucher program, and is recruiting respite providers to be included in their database. Montana’s Governor Bullock, who was moved by a grandmother’s caregiving story, is supporting lifespan respite via television and print media and tried to add a line-item in the state budget for respite. The attention from the Governor captured in the press has helped build new partnerships for the coalition.

Nebraska is working to recognize and thank providers in three categories: independent/individual providers; agency providers; and community programs.

Nevada is conducting a pilot program on a new approach: Respite Rx, a self-directed, person-centered approach to voucher delivery. This approach is designed to address service gaps; overcome barriers related to income, age, and condition. Respite RX focuses on dosage and regular respite over a period of a year. ADRCs partner in outreach and data collection. Nevada Coalition has also developed a “pass along” card that points caregivers to ADRCs to locate services. Nevada has created caregiver recognition pins.

New York has utilized caregiver simulations (presented a simulation at the conference) to educate partners on the needs of caregivers. They worked with a core team including representatives from their state respite coalition and state agencies to hold five regional caregiver forums with listening sessions and issued a summary report of these. Personal stories from the listening sessions were captured on YouTube videos.

North Carolina has developed a voucher program available through a referring agency rather than through person requests. They agency assists the family caregiver in completing the application. The grantee is examining the pros of this approach, including the opportunities it offers to providers to hear directly from caregivers and to share information about other relevant services for caregivers. Cons include that fewer family caregivers will participate via this route. To address this, a state employee is available to assist caregivers and the project has contracted with United Way’s 211 to serve as backups to assist with applications.

North Dakota has developed an emergency respite tool used for referrals to programs and agencies, as well as a map of the process. They report that their Powerful Tools for Caregivers program is up and running in conjunction with Lifespan Respite grant activities. The ADRC has added a caregiver button on their website.

Oklahoma’s Caregiver Coalition, including more than 140 agencies statewide, is meeting quarterly and guiding the OK Cares website, which includes a respite locator, and information about agencies and caregiver conferences. No gap in services for family caregivers who need respite exists because of the collaboration and communication in the coalition.

Rhode Island is developing the state’s first plan for caregivers. They also work collaboratively with United Way and 211 ADRCs and with the RI Family Caregiver Alliance for their respite website.
**South Dakota** is working on a media campaign, including branding and developing a lifespan respite brochure, as well as a respite provider directory on their website.

**Tennessee** reported that they are recruiting to fill their leadership position. They also reported that their voucher program provided 50,000 hours of respite for 390 caregivers, fielded 940 calls about respite, and supplied $233,000 in respite vouchers last year.

**Washington** is focusing on collecting and using data to understand and guide improvements in their lifespan respite voucher services. They report that half those families applying for respite never use it, and Washington is working to understand why this occurs and how to remedy it. They also report that they now have a respite matrix on their website that shows public funding sources available for respite in the state.

**Wisconsin** is not currently a federal grantee – all their funding comes from the state. WI recently eliminated their Medicaid waiver waiting lists for children and adults. As a result, availability of fiscal resources for respite are not a problem but finding respite workers is an issue. The Respite Care Association of WI (RCAW) is collaborating with the University of Wisconsin School of Nursing CARES Program and the Univ of WI in Oshkosh to offer specialized training for providers and caregivers, and free online training is available from RCAW. RCAW will also cohost the International Short Break Association (ISBA) Conference, in combination with the 2020 National Lifespan Respite conference in Madison.