



**Nevada Lifespan Respite Care Coalition
Community for Respite Meeting
January 21, 2022
Time: 9:00 a.m.- 10:00 a.m.**

Join on your computer or mobile app

[Click here to join the meeting](#)

Join with a video conferencing device

[192425125@teams.bjn.vc](https://teams.bjn.vc/192425125)

Video Conference ID: 117 025 427 6

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Or call in (audio only)

[+1 775-321-6111,771076377#](tel:+17753216111771076377) United States, Reno

Phone Conference ID: 771 076 377#

Vision:

Adequate Respite Care for All

Mission:

The mission of the Nevada Lifespan Respite Care Coalition is to support caregivers in our community by promoting awareness and access to, as well as coordination and advocacy for, respite services in Nevada throughout the lifespan.

Attendance: Cheryl Dinnell, Yazmin Orozco, Justin Hansen, Cory Lutz, Amy Dewitt-Smith, Rachel Jelenic, Deidre Manley, Liz Baldizan, Jana Borden, Tori Diego, Barbara Westcott, Nancy Henry, LaKisha Thomas.

1) Introductions and Check-In:

What is one thing you have learned or do better now than a year ago?

- Barbara – Be more flexible because it takes longer to accomplish things.
- Cory – Learning to be more patient. As I'm older, my patience has gotten shorter. Try to slow down.
- Deidre – I've learned to take more time for myself, schedule it now and hold myself to it.
- Jana – Older I get, less patience I have. It's been a trying year, and I'm learning how to roll with things.
- Liz – Growing older, less patient. Retired but working with several nonprofits. I swing between collaboration among groups and organizations, selecting projects and digging in.
- Nancy – Just started doing respite, providing respite as a program manager.
- Rachel – Embraced open communication more, not everyone is free and can hop on a meeting, so respecting others' limitations.
- Tori – Focus on things in my control.
- Yazmin – Stepping into this role was an eye-opener. I try to stay present with phone calls and meetings.
- Amy – Let things go, not juggle so many balls, prioritize things.

2) Challenging Questions/Discussion – Does the Long-Term Social Service system address the following?

- Helping family caregivers assess their abilities and circumstances. (Do they have the skills & knowledge they need to provide care? Do they have the time & strength to do so? How do we know?)
- Helping caregivers to become aware of trade-offs/sacrifices that they are making to provide care. (They cannot just add responsibilities to provide care/support interventions without letting go of other things – hopefully not ones that will preserve and protect them in their caregiving role! How do we help them make good decisions about those trade-offs?)

- Are we encouraging family caregivers to seek the help of respite services? (Do we see any of the strain that comes from caregiving in our families? Have we given them any “safety valve” to reduce the pressure they feel?)
- Are we providing suggestions to make respite most effective? (Respite isn’t the clean-the-house, do-the-necessary-shopping relief that caregivers need; it’s having time to call their own.)

Cory – We use a Pre- and Post-Survey, as required by our grant, which assesses wellbeing, evaluates provider agency used, and HHOVV. We refer to other places as needed. Usually asked for more money, more hours. Refer often to Alzheimer’s Association and Seniors In Service – same demographics they serve.

Tori – Offering 6-week class once they have respite in place. Doing Pre & Post Survey helps see if caregivers gain anything from workshop. Evaluations said they wanted a longer time span for the course and to interact with people in classes, so we began a virtual support group and in-person support groups. When they register for class, we mail them the survey to document mental/physical health. Workshop is about self-care. End survey is the same to see if they were able to take anything away from the workshop. But caregivers want to know where to go after the workshop. That’s when we started offer in-person support group. Their starting point is burnt out and tired but there’s a little improvement afterwards.

Deidre/Jana – We will be doing a post-survey. We do like the idea of a Pre-Survey to eventually get this through Medicaid eventually for children services.

Cory – ARCH website has a ton of survey instruments. See ARCHrespite.org.

Cheryl – Surveys help justify the value/purpose of respite programming. Questions come from our national network for Lifespan Respite. To have the outcomes we want to have and show that respite has a benefit. Caregivers not assessed when care recipients are seen by doctors. Caregivers are not the client. Assumption that the caregiver is going to provide support/services long-term. Do we have places where LTSS is being sought that we are picking up on caregiver needs. Nevada Care Connection intake asks a lot of questions, but mostly for diagnosis, eligibility, criteria.

Yazmin – This is a 2022 project to assess caregivers, and what partner agencies are doing, so it works better, flows across agencies. It will be a process.

Cheryl – Tools that are evidence-based for scoring/assessment. Where to insert them is a good question. Sample questionnaire for caregiver self-assessment was shared – one that can be scored. High distress score gives next steps for self-care: doctor visit, relief from care, support groups. Where would we interact with caregivers? A Respite Concept from research/study in Wisconsin about a quality system, where it begins with awareness and acceptance of respite services. Quality respite has several parts that must work to decrease stress and improve quality of life. The failure of the system only leads to increased stress/poor quality of life. We have so many doors into our LTSS system, there’s not just one point. Where to even start?

Amy – It might be geared to age groups and populations that we serve. We have been working with families dealing with dementia, looking at billing codes for treatment/office visits, distributing certain medications to identify where people are receiving their healthcare and initial diagnosis. Identify where people are. We do connect with organizations that serve other populations, such as Boys & Girls club, for caregivers (younger) who might not be going to senior fairs. They might not be seniors themselves even if they are caring for a senior. Not proactive in asking people what they need. Amy was looking for partners in the Winnemucca area, needs a contact.

Diedre – Needs a list of respite providers in rural areas.

Cheryl – We are trying to canvas the field of respite, accepting voucher funds, or accepting clients. Several have closed, others are short-staffed, most are limiting their services. A pilot program is using a recruitment/marketing approach to encourage people to explore the work of respite, hopefully will benefit agencies looking for people.



3) NLRCC Board Update

- Status of Appointments to the NLRCC Board – still looking for representatives from services for children.
- Next Board Meeting February 14, 2022, 10am-12noon, agenda and meeting link [Home \(nv.gov\)](#)

4) Group Updates