



Nebraska Lifespan Respite Western Area Sustainability Plan FY 2017

Executive Summary - state plan

Nebraska Lifespan Respite: Local Level History, Progress and Future Plans

1) Mission and background

The mission of the Nebraska Respite Network is to provide a statewide system for the coordination of respite resources that serves all ages. The Network was established in 1999 by LB 148. The Nebraska Lifespan Respite Program was established to:

- Create a single point of contact in each of the DHHS Service areas to provide information and referral of respite resources.
 - The Western Area Contract is held by the Panhandle Partnership for Health and Human Services and has been since the beginning. They had their first coordinator for a matter of months and since that time have had the same coordinator. Stability in coordination is a strong part of our program.
- Increase the public's awareness of respite and provide community outreach by involving interested stakeholders and building on existing resources.
 - We are proud to run our respite commercial on NBC Nebraska based out of Scottsbluff. We continue to be successful in finding local participants to share their story on our commercial.
 - We also use ALL local newspapers to share information. This includes the small town "unofficial" newspapers that everyone in town reads.
 - Outreach efforts have increased to include running ads on radio stations one month each year – we will run it during a month that the farmers are planting. A large segment of our population includes farmers and they will be spending a large portion of their day in the tractor during planting and may hear the ad on the radio.
- Increase access to respite resources by recruiting appropriate providers and promoting the expansion of respite services

- We only have 88,000 people in 25,000 square miles making it difficult to have providers where we need them.
- In addition we have no programs other than nursing homes where families can choose to use respite instead of in home. This leads to individuals with mental health issue being held in juvenile detention facilities instead of a more appropriate facility. It also causes individuals with severe medical or mental health needs to leave the Panhandle for care.
- The limited amount of pay offered to providers is extremely difficult in recruiting, especially in a state with very low employment numbers. We see that the amount paid and the limited use affects quality and quantity of providers.
- Ensure training is available for both providers and consumers by coordinating existing training resources and recruiting additional resources to meet the training needs across the lifespan
 - Our training efforts have been difficult for many of the reasons listed above. We will hold 4 REST Trainings in FY17 and utilize best practice information being developed by Munroe Meyer as well as the option of distance learning to increase participation.
 - We will contract with RELIAS Learning to provide online training to providers allowing them to do training in their own home.
- Implement ongoing evaluation of providers, caregivers and the Respite system to determine unmet needs. http://dhhs.ne.gov/children_family_services/Documents/14_Nebraska_Lifespan_Respite_Network_Brief.pdf

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

a) Addressing the needs of families caring for young children

- Families with young children who need respite seem receptive to using the service. This is typically because it is “normal” for parents to get assistance with their children.
- Families with young children seem to more easily be linked with services such as the Early Development Network who can help with referrals for respite.
- Families with young children needing respite can often utilize licensed day care providers for the service.
- Families with young children may also be able to recruit paraprofessionals for the school as providers. This also allows continuity for the child.

b) Addressing the needs of families caring for adolescents

- Families with adolescents needing respite care don’t always seem to realize it might be available.

- Information shared via email with special education teachers did not prove to be very effective. In FY17 information will be provided in the form of business cards that also include the nrrs link and subsidy link as well as the contact information for the respite coordinator.
- c) Addressing the needs of families caring for adults
- We see that families caring for adults either have a plan in place for assisting the individual or think that it is their duty to take care of that “adult child”.
 - Many of families who have adults they are caring for are utilizing the Developmental Disabilities system for day services and respite.
 - Outreach to families caring for a loved one with developmental disabilities to families not funded through DD because they did not graduation from a Nebraska High School needs to be done. It seems the best way to gather this information is through a direct referral from the DD System at NDHHS when the individual is denied.
- d) Addressing the needs of families caring for elderly members
- Finding elderly families who allow someone to help them care for their spouse is extremely difficult in this area. Our “Pioneer Spirit” makes families feel like they have to care for their loved one alone. We work to find families who will apply for respite services. However, with the change in counting resources for the respite subsidy we have added a barrier. These families may have a large savings but they have no idea how long they are going to live so by denying them due to resources we are closing another door. We have so far been able to assist families with at least \$500 per year in respite by applying for local and disability specific funding.
 - We offer to contact providers for the family and find one that is available in the time slot needed so they don’t call and call and get turned down.
 - We work one on one with families to identify individuals they would feel comfortable leaving their loved one with such as neighbors or individuals who attend their church.
- 3) Local Networks build capacity statewide
- a. Planning and coordination
- Our annual planning and coordination takes place with input from our advisory committee as much as possible. In instances where we have a 2 week turnaround from funding announcement to due date this is only possible through email and phone contact.

- This committee represents a broad range of disabilities and communicates well. We have long term members who are committed to respite. In FY17 we will seek to add a minimum of 2 new committee members from businesses.
 - The respite coordinator uses information on families who call to help determine what needs to be done in the plan.
- b. Partner organizations and agencies – roles and responsibilities
- Partner organizations such as the Aging Office of Western Nebraska work well collaboratively to help us find providers.
 - Being a part of the Panhandle Partnership allows us opportunities to network with a variety of member organizations. This is a growing organization that is always asking who else needs to be at the table to meet the needs of the members of the Panhandle. The addition of a paid Executive Coordinator for the Partnership has allowed for more frequent communication and an updated website.
- c. Programs and information resources
- 4) Future local level plans
- From the beginning we have worked to find any and all sources of funding for our families. We were proactive in forming our “Respite Days” program to assist families who were “falling through the cracks.” We continue to seek local grant funding to grow this program so that all families who need respite in our area will be able to receive some. We firmly believe that providing respite to everyone increases the time they can stay home out of more costly programs. In FY16 we were able to add the Alzheimer’s Foundation of America as a new funder. In FY17 we hope to add the C.A. Story Foundation as a funder as well.
 - We previously offered “FUN Days” for children with disabilities and their siblings. This was geared to give parents a break from all children. We plan to host a FUN Day in the summer of FY16 and again in the summer of FY17 in a central location.
 - We will continue to share information with caregivers and providers by email utilizing the export in eLifespan Respite.
 - We plan to revive the PPHHS Facebook page this year with assistance from Tyler Irvine, PPHHS Executive Coordinator to reach people through social media.
 - We will run radio advertising in the spring of FY17 on 3 radio stations for one month.

- Outreach to businesses will be done based on lessons learned from FY16. We are currently in the process of surveying the businesses receiving baskets in FY16.
- a. Desired outcomes
- 4 REST Trainings each year with a minimum of 5 providers at each training with at least one training held by distance learning.
 - Increase trained respite providers by 30% in year one and by 20 additional providers in years 2 and 3. FY16 data will be reported in eLifespan Respite as a baseline for years 2 and 3.
 - We will increase the number of retained providers by 15% in year one and by 5 additional providers each year in year 2 and 3. FY16 data will be used as a baseline and reported on the June 2016 activity log.
 - We provided information to more than 10 businesses on respite in year one and will increase by at least 10 each year for FY17 and FY18.
- b. Steps toward the goals
- Quarterly we will hold REST Trainings rotating between towns
 - Trainings will be advertised through the Panhandle Partnership listserv, through emails to caregivers and providers, through newspaper articles, and through local collaborations.
 - Providers will be contacted regularly in an effort to keep them enrolled in the program.
 - Each year we will provide additional information to Chamber of Commerce agencies.
 - Each year we will provide respite information to an additional 10 businesses who participate in Worksite Wellness.

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

- 1) The federal context
- 2) The state and community context: Opportunities and threat
 - a) Economic trends
 - b) Social and demographic trends
 - c) Political and planning developments
 - d) Fiscal context

3) Internal **local level** capacity

a) Governance and leadership

- The Panhandle Partnership for Health and Human Services has an Executive Director and a Board of Directors made up of member agencies.
- Chadron Community Hospital Corporation dba Western Community Health Resources receives the subcontract from the Panhandle Partnership.
- We share information with our local respite advisory during the planning phase each year.
- In addition the respite coordinator reports to the Director of Western Community Health Resources

b) Management and administration

- The Respite Coordinator at Western Community Health Resources manages the program with input from the advisory committee.

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

- Recruiting providers, training providers and retention is the responsibility of the respite coordinator with assistance from the advisory committee.

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

- The policy makers are the Panhandle Partnership Board of Directors and the State Respite Coordinator

e) Information and outreach

- Information and outreach is done through a variety of methods such as television, newspaper, radio, agency referral and word of mouth

Local Level Action Plan: The Road Map for Achieving our Goals

- 1) Ultimate outcomes – desired results – Our ultimate outcomes are to secure additional funding to be able to sustain our regional programs that provide respite to all families caring for someone with a life-long or long-term disability. We will build on our marketing plan to increase the number of people who know about respite. We will continue to reach out to businesses to increase their awareness of respite resources and in hopes that they will provide respite information or funding to their employees who qualify.
- 2) Interim outcomes – causes and conditions – We will work to increase trained providers and have providers in all areas of the Panhandle. Currently we see “pockets” of the Panhandle for instance, Sidney, with few or no respite

providers. We will also work with PPHHS to launch a social media presence to increase the number of people who respite are aware of respite.

- 3) Strategies and activities – We will use our Marketing Plan to reach out to people in a variety of ways...television, radio, newspaper, social media, email. We also heavily rely on word of mouth referrals and referrals from other agencies.
- 4) Indicators and performance measures – bench marks for progress – We will keep a record of the ways people learn of respite. Based on this data we will focus our efforts in year 2 and year 3 on the most reported methods. We will track the number of families that we provide funding to who do not qualify for respite from any other sources and the report will be submitted on eLifespan Respite in June of each year. We will continue to market our website www.panhandlepartnership.com/respite and see if there is a way to track the “hits” on this page. We will keep a record of trained providers. We will utilize our key champion as the face of respite to promote respite in the Panhandle.

5) Financing Plan

- 1) Fiscal needs
 - a. By strategy, program and activity – Currently we anticipate having enough funding to cover our goals in FY16. In year FY17 we anticipate 37 families utilizing the program. The amount needed is \$18,500.00.. We have budgeted slightly more than that. In FY 18 we anticipate 47 families utilizing the program increasing the needed amount to \$23,500.00. We will need to maintain our current funding and will need to secure an additional \$362.00 in FY17 and \$4,609.92 in FY18.
 - b. By fiscal year – In FY17 we will be very close to covering our expected costs.. In FY18 our Respite Days Program and Salary will be short by \$4609.92. We will need to fully fund salary and look for more money for Respite Da6ys..
 - c. By budgetary line item –The deficit is attributed to Respite Days.
- 2) Current and projected revenues and resources
 - a) Federal funding – No Federal Funding is currently received.
 - b) State-level funding –Network funding of \$66,667 per year for FY17 and FY18 years = \$200,001.00
 - c) Local-level funding – United Way of Western Nebraska did not fund our program in FY17. We will apply for \$1,500.00 in United Way funds in FY18. We were also able to secure funding from the Snow Redfern Foundation in the amount of \$3,400.00 in FY16 and the Region I DD Council in the amount of \$500 in FY16. We will continue to apply for these funds.
 - d) Private grants and contributions – We received \$5,000 in FY16 from the Alzheimer’s Foundation of America.

- e) In-kind contributions in the form of rent/utilities/IT Support from Chadron Community Hospital is valued at \$6,000.00 per year.
- 3) Anticipated budgetary gap
 - a) By strategy, program and activity – In FY17 there is an anticipated gap in our Respite Days funding. In FY18 there is an anticipated budgetary gap of \$4,609.92 which will cause us to decrease respite days funding to cover salary and locate an additional \$4609.92 for Respite Days.
 - b) By fiscal year – FY16 – no gap, FY17 – \$362.00, FY18 - \$4,609.92
 - c) By budgetary line item – Respite Days - \$362.00 in FY17 and \$4609.92 in FY18
- 4) Summary of funding needed over three years – FY16 had adequate funding. FY17 has a shortfall of \$362.00. FY18 funds needed are \$4609.92
- 5) Strategies for securing needed funds – We will apply for funding through United Way of Western Nebraska, the Snow Redfern Foundation, the Alzheimer’s Foundation of America, the Region I DD Advisory Committee, Golden Halo and the C.A. Story Foundation.

Plan for Building Local Level Organizational Capacity and Community Support

- 1) Adaptability to changing conditions –
 - a. Some changing conditions we discussed in our committee include working with DHHS at the state level to see if there is a way to “flag” respite as a possibility for anyone utilizing Access Nebraska who states they have someone in the home that has a disability. These families could perhaps be referred to the local coordinator for follow up and assistance in applying for the right respite funding. This would be a state level change.
 - b. We would also like to identify a way that eligibility workers for DHHS have knowledge of respite. This too would have to come from the state level.
 - c. We find that with the rise in individuals who are diagnosed with Autism there is a need for autism – specific training. We will work to identify someone who can attend our REST Trainings to touch specifically on Autism in FY17.
 - d. In our part of the state we find that many families are slow to accept change. Therefore it is imperative that we not leave families out by requiring they enroll or search for providers online. There are still a large number of elderly people in our area who do not have access and do not want access to a computer. Asking them to call an 800 number and push this button for this and that button for that is frustrating and makes access difficult. Many families are low income and have only pre-paid cell phones for communication which

causes them to run out of minutes if phone calls to obtain services take too long. We have to adapt to reach out to all of our families. We wish to keep a very family-centered approach and be a live person on the phone or a person that will meet with families in person.

- 2) Broad-base of community support –
 - a. We have a broad base of support through the Panhandle Partnership for Health and Human Services. This collaborative group of agencies is always seeking to add people to the table. We believe strongly in agencies working together for the good of the people in our Panhandle community.
- 3) Key champions –
 - a. Our key champion is Sarah Strawn from Bridgeport. She is a mother of a child with autism and also a local pastor's wife and EMT. She is also very involved in Girl Scouts in the area.
- 4) We are fortunate in the Western Area to have very committed Advisory Committee members. They also are a group that serves in many capacities and is able to network and share information. With this strong base we are able to continue building the program.
 - a. We also have been able to add new members who are committed to assisting. We would like to increase membership and will seek to add 2 new members in FY17.

Summary

- 1) Prioritizing strategies for local level sustainability – Because families who call for assistance are often over resources for state funding we find it a priority to provide funding to those families. Most of the families have access to a limited portion of those resources or they are saving them in case they need to go into a nursing home. Many elderly families know that those funds are all they have to live on and not knowing how long you will live you make every effort to keep funds for the necessities. We will prioritize finding funding for Respite Days as our #1 goal.
- 2) Timeline for local level success – We work toward assisting others every day and seek to improve as the years go by. This is a very individualized program and we feel that every day is a new challenge/opportunity.

Appendices

- 1) Organizational structure of Nebraska Lifespan Respite – State level to complete
- 2) List of key programs and funding –
 - a. Network Funds - \$66,667.00 annually
 - b. United Way of Western Nebraska - \$1,500.00 in FY16, however, not selected for funding in FY18.

- c. Snow Redfern Foundation - \$3,184.00 in FY16 with that amount anticipated in FY17 and FY18.
 - d. Region I Developmental Disabilities Council - \$500 anticipated annually.
 - e. Alzheimer's Foundation of America - \$5000 received in FY16 with that amount to be requested in FY17 and FY18.
- 3) Key personnel –
- a. Panhandle Partnership for Health and Human Services President – Mindy Nepper
 - b. Panhandle Partnership for Health and Human Services Executive Coordinator – Tyler Irvine
 - c. Western Area Lifespan Respite Advisory Chair – Linda Redfern
 - d. Western Community Health Resources Director – Sandy Roes
 - e. Respite Coordinator – Sherri Blome
- 4) Local-level annual budgets – FY 2016-2018
- a. These are included in our finance worksheets.