



Behavioral Health System for Future Generations Commission



Recommendation for
Consideration

The Behavioral Health System for Future Generations (BHSFG) Commission proposes the following recommendation for consideration: **Grants to Increase Access to Respite Services.**

Problem Statement

Respite is defined as **temporary break or period of relief** from providing care for someone who needs assistance. It's often used in the context of caregivers taking a break from caring for children with disabilities, older adults, or individuals with chronic illnesses.

Family caregivers of children with special needs, including those with physical, cognitive, developmental, behavioral, and psychiatric, often experience chronic and prolonged stress. This compromises the health and well-being of family caregivers, creating anxiety, depression, insomnia, fatigue, marital problems, un/underemployment, and diminished ability to care properly for children with disabilities and other children in the home.

Both formal and informal respite care can significantly reduce the likelihood of these detrimental episodes and outcomes. Respite care is both a formal program offered by providers, and an informal idea about the need to get care for short durations of time to ensure that caregivers have what they need to help prevent crises for themselves and for their loved ones.

These important interventions provide valuable respite for hundreds, but this is only a fraction of the individuals who could benefit from respite services. Montana's Lifespan Respite grant funding is set to expire in 2026, and the state would benefit from targeted recruitment of respite providers for all populations.

Current challenges in Montana's Lifespan Respite program include:

1. Limited providers of respite care resulting in wait lists;
2. Geographic access issues; and
3. Multiple funding streams with limited funding.

Work needs to be done to increase utilization of existing respite services and Montana's network of respite providers.



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Data and Information Sources

The State of Montana's Aging and Disability Research Center has **80 organizations registered** as agencies which provide respite care and only **10 registered individual respite providers**.

Respite care can play an important role in improving health and wellbeing outcomes for families and caregivers of children and adults with behavioral health challenges and/or intellectual and developmental disabilities. Respite is an effective intervention to decrease stress of families and caregivers of children with intellectual and developmental disabilities,¹ which can in turn improve the health and wellbeing outcomes for the children these families care for. Respite provides similarly positive results for the families and caregivers of individuals with behavioral health needs.² By meeting the needs of families and caregivers, respite can simultaneously improve health outcomes for families and the individuals they care for with behavioral health challenges and/or intellectual and developmental disabilities. This makes respite care an effective, efficient tool to meet the health and wellbeing needs of multiple generations at once.

According to AARP, in 2021, there were more than 112,000 caregivers in Montana who provided more than 105 million hours of care.³ Nearly 1/3rd of these caregivers provide care for at least 20 hours per week⁴, which can limit caregivers' abilities to secure fulltime employment. About 30% of Montana caregivers care for a parent or a parent-in-law, which demonstrates how respite can benefit not only parents and families with children who have intellectual and developmental disabilities and/or behavioral health needs, but also for folks who care for adults and seniors. Nearly one out of four caregivers in Montana is at or above the age of 65, and three out of every 10 Montana caregivers reported a disability of their own.⁵ This suggests the utter importance of providing Montana caregivers with access to respite care so that caregivers—and their loved ones—can see improved health and wellbeing outcomes.

Montana has been a Lifespan Respite grantee since 2011 and funds are set to expire in 2026. The work has focused on several grant initiatives including:

- Development of a statewide coalition of 111 members.

¹ <https://link.springer.com/article/10.1007/s10882-010-9190-4>

² <https://www.pathwaysrtc.pdx.edu/pdf/fpF0106.pdf>

³ <https://www.aarp.org/content/dam/aarp/ppi/2023/3/valuing-the-invaluable-2023-update.doi.10.26419-2Fppi.00082.006.pdf>

⁴ <https://www.cdc.gov/aging/data/infographic/2016/montana-caregiving.html>

⁵ <https://dphhs.mt.gov/assets/publichealth/BRFSS/Factors/BRFSSCaregiver2018.pdf>



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- Administration of a respite voucher program that to date has served 1,583 caregivers throughout the state.
- Development and implementation of caregiver retreats were launched in partnership with MSU Extension in 2022 and have served 423 caregivers statewide for a total of 2,538 hours of respite.

Respite services are unavailable or unattainable for the growing number of Montana family caregivers needing assistance. An estimated 44,515 of 220,406 children ages 0-17 have special health care needs. Montana families living in rural and frontier areas face additional access challenges.

While Montana has a youth mental health respite service, it is underutilized and underfunded. In SFY 2023, only 28 youth benefited from formal respite through the Children's Mental Health Bureau at a total cost of \$6,991.

In SFY 2023, 352 individuals on the DDP 0208 Waiver had respite identified in their cost plan, but only 224 individuals had claims associated with respite, indicating that 32% of individuals with respite identified as a needed service were not able to access respite services.

Recommendation

1. Develop an Asset Map for respite services in Montana. Developing an Asset Map provides the opportunity to identify existing funding sources, target populations, community partners, and respite providers. It will also allow for members of the public to more easily identify and access respite services.
2. Offer grants to faith and community-based organizations for start-up of respite programs. As reflected in the budget below, the Department anticipates up to 20 grants to such organizations for start-up and implementation of local respite programs.
3. Select and implement training curriculum for respite providers, with a budget of up to \$250,000. This work will utilize work accomplished through the Lifespan Respite Special Project, a partnership between ARCH and NASHP to advance a workforce development initiative that developed and tested a respite workforce recruitment, training and retention program. The Respite Care Association of Wisconsin (RCAW) was key in developing the enhanced training curriculum and designing recruitment strategies.



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4. Recruit and train additional volunteers and paid respite providers to increase the availability of respite services through targeted recruitment of faith and community-based organizations through DPHHS’s Office of Faith and Community Based Services. The Department anticipates awarding grants of up to \$30,000 to up to 20 faith and community-based organizations to support start-up and other appropriate costs for local respite programs.

5. Enhance statewide databases of lifespan respite care programs, services, and information to improve access for family caregivers.

Place in Continuum (Projected Jan. 2024)	BHSFG Priority Alignment	Projected Cost
Prevention Treatment	Children’s mental health system capacity Developmental disabilities system capacity Adult mental health system capacity	Up to \$975,000

Impact	
Outcomes and Outputs	Implementation Activities and Milestones
<p>Outcomes</p> <ol style="list-style-type: none"> 1. Reduced stress among caregivers. 2. Improved care for individuals with behavioral health needs and/or intellectual and developmental disabilities. <p>Outputs</p> <ol style="list-style-type: none"> 1. Increased number of individuals and agencies enrolled as respite providers. 2. Increased utilization of respite services. 3. Completed Asset Map. 4. Completed educational materials to distribute to caregivers. 5. Development and administration of caregiver survey. 	<ol style="list-style-type: none"> 1. Complete asset mapping of funding sources, target populations, and respite providers. 2. Develop and implement grant program for faith and community-based respite providers. 3. Distribute funds to awardees and monitor their progress as measured towards their applications. 4. Create formalized education on respite to distribute to caregivers. 5. Develop and implement respite training curriculum to be adopted by the Department.



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Supporting Material: Estimated Program Budget*

Activity	Cost
Development of Asset Map	\$25,000
Start-up grants to Faith and Community-Based Organizations for establishment of respite programs (Up to 20 Organizations at up to \$30,000 each)	\$600,000
Respite training allowance (up to \$5,000 per organization) for Faith and Community-Based organizations	\$50,000
Development and implementation of standard training curriculum for respite providers, including creation and distribution of formalized educational and promotional materials.	\$250,000
Technical Assistance to DPHHS from ARCH (Access to Respite Care and Help) National Respite Network and Resource Center or other similar entity	\$50,000
ESTIMATED TOTAL	\$975,000

*This budget is an estimation based on costs identified. Costs may be subject to change, but NTI is not to exceed \$975,000 in total costs.

Supporting Material: Example Grant Criteria*

The Department of Public Health and Human Services is looking to fund new respite programs within faith and community-based organizations in the state of Montana.

Respite is defined as **temporary break or period of relief** from providing care for someone who needs assistance. It's often used in the context of caregivers taking a break from caring for children with disabilities, older adults, or individuals with chronic illnesses.

To receive grant funds, an organization must:

1. Be a Montana-based non-profit faith or community-based organization.
2. Commit to participation in training and technical assistance activities related to the start-up of a respite program by identified organization member(s).
3. Commit to meet state requirements and register as a respite provider with the state of Montana.
4. Other requirements as identified by DPHHS.



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Allowable uses of Faith and Community-Based Respite Grants may include:

1. Recruitment of staff members or community members/paid volunteers for provision of respite services.
2. Payment to community members/paid volunteers or organization's staff members for provision of respite services using rates established by DPHHS.
3. Other uses as defined by the Department in the finalized application.

*For example purposes only.

Oversight and Grant Management

General oversight of this project will be led by a BHSFG Project Specialist. Due to the cross-section of populations and stakeholders, implementation will be coordinated with the Office of Faith and Community-Based Services, Senior and Long-Term Care Division, and BHDD.

DPHHS will monitor grants to ensure selected faith and community-based organizations only expend the funds for allowable uses. Participating organizations will be required to provide data on program work plan details, service delivery metrics, and additional ad hoc reporting (including reporting related to outcomes and outputs) as identified.