

## Chatbox Discussion - ACL/ARCH Data Work group Conference Call, May 7, 2018

Please let us know if you prefer the term Outcome over Objective or Outcome on the first page of the draft tool?

Karen Fitzharris: Obj

Meghan Kluth: Obj

Miriam Rose: Yes

Hilarie Hauptman: obj

Anne Wolf: Obj.

Sharon Johnson: yes

Cory Lutz: Obj

Deb Petersen: Yes

Julie Waters: No/OBJ

Courtney S: obj

Vicki Clear: obj

Sharon Cackett: obj

Cheryl Dinnell FBO Jeff Duncan: obj

Julie Waters: I would use the language in the RFP. We write Goal and then the Objectives to get the goal and the outcomes reflect the achievements.

Meghan Kluth: I think indicator makes more sense than objective, based on how we write ours. To us, objective is the greater goal, with measurable outcomes measured by indicators.

Sharon Johnson: Our purpose is to collect data, correct? This tool captures this. Narrative discussion captures general progress.

Julie Waters: I think the terminology should be consistent with all ACL projects so individuals are not confused.

Miriam Rose: What about changing the order of the sheets in the workbook so that the overall outcomes come after the specific indicators regarding statewide system of respite?

Sharon Johnson: NE defines family caregiver to distinguish between unpaid caregiver vs the paid caregiver / typically a title of a staff person associated with an agency or program.

Christine Schoenberger: Seems pretty straightforward

Cory Lutz: I use the caregiver as the person taking care of their loved one and provider as the paid person giving the caregiver a respite

Julie Waters: I like this, given comments you might add paid caregiver and not distinguish age. You could add a check box by partners/etc. You could have a check mark if also a family caregiver.

Sharon Johnson: Agree with the provider term for paid caregiver

Hilarie Hauptman: I agree with Colorado's statement about Column B, Hilarie

Meghan Kluth: We may be able to improve some data collection for promoting awareness, but I don't think it will ever be fully accurate. We can try, but so much of our information gets forwarded and spread through word of mouth - very tough to track.

Julie Waters: Coalition building and sustainability would not necessarily include the respite dollars. You would just have to collect as much information as possible. It would be difficult to track other agencies funding, but some providers may report. How to gather this data would be good training event. This seems to me to be a big part of the purpose of the ACT. A new grantee may not be able to track this but as trust is developed the providers will give the information. Just my two cents.

Jessica Perk: Provided and facilitated can be interpreted differently. May want to tighten the terminology used here or provide descriptions of what exactly is being reported on there

Julie Waters: I would define coalition, stakeholder and partner. They are all different, but work together towards a common goal.

Meghan Kluth: For states with multiple funding sources/partners who really are not connected with the federal grant, could we color code by what numbers are impacted by federal vs. state funds, etc.

Julie Waters: I agree with Jill. It would only be feasible to track the funding that goes through Lifespan Respite.

Julie Waters: It would be difficult to track funding that does not go through Lifespan Respite.

Julie Waters: Add fund development/or fundraising for the Lifespan Respite. The goal is to add revenue from other areas than the grant.

Cheryl Dinnell FBO Jeff Duncan: Definitely needs clarification.

Julie Waters: We are at the point that we are using the funds for respite and I think this is a reasonable way to collect the demographics, respite and training. The guidance should tell you how details about the definition and unit amount. I think the demographics should mimic what is required under the SRP

Deb Petersen: Respite Services billed

Julie Waters: How about hours. You may pay for adult day care or camp but they are all for hours.

Cory Lutz: I agree - Hours are important.

Miriam Rose: How is "training" defined?

Julie Waters: What do you mean by related to respite? Would you not want to collect actual training helping caregivers and then how many trainings that talk about respite. Why not count as aggregate like you do in SPR. # Trainings/estimated audience and then if they register the caregiver - like with information about and then have education tied to a caregiver since you are collecting demographics. I guess what I am trying to say is have an aggregate count and a caregiver specific count for caregiver trainings verses large group trainings.

Sharon Cackett: I would wonder if for a training, you will likely get specific numbers, and a speaking engagement may be captured in the previous spreadsheet under awareness

Sharon Johnson: Because you ask for count of trainings and education offered, for consistency, ask "Attendance counts per event. For each event (remove training), how many...

Cheryl Dinnell FBO Jeff Duncan: I think you will need to stick with # of trainings and # of hours of training. The number of audience and identify themselves - for what purpose? You could estimate audience but what does this tell you?

Meghan Kluth: I think we need to differentiate between training and outreach.

Jessica Perk: what is the value for providing estimates of attendees?

Cory Lutz: Meghan, that is correct. Training is definitely different than outreach. Outreach is really just spreading the word, or educating. Training is more like the Train the Trainer type thing.

Julie Waters: I would just have it defined and do information - each event is one unit- and include estimated audience.

Sharon Cackett: We will likely be capturing attendees by category i.e. caregivers, providers, volunteers, others.

Jennifer Abernathy: Again - the grantee may not facilitate emergency respite but partners and the coalition facilitate services.

Meghan Kluth: I agree with Jennifer. That's a tough thing to track.

Julie Waters: Shouldn't we all be using the ADRC/No Wrong Door as the single entry?

Jennifer Abernathy: Could it be facilitated by grantee and/or partner? That way you can count activities done by more than just the grantee.

Julie Waters: The benefit of the ADRC is the caregiver if needed and the care receiver are being screened for all benefits and services that the Lifespan respite might not have the knowledge or time to complete

Meghan Kluth: We also need to define emergency respite - within 1 hour? 2?

Sharon Cackett: Could the emergency respite question be answered on the Outcome 2 chart as a column.

Christine Schoenberger: We define an emergency as occurring within the next 72 hours

Jennifer Abernathy: Yes give me a call and TN is interested in field testing.

Julie Waters: Alabama would field test and Julie Waters 13343539285

Meghan Kluth: CO may be interested, but I will need a bit more info. We can definitely talk.

Meghan Kluth: Sorry, interested in field testing.

Christine Schoenberger: I would be interested in field testing (Maryland).

Hilarie Hauptman: In our state our various state agencies do have their own separate respite applications and so to have one site for all respite programs is not possible at this time. Our ADRCs are the single point of entry for our respite long-term care services respite. And our Lifespan Respite WA organization is the one-stop for all respite vouchers related to the grant.

Nadine Walter: Oklahoma would be willing to help with the field testing