

Lifespan Respite Financing Strategies Logic Model 8-15-19 (DRAFT)

INPUTS	OUTCOMES										
<p>What Do We Want to Sustain?</p> <ol style="list-style-type: none"> 1) Coalition (NYSCRC) 2) Partnerships (Federal, State, Community Based Organizations, Academia, Aging Services Network) 3) Programs: REST Training, Caregiver Simulation, Mini-Grants, Annual Caregiver Conference 4) Network Engagement (Regional/National) 5) Infrastructure/Governance 6) Data Collection 7) Caregiver Engagement 8) Advocacy 9) NY Connects 10) Respite Volunteers 	<p>POTENTIAL FUNDING SOURCES</p> <ul style="list-style-type: none"> • Federal (ACL, HRSA/GWEP, OAA, HHS) • State (NYSOFA, AAA, DOH, OPWDD, CCF, Labor, OMH, OASAS, OCFS) • Private (HFWCNY, Ralph C. Wilson, NYSHF, GRHF, Cabrini, Hartford, RWJ, Weinberg, Golisano, Guardian Society, Community Foundations, United Way, AARP) • Revenue Generation (Fees, membership dues, partner sponsorship, Health Systems, ACOs, private insurances) 										
<p>Environmental Scan</p> <ul style="list-style-type: none"> • Demographic imperative • Uncertain Federal funding landscape • State priorities areas (Women, Labor, DOH, OPWDD, Children, Kinship Care) • State Initiative: "Health Across All Policies" • Health System Recognition (readmissions) • Caregiver identification/awareness challenge • Potential for Technology support/reach • Large geographic coverage region (+Rural) • For-Profit Incursion (private sector) 	<table border="0"> <tr> <td><u>Funding Levels</u></td> <td><u>Proposed Model</u></td> </tr> <tr> <td>Level 1: \$100,000</td> <td>Resource Center</td> </tr> <tr> <td>Level 2: \$200,000</td> <td>Regional Collaborative</td> </tr> <tr> <td>Level 3: \$300,000</td> <td>Statewide Hub-and-Spoke Model</td> </tr> <tr> <td>Level 4: \$1,000,000</td> <td>National Respite Leader</td> </tr> </table> <p><u>Funding Timelines:</u></p> <ul style="list-style-type: none"> • Current ACL Funding: through August 2020 • Proposed No-Cost Extension: December 2020/March 2021 • Current HRSA Funding: through June 2024 	<u>Funding Levels</u>	<u>Proposed Model</u>	Level 1: \$100,000	Resource Center	Level 2: \$200,000	Regional Collaborative	Level 3: \$300,000	Statewide Hub-and-Spoke Model	Level 4: \$1,000,000	National Respite Leader
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<p>Stakeholder Summit Recommendations</p> <ol style="list-style-type: none"> 1. Building Capacity 2. Workforce Development 3. Increasing Awareness and Utilization 4. Enhanced Collaboration 5. Enhanced Funding 6. Policy/Legislative Initiatives 	<p>PERFORMANCE MEASURES</p> <ul style="list-style-type: none"> ➤ Coalition Building: membership #, monthly calls participation, geography, website utilization, newsletter distribution, surveys ➤ Trainings: pre-/post- assessment and # trained for: REST, train-the-trainer, caregiver simulation, Powerful Tools for caregiving, mindfulness ➤ Services: Volunteer (#, hours, retention), # respite programs, trainer established in every county ➤ NY Connects: # respite services listed, utilization ➤ Mini-grants: required data metrics and progress reports ➤ Funding: grant funding, foundation collaboration, revenue stream from trainings, membership dues revenue ➤ Defined future implementation strategy for evidence-based caregiver assessment (satisfaction, quality of life, and health related outcomes) ➤ Assessment of the caregiver experience as a result of respite participation 										
<p align="center">ACTIVITIES</p>											
<ol style="list-style-type: none"> 1) Build coalition support and expand NYSCRC representation/participation 2) Scale through partnerships, parallel state funding, and aligning activities 3) Utilize website, social media, and existing marketing materials to raise awareness 4) Engage employers in caregiving needs 5) Analysis of revenue pricing structure (fees, services, and membership dues) 6) NY Connects System Updates 											