



Portland, Oregon



Research and Training Center
on Family Support and
Children's Mental Health

www.rtc.pdx.edu

Promising Practices in Respite Care

Presented at:

Winter 2005 System of Care
Community Meeting

February 9, 2005
Dallas, TX

Pauline Jivanjee, Ph.D.

Keep updated... and help us do our work better

Having your email lets us...

- Keep you updated on the progress of the work we're presenting today (and related news). We do this through monthly *rtcUpdates*.
- Evaluate our work and show our funders that what we do has an impact. We do this using very brief internet surveys.

We do not share your information with anyone!



Purpose of Project



To examine promising practices in respite care for families with children with serious emotional disorders at Systems of Care funded by the Comprehensive Community Mental Health Services for Children and their Families program (funded by the Center for Mental Health Services)

* Respite is defined as temporary relief for families from caring for children with disabilities



Study Objectives

1. To identify and examine promising practices in respite care
2. To describe these promising practices in detail, so that other communities may be able to replicate or adapt them for development in their own communities



Methods

- 
- a. Literature review and consultation with advisory group of experts
 - b. Case study research with 5 grant communities identified through a self-nominating process and one statewide respite care program identified by expert recommendation



Methods

- c. Site visits and face-to-face or telephone interviews with program administrators, staff, respite providers, parents and children who have received respite care
Analysis of transcribed interview tapes, detailed reports incorporating all perspectives
- d. Identification of promising practices unique to each site and across communities
- e. Data collected in Summer 2001.



Types of Respite Care Services

IN-HOME RESPITE CARE

- Homemaker
- Sitter/companion
- Parent trainer/informal helping network

OUT-OF-HOME RESPITE CARE

- Provider's home
- Foster care or licensed family care
- Group daycare
- Group home respite care
- Residential respite care
- Crisis nursery and emergency care facilities
- Generic community services (Butler, T.E. & Friesen, B.J., 1988).

Both types may be offered on a planned or crisis basis.



Effectiveness of Respite Services



Bruns and Burchard Study (2000)

- 73 families randomly assigned to respite care or wait list group
- Respite group received mean 23 hours respite care per month.

Findings:

- Families in respite group who had previously used out-of-home placements (OHP) were less likely to do so
- If they did use OHP, they used fewer days
- They were marginally more optimistic.

More hours of respite were associated with:

- Decrease in parents' perception of the need for future OHP, and
- Decrease in parental hassles.



Communities included in the study



- Children and Families in Common Project, King County, Washington
- The Nashville Connection/Tennessee Respite Network
- Nebraska Family Central, Kearney, Nebraska
- Oklahoma Respite Resource Network
- Project Relief/Tampa Hillsborough Integrated Network for Kids (THINK Project)
- Welcome House, With Eagles' Wings, Wind River Reservation, Wyoming



Respite Care in King County, Washington

- Seamless array of types of crisis respite care built on existing services
- Respite options included case aides, foster care respite care services, hospital diversion beds, short-term residential beds, and crisis response services
- Families gained access to crisis respite care through the Children's Response Crisis Team



Respite Care in King County, Washington

- Respite staff offered respite to parent(s), siblings, or child with mental health challenges during crisis
- Respite staff available to assist with child taking medication, going to school, etc.
- Short-term foster care and facility-based respite available
- Access to respite care facilitated by collaboration among services and systems
- Preliminary evaluation of crisis services noted parent satisfaction



Respite Care at the Nashville Connection

- Respite care was based on the statewide Planned Respite Model and accessed through Tennessee Respite Network
- Medicaid-eligible families received \$500 per year allowance toward respite costs
- Families had access to planned respite options through a toll-free number
- Providers received respite training through the Tennessee Respite Network/Tennessee Voices for Children



Respite Care at the Nashville Connection

- Families could recruit their own respite providers and also provided training
- Trained respite providers were registered with the Tennessee Respite Network
- Families gained empowerment through training, information in the Family Respite Handbook, and access to a range of respite choices



Respite Care at Nebraska Family Central, Kearney, NE

- All children receiving mental health services were eligible for respite care services
- Primary point of access for respite care options was through the individualized service planning team meetings
- Teams encouraged existing family support networks to provide respite care



Respite Care at Nebraska Family Central, Kearney, NE

- Families had a preset amount of money to pay to respite care providers they chose; they decided the rate, and could request more funds
- Use of natural support systems normalized use of respite care and drew out community strengths



Respite Care at Oklahoma Respite Resource Network

- Statewide model of respite care for individuals with all types of disabilities
- Access to respite care through OASIS website, 1-800 number, respite guide, and brochures
- Families eligible for respite received vouchers worth \$400 for 3 months
- With the voucher system, families were free to choose and train their own respite providers and agree on rates of payment
- Families served by SOCs were priority groups



Respite Care at Oklahoma Respite Resource Network

- The voucher system maximized flexibility to meet families' needs and increased families' sense of empowerment
- Respite was provided wherever the family and respite provider decided
- This respite model was cost-effective because families negotiated payments
- Preliminary evaluation indicated reduced family stress and improved adjustment



Respite Care at Project Relief, THINK Project, Tampa, FL

- Family members participated in designing the respite care service model
- Use of a logic model provided clear understanding and agreement on goals, strategies, and outcomes of respite
- Respite care was built on the existing therapeutic mentoring program, with emphasis on therapeutic use of respite care in the community



Respite Care at Project Relief, THINK Project, Tampa, FL

- Most respite care was provided in the community by professionally trained respite providers
- Project Relief supported the development of community-based models of respite in ethnically and culturally diverse communities
- Evaluation of respite care indicated positive outcomes in the short-term



Respite Care at With Eagles' Wings, Wind River, Wyoming

Welcome House offered a broad approach to supporting children and their families, including:

- Planned or crisis respite for children 0-10 on Wind River Indian Reservation;
- Culturally responsive family support; and
- Information about mental health issues and community resources



Respite Care at With Eagles' Wings, Wind River, Wyoming

- Respite care was culturally responsive because of staff's knowledge of Northern Arapahoe beliefs and traditions
- Community elders participated in activities
- Director of the residence was a parent of a child who received mental health services
- Children could stay as long as needed and for repeated visits to meet families' needs



Promising Practices in Respite Care

- **Family- driven:** Families played leading roles in design and implementation of respite services
- **Family centered:** Families chose from an array of options to suit their needs and preferences
- **Built on family strengths:** Respite services were designed to support what families were doing well
- **Flexible funding:** Allowed choices of amount and type of respite care to meet families' needs
- **Individualized:** Respite care was part of individualized service planning; families chose providers, amounts and types of respite to suit their children's needs



Promising Practices in Respite Care

- **Community-based:** Respite care used local community resources and was offered in the community.
- **Cultural competence:** Respite providers respected families' cultural norms and traditions
- **Normalizing activities:** Respite activities were designed to be age-appropriate and to give children opportunities for fun
- **Collaboration across systems, and organizations:** Allowed respite to be coordinated and integrated with other services in the System of Care
- **Accessibility:** Access to respite was facilitated by web-based, and toll-free access



Promising Practices in Respite Care

- **Training for respite providers:** Respite providers received training from families, SOC staff, university faculty, and other providers
- **Outcome-orientation:** Focus of respite services was on relief for families; preliminary evaluations showed moderate positive results
- **Cost-effectiveness:** Preliminary data showed that respite services were less costly than other types of out-of-home placements
- **Sustainability:** By developing new respite resources and expanding existing ones, SOCs supported the long-term sustainability of respite care as a family support service



Acknowledgment

Thanks to my colleagues who assisted with this research project:

- Jennifer Simpson, Ph.D.
- Maria L.G. Gettman, MSW



Learning from the Audience:

- 
1. What are your experiences with respite care for families with children with serious emotional disorders?
 2. Do you have other examples of promising practices in respite care for children with serious emotional disorders and their families?



Contact Information

Pauline Jivanjee, Ph.D.

Research and Training Center on
Family Support and Children's Mental Health

Portland State University

P.O. Box 751

Portland, Oregon 97207-0751

Phone: (503)-725-5197; Fax: (503)-725-4180

jivanjee@pdx.edu

Website: www.rtc.pdx.edu





Portland, Oregon



Research and Training Center
on Family Support and
Children's Mental Health

Funds to support this activity come from
The Child, Adolescent and Family Branch,
Center for Mental Health Services,
Substance Abuse Mental Health Services
Administration, U.S. Department of
Health and Human Services; and from

The National Institute on Disability and
Rehabilitation Research, U.S.
Department of Education.



Center for Mental Health Services,
Substance Abuse and Mental Health
Services Administration, U.S. Department
of Health and Human Services



National Institute on Disability
and Rehabilitation Research,
U.S. Department of Education