



Western Area Work Plan 2016 – 2017

Section 1 - Provider recruitment, retention, and training.

Describe FY 2017 strategies to improve Local Network strategies to:

Goal 1:1: By June 30 2016 we will have addressed the lack of appropriately trained providers.

- **Major Outcome 1:1:1:** Increase the number of providers who have a health related certification or are REST trained. We consider providers who are medication aides or certified nursing assistants or nurses to be trained providers.
- **Objectives:** We will continue to track our providers who meet the criteria above. In addition we will continue offering REST Trainings quarterly.
- **Strategies:**
 1. We will offer at least one REST Training through distance learning with multiple sites on the WNCC network. We hope this will increase participation.
 2. We will also encourage providers to take a C.N.A. course if they plan to provide care for an individual with higher medical needs.
 3. We will determine if an online learning system such as Relias would assist providers in receiving training by being able to take it at home.
 4. Outreach to Long Term Care Facilities to encourage their staff to attend REST Trainings and be willing to provide respite outside the nursing home environment.
- **Collaborative Involvement:** Current and potential providers, long term care facility staff and the college distance learning network
- **Outcome Measurement:** We currently have 12 individual providers with appropriate types of training. This number will increase to 20 by the end of FY 2017.

- **Evaluation Criteria:** At year end (May/June 2017) family caregiver survey we will include a question on if they feel the provider is appropriately trained and ask what additional training they feel would be helpful. We will utilize survey results for planning of future trainings.

Goal 1:2: By September 30, 2016 we will provide funding to an additional 3 individuals in our area who have Developmental Disabilities and 3 elderly individuals in an effort to address the DD Planning Council Needs Assessment and AARP 2011 Survey of Nebraska Members on Long-Term Care and Caregiving Issues.

- **Major Outcome 1:2:1:** Eligible families receiving the funds will receive up to \$500 in respite through our Respite Days program. Many of these families are not otherwise eligible for funding due to the fact that they are over resources for DHHS funding or in the case of individuals with Developmental Disabilities they have not graduated from a Nebraska High School.
- **Objectives:** Share information at the Region I Developmental Disabilities Meetings regarding the available funding so they can take it back to the families they work with. Share information with the Aging Office of Western Nebraska.
- **Strategies:** The Respite Days Flyer and Payment Form will be distributed to the members of the Region I Developmental Disabilities Council and the Aging Office of Western Nebraska requesting that they share the information.
- **Collaborative Involvement:** Region I Developmental Disabilities Council, Aging Office of Western Nebraska
- **Outcome Measurement:** Three new families who care for a family member with a Developmental Disability and do not currently qualify for respite funding will be funded by our Respite Days Program as well as 3 elderly participants. We will make sure these families have applied for other appropriate respite funding.
- **Evaluation Criteria:** All families utilizing the Respite Days program will complete an evaluation in May of 2017 to identify the impact it has on their caregiving.

- **Major Outcome 1:2:2:** Recruit a minimum of 1 new family each month to use respite through our outreach efforts.
- **Objectives:** Utilize as multiple sources of media to reach individuals who could benefit from respite. These will include television, newspaper, radio, word of mouth, referrals.
- **Strategies:**
 1. A new television ad utilizing our influential person is scheduled to occur prior to July 1 and will be running by July 1. This ad will run on NBC Nebraska which is the station that purchased KDUH (based out of Scottsbluff, NE)
 2. Run a radio ad for one month in each tier of the Panhandle – Northern, Central, Southern. This ad will be run during the planting season for farmers as we feel that with our rural area many farmers are likely to be listening to the radio while operating farm machinery.
 3. Newspaper ads will run quarterly in Panhandle newspapers and will be more targeted to sharing information about who qualifies for respite.
 4. Business cards will be developed and distributed to current participants to share with other families they feel could benefit from respite.
 5. Business cards of the respite coordinator will be sent to local special education teachers requesting they share the information with families.
 6. Business cards will be sent to health care facilities for the practitioners to share with patients.
 7. Business cards will be provided to EDN services coordinators to share with the families they work with.
- **Collaborative Involvement:** Our influential person and NBC Nebraska staff will collaborate on the television ad. Local radio stations will collaborate with us on the radio ads and will be asked to provide in-kind air time. Newspapers will publish our ads. Current Family caregivers, Special Education Teachers, Health Care Providers and Early Development Network services coordinators will be asked to share respite business cards with individuals who could use respite.
- **Outcome Measurement:** At the end of the 12 month period we will be able to identify the new families utilizing respite and the referral source.
- **Evaluation Criteria:** All family caregivers will be surveyed in May 2017 to determine the level of respite they are using, the funding sources used and the difference it makes in their lives. This compiled data will be reported on eLifespan Respite.

Goal 1:3: Demonstrate Collaboration with an institution of higher learning to recruit, train, and retain students as respite providers.

- **Major Outcome 1:3:1:** Collaborate with Western Nebraska Community College to recruit students in the nursing field as providers.
 - **Objectives:** Offer REST Training to WNCC students by distance learning in order for participants to attend in multiple towns. We will discuss offering the class in one hour segments.
 - **Strategies:** Contact Deb Sergeant with WNCC to discuss the best way to schedule the course including targeting students in health majors to attend the class.
 - **Collaborative Involvement:** WNCC will collaborate by providing space, targeting correct students and providing the distance learning.
 - **Outcome Measurement:** A minimum of 3 students will become providers, ideally one from each campus Scottsbluff, Alliance and Sidney.
 - **Evaluation Criteria:** Track the number of students who provide respite within 60 days of the training.
-
- **Major Outcome 1:3:2:** Collaborate with Chadron State College Social Work Program to recruit students as providers
 - **Objectives:** Invite the social work students to participate in REST Training.
 - **Strategies:** Make contact with the chair of the social work department to discuss the opportunity. Provide presentations to social work classes and the social work club on opportunities.
 - **Collaborative Involvement:** Social Work Chair at Chadron State College, Students, and Respite Coordinator will collaborate to have the students attend REST Training.
 - **Outcome Measurement:** A minimum of 3 students will participate in REST training.
 - **Evaluation Criteria:** Track the number of students who become providers and provide respite within 60 days of the training.

Goal 1:4: Increase Network provider completion of cross-system available training opportunities.

- **Major Outcome 1:4:1:** Inventory available cross-training opportunities.
- **Objective:** To compile a list of available trainings for family caregivers and respite providers.
- **Strategy:**
 1. Schedule a call with the other five respite coordinators to compile all known statewide trainings.
 2. Research national training resources on the internet.
 3. Utilize the Panhandle Partnership listserv and Training Academy to develop a list of local trainings
- **Collaborative Involvement:** Respite Coordinators sharing information and Panhandle Partnership Members emailed to find out what resources they know of and members of the Training Academy Committee will be asked for input.
- **Outcome Measurement:** A list of trainings will be posted on www.panhandlepartnership.com and also added to NRRS/RESPITRESEARCH/ by December 31, 2016 and continually updated.
- **Evaluation Criteria:** Providers will be asked to submit copies of certificates from training taken.

- **Major Outcome 1:4:2:** Input relative training information received from the Training Academy listserv on NRRS/respitresearch/.
- **Objective:** To share training information with providers and family caregivers.
- **Strategy:** When an email from the Panhandle Partnership is received regarding an upcoming training the information will be reviewed and any training that would benefit family caregivers or providers will be added to NRRS/respitresearch/.
- **Collaborative Involvement:** Respite Coordinator, Training Academy listserv
- **Outcome Measurement:** The training calendar on NRRS/respitresearch/ will show the trainings added.
- **Evaluation Criteria:** Ask the Training Academy to let us know of anyone signing up who learned about the training through respite.

- **Major Outcome 1:4:3:** Family caregivers and providers will have additional training opportunities.
- **Objective:** Provide family caregivers and providers with training information that can be viewed in their homes.
- **Strategy:** The respite coordinator will search online for accurate resources on topics that would be of value to respite providers and family caregivers. The resource will be shared in email communication for those with email and mailed to those who do not have email.
- **Collaborative Involvement:** respite coordinator, online sources
- **Outcome Measurement:** When a resource is shared it will be entered into eLifespan Respite.
- **Evaluation Criteria:** At least 6 respite provider resources will be shared during FY17. Information will be available in eLifespan Respite.

Goal 1:5: Demonstrate efforts to encourage licensed foster parents and active Medicaid providers to also provide respite care.

- **Major Outcome 1:5:1:** Collaborate with DHHS Resource Developers to encourage foster parents to become respite providers and respite providers to consider becoming foster parents.
- **Objective:** There is a severe shortage of foster parents in the Panhandle; however, we will work with Caroline Cardona with the DHHS Division of Children and Family Services to see how we can reciprocate providers.
- **Strategy:** Have a phone conference with Caroline Cardona to see if it is possible to share providers.
- **Collaborative Involvement:** Caroline Cardona and foster parents will be collaborators in adding foster parents as providers.
- **Outcome Measurement:** By September 30, a plan will be in place on what can be done to collaborate. It is my fear that with the extreme shortage of foster parents in the Panhandle that they are already overwhelmed. In some areas there are none.
- **Evaluation Criteria:** A summary of meetings with the Resource Developers will be provided in eLifespan Respite.

- **Major Outcome 1:5:2:** Collaborate with the Early Development Network, League of Human Dignity, Aging Office and DHHS to share providers.
- **Objective:** Obtain a list of providers from all sources above while also reminding those entities of our provider availability via NRRS/RESPITRESEARCH/.
- **Strategy:** Email and/or call the entities listed above to obtain a listing of their providers. I regularly receive the list from the Aging Office of Western Nebraska but not the other entities on a regular basis.
- **Collaborative Involvement:** Provider sharing between all agencies listed above.
- **Outcome Measurement:** Any Medicaid providers recruited for the Network will be documented in eLifespan Respite and kept on a spreadsheet to track how many are recruited. By 3/31/17 we will have added 5 Medicaid Providers to eLifespan Respite.
- **Evaluation Criteria:** At least 3 providers will be recruited from these agencies.

Goal 1:6: Engage in regular activity with respite providers to encourage retention.

- **Major Outcome 1:6:1:** Initiate at least monthly contact with current providers
- **Objective:** All providers who have email will receive email communication once a month. Those providers without email will be contacted to determine if they have cell phones and could be reached by text message. Those without either of those options will be mailed monthly.
- **Strategy:** On the 15th of each month send a communication to all providers that will include any current training opportunities and resources on specific disabilities which will be chosen based on the diagnosis of participants in our program. We will select one of the disabilities to focus on each month.
- **Collaborative Involvement:** Respite coordinator and current providers sharing information
- **Outcome Measurement:** On the 15th of each month the monthly communication will be posted in eLifespan Respite.
- **Evaluation Criteria:** Monthly contacts will be documented each month in the activity log.

Goal 1:7: Solicit input from Advisory Committee, Network & Lifespan Respite Subsidy Providers, Family Caregivers, and System partners on Nebraska's Long Term Services and Supports (LTSS) Redesign for the topic of Network provider collaborations. Submit local Network recommendations by November 30, 2016 that reflect involvement of stakeholders:

- **Major Outcome 1:7:1:** Understand and provide input on the LTSS Redesign
- **Objective:** To assure that respite information is included when relative in the LTSS Redesign.
- **Strategy:**
 1. When information from stakeholder meetings is received from the statewide coordinator, pass it on to the Medicaid and Long Term Care contact.
 2. Attend any stakeholder meetings that we are aware of in our area or that are held statewide by phone or webinar.
 3. As gaps are identified, invite speakers who can address the issue and formulate a plan to assist with any gaps respite can help with to keep people in their homes.
- **Collaborative Involvement:** Advisory Members, Family caregivers, System Partners, Network providers , State Respite Coordinator, Stakeholder Meetings
- **Outcome Measurement:** By November 30, 2016 submit recommendations based on the information we have obtained.
- **Evaluation Criteria:** Recommendations will be entered in eLifespan Respite by November 30, 2016.

Goal 1:8: Increase the number of volunteer providers and local Network organizations contributing respite data to the Data Dashboard.

- **Major Outcome 1:8:1:** Research organizations in our area that either specifically provide respite or indirectly provide respite by providing activities for individuals with disabilities that do not require the family caregiver to be there.
- **Objective:** Locate area providers and assure they are entered in the data dashboard.
- **Strategy:** Through contacts with United Way Agencies we will be able to locate many of these places such as camps, therapeutic riding etc. In addition we will survey family caregivers to see what agencies they are aware of.
- **Collaborative Involvement:** United Way of Western Nebraska agency list to determine agencies serving individuals with disabilities and family caregivers sharing information on agencies they are aware of.
- **Outcome Measurement:** In May of 2017 we will include this on our family caregiver survey. By September 30, 2016 we will survey the United Way Agencies.
- **Evaluation Criteria:** At least 3 providers will be entered into the data dashboard.

Goal 1:9: Increase the number of REST trained providers. Of those who complete the training, increase the number providing respite within 60 days of completing the training.

- **Major Outcome 1:9:1:** We will focus on our current eLR providers that we know are actively providing respite and request that those who are not REST Certified become certified by 6/30/17.
- **Objective:** To increase up to 10 of our active providers REST trained and providing respite.
- **Strategy:** Offer the REST Training in different formats such as by distance learning or possibly as a webinar as well as in person. The more methods we can allow people to participate the more likely we are to get their participation.
- **Collaborative Involvement:** Current eLR providers and the respite coordinator working together to train in the method they can attend.
- **Outcome Measurement:** By 6/30/17 at least 10 more of our active providers will be REST trained.
- **Evaluation Criteria:** Ten additional providers will be marked as REST trained in eLifespan Respite. The baseline number for FY16 will be determined on June 30, 2016.

Section 2 -Promote the exchange of information and coordination among state and local governments, community lifespan respite services programs, agencies serving individuals unable to care for themselves, families, and respite care advocates to encourage efficient provision of respite services and reduce duplication of effort.

Describe FY 2017 strategies to improve Local Network strategies to:

Goal 2:1: Provide outreach efforts to family caregivers who are also grandparents providing the majority of care to children aged 17 or younger related to them by blood marriage, or adoption to inform of respite resources.

- **Major Outcome 2:1:1:** To assist grandparents in the Western Area who are caring for a grandchild who has a disability.
- **Objectives:** Utilize outreach opportunities to locate grandparents caring for grandchildren in order to provide resources for them.
- **Strategies:**
 1. One of our quarterly newspaper ads will focus the content on grandparents caring for grandchildren.
 2. Provide information to medical providers that can be shared with any patients they are aware of who are in this category.
 3. Prepare a flyer that can be passed out at health fair opportunities with information for grandparents.
- **Collaborative Involvement:** Newspapers, Medical Providers, and individuals attending health fairs.
- **Evaluation Criteria:** When a grandparent utilizes respite it will be entered into eLifespan Respite.

- **Major Outcome 2:1:2:** Provide DHHS programs including Child Protective Services information on respite.
- **Objectives:** We have worked with the state programs funding respite for many years which is one of the discussions in the ARCH resource. With the recent addition of being able to fund respite for children who are state wards living at home we will focus on contacting the Protection and Safety Workers in the Panhandle
- **Strategies:**
 1. Lifespan Respite Subsidy Applications will be made available to Protection and Safety Workers. State wards living at home can then be referred to this funding source for respite funding.
 2. Protection and Safety Workers will be made aware of the NRRS/RESPITRESEARCH//respitesearch tool to assist in finding respite providers anytime.
 3. The Western Area Respite Network will provide the workers with some sort of card or handout with contact information for the respite coordinator including the links to the Lifespan Respite Subsidy Application and NRRS/RESPITRESEARCH/.
 4. Discuss the possibility of receiving CAPTA referrals in a manner similar to how EDN receives them so families can be contacted.
- **Collaborative Involvement:** The respite coordinator working with protection and safety workers to assist children who are state wards living at home.
- **Evaluation Criteria:** A record of families whose children are state wards and receiving respite will be kept and shared on eLR by June 30, 2017.

- **Major Outcome 2:1:3:** The Lifespan Respite Network Respite Coordinators from all 6 areas will collaboratively work to review current respite resources and indicate which ones are available in Spanish.
- **Objectives:** A list of respite resources available through DHHS will need to be provided to the respite coordinators in order to review the documents.
- **Strategies:**
 1. A call will take place with all coordinators to discuss the items received and determine next steps.
 2. A document will be prepared and shared in eLR regarding the suggestions the coordinators have.
- **Collaborative Involvement:** All respite coordinators and the state respite coordinator will need to work together to identify the resources available. The coordinators will then work together to make recommendations.
- **Evaluation Criteria:** The suggestions from the coordinators will be entered into eLR by December 31, 2016.

Goal 2:2: Convene meetings and conduct trainings with county juvenile court and juvenile probation staff, DHHS Protection & Safety Workers responsible for supervision of children and youth impacted by “No Fault Filing” by families, state wards living at home with CPS supervision, self-injurious children and youth, state ward permanency planning, and families involved in reunification.

- **Major Outcome 2:2:1:** Appropriate Juvenile Justice Referrals will be referred to the Lifespan Respite Network.
- **Objectives:** PPHS Respite program staff will participate in the Juvenile Justice planning process and subcommittees as appropriate for Respite information sharing.
- **Strategies:**
 1. The respite coordinator will contact the Juvenile Justice planning committee and attend a meeting to share respite information and discuss how they see respite working with the juvenile justice system.
 2. The respite coordinator will contact the local Early Development Network case manager to discuss how to collaborate in the “Through the Eyes of a Child” meetings.
 3. The respite coordinator will contact CAPSTONE to share information and let them know we are a referral source.
- **Collaborative Involvement:** PPHS juvenile justice planning process and committee’s focused on juvenile justice issues, EDN Case Manager, CAPSTONE.
- **Evaluation Criteria:** Documentation of meetings will be entered in eLifespan.

Major Outcome 2:2:2: Make county 1184 teams aware of when respite could be utilized for families they are working with.

- **Objectives:** Begin having the 1184 team members share information with families that could benefit from respite.
- **Strategies:**
 1. The WCHR staff person who attends the Dawes County meetings will be educated in how respite could assist some of these families. She will take information that can be shared with families to the meetings.
 2. The respite coordinator with the assistance from the respite advisory committee will identify individuals from the other counties who could take the information to their teams. In most cases this may be the county attorney.

Goal 2:3: Use public and university or college libraries to support family caregiver issues and disseminate information.

- **Major Outcome 2:3:1:** To utilize public and college libraries as an avenue to disseminate information to family caregivers.
- **Objectives:** To reach family caregivers we currently may not be reaching.
- **Strategies:**
 1. Contact librarians in both college and public libraries and discuss how they feel would be best to provide the information.
 2. Plan a small number of respite activities at libraries such as having a library or a volunteer do an activity with children while an information session is done with parents.
- **Collaborative Involvement:** Respite Coordinator, Librarians
- **Evaluation Criteria:** At least 4 libraries will be contacted. Data will be entered in eLifespan Respite.

Goal 2:4: Implement the local Network Marketing and Communications Plan that informs lifespan family caregivers, system partners and employee family caregivers about respite services.

- **Major Outcome 2:4:1:** Increase use of respite in the Panhandle.
- **Objectives:** Utilize the Marketing and Communications Plan to effectively reach out to family caregivers in the area or system partners who could refer family caregivers.
- **Strategies:** See attached Marketing and Communications Plan
- **Collaborative Involvement:** Panhandle Worksite Wellness sharing information in newsletters, NBC Nebraska running commercial, Radio stations running ads.
- **Evaluation Criteria:** There will be an increase of 10% in the family caregivers receiving respite through any funding source. A baseline report will be entered on eLR by July 31, 2016 with the follow up to be done by June 30, 2017.

Goal 2:5: Encourage active local advisory committee participation with the statewide NE Caregiver Coalition for improved representation of local Network issues, communication and advocacy:

- **Major Outcome 2:5:1:** To find one advisory member who will regularly participate in the NE Caregiver Coalition.
- **Objectives:** Once an individual is identified they will participate by phone on the monthly meetings.
- **Strategies:**
 1. One member will participate in the meetings held the first Tuesday of the month by calling 1-866-215-3402 code 3235424
 2. NE Caregiver Coalition brochures will be printed and shared with family caregivers and at outreach events to allow them an opportunity to participate
 3. The NE Family caregiver Coalition Facebook link will be shared on outreach materials
- **Collaborative Involvement:** One respite advisory member will become an active member of the NE Family caregiver Coalition.
- **Evaluation Criteria:** The individual participating will share information with the advisory committee at our regular advisory meetings. The minutes from the meetings will indicate this sharing.

Section 3 - Employer Engagement Activities are expected to increase awareness of employee family caregiver issues and provide respite resources to employers. Describe plans to build upon FY2016 activities and lessons learned.

Describe FY 2017 strategies to improve Local Network strategies to:

Goal 3:1: Target employers with wellness programs to improve access to quality respite resources.

- **Major Outcome 3:1:1:** To have worksite wellness agencies sharing respite information.
- **Objectives:** To continue to work with Panhandle Public Health District to obtain information on Worksite Wellness Programs.
- **Strategies:** Based on the results of the survey sent out in late April 2016 to businesses we provided respite baskets to in 2016 we will develop a method to reach additional businesses and also to reinforce information to the businesses who already received information. Not all the surveys have been received back at this time.
- **Collaborative Involvement:** Respite coordinator, PPHD worksite wellness coordinator, businesses involved in worksite wellness will work together to educate businesses on working family caregivers and ways they can help and ways they help already.
- **Evaluation Criteria:** The businesses will be surveyed in May 2017 to determine their level of activity with employee family caregivers.

Goal 3:2: Bring family caregiving issues and solutions to new businesses or corporations

- **Major Outcome 3:2:1:** At least 2 of the businesses we have shared information with will use the respite information either by providing benefits to family caregivers who work for them or by sharing information with clients.
- **Objectives:** Reach out to new businesses using the lessons learned from the 2016 survey that was recently sent out.
- **Strategies:**
 1. New businesses will be identified from the PPHD Worksite Wellness List. A plan for how to reach out is yet to be determined pending lessons learned from 2016 being surveyed.
 2. Additional businesses may be identified through outreach activities suggested including luncheons or similar times when information can be shared.
- **Collaborative Involvement:** PPHD worksite wellness coordinator, respite coordinator, businesses identified through a method of sharing information yet to be identified.
- **Evaluation Criteria:** By March 31, 2016 an additional 10 businesses will have received information on employee family caregivers and 2 will be using the information.

Goal 3:3: Incorporate at least two active business representatives on the advisory committee.

- **Major Outcome 3:3:1:** A more diversified committee due to the input of business representatives.
- **Objectives:** Through our outreach efforts there will be 2 business representatives on the advisory committee.
- **Strategies:**
 1. The PPHD worksite wellness coordinator will be invited to become a part of our advisory committee. She has the ability to share information with multiple businesses and bring back ideas she receives.
 2. The minority programs coordinator from CAPWN will be asked to join the advisory committee. She not only brings the CAPWN business information to the table, but also can share ideas on reaching out to the Spanish speaking community.
- **Collaborative Involvement:** PPHD worksite wellness coordinator and the minority programs coordinator from CAPWN along with the current respite advisory meeting will work together to share information on respite.
- **Evaluation Criteria:** By December 31, 2016 both members will be participating on the committee or will have identified a substitute.

Goal 3:4: Engage a minimum of one business in a respite volunteer event or REST provider training.

- **Major Outcome 3:4:1:** To have one business representative participate in a REST Training.
- **Objectives:** To identify one business to participate in REST Training.
- **Strategies:**
 1. The respite coordinator will reach out to long term care facilities seeking their participation in REST training as they are likely to provide respite.
 2. The respite coordinator will share information with businesses that responded positively to the current survey and indicated they have an employee who is also a family caregiver.
- **Collaborative Involvement:** Long term care facilities, businesses that have an employee who is a family caregiver will be asked to attend a REST Training with at least one facility participating.
- **Evaluation Criteria:** Information will be entered in eLifespan Respite by March 31, 2017 indicating how many businesses have participated in the training.

Section 4 - Sustainability Funding

Describe FY 2017 strategies to improve Local Network strategies to:

Goal 4:1: Identify and analyze unmet family caregiver access to existing respite funding sources by reason and source as available.

- **Major Outcome 4:1:1:** A report will show the unmet family caregiver access to existing funding sources.
- **Strategies:** Continue utilizing the spreadsheet developed to identify funding sources family caregivers are using or the ones they have been denied. Utilize that information to create a report to be uploaded into eLR to show why families are unable to receive respite funding. This will be done by the Family caregiver Survey done in May annually.
- **Collaborative Involvement:** Family caregivers will work with the respite coordinator to share current funding sources.
- **Evaluation Criteria:** A report will be uploaded into eLR by June 30, 2017 showing the number of family caregivers who have unmet funding needs. A baseline report with the FY 2016 information will be provided by June 30, 2016.

Goal 4:2: Identify potential public or private sources of sustainable local Network funding for lifespan respite activities other than DHHS Tobacco Cash Settlement contracted funds.

- **Major Outcome 4:2:1:** To raise a minimum of \$8,000 from grant and foundation funding.
- **Strategies:**
 1. Apply for a grant from the Alzheimer’s Foundation of America annually in January.
 2. Apply for a grant from the Snow Redfern Foundation annually in June.
 3. Apply for funding from the Region I Developmental Disabilities Council annually.
 4. Apply for funding from the United Way of Western Nebraska annually in March.
 5. Begin applying for funds from the C.A. Story Foundation in October 2016.
 6. Research applying for funding from the Golden Halo Foundation in FY17.
- **Collaborative Involvement:** Respite coordinator, respite advisory members, PPHS board members, potential funders
- **Evaluation Criteria:** Funds generated will be entered as in-kind funds on the budget.

Goal 4:3: Combine or leverage funds or other resources such as administrative support, space, goods or services, volunteers, marketing, pro-bono professional or legal support from community members, employer support, organization support for targeted activities, food for events, etc.

- **Major Outcome 4:3:1:** Space cost will continue to be an in-kind cost provided by Chadron Community Hospital Corporation.
- **Strategies:** Chadron Community Hospital Corporation dba Western Community Health Resources will continue to receive the respite sub-grant from the Panhandle Partnership annually with the understanding that rent is paid by the hospital.
- **Collaborative Involvement:** PPHS Board of Directors, WCHR Director, CCH Chief Executive Officer
- **Evaluation Criteria:** The in-kind amount will be added to the respite budget.

Goal 4:4: Apply independently or collaboratively for local, state or national grant(s), Senior Corp National & Community Program, AmeriCorps, Foster Grandparents, College Work Study or service learning experience. High School community service volunteers.or other sources of volunteer support for respite activities.

- **Major Outcome 4:4:1:** One FUN Day experience will be planned by an intern working at Western Community Health Resources.
- **Strategies:** Discuss the background of previous FUN Day events with the intern starting June 1 and have her plan the summer FUN Days event.
- **Collaborative Involvement:** Respite Coordinator, Intern
- **Evaluation Criteria:** A report will be prepared by the intern and uploaded into eLifespan Respite.