

Nebraska Lifespan Respite *Southwest Service Area* Sustainability Plan

Executive Summary (2-3 pages *state plan*)

Nebraska Lifespan Respite: *Local Level* History, Progress and Future Plans (5-8 pages *state plan length— adjust for local content*)

1) Mission and background

Mission

The mission of the Southwest Nebraska Public Health Department, in partnership with other entities, is to promote a healthy and secure quality of life for our communities. Respite Southwest Service area's mission is a well-developed system to support high-quality planned and emergency respite care across the lifespan of all families caring for a loved one at home, regardless of the family members' disability and/or chronic illness diagnosis, special needs, family circumstances and location within the service area.

Background

Southwest Nebraska Public Health Department - Nebraska was among a group of 46 states that agreed to a \$246 billion settlement with the tobacco industry. The 1998 settlement was a result of the states' efforts to recoup money spent to care for ill smokers. Nebraska's share of the settlement is estimated at approximately \$1.2 billion over a 25-year period.

In 1998, the State Legislature approved a plan distributing Nebraska's tobacco settlement funds to health care needs through a competitive grant process. The Legislature amended its plans for distributing the funds in 2000 by allocating \$21 million over three years for tobacco use prevention and cessation efforts. In 2001, the Governor and Legislature approved LB 692, which authorized the distribution of \$50 million annually to designated health care needs. The \$50 million would be a combination of principal and interest from Nebraska's share of the tobacco settlement. Under LB 692, the tobacco settlement proceeds are allocated to behavioral health services, mental health and substance abuse treatment, juvenile services, minority health, developmental disabilities, emergency protective care, respite care, and biomedical research. LB 692 also provides for competitive health care grants and public health grants awarded by the Nebraska Health Care Council.

Tobacco settlement funds are deposited to the Tobacco Settlement Trust Fund, which is invested by the State Investment Officer. Annually, the State Treasurer shall transfer a total of \$50 million from the Nebraska Medicaid Intergovernmental Trust Fund and the Tobacco Settlement Trust Fund to the Nebraska Health Care Cash Fund. The State Investment Officer shall advise the State Treasurer on the amounts to be transferred from each fund.

Respite - In 1999, the Nebraska Legislature established the Nebraska Lifespan Respite Program (LB 148). Based on this legislation, the Department of Health and Human Services established six Lifespan Respite Service Areas to coordinate respite resources across Nebraska. The Lifespan Respite Network was established to:

1. Create a single point of contact within each Service Area to provide information and referral regarding respite resources;

2. Increase the public's awareness of respite and provide community outreach by involving interested stakeholders and building on existing resources;
3. Increase access to respite resources by recruiting appropriate providers and promoting the expansion of respite services;
4. Ensure training is available for both consumers and providers by coordinating existing training resources and recruiting additional resources to meet the training needs across the Lifespan; and
5. Implement ongoing evaluation of providers, caregivers and the respite system to determine unmet needs.

The Service Standards are minimum standards intended to help the Nebraska Lifespan Respite Network to develop and coordinate respite services that best meet the needs of individuals and caregivers across the state. Adherence to the standards listed as 'Required Activities' is a requirement of agency in each of the six service areas awarded sub-grants to implement and manage the Lifespan Respite Program.

The Nebraska Lifespan Respite Network is a statewide system and, as such, these standards are intended to establish continuity across the six local networks that make up the system. The required and recommended service standards established are to apply specifically to the agencies awarded sub-grants by HHS to conduct administrative duties for the six geographic regions designated by the Nebraska Lifespan Respite Network.

Progress

Throughout the past two years, Network Coordinators have identified a specific provider training program to be effective. REST (Respite Education and Support Tools) is a nationally-recognized and professionally designed interactive training for respite providers and caregivers. This educational program is dedicated to developing quality respite care providers by learning general care techniques. The ultimate goal is to assist individuals to become effective respite providers by learning the three key steps of support; prepare, care and connect. There is no cost to Lifespan Respite Network providers or family caregivers for materials or follow-up resources. Respite Coordinators have successfully delivered multiple trainings statewide with positive results. Through this effort, DHHS envisions increasing the number of Network-approved providers completing the REST training who match the identified target population described above that can provide paid and/or volunteer respite.

1. SERVICE REQUIREMENTS

- a. **RESULTS BASED ACCOUNTABILITY.** The Contractor agrees to cooperate with DHHS in the development of any desired outcomes, performance measures, and reporting requirements necessary for implementation of the Division of Children and Families' Results Based Accountability initiative.
- b. Support and further develop new or existing respite infrastructure, partnerships and collaborations through DHHS approved activities to meet the unique respite care needs for all age categories and disability populations within the following counties: Arthur, Chase, Dawson, Dundy, Frontier, Furnas, Gosper, Grant, Hayes, Hitchcock, Hooker,

Keith, Lincoln, Logan, McPherson, Perkins, red Willow & Thomas (Southwest Service Area);

c. Make provider and respite services information and payment sources available to (but not limited to) families of care recipients, caregivers, DHHS Service Area staff and DHHS program Contractor representatives, community organizations, Network-approved and potential respite providers, and corporate or non-profit businesses/employers in increasing respite awareness for employee caregivers.

d. Identify and promote resolution of local and state-level respite policy concerns;

e. Complete strategies and activities described in Contractor's DHHS approved FY 2017 Work Plan identifying goals, major outcomes, measurable objectives, sustainability efforts, and evaluation results to further implement the requirements of Neb.Rev.Stat. 68-1520 through 1528 (Attachment 2). Required contract deliverables to be documented in the secure DHHS eLifespan Respite online system:

1) Conduct a minimum of two REST (Respite Education & Support Tools) trainings with at least five provider participants each;

2) Demonstrate results of involvement in statewide multi-year "Respite Evaluation Plan" (DHHS with UNMC/MMI as lead evaluator) assignments to assess outcomes of strategies to recruit, train and evaluate effectiveness of individual, agency and crisis respite providers;

3) Increase by 30% from the FY 2015 baseline the number of appropriately trained Network-approved respite providers in the Contractor's service area. Data available via eLifespan Respite System report;

a) Increase the number of retained Network-approved providers by 15% over the FY 2016 baseline in the Contractor's service area. Data available via eLifespan Respite System report;

4) Increase by 25% FY 2016 baseline of local organizations in the Contractor's service area who support data gathering, reporting and sharing via eLifespan Respite System Data Dashboard to perform necessary analytics;

5) Increase eligibility to Lifespan Respite Subsidy Program by 10% over FY 2016 baseline for Contractor service area;

6) Provide evidence of a minimum of ten employer/employee caregiver presentations;

7) Ensure messaging campaigns consider the cultural communities' preferred language, medium, messenger and style;

f. Ensure real time 24/7 statewide access to community lifespan respite services programs and provider information by marketing the 866-RESPITE toll free number;

g. Identify the NE Respite Network on all incoming 866-RESPITE calls;

h. Conduct checks initially and annually of the DHHS Adult Protective Services Central Registry, the DHHS Child Abuse and Neglect Central Registry, the Nebraska Sex Offender website and Criminal History on all prospective and current Lifespan Respite Providers as directed by DHHS;

i. Participate in the Lifespan Respite Program's standardized quality assurance and evaluation process as directed by DHHS;

j. Attend/participate in meetings arranged by DHHS for purpose of addressing systemic issues that affect the coordination of and access to statewide resources;

k. Adhere to the "Nebraska Lifespan Network Required and Recommended Service Standards" approved by DHHS located at http://dhhs.ne.gov/Pages/hcs_programs_lifespan-respite.aspx;

l. Contractor is permitted to reassign funds from one line item to another line item within the approved budget. If funds are reassigned between line items, prior approval from DHHS is required for cumulative budget transfer requests for allowable costs, allocable to the contract exceeding five percent (5%) of the current total approved budget. Budget revision requests shall be submitted in writing to DHHS. DHHS will provide written notification of approval or disapproval of the request within thirty (30) days of its receipt.

m. Eligible activities to be funded with Lifespan Respite Network Monies are as follows:

1) Personnel Services;

a) Staff Salaries and Benefits;

2) Operations Expenses;

a) Postage;

b) Telephone/Cell;

c) Publication Printing;

d) Media Expenses;

e) Dues Subscriptions;

f) Conference Registration;

g) Office Space;

h) Office Equipment/Furniture Replacement/Maintenance;

i) Office Supplies;

j) IT Support;

k) Interpreter Services;

l) Software Renewal Maintenance Fees

m) Advisory Committee Expenses

3) Travel expenses;

a) Board and lodging;

b) Commercial Transportation;

c) Personal Vehicle Mileage;

d) Miscellaneous Travel Expenses meeting state travel policies outlined in the State Accounting Manual, Section Number AM-005. Refer to

<http://das.nebraska.gov/accounting/nisam005.htm> for details.

4) Indirect Costs (if an approved indirect cost rate or verification of compliance with OMB requirement for the de minimus rate is provided by Contractor to DHHS).

5) Other Projects

i. Direct Respite Services;

ii. Provider and Caregiver Training

n. Funds cannot be used for salaries and staff costs that are not related to providing Lifespan Respite Network activities.

B. REPORTING REQUIREMENTS.

1. The Contractor agrees to record all pertinent information required by DHHS and provide reports to DHHS:

a. Reports are submitted per DHHS approved method by the 15th day of the month following each quarter, and;

b. An annual report must be submitted by August 30, 2017 as defined by DHHS.

C. DHHS shall do the following:

1. Monitor programmatic and expenditure reports; and

2. Monitor progress of Scope of Service activities to identify potential issues and provide technical assistance as necessary.

2) Respite needs and the current status of policy, programs, services and funding

a. Addressing the needs of families caring for young children

The Early Development Network (EDN) provides services and supports that are designed based on the needs of children birth to age three and their families with the belief that parents know what is best for their families. These services are designed to act on what families think is important for their child and family. The Network is staffed by friendly, supportive people who listen to and respect families. The Network also can connect families with other families who have had similar experiences. The goal of the Early Development Network is to provide coordinated services for Nebraska families as conveniently as possible. The program helps families to understand their child's disability and provides assistance in dealing with situations that interfere with the child's development.

The Early Development Network is a collaborative effort of the Nebraska Departments of Education and the Health & Human Services to serve infants and toddlers with disabilities and their families.

Head Start and Early Head Start programs support the comprehensive development of children from birth to age 5, in centers, child care partner locations, and in their own homes. Comprehensive development services include: Early Learning- Teachers facilitate individualized learning experiences to promote children's readiness for school and beyond. Through planned and spontaneous instruction, relationships with adults, and play, children grow in language and literacy, early math and science concepts, and social and emotional development. Health- Children receive health and development screenings, nutritious meals, oral health and mental health support. Programs connect families with medical, dental, and mental health services, and ensure that children are receiving the services they need. Family well-being- Parents and families are supported in achieving their own goals, such as housing stability, continued education, and financial security. Programs support and strengthen parent-child relationships and engage families around children's learning and development.

Planning Region Teams membership is a serious responsibility. The member's role is that of reviewer of data/information, gaps and barriers eliminator, decision maker, communicator, and committed community leader. This team, like all the others in

the state has numerous goals and objectives. All members need to be active participants. We function as part of a large network in support of Nebraska's statewide system of family-centered and integrated early childhood services for children birth to age five.

Special Ed means specially designed instruction, at no cost to the parent, to meet the unique needs of a child with a verified disability, including classroom instruction, home instruction, and instruction in hospitals and institutions and in other settings and instruction in physical education. The term includes travel training, vocational education, speech-language pathology, occupational therapy and physical therapy if the service consists of specially designed instruction, at no cost to the parents, to meet the unique needs of a child with a disability.

Early Intervening Services means the development and implementation of coordinated, early intervening services, which may include interagency financing structures, for children in kindergarten through grade 12 (with a particular emphasis on children in kindergarten through grade 3) who are not currently identified as needing special education or related services but who need additional academic and behavioral support to succeed in a general education environment.

Early Childhood Teams means a group of persons utilizing problem solving and intervention strategies to assist the teacher(s) in the provision of general education. Woman, Infants and Children is a program provides free food and nutrition information to help keep pregnant women, infants and children under age 5 healthy and strong.

Vaccine for Children is a program that provides free immunizations to eligible children, 18 years old and younger. Eligibility is defined as those who are Medicaid eligible, uninsured, underinsured (health insurance does not provide coverage for childhood immunizations), and/or American Indian or Alaska Natives. While there is no charge for the vaccine, we gladly accept any donation up to \$13 per shot, per child.

Foster parents/state wards are people — other than a kid's parents — who give a kid a safe place to live and grow. Foster parents take kids into their homes and take care of them for as long as kids need.

CASA volunteers are appointed by judges to advocate for the best interests of abused and neglected children in court and other settings. The primary responsibilities of a CASA volunteer are to:

- Gather information: Review documents and records, interview the children, family members and professionals in their lives.
- Document findings: Provide written reports at court hearings.
- Appear in court: Advocate for the child's best interests and provide testimony when necessary.
- Explain what is going on: Help the child understand the court proceedings.
- "Be the glue": Seek cooperative solutions among individuals and organizations involved in the children's lives.

- Recommend services: Ensure that the children and their family are receiving appropriate services and advocate for those that are not immediately available. Bring concerns about the child's health, education, mental health, etc. to the appropriate professionals.
- Monitor case plans and court orders: Check to see that plans are being followed and mandated review hearings are being held.
- Keep the court informed: Update the court on developments with agencies and family members. Ensure that appropriate motions are filed on behalf of the child so the court knows about any changes in the child's situation.

b. Addressing the needs of families caring for adolescents

HHSS Services Coordinators for the AD Waiver serve children from August 31 of the year in which they are three through age 17.

Early Intervention Medicaid Home and Community-Based Waiver is a Medicaid-funded program which pays for services coordination and respite care for infants and toddlers in the Early Intervention Program who have needs which qualify them for Nursing Facility level of care.

Speak Out-North Platte is a non-profit family organization that serves families who have children with mental, behavioral and emotional disorders. Speak-Out provides services free of charge and are voluntary, either with self-referrals or a referral from a community or state organization. They provide peer-to-peer support, local and state resources, education, role modeling, youth groups, parent support group and help navigating the school and court systems.

Bridge of Hope is a location to assist and support victims of child abuse. Once a child has been to our center, our Advocate is an available resource to the non-offending caregiver/parent. The Advocate is here to help answer your questions and if they don't know the answer, the advocate will track down the information for you. Our Advocate is available to listen to you, offer suggestions, and provide information and referrals about community resources and counseling.

c. Addressing the needs of families caring for adults

Independence Rising offers services to people with disabilities in order to help them meet their goals for independence. The center serves 39 counties in South central and Southwest Nebraska.

The League of Human Dignity is an organization of people concerned about the rights and quality of life for people with disabilities. League members collaborate to ensure social, economic, and political equality for persons with disabilities. We believe in emphasizing likeness not difference, ability not disability, normality not abnormality, and integration not segregation. We work toward independent living for people who have disabilities.

VA County representatives are privileged to help the men and women who have so ably served our country in times of war and peace. Our goal is to provide up-to-date and useful information for veterans and their families.

d. Addressing the needs of families caring for elderly members

West Central Area Agency on Aging continually expands its services to meet the changing needs of those sixty years of age and older. From care management to legal services, we strive to have what older people need.

Alzheimer's Nebraska Chapter has provided education, information and support to individuals afflicted with Alzheimer's disease (AD) and the related disorders and supports the National Alzheimer's Disease and Related Disorders Association in its research for the prevention, cure, and treatment of AD and related disorders. This mission is carried out through Advancing Research, Education & Information, Family Support Services, and Advocacy

3) Local networks build capacity statewide

a. Planning and coordination

Respite Coordinator will work with regions in an effort in making the same strides to increase respite awareness statewide.

b. Partner organizations and agencies – roles and responsibilities

- One member of DHHS Medicaid related programs will be a member of the local respite advisory board.
- Attending partner meetings bi-annually for collaboration between agencies.

c. Programs and information resources

4) Future **Local Level** plans

a. Desired outcome

- All age populations are aware of respite services in rural areas within southwest service area.
- Increase number of eligible care recipients within SW service area.
- Increase of network approved respite providers in Nebraska for families needing respite.
- Increase of social media hits on web site, Facebook and twitter by caregivers and providers.

b. Steps toward the goals

- REST trainings will be conducted in the southwest service area.
- Continue to partner with agencies serving families with loved ones with life long illness or disability.
- Continued to post activities on Facebook, website and twitter.
- Conjointly work with Jesse by increasing numbers on Web site, Facebook and Twitter.

Achieving our *Local Level* Goals: Strategic Considerations (5-8 pages *state plan*)

1) The federal context

2) The state and community context: Opportunities and threats

a. Economic trends

Southwest Nebraska area has a majority of their counties with a poverty level higher than the state average. These poverty rates continue to increase. As poverty levels increase, the demands for respite services will increase.

Southwest Nebraska service area is primarily an agricultural based economy. Low profit margins for farmers or ranchers will dramatically affect this area. Low commodity (corn, wheat, etc.) prices and high input costs (fertilizer, gas, cost to run wells, etc). This can be difficult to track as low corn prices are a positive for ranchers and feedlots with cattle as this becomes a low input cost.

Healthcare costs continue to rise as does the uncertainty of health insurance for rural citizens. Veterans have to travel over five hours for surgeon consultations and actual surgeries.

Opportunity respite funding is stable. Respite waiver funding from the state of Nebraska is not stable and may cause service changes and provider base changes. Jobs, housing and transportation opportunities vary by county with a shortage of housing and too many low wage jobs. In southwest Nebraska we could use more subsidy for HUD housing and vocational rehab. Transportation is a challenge with the long distances required for doctor visits from rural communities and a lack of reliable public transportation. Threats are homelessness and unemployment.

b. Social and demographic trends

Overall population decreasing in rural Nebraska is a major trend. Our aging population is a higher percentage of the total population than in metropolitan areas. Multicultural population changes are evident in several counties throughout the southwest area. General trends are increases in the migrant workforce and refugee population across the lifespan. This can be an opportunity for collaboration with other agencies. Challenges are in communicating with the migrant workforce and refugees.

There is a difficulty in providing respite services in counties with low access areas. There are no funding changes anticipated. An opportunity for respite subsidy is to increase funding. Threat is no changes to increase respite subsidy for families.

Travel to local services is increasing in distance to get needs met. This includes grocery stores, medical services, mental health services, etc.

c. Political and planning developments

Due to term limits in the legislature, we need to educate new legislators and their staff. This is a challenge in gaining access to legislators and staff members, who are starting with no knowledge of our respite program. Caregiver Coalition continues to educate representatives of respite needs for families in Nebraska. A threat is lack of time to educate government officials, of the demands of respite for families who take care of a family member with a disability.

The undocumented Hispanic, Sudanese, and Somalian populations in the region continue to be a concern. A general trend is ongoing referrals, primarily behavioral issues with these populations. An increase of recipients within the Hispanic population and children with behavioral concerns are becoming more prevalent in

the southwest service area. Threats for the region include limited access to translation/interpreters for the Hispanic, Sudanese and Somalian populations. It is a continued battle to find adequate trained providers to take care of youth with behavioral concerns.

Local officials are unsure how to handle spiraling cultural changes in rural areas and don't have additional funding sources for services. Trends continue for certain counties in southwest Nebraska to have changes in their cultural population. An opportunity for southwest service area is to maintain established relationships with community organizations and agencies.

Prevention versus chronic; prevention versus future behavioral issues.

d. Fiscal context

As government budgets change, respite may be affected with reduction or increases to their funding. Many organizations are tied to the Tobacco Settlement Funds and they risk every year of losing this funding source or seeing reductions. Many agencies are losing grants. Respite lost the AoA and NDE grants.

3) Internal **Local Level** capacity

a. Governance and leadership

b. Management and administration

Southwest Nebraska Public Health Department has a governing Board of Trustees.

Southwest Nebraska Public Health Department has a director that oversees staff.

c. Recruiting, training and retention of qualified professional staff and volunteers

Southwest Service area offers Respite Education Support Tools within the 18 county district.

d. Strategic partners – policy makers, opinion leaders and gatekeepers

Because the Nebraska Lifespan Respite Network is funded by Medicaid, it is vital for local networks to develop formal relationships with Medicaid-related programs and staff in their service area. This includes the Aged and Disabled Medicaid Waiver, the Developmental Disabilities Medicaid Waivers, and the Early Intervention Medicaid Waiver, and those programs—HHS or other contracted agencies—that provide services coordination and/or resource development services for Medicaid-eligible persons: local Area Agencies on Aging (AAA), Independent Living Centers (ILC), Developmental Disabilities System, and Early Development Network.

The Nebraska Department of Health and Human Services (DHHS) has developed a statewide coordination of lifespan respite services through six regional contracts. As contractor for the Southwest region Southwest Nebraska Public Health Department has agreed to be responsible for developing and maintaining an infrastructure that will respond to the lifespan respite need of individuals and families within the Southwest Service Area.

In performance of the contract, an advisory committee shall be in place and representative across the lifespan for the Southwest Service Area.

The purpose of the Southwest Nebraska Respite Network Advisory Committee shall be to provide a medium for:

- a. Providing guidance to staff, in the development and continuation of an infrastructure that will respond to the lifespan respite needs of individuals and families within the Southwest service area.
- b. Assist with public awareness activities: Distribute Nebraska Respite Network materials (educational promotional items) to other groups and individuals as capable. Provide Respite staff with information regarding appropriate community events for public awareness activities
- c. Assist Respite staff in addressing needs of Cultural Responsiveness, Provider Training / Provider Recruitment, Marketing and by informing staff of respite gaps and/or barriers within each community of the Southwest service area.
- d. Collaborate with other member agencies.

Members: Selection

- a. The Southwest Nebraska Respite Network Advisory Committee shall be composed of at least 10 members.
- b. The membership must be representative of communities from throughout the 18 county Southwest service areas.
- c. Members will represent the diverse populations in need of respite care and the providers within the 18 county areas.
- d. Members will have a background in working with people in need of respite care or other related services, be a caregiver, respite provider or have an interest in Lifespan Respite issues.

Terms of Membership:

- a. Membership shall be reviewed annually with agreements updated at that time.

Meetings:

1. A minimum of bi-annual meetings shall be held in July, October, January, and April or as deemed necessary.
2. In the event the regular meeting cannot be held for some reason, such as weather conditions, etc., the quarterly meeting will be rescheduled. Please call the Nebraska Respite Office prior to travel to the meeting if the weather is at all questionable. Every effort shall be made to contact committee members as soon as possible if a meeting is cancelled.
3. Notices and agenda of all meetings shall be e-mailed or delivered by the US Postal Service to each member not less than 3 days or more than 10 days before the date set for any such meeting. Minutes of the previous meeting shall be e-mailed with each notice and agenda.

Local Level Action Plan: The Road Map for Achieving our Goals (3-4 pages + logic model state plan)

- 1) Ultimate outcomes – desired results
 - Increase eligibility to Respite Subsidy Program by 10% for FY 2017.

- Ensure messaging campaigns consider the cultural communities' preferred language, medium, messenger and style.
- Replicable and promising approaches to employer-specific portfolio of materials designed to inform businesses and provide resources to assist employees to better meet their personal responsibilities for caregiver while remaining productive in the workplace.
- Increase by 30% in the supply of appropriately trained Network-approved respite providers from the FY 2016 baseline.
- Increase the number of retained Network-approved providers by 15% over the FY 2016 baseline.
- Evidence of identifying culturally appropriate and skill-based education/training opportunities and promoting "Respite Provider Training and Events" calendar hosted on NRRS to disseminate throughout the state.
- Offer REST trainings in southwest service area.

2) Interim outcomes – causes and conditions

- Lack of knowledge and/or awareness about what respite is, the benefits, how to obtain services, who to contact for respite services, confusion between the different respite services and how to access.
- Increase of cultural diverse population with lack of interrupters in rural areas.
- Lack of willingness from businesses to allow resources in to present to employees.
- Lack of knowledge about social media to increase respite outreach efforts.
- Shortage of participants attending trainings, meetings, health fairs and etc. in rural areas.
- Decrease of funding to regions throughout Nebraska.
- Need of adequate trained providers to provide services to children with a mental illness.

3) Strategies and activities

- Increase awareness of respite marketing and education by advisory board members.
- Continue building collaborations with respite partners to sustain respite vision.
- Develop and maintain marketing plan for social media.
- Increase of care recipients receiving respite subsidy.
- Increase of trained respite providers in Southwest area.
- Board members will share respite education at meetings, conferences, etc.
- Respite Coordinator will attend meetings with respite partners.
- Continue partnerships with the local DHHS A&D Waiver and DD, Early Development Network, Centers of Independent Living and League of Human Dignity, Area Agency on Aging, Behavioral Health, and others by attending meetings.
- Targeting cultural diverse groups within southwest service area to educate them on respite resources in SW Nebraska.

- Respite Resource packets will be created for employers to give to caregivers within the workplace. Feedback form will be included in packet to be completed by caregiver/employer.
 - Presentations will be conducted to
 - Attend community group organizations to present about respite.
 - Contact with providers at least twice a year via newsletter, Provider Survey, phone call, Road Tour, etc.
 - A continued collaboration with community partners by attending meetings and resource fairs to perform outreach to caregivers and providers in the Southwest Service area.
 - REST Trainings will be added to the training calendar.
 - REST trainings will be offered for providers and caregivers in Southwest service area.
- 4) Indicators and performance measures – bench marks for progress
- Minimum of 4 providers will be recruited in becoming a provider for the Southwest Service area thru REST training.
 - Increase of numbers in social media.
 - Businesses will receive a packet of respite materials to increase employment awareness.
 - Providers will be Network approved providers.
 - Four providers will continue to be a Network approved provider.
 - A statewide calendar for Provider and Caregiver trainings.
 - A state wide respite evaluation plan will be conducted.

Local Level Financing Plan (6-8 pages state plan)

- 1) Fiscal needs
- a. By strategy, program and activity

Strategies and activities you want to sustain	Over what time do you want to sustain them?	Ramp-up assumptions: What scale are you aiming to sustain? (for example: number of clients, number of sites)		
		Next Year	2 Years	3 Years
Inform and educate people about respite services within 18 counties in Southwest Nebraska. By attending health fairs, community meetings and events to increase awareness of respite services to families in our communities	Ongoing	Increase of 10% of participants reached during local events from FY 2015.	Increase of 10% of participants reached during local events from FY 2016.	Increase of 10% of participants reached during local events from FY 2017.

Continued partnership/communication with Medicaid related programs and staff in southwest service area. Recording into eLifespan of frequency of contacts (e-mail, meetings, presentations, phone calls and face to face) with each Medicaid related programs.	Ongoing	Evidence of 10% increase of contacts with Medicaid related programs that are entered into eLifespan from FY 2015.	Evidence of 10% increase of contacts with Medicaid related programs that are entered into eLifespan from FY 2016.	Evidence of 10% increase of contacts with Medicaid related programs that are entered into eLifespan from FY 2017.
Recruitment of providers to increase Respite Network numbers within the southwest service area. Information sharing and/or presentation to para educators.	Ongoing	Evidence of 5% recruitment of para educators to join Nebraska Respite Network from FY 2015.	Evidence of 5% recruitment of para educators to join Nebraska Respite Network from FY 2016.	Evidence of 5% recruitment of para educators to join Nebraska Respite Network from FY 2017.
Increase 10% of approved respite providers taking Respite Education Support Tools training.	Ongoing	Evidence of 10% annual increase of FY 2015 baseline of respite providers.	Evidence of 10% annual increase of FY 2016 baseline of respite providers.	Evidence of 10% annual increase of FY 2017 baseline of respite providers.

b. By fiscal year

Major Strategies or Activities	Available Resources			
	Source of Funding or In-Kind Contribution	Amount	Restrictions on Use of Funding	Expected Timeframe Funding Is Available
Inform and educate people about respite services within 18 counties in Southwest Nebraska. By attending health fairs, community meetings and events to increase awareness of respite services to families in our communities	Network Funding	FY 2015 \$66,667.00 FY 2016 \$66,667.00 FY 2017 \$66,667.00	RFA requirements by HHS	Tobacco Settlement Funding - Ongoing
Continued partnership/communication with Medicaid related programs and	Network Funding	FY 2015 \$66,667.00	RFA requirements by	Tobacco Settlement

staff in southwest service area. Recording into eLifespan of frequency of contacts (e-mail, meetings, presentations, phone calls and face to face) with each Medicaid related programs.		FY 2016 \$66,667.00 FY 2017 \$66,667.00	HHS	Funding - Ongoing
Recruitment of providers to increase Respite Network numbers within the southwest service area. Information sharing and/or presentation to para educators.	Network Funding	FY 2015 \$66,667.00 FY 2016 \$66,667.00 FY 2017 \$66,667.00	RFA requirements by HHS	Tobacco Settlement Funding - Ongoing

c. By budgetary line item

Program Element	Year One
Staff Salaries/Fringe	\$44,949.00
Publication	\$1,200.00
Media	\$600.00
Transportation	\$2,655.00
Rent	\$3,300.00
Conference Registration	\$450.00
Postage	\$500.00
Communications	\$1,700.00
Utilities	\$1,298.00
Office Equipment	\$500.00
Office Supplies	\$775.00
IT Support	\$500.00
Interpreter Services	\$200.00
Software Renewal	\$50.00
Advisory Committee	\$200.00
Lodging	\$600.00
Training	\$2,000.00
Promotional Items	\$1,500.00
Web Expense	\$50.00
Contract Labor	\$1,700.00
Hardware Expense	\$1,600.00
Meeting Expenses	\$340.00
Total Costs	\$66,667.00

2) Current and projected revenues and resources

- a. Federal funding
- b. State-level funding
- c. Local-level funding

Under LB 692, the tobacco settlement proceeds are allocated to behavioral health services, mental health and substance abuse treatment, juvenile services, minority health, developmental disabilities, emergency protective care, respite care, and biomedical research. LB 692 also provides for competitive health care grants and public health grants awarded by the Nebraska Health Care Council. Private grants and contribution

Apply for grants in future Fiscal Years by appropriate funding sources.

- d. In-kind contributions

Respite Advisory Board members will continue to collaborate with the Nebraska Respite Network on outreach activities.

3) Anticipated budgetary gap

- a. By strategy, program and activity

Increase in social media marketing to impact caregivers and providers.	Ongoing	Evidence of 10% annual increase of FY 2015 data.	Evidence of 10% annual increase of FY 2016 data.	Evidence of 10% annual increase of FY 2017 data.
Conduct a survey to caregivers and providers with an incentive (returning surveys are declining) because it is vital to measure the opinions of caregivers that use these services, in order to make any necessary changes.	Ongoing	Evidence of 30% caregivers returned surveys increase FY 2015 data. Evidence of 50% providers returned surveys increase FY 2015 data.	Evidence of 30% caregivers returned surveys increase FY 2015 data. Evidence of 50% providers returned surveys increase FY 2015 data.	Evidence of 30% caregivers returned surveys increase FY 2015 data. Evidence of 50% providers returned surveys increase FY 2015 data.

- b. By budgetary line item

Program Element	Year One
Staff Salaries/Fringe	\$7,205.00
Publication	\$1,200.00
Media	\$600.00
Transportation	\$1525.00
Promotional Items	500.00
Trainings	1,500.00
Postage	\$550.00

Lodging	\$600.00
Meeting Expenses	\$70.00
Caregiver Retreat	\$950.00
Resource Fair	\$450.00
Total Costs	\$15,150.00

- 4) Summary of funding needed over three years
Increase of 10% annually of Tobacco Settlement funding.
- 5) Strategies for securing needed funds
Southwest Nebraska Public Health Department will continue to apply for Respite RFP.

Plan for Building *Local Level* Organizational Capacity and Community Support (4-6 pages *state plan*)

- 1) Adaptability to changing conditions
Answers 4 Families partnership of continue changes to eLifespan to be able to gather information needed to report to legislatures.
- 2) Broad-base of community support
Rural area community support groups will continue to partner with Nebraska Respite Network to get awareness out about respite and referrals.
- 3) Strong internal systems
Southwest Nebraska Public Health Department has many collaborating partners

Summary

- 1) Prioritizing strategies for ***Local Level*** sustainability
 - Increase of providers in the southwest service area.
 - Increase of caregivers receiving respite subsidy.
 - Increase of respite awareness activities.
 - Increase of community groups aware of respite services.
- 2) Timeline for ***Local Level*** success
 - Increase 5% of providers in southwest service area annually.
 - Increase of 10% of caregivers receiving respite subsidy annually.
 - Increase of awareness activities participants by 15% annually.
 - Increase of presentation to community groups by 5 annually.

Appendices

- 1) Organizational structure of Nebraska Lifespan Respite
- 2) List of key programs and funding
Tobacco Settlement funding of \$66,667.00 annually to the 6 regions to increase the awareness of respite services statewide.
- 3) *Local*-level annual budgets – FY 2016-2018

Program Element	Year One	Year 2	Year 3	Total Estimated Costs

Staff Salaries/Fringe	\$44,949.00	\$49,500.00	\$54,450.00	\$148,899.00
Publication	\$1,200.00	\$1,400.00	\$1,600.00	\$4,200.00
Media	\$600.00	\$750.00	\$1,000.00	\$2,350.00
Transportation	\$2,655.00	\$2,800.00	\$3,100.00	\$8,555.00
Rent	\$3,300.00	\$3,300.00	\$3,300.00	\$9,900.00
Conference Registration	\$450.00	\$450.00	\$450.00	\$1,350.00
Postage	\$500.00	\$600.00	\$700.00	\$1,800.00
Communications	\$1,700.00	\$1,700.00	\$1,700.00	\$5,100.00
Utilities	\$1,298.00	\$1,298.00	\$1,298.00	\$3,894.00
Office Equipment	\$500.00	\$500.00	\$500.00	\$1,500.00
Office Supplies	\$775.00	\$775.00	\$775.00	\$2,325.00
IT Support	\$500.00	\$500.00	\$500.00	\$1,500.00
Interpreter Services	\$200.00	\$200.00	\$200.00	\$600.00
Software Renewal	\$50.00	\$50.00	\$50.00	\$150.00
Advisory Committee	\$200.00	\$300.00	\$400.00	\$900.00
Lodging	\$600.00	\$800.00	\$1,000.00	\$2,400.00
Training	\$2,000.00	\$2,250.00	\$2,500.00	\$6,750.00
Promotional Items	\$1,500.00	\$1,750.00	\$2,000.00	\$5,250.00
Web Expense	\$50.00	\$150.00	\$250.00	\$450.00
Contract Labor	\$1,700.00	\$1,700.00	\$1,700.00	\$5,100.00
Hardware Expense	\$1,600.00	\$1,600.00	\$1,600.00	\$4,800.00
Meeting Expenses	\$340.00	\$440.00	\$540.00	\$1,320.00
Total Costs	\$66,667.00	\$74,563.00	\$81,363.00	\$222,593.00