



Respite Care Task Force

Presentation for Strategic Action Planning Group on Aging
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COLORADO
Department of Human Services

Respite Care Task Force

- House Bill 15-1233 created the Respite Care Task Force within CDHS to study the dynamics of supply and demand with regard to respite care services in Colorado.
- The Task Force had from July 2015 to January 2016 to complete their work.
- Respite Care as defined by Task Force: temporary relief for families of children or adults of any age with special needs who are unable or need assistance to care for themselves.
- Challenges = tight timeline and broad scope of work

House Bill 15-1233 Legislative Declaration

- The current extent of demand for respite care in Colorado is unknown, although it is apparent that there is a lack of adequate respite care facilities and respite training programs in Colorado
- Caregivers work twenty-four hours per day, seven days per week to ensure their loved ones have the support and tools they need to live their best lives
- It is critical that caregivers in our communities have access to respite care so that they have time to rejuvenate and spend time with their families and friends
- It is important that caregivers are able to trust and depend on the individuals providing respite care to their loved ones
- Reliable access to affordable respite care will be beneficial to caregivers and to their families and loved ones

Respite Care Task Force Requirements

The Task Force was required to study, through data collection, the supply of, and demand for, respite care services in Colorado which could include:

- a) Access to respite care services
- b) The types of services that are most in demand and the services that are currently available
- c) The availability and level of culturally competent care and patient-centered care
- d) The number of respite caregivers in the State and their locations
- e) Solutions to increase the number of respite caregivers
- f) The funding of respite care services, including access to that funding
- g) Other respite care issues are determined appropriate by the task force

What we did...

Date	Task Completed
July 2015	Task Force members appointed, facilitators hired, first meeting held, webpage designed
August 2015	Task Force members interviewed, resources collected, Documented Quote posted for Study
September 2015	Task Force identified their ideal vision, HMA contracted to conduct the Study
October/ November 2015	HMA collected data, conducted analysis, reported out to Task Force
November/ December 2015	Task Force and facilitators identified findings and recommendations, drafted report overview
January 2015	Findings, recommendations, and report finalized

Health Management Associates Respite Care Study

TOPICS COVERED:

- Supply and Demand/ Unmet Needs
- Funding
- Return on Investment
- Training
- Availability of Person-Centered and Culturally Competent Respite Services
- Awareness of Respite/PR

HMA Research Methods

- Previous Research
- Provider Indexes
- Utilization Data
- Interviews with Providers
- Interviews with Individuals and/or Families
- Population Projections

HMA Key Findings and Recommendations

- Supply and Demand
- Marketing and Awareness
- Return on Investment
- Cultural Competence and Training

Supply and Demand

- Data are limited; must use multiple sources of data
- The Family Caregiver Alliance estimates that 843,000 Colorado caregivers provided 551 million hours of care in 2012
- State and local caregiver surveys show that one of the most frequently requested support services is respite care
- Some major barriers to respite care services in Colorado: affordability, geographic accessibility, an inadequate supply of culturally competent respite care providers, a shortage of providers who can care for high needs individuals

Marketing and Awareness

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Return on Investment: Economic Value and Costs of Caregiving

- Economic Value of Unpaid Caregiving
\$470 billion and increasing (AARP, 2015)
- Over 1 in 10 Coloradans are caregivers
\$7.43 million value to Colorado (AARP, 2015)



Cultural Competence

- There is diversity in caregivers that needs to be addressed in respite.
- Some core standards for cultural competence exist.
- Cultural competence includes “disability competence”.

Training

- State government and state coalitions can serve as a coordinator of training for providers in a state
- Lifespan respite grants are an option to build training infrastructure in states



Using Findings to Develop Recommendations

- Strong indications of needs and gaps in respite services in Colorado - Unmet needs may be greater in rural areas
- Qualitative, anecdotal, and limited research data suggest that respite services have a positive Return on Investment (Data are extremely limited and minimal - recommend a rigorous quantitative study)
- Public awareness and marketing campaigns may be helpful to increase awareness of caregiving
- Additional training and incorporation of best practices around cultural competence may be helpful

Respite Care Task Force

Findings and Recommendations

The Task Force provided a final report to the House Public Health Care and Human Services Committee and to the Senate Health and Human Services Committee by 1/31/16.

- A study on Return on Investment of respite care was deemed critical due to the lack of available national data
- Several other “infrastructure” related items were identified to ensure the state has the capacity to provide quality, effective respite services
- Other ideas raised during the process formed into recommendations

For More Information

Respite Care Task Force Webpage:

<https://sites.google.com/a/state.co.us/cdhs-cai-aas/respite-care-task-force-overview>

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