

CENTRAL RESPITE NETWORK SUSTAINABILITY PLAN

2016-2019

(REVISED 05/2016 FOR LOCAL LEVEL)

Acknowledgements

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Mission

The mission of Central Nebraska Community Action Partnership, Inc. (CNCAP) is, “Partnering with individuals and families to encourage independence through community-based solutions.” CNCAP has 5 departments that provide over 70 services throughout 21 counties in North Central Nebraska. The Central Respite Network falls under the umbrella of services within the Health and Nutrition Department, who strives “To foster the healthy lifestyles of central Nebraskans through health promotion, prevention, and education.” Reaching outside of the typical 21 county service area, the Central Respite Network strives to be “Caring for those who care for others.” Much work has been done to provide high-quality planned or emergency respite care for those with family members, of various ages, disabilities, chronic illnesses, special needs, or diagnosis. Care is provided to any age on the lifespan, and located anywhere within our Central Respite Service Area.

Background

Central Nebraska Community Action Partnership, Inc., (CNCAP) was incorporated September 15, 1965, in response to Lyndon B. Johnson’s Economic Opportunity Act. CNCAP began with only a \$23,000 annual budget and a five-county service area. Over the past 50 years, CNCAP has grown to reach 21 counties, as well as an annual budget just over \$12 million.

The Nebraska Lifespan Respite Network was formed with the passage of LB148 in 1999. Based upon this legislation, six Lifespan Respite Service Areas were developed by the Department of Health & Human Services 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 resources;
- 4) Ensure that training is available for both consumers and providers by coordinating existing training resources and recruiting additional resources to meet the needs across the lifespan; and
- 5) Implement ongoing evaluation of providers, caregivers, and the respite system to determine unmet needs.

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 six local networks are agencies awarded sub grants from the Department of Health & Human Services to conduct administrative duties designated by the Nebraska Lifespan Respite Network.

The six local networks created to carry out the duties are Central, Eastern, Northern, Southeast, Southwest, and Western. The Central Service area includes the counties of: Adams, Blaine, Buffalo, Clay, Custer, Hall, Hamilton, Franklin, Garfield, Greeley, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster and Wheeler.

The Purpose of the Plan

The purpose of this plan is centered on the sustainability of the Central Respite Network. This plan is to help strengthen the Nebraska Respite Network as a whole, while supporting and aligning with the plans of the other networks and the state.

Respite Needs

Respite is a temporary break for family caregivers who provide ongoing care for an individual of any age with special needs. This break allows the family member to take some time for themselves, whether it be attending a personal appointment, or running errands around town. Respite is a key component in relieving caregiver stress, enhancing the ability to cope, strengthening family and caregiver abilities to meet the challenging demands of caring for a family member with special needs, and reducing the risk of abuse and neglect across the lifespan. Respite also benefits family caregivers who also work outside of the home, by allowing them to retain their employment, reduce their stress levels, and stay productive in their respective places of employment.

The Central Respite Network has limited funds available, with the main source of funding coming from the Nebraska Department of Health & Human Services for contracted services. Previously, other funding had been received from two smaller grants from the Nebraska Department of Education (NDE) and the Administration on Aging (AoA). Activities proposed in work plans must reflect the desired outcomes set forth by the Nebraska State Legislature. With limited funding, the Central Respite Network must ensure that activities reported fall into these outcomes, while meeting the needs of the communities we serve. Furthermore, we must be able to build upon the foundations of the previous years, while striving to meet new goals. Ultimately, we want to ensure that we are identifying barriers to obtaining respite care, and striving to provide state-wide access to those in need of respite. The Director of Health and Nutrition is continually working with the CNCAP Planning Specialist to find new grant opportunities to assist family caregivers with more resources to pay for respite.

Families who have limited income could be eligible for the Lifespan Respite Subsidy program. This program offers families a \$125 per month stipend to help provide respite services in their homes. Other criteria must be met in order to qualify for this program. If a family does not qualify, there may be other services available to assist them.

Why is Respite Important?

The Nebraska Lifespan Respite Subsidy 2015 Evaluation Report published by the University of Nebraska Medical Center and the Department of Health & Human Services, showed that anxiety, fatigue, and irritability and anger were the symptoms most experienced prior to receiving care. After receiving the care, they experienced a significant decrease in these symptoms, with some other symptoms decreasing almost completely. The symptoms that decreased almost completely were chest pains and restlessness (Johnson, Sikora-Kessler, 9). Along with this, a study published by the Family Caregiver Alliance shows that elderly caregivers have an increased mortality rate of 63% when caring for a loved one, than those non-caregivers of the same age (2006).

Respite for Families with Young Children with Special Needs

Through Educational Service Unit 10 (ESU10), many programs and supports are available to families with children with special needs. The Early Development Network (EDN) is available, and provides Services Coordination for children from the ages of birth to three. The Services Coordinators are a family's advocate, and assist with the development of the child's Individualized Family Service Plan (IFSP). Respite is a program in which the Services Coordinators refer families in order to provide a break from caregiving. One ongoing need is the ability to refer a family to a properly trained respite provider. By seeking out more individuals to become REST trained, we plan to overcome this need. Typically, respite has been thought of as a break for those providing care for the elderly; however, this is not true, as there are needs across the lifespan.

Respite for Families with Adolescents with Special Needs

As children grow older, the level of care that they may need can also increase. Finding a properly trained provider to be able to handle someone of a larger physical size can be difficult. There is also a great need for providers to be trained in managing difficult behaviors. The Central Respite Network is looking to partner with local agencies to help bring more training to the area on managing behaviors. If a child is in the foster care system, the foster parents can utilize respite services, through a foster care agency for respite services. For example, Building Blocks for Community Enrichment utilize

foster parents to provide respite for other foster parents. For those who are not foster parents, they sometimes rely on other family members or friends for their much needed break. Again, overcoming the myth that respite is only for adults is something that we are seeing as a need to provide further education.

Respite for Families Caring for Adults with Special Needs

Families who are caring for adults with disabilities or illnesses can be difficult, as well as exhausting. The AARP article “Valuing the Invaluable” states that in 2013, nearly 40 million caregivers provided 37 billion hours of care to an adult living in their home (Reinhard, et. al, 2). Without these unpaid caregivers in the home, we would see a higher institutionalized rate, and with the downturn of staffing in skilled facilities in a rural area, they could become substandard. By utilizing family as primary care providers, the costs associated with longer-term care are lower, but the potential costs for care for the caregiver themselves is so much higher.

Respite for Families with Elderly Members with Special Needs

Elderly members are generally cared for by their spouse, children, or another loved one when there is a need for Activities of Daily Living (ADLs). According to the 2014 Administration on Aging report “A Profile for Older Americans”, it is estimated that 36% of those over age 65 reported to be living with some form of a disability. Children who are of adult age, who are caring for their parents, are referred to as “The Sandwich Generation”. While still providing care for their own children, this generation is now finding themselves providing care for their elderly parents. This care is provided to help keep medical costs lower, and prevent entry into skilled care facilities, or nursing homes.

Partnering Agencies, Resources, and Programs

Throughout the Central Respite Network, as well as the state, many organizations partner with the Network to provide linkage to respite resources. An Advisory Committee helps shape and spread the awareness of the respite program. This Committee is made up of caregivers, respite providers, local agencies, and other community members who have an interest in the promotion of respite.

1. Strategic Partners

- a) Nebraska Lifespan Respite Network Program Coordinator
- b) Local Network Coordinators
- c) ARCH
- d) National Caregiver Alliance
- e) Nebraska Caregiver Coalition

- f) Hastings Respite Care Program
- g) REST (Respite Education and Support Tools) Trainings
- h) Alzheimer's Association
- i) University of Nebraska Medical Center
- j) University of Nebraska Center for Children Families and the Law
- k) Munroe-Meyer Institute
- l) Nebraska AARP
- m) Area Agencies on Aging
- n) Nebraska Department of Education
- o) Local community partners, including schools, senior centers, hospitals, nursing homes, and private businesses

2. Information and Outreach

- a) nrrs.ne.gov/respitesearch
- b) eLifespan Respite Secure Site
- c) Coordinator's Support Site on eLifespan Support
- d) Trainings
- e) Health & Educational Fairs
- f) Sit 'n Sips
- g) Presentations at Support Groups and Local Agencies
- h) Planning Region Team Meetings
- i) Interagency Trainings
- j) REST Trainings
- k) Social Media Outreach

Through these partnerships with these agencies, we are able to share some respite providers, as well as being able to develop new providers from referrals.

Future Local Plans

The Central Respite Network hopes to increase the availability of respite resources and services throughout the 21 counties of the Central region. Our goals are a direct reflection of contractual requirements, yet, customized to meet the needs of our respite network.

Goal 1: By June, 2019, populations of various ages will be made aware of the Central Respite Network and the respite resources available to them.

Goal 2: By June, 2019, we will increase the number of eligible care recipients in the Central Respite Network who are actively accessing respite.

Goal 3: By June, 2019, we will increase the number of network screened providers in the Central Respite Network.

Goal 4: By June, 2019, we will increase our marketing in our local communities by the use of social media, the internet, print publications, and by radio in the Central Service Area.

Steps to Reach Our Goals

A comprehensive training curriculum, REST (Respite Education and Support Tools) has been implemented in the Central Respite Network, and quarterly trainings have been held to help increase the number of network screened providers. Social Media has been utilized, as well as visual and print publications throughout the Network. Employer engagement has begun, with the plan that employers will educate employees about the importance of respite. Numerous health fairs and presentations have occurred throughout the region to help families become more familiar with respite.

Achieving Our Goals: Strategic Considerations

The Federal Context

The Lifespan Respite Care Act was passed in 2006 (Public Law 109-442, 42 U.S.C 201). Its objectives are to expand and enhance respite care services to family caregivers; improve the statewide dissemination and coordination of respite care; and to provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain. The Act also creates a National Lifespan Respite Resource Center that is designed to maintain a national database on lifespan respite care; provide training and technical assistance to state, community and nonprofit respite care programs; and provide information, referral, and educational programs to the public on lifespan respite care.

The State and Community Contexts: Threats and Opportunities

1. Economic Trends

An increase in economic development can result in a low unemployment rate and a wider range of opportunities in communities. Nebraska has a much lower unemployment rate than the nation as a whole, sitting steadily at 3%. With many Nebraskans already working, we struggle to find those who wish to provide care on top of working, while we also have those who are working and providing care. Nearly 10% of Nebraska's population is classified as a caregiver, according to data from AARP's "Valuing the Invaluable" article (Reinhard, et. al, 19). This 10% provides nearly 182 million hours of care, which can be valued at \$2.5 billion dollars.

One struggle that we see continually is the pride factor in families—they are too proud to ask for help. This is a threat to our current plan, as we have seen the effects on families who do not utilize respite services. According to The Nebraska Lifespan Respite Subsidy 2015 Evaluation Report, family caregivers stated they were unaware of the access of a respite provider in their area (Johnson, Sikora-Kessler, 16). Education is a huge key to show families the benefits, as well as the access to respite services.

Families also struggle to pay for respite services, as many jobs in rural areas only pay minimum wage or a little higher. The Nebraska Lifespan Respite Subsidy 2015 Evaluation Report showed 42% of respondents utilized respite at least 10-15 hours per month (Johnson, Sikora-Kessler, 7), and according to AARP's article from July, 2015, "Valuing the Invaluable: 2015 Update", the majority of family caregivers in 2014 were employed either full or part-time. The article also reports that a national survey done with workers over age 25 found nearly 1 in 4 Americans were providing some form of unpaid care to a friend or relative, which was most commonly a parent or a parent-in-law. (Reinhard, et. al, 6). The Lifespan Respite Subsidy program offers eligible families \$125 per month to help with respite costs. Many are not aware of this subsidy, and thus, we see an opportunity to educate.

2. Social and Demographic Trends

Families tend to feel that they do not need respite, as they feel they can do majority of it on their own. In rural settings, a vast pool of close respite providers is generally not feasible due to the geography of the area. We may show a larger number of respite providers, but families may have a more difficult time to have respite providers travel a distance to provide care in their homes. Thus, they may have to pay additional mileage and/or travel time for the provider.

America is facing an aging population, especially with the Baby Boomer Generation becoming Senior Citizens. As previously mentioned, The Sandwich Generation, is providing care for both their children, as well as their elderly parents. We also see a greater increase in disabilities, as there is an upswing of chronic illnesses. The average lifespan is increasing, and in addition, we are seeing people working longer.

Americans are now staying in the workforce longer due to increased costs, and a decrease in their Social Security payments. Those receiving benefits did not receive an annual cost of living increase in 2016, and only received a 1.7% increase in 2015. Many women are finding themselves working after their spouses pass away, as they were previously able to be homemakers, and as such, they were not able to work. They are now not able to make ends meet due to their lack of income

and rising costs, and at times, they do not care for themselves as they should. A Feeding America study done in 2014 showed that one in three households in the US have a senior citizen living there, and they lacked an adequate amount of food to last the month. Too often, seniors must choose between paying for their health care costs, including medications, and other necessities, such as shelter, transportation, or food. Because of this gap, many then become ill, and must rely on a caregiver to help them return to their health.

3. Political and Planning Developments

Constant changes in the political field are always expected during election years. Generally, newly elected officials need to be educated on the importance of programs for families that we serve, especially the respite program. Having the time to educate them is an important key factor, as well as the support from them once we have provided information. The Nebraska Caregiver Coalition (NCC) is always advocating and educating about respite at the local, state, and national levels.

4. Fiscal Context

Going hand in hand with governmental changes is changes in funding. Newly elected officials who may not have a direct interest in respite may take their support elsewhere, which may move funds from program to program. Many organizations who are directly tied to a pool of funding are at risk for potential cuts to their funding. These cuts may mean that some agencies are not able to continue. With this ongoing threat, we need to ensure that all lawmakers are informed and well aware of the benefits of respite. The Director of Health and Nutrition works closely with the CNCAP Planning Specialist to seek out new funding opportunities to help expand current programs, as well as the potential to develop new.

Internal Capacity

1. Governance and Leadership

Central Nebraska Community Action Partnership, Inc. (CNCAP) partners and receives its funding from the Department of Health and Human Services and is part of the Nebraska Lifespan Respite Network. All program activities must be in compliance with the standards for delivery of services outlined in Neb. Rev. Stat. §68-1520 through 1528 Lifespan Respite Care Program, and adherence to the standards is a requirement of each Lifespan Respite Service Area agency that have been awarded contracts to implement and manage the Lifespan Respite Program. Data on program operations is handled on the state's secure eLifespan respite

database and is monitored closely by the state Nebraska Lifespan Respite Network Program Coordinator. CNCAP is a 501(c)(3) nonprofit organization and bound by laws of reporting to the Federal government all funds that are processed through the agency.

CNCAP is governed by a 27 member Board of Directors representing the service region of 21 counties. The area includes 6 core counties that formulated the organization in the early 1960's along with 3 districts added to bring in a broader range of experience and representation. The tripartite board includes representatives from the private sector, public sector, and the low-income sector. This has proven a successful formula for long term agency governance.

The Central Respite Network also has an Advisory Committee that meets quarterly to discuss issues related to respite and the needs of our community in this area. The committee is made up of individuals representing agencies that work with children and adults with developmental and other disabilities, vocational rehabilitation, and advocacy groups. Although attendance at quarterly meetings has declined, good conversation always takes place about the needs we are seeing. We are currently in the process of recruiting and retaining new Advisory Committee members.

2. Management and Administration

Cheryl Holcomb, Executive Director of Central Nebraska Community Action Partnership, Inc., has been employed with the agency for 34 years. Cheryl has created and managed a nonprofit organization that secured 50 public and private grant contracts, which supports 63 various programs. Cheryl strives to carry out the mission statement daily by encouraging others to help those we serve achieve independence. Cheryl also knows the importance of respite for those we serve, and she supports the efforts in educating the Board of Directors, the Advisory Committee, and the communities.

Donna Obermiller, Fiscal and Deputy Director, has been employed with the agency for 29 years. Donna is instrumental in ensuring all fiscal operations for the agency run smoothly. Donna cooperates with all funding sources to assist with the annual audits, and CNCAP has never had an unresolved finding on an audit. Donna assists with daily operations of the agency, and also supports the efforts of respite.

Emily Ripp, CSW, Director of Health and Nutrition Services, has been employed with the agency for 4 years. Emily holds a Bachelor of Science Degree in Social Work, and has worked for 6 years serving children and families across the lifespan. Emily has worked with the Central Respite Network for just over one year, and can see the

overall need for respite services in our area. Emily works closely with the Respite team to oversee the operations of the program.

Lydia Hovie, Lifespan Respite Coordinator, has been able to work closely with the Director of Health and Nutrition to ensure operations of the program have run smoothly. Lydia oversees all outreach efforts, and ensures reporting is done accurately and in a timely manner. Lydia is a Certified REST Trainer.

Peggy Jensen, Lifespan Respite Outreach Specialist, provides outreach to promote the respite program across the Northern and Central Service Areas. Peggy ensures that no stone is left unturned to find family caregivers. Peggy is also a Certified REST Trainer, and was awarded National REST Trainer of the Quarter in June, 2016.

Shari Mostek, Lifespan Respite Assistant, provides support for both the Central and Northern Respite Networks. Sheri refers family caregivers to respite providers, prepares all information for upcoming trainings, and registers participants for REST Trainings. Sheri was awarded Support Person of the Year in 2015 by the Association for Community Professionals.

3. Recruiting, Training, and Retention of Qualified Individuals, Provider Agencies, and Volunteers

The Central Respite Network has set goals of increasing REST Trainings, recruiting and retention for FY2017, and beyond in the work plan. Outreach is done for new network screened providers at health fairs and various events in our communities. An orientation packet is sent out to new providers to introduce them to the Respite Program. We have implemented a newsletter that is sent out quarterly. For our current providers, we send surveys and mailings to ensure retention. As the implementation of REST Trainings continues, we are looking to develop new ways to reach out to our screened providers to retain them, even if they are not REST Trained.

Local Level Action Plan: Achieving Our Goals

1. Ultimate Outcomes—Desired Results

- Build upon existing respite infrastructure to identify previously un-served and/ or under-served families by training providers who will be able to be more easily matched with families in the Central Respite Network.
- By engaging agencies in local communities, we will be able to reach more businesses.
- Respite information will be shared in a way that we can get the word out to families needing respite and people wishing to be providers.

2. Interim Outcomes—Causes and Conditions

- Joint collaboration with respite coordinator, providers, and caregivers by 6/30/2019 to increase number of providers in Central Respite Network. Providers will be trained in REST, and four REST trainings will be offered throughout the year, striving for a minimum of 5 participants per training.
- The Central Respite Network Coordinator will work with local agencies, local support groups, and the State Program Coordinator to present a minimum of one presentation to local groups.
- The Central Respite Network Coordinator will email training information to NRRS staff to add information to the training calendar. This calendar is a statewide calendar that informs respite providers, care providers, and other staff of upcoming trainings throughout the state.
- The Central Respite Network Coordinator will work with the Department of Health and Human Services (DHHS) and The University of Nebraska Medical Center on the state-wide respite evaluation plan. This plan will focus on the areas of improvement throughout the Respite Network.
- The Central Respite Network will increase the number of network screened providers by 12. This goal will be achieved by working with community partners. Of these 12, three providers will continue to be a network screened provider. Outreach will be the key to ensuring they remain screened.
- The Central Respite Network will work to increase the numbers of employees as caregivers, as well as increase the awareness of respite at local employers. The Central Respite Coordinator and Outreach Staff will ensure that local businesses receive information across the 21 county respite service area.
- A portfolio of materials will be provided to local businesses with respite materials to help educate care providers in the workforce about respite.
- The Central Respite Network Coordinator will determine the effectiveness of outreach efforts outlined in the marketing communication plan by analyzing data gathered from Facebook, as well as referral sources from marketing materials.
- The Central Respite Network will recruit and retain a local influential opinion leader to participate in media's efforts and events to promote respite in the Central Network.
- The Central Respite Network Coordinator will work with community agencies to participate in outreach marketing efforts with targeted focus on reaching potential community partners.

3. Strategies and Activities

- REST trainings will be offered for providers and family caregivers in the Central Respite Network.
- The Central Respite Coordinator will work collaboratively with local agencies, local support groups and State Program Coordinator for a minimum of one presentation in the Central Network.

- The Central Respite Coordinator will work with DHHS, UNMC, and other agencies to assist in involvements of state wide “Respite Evaluation Plan” and community partners.
- The Central Respite staff will attend resource health fairs/workshops to perform outreach to family caregivers and providers.
- The Central Respite staff will provide presentations to employers and their employees on the benefits of respite.
- The Central Respite Network staff will participate in social media marketing, as outlined in the Marketing Communication Plan.

4. Indicators and Performance Measures

- REST trainings will be offered with a minimum of five participants in the Central Respite Network. An Excel spread sheets will show increase of network screened providers in service area.
- A minimum of one presentation will be conducted to a state agency, a community organization, or a support group. A survey will be completed, and will be reviewed to show increase of network screened providers.
- Central Respite Network staff will have a minimum of three presentations to community partners with more than five participants for each group. An Excel spread sheet will show the number of employees as caregivers and respite resources awareness at workplace.
- Portfolio of materials will be provided to business with respite materials to better serve their employees. Feedback form will be compiled and reviewed.
- Central Respite Network staff will seek opportunities to provide information about the network via community media, such as radio, newspaper, and other community information systems.

Local Level Financing Plan

Fiscal Planning

Line Item	Y1 Amount Needed	Y2 Amount Needed	Y3Amount Needed
Personnel	\$49,127	\$50,601	\$52,120
Operations	10,700	11,235	11,797
Travel	2,205	2,315	2,431
Indirect	7,909	8,146	8,390
Other Projects	1,323	1,389	1,458
Total Costs	\$71,264	\$73,686	\$76,378

Current and Projected Revenues and Resources

Current revenue for the Central Respite Network is from the Department of Health and Human Services State Respite Grant.

The Central Respite Network relies heavily on in-kind donations to help keep costs low for events, as well as for operations.

Anticipated Budgetary Gap

Line Item	Y1 Amount Needed	Y2 Amount Needed	Y3 Amount Needed
Personnel	\$49,127	\$50,601	\$52,120
Operations	10,700	11,235	11,797
Travel	2,205	2,315	2,431
Indirect	7,909	8,146	8,390
Other Projects	1,323	1,389	1,458
Total Costs	\$71,264	\$73,686	\$76,378
<i>Available Resources</i>	<i>\$66,667</i>	<i>\$66,667</i>	<i>\$66,667</i>
Gaps	-\$4,597	-\$7,019	-\$9,711.00

Summary of Funding Needed Over Next Three Years

The Central Respite Network would need an increase of 10% annually over the next three years, which must come from outside sources.

Strategies for Securing Additional Funds

The Central Respite Network will continue to apply for and meet the scope of service requirements with the Nebraska Lifespan Respite Contract through the Department of Health and Human Services. The Director of Health and Nutrition will continue to work with the Planning Specialist to seek out additional funding opportunities for respite dollars.

Plan for Building Organizational Capacity and Community Support

1. Adaptability to Changing Conditions

The Central Respite Network team will continue to build upon existing infrastructure to connect families who need respite care to respite services. There will be an increase in the use of Social Media outreach to better serve the younger generations, focusing primarily on Facebook, Twitter, LinkedIn, and the CNCAP webpage. We will also be working to develop trainings in diverse languages to help reach out to those underserved populations.

2. Broad-base of Community Support

The Central Respite Network will seek out additional avenues of community support by establishing partnerships with local businesses and organizations. We will also continue to expand our membership to our Advisory Committee through these

partnerships, as well as through our outreach efforts. Furthermore, we will continue our great working relationships with our current partners.

3. Key Champion

The Key Champion for respite in the Central Respite Network is Jinx Hackler of the Hastings Respite Care Program. Jinx is a member of the Nebraska Caregiver Coalition, and is a great advocate for respite in our area. Jinx is a pillar on our Advisory Committee, and continues to work hard to educate our legislators on the importance of respite.

4. Strong Internal Systems

Central Nebraska Community Action Partnership, Inc. (CNCAP) has addressed the needs of thousands of persons through its programs and services for 51 years. CNCAP has a strong internal administration, Board of Directors, and staff that work together to serve the community. The agency mission is *“Partnering with individuals and families to encourage independence through community -based solutions.”*

Summary

1. Prioritizing Strategies For Local Level Sustainability

- Increase awareness of the Central Respite Network and respite resources
- Increase number of eligible care recipients
- Increase number of network screened providers
- Increase the marketing by use of Central Respite Network Marketing Plan in collaboration with the statewide Marketing and Communications Plan

2. Timeline for Local Level Success

- Increase by 25% annually of those organizations within the Central Respite Network who contribute to the Respite Data Dashboard
- Increase referrals to the Lifespan Subsidy by 10% annually
- Increase number of network screened providers by 30% Annually
- Increase the number of referrals from our marketing plan by 5% annually

Appendices

- 1. Organizational Structure of Nebraska Lifespan Respite**
- 2. List of Key Programs and Funding**
- 3. Key Personnel**
- 4. Local-level Annual Budgets**
- 5. Advisory Committee Roster**

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