

FY 2016 RESPITE PROGRAM ACROSS THE LIFESPAN OUTCOMES

November 2016

This report highlights the accomplishments of the Nebraska Lifespan Respite Services Program over the past year to meet the requirements of Neb. Rev. Stat. §68-1520 through §1528. The Nebraska Department of Health and Human Services (DHHS), Division of Children and Family Services, was responsible for program oversight covering the period July 1, 2015 to June 30, 2016. The primary focus was to further develop the existing respite infrastructure and utilization of respite services to eligible populations regardless of the family members' disability and/or chronic illness diagnosis, special needs or family circumstances.

Mission: Respite is a service that is designed to give caregivers a break from the demands of providing ongoing care for an individual with special needs. The Network provides information and referral, provider and caregiver training, and resource development for respite services.

The Lifespan Respite Care Act established the Nebraska Lifespan Respite Services Program, which consists of the following:

1. The Lifespan Respite Network designated to coordinate community respite services; and
2. The Lifespan Respite Subsidy Program designated to provide funding for caregivers to purchase respite services. The program is centralized and administered through the Department of Health and Human Service.



Nebraska Lifespan Respite Network

– Six local networks covering all 93 counties

The Lifespan Respite Network is a statewide system divided into six service areas, referred to as local networks. DHHS provides a Lifespan Respite Network contract to one agency in each of the areas. Each contracted agency, pursuant to statute, is responsible for providing the required network activities and supporting the mission of respite.



The following agencies currently hold a contract in their respective service areas:

1. Central Area - Central Nebraska Community Action Partnership
2. Eastern Area – UNMC-Munroe Meyer Institute
3. Northern Area - Central Nebraska Community Action Partnership
4. Southeast Area - YWCA - Lincoln
5. Southwest Area – Southwest Nebraska Public Health Department
6. Western Area – Panhandle Partnership Inc.

The Lifespan Respite Subsidy Program supports Respite Services, which provide short-term relief for primary family caregivers from the demands of ongoing care for an individual with special needs. The Program is family/self-directed and encourages each family to choose their own provider(s), decide how much to pay the provider(s) per hour or per day, the location for respite service delivery (in home or community setting), and determine their own schedule based on the family’s needs. This program is limited to those families who do not receive respite services from other governmental programs.

The Program offers qualified families up to \$125.00 per month to obtain planned respite services. Eligible families may also apply for additional crisis respite for up to \$1,000 per eligibility year, if specific criteria are met.

NEBRASKA LIFESPAN RESPITE NETWORK

The Network’s goal is to ensure families have increased knowledge and access to quality and inclusive lifespan respite resources to meet their specific respite needs. DHHS contractors were provided technical assistance to not only sustain, but further develop, the lifespan respite infrastructure and resources developed in recent years.

ACCOMPLISHMENTS:

Welcome to Nebraska Lifespan Respite Network. The care for those who care for others. **Respite care**, planned or emergency, is the provision of short-term, temporary relief to those who are caring for family members with special needs.

Family caregivers are often referred to as the backbone of America's long-term care system. A 2009 study estimated that 63.7 million people in nearly 52% of U.S. households acted as unpaid family caregivers. Respite care offers individuals or family members temporary relief from the daily routine and stress that can come with providing ongoing care. Respite care plays a critical role in strengthening family ability and maintaining the health of the family caregiver.

Family Caregivers | Providers | Employers | Partners & Advocates

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"The Respite Days have been so helpful to me to relax and take a little time for me. I can be a good mom and understand and live and deal with my son's disabilities."

What people are saying about RESPITE:

- A.** The Network continues to expand and enhance access to respite resources through online opportunities. Family caregivers, advocates, respite providers and agency partners are able to independently review the variety of information available at <https://nrrs.ne.gov/respite>. Offering the capacity to match Network providers with care recipient needs is a primary function of the respite search pages of this website. Provider details are downloaded nightly from the secure data collection and worksite referred to as “eLifespan Respite” based upon information collected by Respite Coordinators. The eLifespan Respite System and the Nebraska Resource and Referral System is a collaboration between DHHS and the University of NE- Lincoln, Center on Children, Families and the Law to collect data of family caregiver and provider contacts. This system is an evolving secure, online reporting and communication system created with a federal 3-year U.S. Department of Health and Human Services Administration for Community Living (ACL) respite integration grant (2016 was year two). In addition, data from the Lifespan Respite Subsidy Program is obtained from the DHHS CONNECT client eligibility system. Together, these systems are integral to the data collection needs of the Nebraska Lifespan Respite Network.
- B.** Under the leadership of DHHS and the University of NE – Center on Children, Families and the Law, continued to make progress on obtaining commitments from publicly-funded respite programs and volunteer respite programs to contribute data to Nebraska’s single platform of Respite Data. Although displayed data is not representative of all participating partners, the Respite Data Dashboard (*see visual below*) may be viewed at www.nrrs.ne.gov/respite/data. The goal of moving the “work in progress” programming from the test site to the public site was to provide viewers a glimpse of the breadth of family caregiving and respite delivery across the state. At a time when Nebraska is actively engaged in Long Term Care Redesign throughout the Medicaid programs, including an extensive overhaul of the Development Disabilities programming, it was important to include vital respite information in the many discussions and reports, even if programming and data collection is incomplete. Participating partners include the following DHHS programs: Division of Children & Family Services – Lifespan Respite Subsidy, Medically Handicapped Children’s Program/SSI-Disabled Children’s Program, Adult and Child Protective Services, Foster Care; Division of Developmental Disability – Adult Comprehensive Waiver, Children’s Waiver; Division of Medicaid & Long-Term Care – Aged & Disabled Medicaid Waiver, State Unit on Aging and the six local Area Agencies on Aging. Participating partners also include the follow Grant/Privatey Funded and Volunteer Programs: Alzheimer’s Association NE Chapter, Panhandle Partnership, Masterpiece Respite, Take a Break, Heartland Equine Therapeutic riding Academy (HETRA), Hastings Respite Resource Center, Lincoln Emerald Community, and the NE Brain Injury Alliance. More community partners are being identified and contacted for inclusion in this important project. The common response to the Dashboard was surprise at the magnitude of this effort but with a

willingness to share data and eagerness to access the results of the many systems at one convenient location.



Data by Program

The **Data Dashboard** provides access to current and historical lifespan respite data for the designated six regions of the Nebraska Lifespan Respite Network; Western, Southwest, Central, Southeast, Eastern, and Northern.

The underlying data used to generate the dashboard graphs are based on data sets from the publicly-funded and volunteer programs identified below, including the 2010 Census. The data shown is calculated as the end of each month, or as available.

[Aged and Disabled Waiver](#)

[Lifespan Respite Network](#)

[State Unit on Aging](#)

[Lifespan Respite Subsidy](#)

[Developmental Disabilities Adult Day Waiver](#)

[Developmental Disabilities Adult Comprehensive Waiver](#)

[Developmental Disabilities State Aid](#)

[Developmental Disabilities Childrens Waiver](#)

[Subsidized Adoption Payment Only](#)

[Subsidized Adoption Medicaid](#)

[Panhandle Respite Days](#)

Additional data will be included in future releases of the Dashboard. Please note that each individual dashboard page provides additional information pertaining to the data provided.

Beyond collecting comprehensive family caregiving data, benefits have resulted from introducing the Respite Data Dashboard project and the successful relationship building. Benefits range from considering cost-benefits of respite utilization, impacting systems-level barriers to respite access; such as, identified children and youth previously not being served by Children & Family Services who are now routinely referred to the Lifespan Respite Subsidy. Informing both state and local child protection and safety administrators and staff and juvenile justice partners of the importance of collecting respite data to demonstrate impact to families and assist in determining cost-effectiveness of respite provided many opportunities for collaboration. Similarly, planning discussions with staff and community representatives of the various programs within the Division of Developmental Disabilities (DDD) have resulted in an established referral process for persons on the DDD wait list and those no longer eligible for respite through other funding sources. Informal training for local DDD staff occurred at several levels and formal statewide training is being developed.

- C. For 2016, or Year Two of the three-year respite evaluation, conducted by UNMC-Munroe Meyer Institute, the focus continued to be on need, access, caregiver outcomes and system outcomes. The purpose was to continue to collect information from multiple funding and data sources to gather as much comprehensive

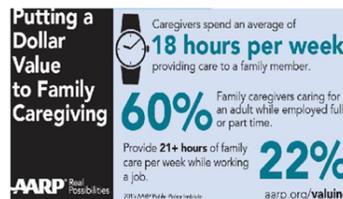
information possible about respite services in Nebraska and how those services are both provided and received. The issues of caregiver outcomes and statewide capacity were addressed within a systems level framework. A report is available that contains multiple sections: 1) Lifespan Respite Evaluation for 2016; 2) Employee Engagement Pilot Activities and Evaluation and 3) REST training activities and follow up data. Based on the pilot evaluation completed in September 2015, additions were made to the evaluation process for the 2016 evaluation. The family caregiver survey was distributed across funding sources and through multiple dissemination points. A respite provider survey was created and distributed as the pilot evaluation results indicated a need to understand the view point from the providers. Systems level collaboration was addressed on multiple levels through the regional coordinator interviews, the work on the Employee Engagement program and with the REST training activities and follow up. The intent of Year Two was to broaden and deepen the scope of the evaluation to provide multiple perspectives and diversity of experiences/thoughts as the management team determines how best to proceed for year three. Preliminary results were presented at the 17th Annual Elevate Respite National Conference in Denver, September 2016.

Recommendations from the 2016 Evaluation

1. A revision of the family caregiver survey is needed as the return rate did not hit the target.
 2. Items for the survey may need to include items on employment, work absences due to caregiving, and the number of unpaid respite hours received. These items would allow a more in depth cost effectiveness analysis to be conducted.
 3. Incorporate information from the data dashboard, which gathers respite data from multiple respite programs.
 4. Continue to evaluate the employee engagement and REST training programs.
 5. Consider alternative methods of collecting some of the information.
 6. Problem-solve the continued gap between family caregivers and the ability to find respite care providers. This is an ongoing concern and a discussion topic for the statewide respite group.
 7. Managing challenging behavior continues to be a concern for family caregivers and respite providers. How can this be addressed?
 8. Address the perceived gap in respite services for those in Nebraska's rural areas.
- D.** Employees as caregivers was a recent population target for respite outreach. Employer engagement activities introduced new resources and communication requirements that differ from traditional respite outreach methods. The Program Coordinator regularly seeks opportunities to identify resources to guide Lifespan Respite Network partners and contractors to be responsive to the challenges faced by employee caregivers and reduce the impact on the companies that employ them. Effectively reaching employers to bring awareness of employee caregiving needs and the impact to local businesses requires alternative approaches to respite outreach. Learning how to frame meaningful communication messages for targeted businesses, understanding wellness program options, affiliating with local human resource organizations and forging business partnerships to become positively

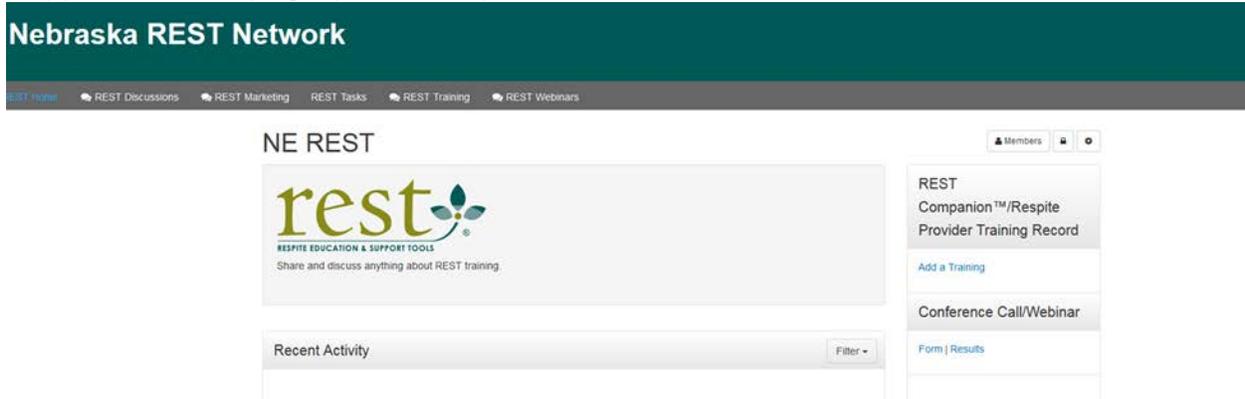
engaged and provide supportive peer mentoring on materials developed, sharing relevant experiences with business contacts, and emerging promising practices has been critical. One local network accessed a Board member's expertise as a professional writer to provide assistance in writing an article for business magazines. The eastern Nebraska network is forming a Business Advisory Committee to guide employer outreach strategies and review materials for appropriateness to meet target audience objectives. The University of Nebraska Medical Center, Munroe Meyer Institute and Nebraska Medicine are engaged in multiple respite initiatives, including an employer engagement pilot. Combining the expertise of practicing medical professionals, academic experts from multiple colleges within the University of Nebraska system, and administrators with Human Resource and Wellness responsibilities within both a university setting and physician/hospital corporate infrastructure has tremendous promise.

Statistics from the 2015
AARP Study of Caregivers



Goals of the UNMC Employer Engagement Pilot included: raising awareness of the needs of family caregivers, providing resources and information that can be provided to the University of Nebraska Medical Center (UNMC) and Nebraska Medicine employees, creating materials that can be used to replicate this pilot project in other employer sites across the state, and evaluating the cost-benefits of offering respite resources to UNMC. Throughout Year Two, we continued to develop relationships and contacts in UNMC and Nebraska Medicine's Human Resource (HR) Departments. UNMC Munroe-Meyer Institute (MMI) staff who is serving as the UNMC Employee Engagement Coordinator developed further working relationships with UNMC and Nebraska Medicine's HR staff, employee assistance Program (EAP) Counselors, and Public Relation managers to consistently disseminate Respite information to campus employees. Due to the size and diversity of programming on campus, we are continuing to find additional avenues to share respite resources to additional employees. The Employer Engagement pilot expanded significantly in Year Two. Increased marketing and outreach activities resulted in more recognition for respite across the UNMC campus, and also unexpected collaborations. For example, Children's Hospital Social Workers contacted MMI staff for additional information about respite and how the Lifespan Respite Subsidy Program can be used to send a child to camp after a press release and subsequent media coverage. Pilot materials and replicable strategies from UNMC-MMI-NE Medicine were utilized at the local level when appropriate. Employer outreach data and outcomes were tracked to assess local training needs for effectively targeting employers and employee caregivers (beyond the pilot activities).

- E. Respite Education and Support Tools (REST) is a nationally-recognized training curriculum that prepares volunteers and paid respite providers to understand the needs of individuals with disabilities or special needs across the lifespan. Use of ACL grant funds were used to evaluate the impact the REST curriculum has had in increasing the base of respite providers across the state. Staff from the University of Nebraska-Center on Children, Families and the Law (CCFL) were helpful partners with MMI and DHHS in creating the Nebraska REST webpage on the eLifespan Respite secure workplace Support Site webpage (see below).



The REST Companion™/Respite Provider Training database was designed to collect data on a) total cost of trainings including food and marketing, b) attendance and names of trainers (quality assurance oversight), c) how many participants become Network Respite providers and most importantly, d) the number of attendees who actually provide respite services, e) whether training is held or cancelled, f) type of marketing/outreach materials utilized to assess return on investment, and g) where the training was conducted.

As it became clear the REST Provider Training had consistent shortcomings in attracting attendance, Nebraska was tasked with exploring alternative methods of ensuring improved respite provider competence. A Lifespan Respite Provider calendar is maintained on the nrrs.ne.gov/respite/provider website but utilization of the posted resources did not meet expectations. One of the future strategies to be implemented to address the attendance challenge is to create an online provider orientation. REST continues to be offered as a choice of provider training but the pending training will serve as an important core quality assurance tool for the Network and families. Individual provider and systems-level training outcomes, provider work experiences/certifications/licenses/education levels, and reported provider skills are tracked by the eLifespan Respite System and incorporated into the formal respite evaluation facilitated by DHHS and UNMC-MMI. Discussions to address the systemic barriers of coordinating the independent Medicaid providers required by the HCBS Waivers and the Network-screened respite providers to meet demand are ongoing.

- F. Reached out statewide to local institutions of higher learning to recruit and train students to become respite providers. This strategy resulted in speaking engagements

at colleges; including social work and psychology classes, teacher education, certified nursing assistant programs and medication aid training classes, licensed or advanced practice nursing programs and physical/occupational therapy programs. This fall a pilot with UNMC, Munroe-Meyer Institute, Clarkson College and Metro Community College was established to include a service learning program to earn college credit for delivering respite care.

- G.** Some of the previously mentioned student audiences were included in efforts to inform Nebraska's healthcare system of the availability of respite resources. Medical providers benefitted from receiving visits from local Respite Coordinators who left materials with medical clinics and hospitals and provided presentations to office staff when possible. The NE Lifespan Respite Network brochure was included in a mailing of 1,500 dental kits targeting young children with disabilities as a Child & Maternal Health grant funded project through the Division of Public Health, "Together for Children & Families" Workgroup.
- H.** Examples of outcomes of the continued partnerships with the Division of Behavioral Health System of Care members were increased numbers of respite providers and family caregiver referrals made to the Lifespan Respite Network and identifying appropriate programs for respite funding. Nebraska partners were thrilled in April when the governor formally announced the statewide Behavioral Health System of Care Strategic Plan to be developed in response to the needs of children and youth who have a serious emotional disorder. In September, DHHS was awarded a \$12 million System of Care Cooperative Agreement grant, provided by \$3 million per year for four years from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement the System of Care. Respite services have an important role in implementing the required supports outlined in the grant.
- I.** Collaborated at the state and local level with the NE Caregiver Coalition and Nebraska AARP on the following:
 - a. Informing family caregivers and advocates that Nebraska Legislature passed the "Assisting Caregiver Transitions Act". The ACT recognizes the critical role family caregivers plan in keeping their loved ones out of costly institutions;
 - b. AARP online Caregiver Broadcast event;
 - c. Aging Nebraska Task Force statewide events;
 - d. Caregiving Day at the Ballpark (professional Minor League baseball);
 - e. Creating a facilitated telephone support group for family caregivers; and
 - f. Faith-Based Initiative to establish a Statewide Special Ministry Network.
- J.** Local Networks (six) solicited input from Advisory Committees, 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". Preliminary work in place to submit local Network recommendations to

the state and Project contractors by November 30, 2016 that reflect involvement of stakeholders advocating for full inclusion of family caregiving supports in funding long term care programs.

K. Leveraging Other Funds - Funds from the Nebraska Health Care Funding Act serve as an important financial basis for the local respite network contracted community agencies. Leveraging federal respite grant funds awarded to NDHHS from the United States Department of Health and Human Services, ACL Lifespan Respite Integration Program, allowed Network partners to provide an evaluation of respite services and innovative outreach activities to additional populations. The federal grant guided efforts to engage in activities among publicly-funded and volunteer respite programs, strengthen alliances or partnerships, and simultaneously accept limitations encountered by overly optimistic project deadlines or funding restrictions. To ensure sustainability, local networks by contract, were expected to apply independently or collaboratively for local, state or national grant(s), Senior Corps National & Community Program, AmeriCorps, Foster Grandparents, College Work Study or service learning experience, High School community service volunteer, or other sources of volunteer support for respite activities. Numerous grants have been written by organizations seeking funding to support a range of respite activities. Some of the grants did secure funding. This expectation has become a successful core infrastructure requirement as a result of Nebraska's Sustainability Planning grant. Requirements to routinely utilize, capture, and report in-kind opportunities and apply for additional grant funds were implemented. Many of the Respite Coordinators have other assigned responsibilities within their organizations so it is common while attending meetings or events to speak about respite or disseminate planned and crisis respite resources and conduct respite provider recruitment. For example, one Respite Coordinator attended a Public Health Department "Shelter in Place" exercise with an Emergency Response Coordinator. At the end of the exercise during the "hot wash", the Emergency Manager allowed the Respite Coordinator to speak to the group of law enforcement, Emergency Managers, Village Clerks, Veterinarians, RSVP Director, Police Chiefs, and Emergency Medical Technicians, Fire and Rescue personnel and many others. These types of opportunities are invaluable. They meet grant goals of employer engagement through respite outreach and access as audiences represent both potential providers needing to be informed of respite resources and family members of loved ones with potential respite needs. This southwest Nebraska Respite Coordinator received an invitation for additional speaking engagements from the example event and another group advised of funds available to support respite when a disaster occurs for families who have a loved one with a disability. That organization added respite information to their marketing material and supplies. Another example, a minimum of 300 people in southwest Nebraska were directly impacted when Nebraska Respite Network partnered with a regional Health Department Preparedness group during a Full Scale Mass Vaccination Exercise. During this event respite was the education piece of the exercise. Newspaper ads, radio, flyers and social media had a huge impact on getting information out. Participants and employers received respite resource information with minimal direct cost.

- L.** Progress was made with each of the six local networks to develop and implement local marketing and communication plans that informed families, system partners, advocates, businesses, providers, policy makers, funders, and other interested participants about family caregiving needs, promising practices and respite resources. The written plans were an additional supportive component of the local 3-year sustainability plan. This plan describes how communication activities are assessed for effectiveness, addresses defined respite priorities, technology and communication trends. Each network identified a local prominent spokesperson who assisted in developing messages or provided public support to respite events. For example, Dr. Julie Masters, University of Nebraska Lincoln, Gerontologist, enfolded the nrrs.ne.gov/respites information into her printed materials. She agreed to provide this information into her discussions and lectures, as well as public speaking engagements when appropriate to do so. Response was positive to the Plan as a tool to keep on track moving through the grant period.
- M.** Expanded outreach to new partners that included 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 efforts. As a result, local Respite Coordinators attended local “1184” meetings with county attorneys, sheriffs and designated deputies, DHHS CPS staff, probation staff, local principals and school counselors, and community resource program representatives. Respite resources were shared, including encouragement to utilize the Respite Data Dashboard information maintained on nrrs.ne.gov/respites/data. Local and state-level cross-agency collaboration was essential in identifying sources of respite to ensure comprehensive respite utilization and family caregiving need reporting.
- N.** Engaged corporate and non-profit businesses and employers in increasing respite awareness for employees as caregivers by attendance at monthly WELLCOM “coffee club” events. WELLCOM is a network of employers who are focused on doing what is right for their employees. The Wellness Council of the Midlands started in 1982 as a non-profit organization focused on workplace wellness. More than 30 years later, WELLCOM continues its mission of elevating workplace wellness and serves hundreds of employers throughout the Midwest. Grant partners provided content for a monthly e-newsletter distributed to approximately 450 individuals from approximately 200 area companies and served as a panelist at the March 2016 Stress Symposium.
- O.** Collaborated with a nursing instructor and doctoral student, at the University of Nebraska Medical Center, Clarkson College and Creighton University to support research to gain knowledge about the needs of parents with cancer who are raising young children (ages 0-14). This population has been found to be underserved by a variety of services. The goal of this project, concluded in November 2016, was to investigate what type of supports and services patients are getting and what they found most beneficial if available, specifically respite.

P. Currently the Lifespan Respite Network has 277 screened agency and individual providers statewide accessible to caregivers through a 1-866-RESPITE phone line that enables access to local Respite Network representatives. When caregivers called 1-866-RESPITE to seek assistance, Respite Coordinators empowered and helped with the following:

- Informed decision-making about respite need;
- Assisted with general resource questions, including questions about available funding, caregiver support groups, access to Medicaid programs, information about special trainings/events;
- Program eligibility and referral, if appropriate;
- Guidance on selecting competent providers to meet their individual needs; and
- When needed, identifying translators and interpreters to help non-English speaking families.

Funding is used for partnership development and coordination efforts with educational, medical and community entities to inform family caregivers, childcare providers, and mental health providers of available respite resources. In response to this respite need, a major focus of Network activity is to increase the number of trained respite providers. Lifespan Respite Network providers are required annually to pass criminal background checks, APS/CPS checks, sex offender registry checks, and initially provide personal reference checks. Providers represent both agencies and individuals. Efforts are made to recruit providers, through strategic outreach and collaboration with community organizations and individuals willing to work with targeted needs such as children with difficult behaviors. Outreach to recruit bilingual providers was done by contacting the Nebraska Association for Translators and Interpreters (NATI). Respite Coordinators continue to be challenged in rural areas with a shortage of respite providers dissatisfied due to the lack of work and distance. Health disparity issues are targeted for under-represented immigrant populations of young children with special needs as multicultural population changes are evident in several counties. Communicating with the migrant workforce and refugees representing many diverse nationalities and languages to ensure all populations of care recipient needs are met and simultaneously recruiting, training and retaining providers from representative cultural communities is difficult. The undocumented Hispanic, Sudanese, and Somalian populations are a concern. Respite Coordinators actively collaborate with DHHS Resource Developers for provider recruitment to identify individuals and agencies interested in serving multiple populations and minimizing duplication in provider approval requirements.

Service Area (Local Respite Network)	Current Network Providers
Southwest (Southwest NE Public Health Department, McCook)	28
Western (Panhandle Partnership, Inc., Chadron)	44
Northern (Central NE Community Action Program, Loup City)	43

Central (Central NE Community Action Program, Loup City)	60
Southeast (YWCA – Lincoln)	31
Eastern (UNMC-MMI, Omaha)	71
Statewide Total	277

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Find a Provider

NEBRASKA LIFESPAN RESPITE NETWORK

Search for Respite Services on the NRRS
Search among thousands of community agencies and organizations for the Respite care services and resources you need.

Crisis Respite
 In Home Provider
 Out Of Home Provider

City: _____
NE County: All Counties ▾
ZIP: _____
[Search]

♥ Indicates Lifespan Respite Network Screened
🌿 Indicates REST Certified

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RESPITE Provider Match
Complete a brief series of questions with the Respite Provider Match to guide you to Lifespan Respite Network-screened providers in your area who match you and your loved one's needs.

Please Contact a Local Network if you need additional assistance or have a local respite network contact you:
[Contact Me]

To facilitate easier respite provider recruitment, training and retention:

- A Provider Portal was created <http://support.answers4families.org/respite-providers>
- Created the Provider Calendar <http://support.answers4families.org/respite-providers/provider-calendar> designed to share training available from a wide variety of sources targeting a range of audiences from individual respite providers to licensed mental health professionals. This calendar is intended to offer awareness of trainings that are both free and at a cost; webinar or on-site.

Q. Monthly Respite Network Coordinator conference calls are held to provide technical assistance and training opportunities to support successful work plan implementation. Meetings, including formal and informal presentations, are routinely attended/provided in all 93 counties to offer external partners opportunities to improve awareness of respite resources and available information for families. Quarterly reporting on progress of implementing strategies, evaluating whether or not strategies met expected outcomes and effectiveness of specific activities of local network activities is required by agency contract Scope of Service and approved Work Plans. This quality assurance reporting system supplemented with Program Coordinator facilitated agency technical

assistance/quality assurance quarterly calls supports successful outcomes through feedback between Program Coordinator and DHHS contractors.

LIFESPAN RESPITE SUBSIDY:

The Lifespan Respite Subsidy program is currently serving 334 individuals with special needs. Between July 1, 2015 and June 30, 2016, the Lifespan Respite Subsidy Program served 943 total individuals (up from 750 individuals in state fiscal year 2015). Clients eligible for other programs providing respite services are referred to those appropriate programs. Total expenditures for FY 2016 was \$334,668.70 = \$287,959.70 (*direct services*) + \$46,709.00 (*UNL Board of Regents/CCFL*).

By age group:

Ages	Closed	Deny	Open	Grand Total
0-18	180	29	156	365
19-59	49	14	34	97
60+	234	48	199	481
Total	277	157	137	943

The 943 individuals opened, closed or denied for services had one or more of the following special needs:

Reported Need (not unduplicated)	Total
Aggressive or Disruptive Behavior (ages 7-18)	38
Alzheimer's Disease	42
Anxiety Disorders	107
Arthritis Or Other Joint Problems	50
Asthma	17
Autism/Autism Spectrum Disorder	112
Behavior Disorder-Early Development Network/Respite	21
Behavior Disorder (3-18)	121
Blood problems, such as Anemia or Sickle Cell Disease	7
Brain Injury-Other	12
Brain Injury-Stroke/CVA	16
Brain injury-TBI	6
Cancer	24
Cerebral Palsy	16
Chromosomal Abnormality	9
Chronic Obstructive Pulmonary Disease (COPD)	41
Congestive Heart Failure	13
Coronary Heart Disease	28
Deaf- Blindness	1
Dementia other than Alzheimer's Disease	27
Depression	101

Developmental Delay	123
Diabetes – Type I	35
Digestive System Disorder	12
Down Syndrome	18
Endocrine	2
Enuresis	1
Failure to Thrive	5
Fetal Alcohol Syndrome	10
Growth Hormone Deficiency	1
Hearing Impairments/Hearing Aids	27
Heart Condition	27
Intellectual Disability or Developmental Delay	50
Kidney	6
Mental Handicap-Mild	4
Mental Handicap-Moderate	12
Mental Handicap- Severe & Persistent	2
Mental Illness	60
Multiple Impairments	38
Multiple Sclerosis	7
Muscular Dystrophy	2
Neurodegenerative Disease - Other	7
Neurology	3
Orthopedic Impairments	18
Other Health Impairments	38
PTSD – Post Traumatic Stress Disorder	1
Paraplegia	6
Parkinson’s Disease	6
Prader-Willi Syndrome	1
Prematurity	8
Quadriplegia	1
Reactive Attachment Disorder	18
Renal Failure	3
Respiratory System Disorder	2
Scoliosis	2
Seizure Disorder	35
Self-Harm or Self-Abusive Behaviors	8
Serious Emotional Disturbance (age 6 through 17)	6
Severe Allergies	5
Speech-Language Impairments	124
Spinal Cord Injury	6
Spinal Disorder	7
Urology	5
Visual Impairments	22

Referral Source	Total
Area Agency on Aging	14
Child Care Provider	2
Child or Grandchild	10

Community Agency	10
Early Development Network	15
Grandparent	3
Head Start	1
Health Care Provider	19
Health & Human Services	14
Hospital	7
Legal Guardian or Conservator	5
Mental Health Provider	22
Nursing Facility	2
Parent	97
Physician, Physician Assistant or Nurse	2
Relative	34
Respite Network Coordinator	20
School	12
Self	16
Spouse	9
Support Group	1
Other Services Coordinator	6
Other	5

Service Area Name	# Client
Central	74
Eastern	80
Northern	49
Southeast	89
Southwest	26
Western	16
Grand Total	334

Respite Detail Age Group	# Client
0 - 2	17
3 - 5	44
6 - 18	156
19 - 35	40
36 - 50	7
51 - 64	10
65 - 74	17
75 - 84	20
85 and older	23
Grand Total	334

*The above two tables show the service area and age break out for cases open as of November 30, 2016

Respectfully Submitted by:

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