

**MEASURING  
SYSTEMS  
CHANGE AND  
CONSUMER  
OUTCOMES**

*Recommendations for Developing Performance Metrics  
for State Lifespan Respite Programs*





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**T**he mission of the ARCH National Respite Network and Resource Center is to assist and promote the development of quality respite and crisis care programs; to help families locate respite and crisis care services in their communities; and to serve as a strong voice for respite in all forums.

The ARCH National Respite Network and Resource Center consists of the ARCH National Respite Resource Center, the training and technical assistance division, which provides support to service providers and families through consultation, training, evaluation, and research. The ARCH National Respite Network also includes the National Respite Locator, a service to help family caregivers and professionals locate respite services and funding sources in their community, the National Respite Coalition, a service that advocates for preserving and promoting respite in policy and programs at the national, state, and local levels, and the Lifespan Respite Technical Assistance Center, which is funded by the Administration for Community Living (ACL), Administration on Aging (AoA) in the US Department of Health and Human Services. The Lifespan Respite TA Center provides training and technical assistance to State Lifespan Respite grantees and their stakeholders, including State Respite coalitions, ADRC representatives, and others interested in building accessible respite systems at the state and local levels.

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## Lifespan Respite Technical Assistance Center – August 2014

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## MEASURING SYSTEMS CHANGE AND CONSUMER OUTCOMES

*Recommendations for Developing Performance Metrics for State Lifespan Respite Programs*





## Introduction

**D**emonstrating the efficient and effective use of resources is a hallmark of sound publicly-funded programs. This can be accomplished through the development of well thought-out performance metrics and strategies for collecting meaningful data. Such data can provide confidence that expended resources are yielding maximum results, document that services are benefitting consumers, and make the case to funders, policy makers and other stakeholders that the initiative is worthy of ongoing support. Performance measurement can also help monitor and manage programs and inform budgetary and strategic planning.

Accountability for how public resources are used and the results they produce is also a practical and ethical necessity. It is practical because it establishes a case for sustainability and provides data for continuous quality improvement; it's ethical because funders and the public should know what is happening with public funds.

### ORIGIN AND PURPOSE OF THIS DOCUMENT

This document was developed to assist current and future Lifespan Respite grantees conceptualize, develop, and implement useful performance metrics. It is intended to assist Lifespan Respite grantees and their partners as they consider how they might demonstrate program results to a variety of audiences, including consumers, legislators, staff, partners, and funders. It will help programs as they make decisions about the types of

information they need to design programs and to measure performance.

The guide provides a roadmap with tools and step-by-step suggestions for developing a performance measurement plan that will reflect the unique goals, activities and

*Tools and suggestions are offered for developing a performance measurement plan that reflects the unique goals, activities and approaches undertaken by State Lifespan Respite grantees and their partners.*

approaches undertaken by State Lifespan Respite grantees and their partners. It will define and provide examples of performance targets and suggestions for measuring them. Finally, it will offer examples of how grantees can plan and document their individual program's performance targets and collect appropriate data for measurement and reporting purposes.

Although all grantees are held accountable for the goals and objectives identified in their grant proposals, there is no requirement for grantees to use the methods or examples described in this document. Rather, the information should be used as a reference for planning strategies for measuring a project's performance over the course of the grant.

The information contained in this guide is a result of a collaborative effort between

Throughout this document, Lifespan Respite "program" may be used interchangeably with Lifespan Respite "project". Some states refer to their efforts as projects rather than programs, depending on their scope of activities.

the Administration for Community Living (ACL)/Administration on Aging (AoA), the ARCH National Respite Network and Resource Center, and Lifespan Respite grantees and their partners who made valuable suggestions and shared tools and resources that grew out of their work that may be useful to others. The bulk of the initial work was guided by a Data Workgroup, convened by ACL and ARCH, and composed of prominent data experts and researchers, including individuals from universities, national research, aging and disability organizations, the ACL Office of Performance and Evaluation, the Administration for Intellectual and Developmental Disabilities, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the US Department of Health and Human Services. Several state Lifespan Respite grantees also served on the initial Data Workgroup (Appendix 1). The workgroup met over many months to lay the groundwork and oversee the development and selection of the initial list of suggested outcomes and indicators to support the activities undertaken by Lifespan Respite grantees.

### THE LIFESPAN RESPITE CARE PROGRAM (LRCP)

The overarching goal of the Lifespan Respite Care Program is to improve the delivery and quality of respite services by supporting, expanding, and streamlining

coordinated systems of community-based respite for all family caregivers across the disability and age spectrum. Through coordination of disparate and

fragmented respite services and funding streams, states can enhance access to a variety of quality respite options and resources for family caregivers, maximize use of existing resources, and leverage new ones. To meet this goal, committed and effective partnerships across a broad range of organizations must be in place, resulting in a systems change that facilitates improvements in respite quality, availability and access.

The second focus of the program is to ensure that these systems changes, along with respite services, provider training and recruitment, and family caregiver education lead to measurable improvements in caregiver, care recipient and family outcomes, including reduced stress, improved caregiver health and well-being, enhanced family relationships, and better quality of life.

The Lifespan Respite Care Program was authorized by Public Law P.L.109-442 for the following purposes:

- Expand and enhance respite care services to family members;
- Improve the statewide dissemination and coordination of respite care; and
- Provide, supplement, or improve access and quality of respite care services to family caregivers, thereby reducing family caregiver strain.

Successful Lifespan Respite grantees are expected to:

- Work through Aging and Disability Resource Centers (ADRCs), and in collaboration with state respite coalitions or other state respite organizations to enhance and expand the availability of Lifespan Respite services in the state;
- Establish state and local coordinated Lifespan Respite Care systems to serve

*The overarching goal of the Lifespan Respite Care Program is to improve the delivery and quality of respite services.*

family caregivers regardless of age or special need of the care recipient;

- Develop and provide new and planned emergency respite services;
- Train and recruit respite workers and volunteers; and
- Assist caregivers in gaining access to respite care services.

While these expectations for Lifespan Respite grantees have been explicitly laid out in ACL's annual Lifespan Respite Funding Opportunity Announcements (FOAs), states have considerable latitude in how they design and implement their Lifespan Respite systems, services, and activities to meet their individual goals and objectives. To date, the grantees have made considerable progress towards building sustainable programs capable of meeting the respite care needs of caregivers across the lifespan. Since 2009, many states have performed needs assessments and environmental scans to determine the respite funding streams available, programs in existence, data collection, populations served and gaps in each area. They have broadened stakeholder collaborations to ensure representation of all age and disability groups as well as the broadest possible cross section of the provider network.

Examples of other activities grantees have undertaken to develop comprehensive and sustainable Lifespan Respite programs include:

- Development and adoption of statewide respite plans and/or policies to guide

further development of respite and caregiver support programs;

- Outreach and education to caregivers;
- Integrating Lifespan Respite principles and practice into other statewide activities designed to improve systems and services for individuals of all ages with disabilities and their family caregivers;
- Developing, expanding and enhancing Aging and Disability Resource Center (ADRC) or other databases and web sites to make respite information and access more easily attainable;

*Since 2009, many states have performed needs assessments and environmental scans to determine the respite funding streams available, programs in existence, data collection, populations served and gaps in each area.*

- Addressing the emergency respite needs of family caregivers;
- Development and implementation of person-centered respite voucher programs;
- Working with faith-based organizations and churches and synagogues to develop community-wide respite options; and
- Increasing the workforce available to provide respite by recruiting, training and retaining volunteers to fill gaps in respite services.

## Performance Measurement: What It Is and What It Isn't

**I**n developing project proposals and work plans to carry out their grant activities, applicants for Lifespan Respite program funds are expected to establish a goal or goals, project objectives and related tasks, and measurable outcomes. Throughout the grant's lifecycle, semi-annual reports to ACL/AoA are the primary means by which Lifespan Respite programs document progress. Therefore, a well-structured plan for performance measurement is critical for Lifespan Respite grantees to demonstrate the degree to which a program's activities are working (or not) and what they have accomplished at the end of the grant period. If you don't measure performance you will not be able to:

- 1 Recognize that some activities identified in your work plan are not resulting in the outcomes you were expecting and may need to be modified.
- 2 Show that your investments of time and resources were successful.

*If you can't define what success means, you can't determine or demonstrate that it's been achieved.*

### RELATIONSHIP BETWEEN PERFORMANCE MEASUREMENT AND PROGRAM EVALUATION

This document focuses on performance measurement rather than program evaluation, which typically requires information and approaches that may be beyond the scope and resources of a Lifespan Respite program. Performance measurement is a component of evaluation. There is a variety of ways these terms are used, but for the purposes of this document, definitions issued by the United States Government Accountability Office (GAO) will be used. (See page 5.)

### HOW IS SUCCESS DETERMINED?

When thinking about whether a program is successful, it is essential to:

- Identify what success is.
- Describe how you would know success if you saw it.

Performance measurement is gauging the degree of success. If a program performs well, it will meet, or come close to meeting, its targeted outcomes. Identifying outcomes is a way of operationalizing success. If you can't define what success means, you can't determine or demonstrate that it's been achieved. A performance plan should include the following components:

**Outcomes** state what a program should achieve if it is successful. They identify changes in status, beliefs, and behaviors that will be realized as a result of your activities. Well before you begin to provide services or

implement planned activities, and certainly before you collect data, you must first articulate the harbingers of success – the outcomes to be measured.

**Indicators** are things that can be seen, heard, or counted that tell you an outcome is achieved. For example, let's say a respite program, we'll call it the Relax and Recharge Respite program (Triple-R) identified the following as an outcome: *Caregivers experience improved well-being.*

After selecting the outcome, they now need to spell out what they mean by *improved well-being*. What would you see, hear or count that indicates a caregiver is experiencing improved well-being? Those indicators might include such things as reduced stress, improved relationships with family members, and increased time to engage in social activities.

**Measurement** of the indicators requires the use of tools or instruments such as surveys, tally sheets, questionnaires, and time logs.

Using the example of the Triple-R program, a pre-post self-report survey that asks about stress and family relationships might be used as a measurement tool.

If a caregiver enrolled in the respite program did not show improvement on the pre-post survey, does that mean the program is unsuccessful? Maybe, but not necessarily. There are other factors to consider. When you measure performance, it is also important to track the way your program is implemented.

**Tracking Program Implementation.** As you planned your Lifespan Respite program's or project's approach, you most likely identified some very specific activities that would occur in order for you to reach your goals. You may have specified exactly when and how often

## U.S. Government Accountability Office Definitions for Performance Measurement and Evaluation

### Different Focus

**PERFORMANCE MEASUREMENT** focuses on whether a program has achieved its objectives, expressed as measurable performance standards.

**PROGRAM EVALUATIONS** typically examine a broader range of information on program performance and its context than is feasible to monitor on an ongoing basis. Depending on their focus, evaluations may examine aspects of program operations (such as in a process evaluation) or factors in the program environment that may impede or contribute to its success, to help explain the linkages between program inputs, activities, outputs, and outcomes.

Alternatively, evaluations may assess the program's effects beyond its intended objectives, or estimate what would have occurred in the absence of the program, in order to assess the program's net impact. Additionally, program evaluations may systematically compare the effectiveness of alternative programs aimed at the same objective.

### Different Use

Both forms of assessment – performance measurement and program evaluations – aim to support resource allocation and other policy decisions to improve service delivery and program effectiveness. But performance measurement, because of its ongoing nature, can serve as an early warning system to management and as a vehicle for improving accountability to the public.

A program evaluation's typically more in-depth examination of program performance and context allows for an overall assessment of whether the program works and identification of adjustments that may improve its results.

**Source:** US Government Accountability Office. (2011). Performance Measurement and Evaluation Definitions and Relationships. (GAO Publication No. 11-646SP1). Washington, D.C.: U.S. Government Printing Office. <http://www.gao.gov/assets/80/77277.pdf>

activities or events would occur, who would be involved, how decisions would be made, and so on. You planned activities based on what you believed would be the best approach for achieving your outcomes. But sometimes things do not go according to plan. If you deviated from your plan, keep records of how and why.

If your program wasn't implemented as intended, then whether or not the outcomes were achieved cannot be tied to the plan. Let's say a Lifespan Respite program's plan included having an information booth at each county fair in the state, but the underwriter unexpectedly backed out and there were not enough volunteers to staff the booths. There weren't enough printed materials to pass out and much of the time no one was in the booths to answer questions. The Lifespan

Respite program also planned to offer classes for family caregivers in choosing a provider, but an unexpected increase in

another budget line item forced a cancellation of the classes. Poor results related to increasing public understanding of respite and improving caregivers' ability to select appropriate services could be due to poor implementation of the plan. Whether or not the plan would have led to the targeted outcomes can only be an object of speculation. Documenting how services were actually offered and received is necessary to link a program model with outcomes.

**A final note before moving on:** If a program does not meet the standards they have set, it does not signify failure. Ongoing performance measurement and tracking program implementation is a means for ensuring caregivers and families receive the most effective services. If performance standards were not met, efforts should be made to understand why and to plan how to correct course. If performance standards were met, consider what aspects of the program worked best and make plans for maintaining or strengthening them. Performance measurement is part of a continuous quality improvement (CQI) cycle.

*Performance measurement is part of a continuous quality improvement (CQI) cycle.*



# Measuring Performance in Lifespan Respite Programs

Lifespan Respite grantees should carefully consider what is necessary to measure performance and develop a plan for determining success. At a minimum, a plan for measuring a project's performance should be based on the following factors:

- Anticipated systems development activities and/or services to be provided,
- Desired outcomes and indicators, and
- Methods for measurement.

## DEVELOPING AND MEASURING OUTCOMES

The first step in the process as described here is identifying measurable outcomes. Outcomes state what a program should achieve if it is successful. The information presented is intended to help grantees select outcomes that will best describe what their unique project hopes to achieve. Articulating outcomes from the outset is critical to development of the work plan and should guide the selection of activities to be undertaken. Ultimately, the outcomes, by defining progress and success, form the heart of the performance plan.

## A TWO-PRONGED APPROACH: SYSTEMS CHANGE AND CONSUMER OUTCOMES

Since implementation of the Lifespan Respite Care Program began, outcomes have emerged in two broad areas: systems change and caregiver/consumer impacts.

All Lifespan Respite grantees are charged with supporting, expanding, and streamlining coordinated systems of community-based respite. In general, this means the plan for measuring performance will likely need to include outcomes related to systems change. Such outcomes would describe how organizations, relationships between organizations, and service access and delivery systems will be different if the Lifespan Respite grantee is successful. For example, this may include identifying outcomes that describe changes to existing systems, infrastructures, and state and community-level collaboration that will improve family caregiver access to respite services, resources, funding and information, and increase respite service capacity through provider training and recruitment or other means.

More and more, Lifespan Respite grantees are using some portion of their grant funds to offer respite services to caregivers. Some grantees will engage in direct service delivery of respite to family caregivers through a variety of mechanisms including person-centered vouchers, volunteer and faith-based respite services, and public and private community-based respite programs. A different set of consumer outcomes based on the impact of respite on family caregivers, care recipients or family systems is needed to determine the success of these efforts. Since respite is meant to be a service designed primarily for the benefit of the family caregiver, the majority of outcomes discussed

*Outcomes form the heart of the performance plan.*

in this document will focus on caregiver outcomes, and will be referred to as such. However, outcomes for care recipients and family systems are also important to measure as they may result in benefits for the family caregiver as well.

Each state grantee is starting from a different baseline. Some states may already have in place a local or statewide system for coordinating respite information and resources, a state coalition that has strong and diverse partnerships, or best practices in state or community service delivery options. Others may be starting from scratch in one or all of these areas and may only be able to progress based on the available resources at hand. Whether the grantee is developing new systems and services, or expanding and enhancing existing approaches, will determine the type and intensity of the activities they choose to pursue. The grantee's approach, work plan activities, and actual implementation of their Lifespan Respite grant will be unique. As a result, the outcomes selected by each grantee to demonstrate what they hope to achieve will be different as well.

Outcomes used to describe systems change are sometimes harder to grasp or visualize than outcomes related directly to caregiver/consumer outcomes. Demonstrating success in systems change may also seem a bit more elusive than seeing the concrete successes of providing direct services to family caregivers, care recipients or families. This document has attempted to provide suggested outcomes and sample indicators that will be easily measurable and will help tell the story of program success, whether you are looking at systems changes or caregiver/consumer outcomes. Selecting from the menu of outcomes and indicators provided in this document or developing new ones will depend

on the grantee's individual goals and the activities they choose to undertake to achieve the desired results.

## **COST BENEFITS**

In addition, an understanding of the cost/benefit of respite is also a goal of the program. Although the driving spirit behind the Lifespan Respite program is the desire to help facilitate improvements in the well-being of caregivers, care recipients, their families, and their communities, the costs of the Lifespan Respite program need to be examined as well as the benefits. Public and private health and social service systems may benefit from cost-savings related to reduced hospitalizations, avoidance or delay of foster care, nursing home, and other out-of-home placements, and businesses could benefit from a more productive and reliable workforce that includes a growing number of family caregivers.

It can be challenging to capture the true costs of a given program, especially when costs may be spread over more than one program and shared between public and private sources. Budgets change over time, and start-up costs are generally higher than costs to sustain programs once in full implementation. A rigorous cost-benefit analysis will probably be beyond the scope or resources of most Lifespan Respite grantees. However, tracking how much each element of a program costs is as important as tracking how a program was implemented and what outcomes were achieved. From the start, Lifespan Respite grantees will be expected to maintain accurate records on how funds were used. These records will be useful in years to come when cost/benefits and cost/effectiveness can be more carefully examined.

# Tools for Developing Outcomes and Performance Measures

The ways in which performance metrics are displayed or explained can take many forms. Flow diagrams, narratives, logic models, and other formats are all acceptable if they meet your needs, contain the important components defined and articulated in this document, and if they are simple and easy to follow and understand.

## USING A LOGIC MODEL FOR DEVELOPING OUTCOMES AND PERFORMANCE MEASURES

While Lifespan Respite grantees are not required to develop a logic model, prospective or current grantees may find them to be a useful tool in guiding the development of a program's goal(s), objectives and desired outcomes. A logic model is one way to conceptualize and document a program's approach for setting goals and measuring success.

Logic models are useful in illustrating the linkages between the proposal's goals, objectives, outcomes and performance measures. Logic models are often used as a blueprint for planning, implementing, and evaluating services. A logic model is a diagram that explains what the services are, what they are trying to achieve, and how you know you have achieved it. There should be logical connections between the services and each logic model element.

## Suggested Content for a Lifespan Respite Logic Model

Most logic models include the content briefly described below<sup>1</sup>, although there may be some variation in the use of terms across different models (see the logic model Glossary on page 30).

### Logic Model Content

**GOAL or VISION** – A broad statement of the overarching purpose behind your activities.

**TARGET POPULATION** – A brief description of the individuals or organizations you will be serving, and the issues or problems your services are theoretically designed to address.

**OUTCOMES** – The positive changes your services or activities are expected to achieve.

**INDICATORS** – Measurable evidence that the outcomes are being achieved. It is in this section that you set your performance standards.

**MEASUREMENT** – The tools you will use to measure the indicators. It is in this section that you identify the tools you will use to set performance standards.

**ACTIVITIES** – The work you will undertake in order to achieve the outcomes. These are sometimes referred to as outputs or services, and occasionally as objectives.

**RESOURCES** – The funds, supplies, equipment, staff and relationships needed to provide services. These are sometimes referred to as inputs.

**ASSUMPTIONS** – The reasons you believe the activities you undertake will bring about the desired outcomes.

<sup>1</sup> Some logic model formats also have sections for identifying the social problem the program is trying to solve.

## Steps to Logic Model Development

A Logic Model is so named because it represents a visual illustration of “logical steps” from envisioning the broad goal we hope to achieve to the final demonstration of what occurred in a concise and appealing format. If you follow this step-by-step guide to developing your performance measurement plan in the form of a logic model, the process

of implementing activities and measuring the results may become less daunting.

- 1 **The first step in the development of any performance measurement plan is articulating the GOAL or VISION for the initiative.**

*A goal is a statement that describes the overarching purpose of your activities.*

All activities and outcomes should contribute to the achievement of your goal. Your goal statement is a reflection of the purpose behind your actions. Example:

“Establish an inclusive, sustainable state-wide Respite System that is fully integrated into the state’s systems of services and supports for caregivers and persons with disabilities and increases caregiver access to respite.”

The remaining content of your logic model will show how your goal will be achieved and how you will demonstrate achievement.

- 2 **Identify the TARGET POPULATION.**

*The target population is a description of the population your program is targeting for services.*

Lifespan Respite grantees may be targeting both individuals (e.g. caregivers, care recipients) and organizations (e.g. Area Agency on Aging, State Health Department, etc.). You may also indicate the needs of the target population that you intend to address through your services and activities.

## A Way to Think about Outcomes

They are...

### short-term if...

The change is in **status, attitude, belief, or knowledge.**

This includes engagement, such as a shift in perception and acceptance of respite; and learning, such as learning about the benefits of respite, how respite programs are funded, or how it can be accessed.

### intermediate if...

The change is **behavioral.**

This includes practicing new skills, and trying out behaviors learned through the program, such as a caregiver trying out respite for the first time, or a social service agency entering into an agreement with a respite program and making its first referral.

### long-term if...

The change is **lasting and maintained over time.\***

This can include such changes as a caregiver routinely using respite and experiencing better health as a result.

It can also refer to changes in larger social structures, for example, a shift in community norms or laws.

\* Some programs can’t measure long-term outcomes due to the length of time they maintain contact with caregivers or track social change over time. For outcomes you cannot measure, but hope to achieve, it may be best to use them in a vision statement.

**3 Identify the OUTCOMES you wish your activities to achieve.**

*Outcomes are a description of how your systems will (or are expected to) change or consumers will be impacted (change in beliefs, behaviors, status) as a result of grant activities.*

In determining outcomes, ask, “What is the desired impact our services will bring about for family caregivers or consumers?” or “What is the desired change to our system that our grant activities will bring about?” They should always be measurable.

Outcomes are usually broken into three broad categories: short-term, intermediate (or intermediate-term) and long-term. Although their titles suggest time frames, they don’t necessarily need to be tied to a time frame (although many logic-model formats do specify time frames.)

**4 Carefully select the INDICATORS.**

*Indicators are concrete descriptions of what you would see or hear as evidence that an outcome is achieved.*

Indicators provide a direct link to the data you need to collect and the tool or tools you will use to measure it. Indicators are often expressed in either numbers or percentages. Notice how indicators can operationalize and define the outcome – they clarify what is meant by the outcome and what you plan to measure.

When you define the amount of change you expect in a specific timeframe, you are setting what are called “performance targets.” You are engaged in performance measurement when you measure your indicators. Be thoughtful about setting targets. If they are too ambitious, you may be setting yourself up to fail. Neither do you want to set performance targets too low. Be ambitious within the time-frame, but set reasonable performance targets.

You will be accountable for measuring your indicators. Therefore, they need to be something you can see, hear, count or otherwise measure. In the example below, to measure any of the indicators you would need to have access to administrative records and baseline data. If you don’t have a way to measure an indicator, it’s best not to include it (or to use the initial measurement period to establish the baseline for that indicator).

*You will be accountable for measuring your indicators. They need to be something you can see, hear, count or otherwise measure.*

**Outcome: A system that ensures the efficient use of respite resources as indicated by...**

- |   |   |   |  |
|---|---|---|--|
| <b>1</b>  | <b>2</b>  | <b>3</b>  | <b>4</b>   |
| The time between caregivers’ request for services and receipt of respite is decreased by 50%. | The number of steps required for a caregiver to receive respite services is decreased by 25%. | Lifespan Respite programs process vouchers in a shorter period of time than other state programs. | Across the state, administrative costs to provide/support respite services are reduced by 10%. |

**5 Identify, select or create appropriate approach to outcome MEASUREMENT.**

*Measurement tools are used to capture information about whether or not an outcome has been achieved.*

Your measurement tools need to be tied directly to your indicators.

Measurement tools can be simple, such as a check-list a caregiver keeps to record how respite was used, or tally sheets used to count the number of referrals received.

They can also be more complicated types of surveys, tests and observational assessments. Some may require a high level of skill and training to use. Any program, regardless of its size or budget should be able to find a way to measure outcomes.

Any measurement tool you select should be directly related to one or more of your indicators. Let's see how this works. The example below illustrates the desired

experience reduced stress, The Index of Clinical Stress was selected as a measurement tool.

Choose tools carefully to make sure they accurately measure the indicators you have set and that you have access to the necessary data. Find out what tools similar programs have used; ask others about their experiences using them.

An instrument's reliability and validity need to be considered before making the decision to use it. Simply put, when the results yielded from a given tool are consistent, then the tool is considered reliable. A tool's validity is related to whether or not it measures what it's supposed to measure. It is possible that your results will not be considered credible unless the tools chosen to measure your outcomes exhibit reliability and validity. In the example cited, The Index of Clinical Stress was identified as a measurement tool. This tool has been tested and has good reliability and validity ratings.



Although it is desirable to use tools that have been developed and tested for reliability and validity, there will be times when no such tool exists for the outcome

*Choose tools carefully to make sure they accurately measure the indicators you have set.*

relationship. Although there might be many indicators for the outcome, "Caregivers experience improved well-being," for demonstration purposes this example shows only one.

To measure whether or not caregivers

you wish to measure. This does not mean you should abandon the outcome. In some instances, you may need to construct scales, check-lists and tally sheets to track indicators. You may borrow and adapt tools used by other programs. The section in this document titled **Menu of Outcomes and Indicators** (see page 16) contains links to tools used by other Lifespan Respite grantees or partners and links

to information about other measurement tools that may be appropriate for the indicators you are measuring.

It may be unrealistic to expect to find an off-the-shelf, reliable and valid measurement tool that captures the specific information you need. You may need to design your own tools or adapt existing ones. That said, any tool you design needs to be internally field-tested for such things as clarity, readability, and utility.<sup>2</sup> It is as important to have protocols for administering self-designed measurement tools as it is to follow protocols developed for existing tools. For example, one staff person may count a phone call as a referral, and another staff person may count it as an inquiry. Without internal clarification and training, you may be collecting data that are difficult to codify, and may lead to inaccurate, misleading, or specious findings.

**6 Plan, design or select the ACTIVITIES, sometimes referred to as outputs, services, strategies, or objectives.**

*Activities are what you will do to achieve your outcomes.*

Begin by asking the question: what specific activities will you provide or facilitate that should lead to the intended outcomes?

Describe the approaches, program, or strategies you will offer that are designed to achieve your identified outcomes.

Because a logic model is generally limited to one page, you will not be able to go into detail.

<sup>2</sup> Testing for reliability and validity may be undertaken on your internally-developed measurement tools, but the process is lengthy, will require a large number of participants, and requires a carefully planned and implemented research design. Often, the validation process takes many months or even years, and sometimes numerous studies.

However, provide enough information for a reader to get the gist of your services. For example:

- “Provide training for Lifespan Respite stakeholders in using a web-enabled database for tracking availability of providers, funding, and other respite resources across the state.”
- “Hold quarterly meetings with a Lifespan Respite advisory board to review activities and accomplishments and to get their feedback and suggestions for Continuous Quality Improvement.”

Clearly, a great deal of activity would go into either of the two examples above, and one would expect that a work plan or manual will detail that activity. For the logic model, a broad brush stroke is sufficient.

*For the logic model, a broad brush stroke is sufficient.*

**7 Research and identify the RESOURCES you will need to implement your chosen services or activities.**

*Resources are what you need to put into the program to make it run.*

Resources (or inputs, investments) include funding and in-kind services. You may want to identify the resources already secured as well as the resources that are being sought. You may also want to use this section to specify less tangible resources, such as relationships with partners or in-kind, non-monetary resources, such as volunteer hours or donated space. If it is important to the delivery of services or programming, you should consider including it here.

This section should demonstrate that you have the means to provide services or implement

activities as described in your logic model. If not, can you get them?

At any point in the process of developing a logic model, you may need to loop back and rethink previous steps. As you work through this section of your logic model, you may decide you do not have the resources needed to carry out the desired activities and decisions will need to be made. Do you need to seek more funding? Serve fewer families? Provide different services? Conversely, you might decide that you could increase the dosage of respite per recipient or increase caseloads if you have sufficient resources.

- 8** If you have made any **ASSUMPTIONS** about why you think your initiative or project will be successful, capture them at this step.

*Assumptions are reasons you believe the services you offer will bring about the desired outcomes.*

What does the research say about your program or the approach you have selected?

*The services or activities you offer should be based on what is known to be effective. A term for this is evidence-informed or evidence-based.*

The services you offer or activities you implement may be based on what is known to be effective. A term for this is evidence-informed or evidence-based, meaning that you have made decisions based on what is known to be effective. A major source of this knowledge is in the research literature.

If your approach is innovative and unproven, the assumptions you articulate should provide

insight and provide a rationale for why you think it will work. Any informed guesses you are making about the major factors that will influence your program's effectiveness should be included in your logic model.

### Formatting a Logic Model

There are many formats for logic models and this document does not recommend one over another. Below are links to some popular logic model formats.

- **The Finance Project**  
[http://www.lifespanrespite.memberlodge.org/Resources/Documents/Sustainability\\_Toolkit/Finance\\_Project\\_Logic\\_Model.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Sustainability_Toolkit/Finance_Project_Logic_Model.pdf)
- **The W.K. Kellogg Foundation**  
<http://www.wkkf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide>
- **The University of Kansas Community Tool Box**  
<http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/example>
- **University of Wisconsin Extension**  
<http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html>
- **Center for Program Evaluation**  
<https://www.bja.gov/evaluation/guide/pe4.htm>
- **Child Welfare Information Gateway**  
<https://www.childwelfare.gov/preventing/evaluating/toolkit.cfm>

The annotated logic model on page 15 uses the components described in this document and is offered for illustrative purposes.

## THE TITLE OF YOUR PROJECT

**Goal (long-term impact, long-term outcome):** Your goal statement is a reflection of the purpose behind your actions. All activities and outcomes should contribute to the achievement of your goal.

**Population:** A description of the population your program is targeting for services. Lifespan Respite grantees may be targeting both individuals (e.g. caregivers, care recipients) and organizations (e.g. Area Agency on Aging, State Health Department, etc.). You may also indicate the needs of the target population that you intend to address through your services or activities.

### Activities (Outputs)

State what you will do to achieve your outcomes. What approaches, activities, or strategies will you offer?

Because a logic model is generally limited to one page, you will not be able to go into detail. Provide enough information for a reader to get the gist of your services.

### Resources (Inputs)

Demonstrate that you have the means to provide services as described. Include funding, in-kind services and existing infrastructure. You can identify secured resources as well as resources being sought.

You may also specify less tangible resources, such as relationships with partners. If it is important to service delivery or programming, consider including it here.

### Outcomes

Describe how the target population's beliefs, behaviors, and status will change as a result of your services.

In determining outcomes, ask, "What is the desired change our activities will bring about?" Outcomes should always be measurable.

Outcomes may be broken into three broad categories: *short-term*, *intermediate (or intermediate-term)* and *long-term*.

### Indicators

Indicators are concrete descriptions of what you would see or hear as evidence that an outcome is achieved.

They provide a direct link to the data you need to collect and the tool or tools you will use to measure it. Indicators are often expressed in either numbers or percentages.

Each outcome should have at least one or two indicators. Indicators can operationalize and define the outcome. They clarify what is meant by the outcome and what you plan to measure.

You will be accountable for measuring your indicators, therefore they need to be something you can see, hear, count or otherwise measure. If you don't have a way to measure an indicator, it's best not to include it.

### Measurement

The tools used to capture information about whether or not an outcome has been achieved. Your measurement tools need to be tied directly to your indicators.

Measurement tools can be simple, such as a check-list a caregiver keeps to record how respite was used, or tally sheets used to count the number of referrals received.

They can also be more complicated types of surveys, tests and observational assessments. Some may require a high level of skill and training to use.

Selected measurement tools should be directly related to one of more of your indicators.

### Assumptions (Rationale)

Your assumptions are the reasons you believe the activities you provide will bring about the desired outcomes. The activities you provide should be based on what is most likely to be effective. Briefly describe the rationale for using the particular intervention, including factors such as "lessons learned" for similar projects previously tested in your

community, or in other areas of the country, or factors in the larger environment that have created the "right conditions" for the intervention (e.g., existing social, economic or political factors that you'll be able to take advantage of, etc.)

## MENU OF SUGGESTED OUTCOMES AND INDICATORS WITH SAMPLE MEASUREMENT INSTRUMENTS

### How to Use the Menu

The **Menu of Outcomes and Indicators** beginning on page 17 has two main sections:

- **SECTION I** (page 17) contains sample outcomes and indicators related to **systems change**.
- **SECTION II** (page 21) lists sample outcomes and indicators for **caregiver/consumer change**.

After each sample outcome and its suggested indicators, there are two subsections, **Possible Data Sources** and **Measurement Resources**. The **Possible Data Sources** subsection identifies places you are likely to find data for measuring the indicators. The suggestions are not exhaustive. The **Measurement Resources** subsection includes links to tools, or links to information about tools that were:

- Developed by the ARCH National Respite Resource Center.
- Developed and used by other Lifespan Respite grantees and partners.
- Developed as examples for inclusion in this document.
- Developed and tested outside of the Lifespan Respite program but applicable to one or more of the indicators (you may have to obtain permission before use).

Regardless of how you choose to demonstrate your project's performance, you will need to identify the outcomes you plan to measure. The **Menu of Outcomes and Indicators** beginning on page 17 contains two sections. **Section I** has sample outcomes and indicators related to **systems change**. **Section II** has sample outcomes and indicators for **caregiver/consumer change**. These possible outcomes and indicators were developed with the advice and guidance of a team of Lifespan Respite grantees and the ARCH/ACL Lifespan Respite Data Workgroup. They are examples only and should a grantee or partner choose to use them, in a logic model or other format, there is no requirement that you include any of the sample outcomes and indicators suggested. The menu also includes suggestions for possible data sources and sample measurement tools.

ARCH and ACL/AoA do not endorse or recommend one measurement tool over

another. The measurement resources section does not contain an exhaustive list of potential measurement tools. Many were developed by Lifespan Respite grantees and were not tested beyond internal reviews. Except for the ARCH Planned Respite Form, additional tools developed by ARCH also have not been field tested. The tools are provided as examples only. In some cases, a given tool may measure only one or two indicators. As discussed earlier in this document, you may not be able to find an off-the-shelf, reliable and valid measurement tool that captures the specific information you need. You may need to design your own tools or adapt an existing tool that fits your needs.

Some of the tools included in the following menu are drawn from published sources and may be copyrighted. Inclusion of measurement tools in this menu does not imply that permission has already been granted for use unless they are ARCH Sample Tools or State Lifespan Respite grantee or partner tools. If you are interested in obtaining and potentially using a particular published tool, and want to ensure that you have appropriate instructions and scoring information, you must first obtain permission. To the extent possible, author and publication information has been provided. If you are unsure of how to obtain permission, please contact ARCH.

Remember, developing a logic model is optional. If you do decide to develop a logic model, you may choose to use one or more of the outcomes in the following menu, or develop your own, but you are not required to do so. If you choose to use any of the outcomes and indicators, feel free to tailor them to fit your program. You may also choose your own methods for measurement. There is no requirement that you use any of the sample tools provided.

## Section I: Menu of Outcomes and Indicators for SYSTEMS CHANGE

### Overall Project Outcome

1. Grantees achieve the goals identified in their proposal.

### Indicators

- 1.1 By the end of the funding period, grantees meet the goals and objectives identified in their proposal.
- 1.2 Semi-annually, grantees document progress towards the achievement of their outcomes.

### Possible Data Sources

Administrative records/semi-annual reports

### Measurement Resources

*ARCH Sample Tool:*

- Outcome 1 Tracking Form (optional) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Outcome1\\_Tracking\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Outcome1_Tracking_Form.pdf)

There are two main sections in this menu. **Section I** contains sample outcomes and indicators related to **systems change**. **Section II** (on page 21) contains possible outcomes and indicators related to **caregiver/consumer change**.

See Appendix 2 on page 35 for a Sample Logic Model for **Systems Change** and a Sample Logic Model for **Caregiver/Consumer Outcomes** using the suggested outcomes and indicators from this menu.

### Sample Outcome

2. A system that ensures the efficient use of respite resources is established or enhanced.

### Suggested Indicators

- 2.1 The time between caregivers' request for service and respite service delivery is decreased.
- 2.2 The number of steps required for a caregiver to receive respite services is decreased.
- 2.3 Lifespan Respite programs process vouchers in a shorter period of time than other state programs.
- 2.4 Across the state, administrative costs to provide/support respite services are reduced.

### Possible Data Sources

Administrative records; consumer, partner and stakeholder surveys; interviews or focus groups

**REMINDER:** The measurement resources sections throughout this menu do not contain an exhaustive list of potential measurement tools. Many were developed by Lifespan Respite grantees or partners and were not tested beyond internal reviews. The tools are provided as examples only. In some cases, a given tool may measure only one or two indicators.

All sample measurement tools or links to tools cited in this menu can be found also on the ARCH website at <http://www.lifespanrespite.memberlodge.org/SampleTools>

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### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite Grantee/Partner Sample Tools:*

- VA Lifespan Respite Voucher Program Satisfaction Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/VA\\_Respite\\_Voucher\\_Satisfaction\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/VA_Respite_Voucher_Satisfaction_Survey.pdf)
- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)

### Sample Outcome

3. A sustainable, coordinated statewide system of community-based respite is established or enhanced.

### Suggested Indicators

- 3.1 Caregivers and other stakeholders advise the Lifespan Respite grantees through a formal process
- 3.2 Parties to MOUs or other agreements fulfill obligations as described in the agreement.
- 3.3 Agreements are reviewed semi-annually and altered as needed.
- 3.4 There is an increase in financial and non-financial contributions to the Lifespan Respite project.
- 3.5 Key leaders and respite stakeholders report their Lifespan Respite program partnerships are resulting in increased caregiver access to respite across the lifespan and for all disabilities and conditions.

### Possible Data Sources

Administrative records; financial records; stakeholder survey

### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*ARCH Sample Tools:*

- Increase in Caregiver Access to Respite (1) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Increase\\_Caregiver\\_Access\\_to\\_Respite1.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Increase_Caregiver_Access_to_Respite1.pdf)
- Increase in Caregiver Access to Respite (2) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Increase\\_Caregiver\\_Access\\_to\\_Respite2.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Increase_Caregiver_Access_to_Respite2.pdf)

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- MOU Fulfillment of Agreement Matrix – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/MOU\\_Fulfillment\\_of\\_Agreement\\_Matrix.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/MOU_Fulfillment_of_Agreement_Matrix.pdf)
- Coordination\_Collaboration Tracking Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Coordination\\_Collaboration\\_Tracking\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Coordination_Collaboration_Tracking_Form.pdf)

### Sample Outcome

4. Statewide access to respite information is increased.

### Suggested Indicators

- 4.1 Grantees maintain registries or directories of: respite providers in the state, funding sources for respite, training resources for caregivers and providers, codes, licensing requirements, and any legal restrictions for respite providers.
- 4.2 Awareness of the Lifespan Respite Program by caregivers, providers, and referral sources is increased.
- 4.3 There is an increase in caregivers' knowledge of private and public funding options.

### Possible Data Sources

- 4.1: Administrative records; presence of registries or directories
- 4.2, .3: Intake records (if applicable), contact logs, stakeholder/partner surveys

### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite/Partner Sample Tools:*

- DE Lifespan Respite Network Respite Care Information and Referral Service Evaluation Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/DE\\_IR\\_EvaluationForm.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/DE_IR_EvaluationForm.pdf)
- DE Lifespan Respite Network Financial Assistance Evaluation Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/DE\\_Financial\\_Assistance\\_EvaluationForm.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/DE_Financial_Assistance_EvaluationForm.pdf)
- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)
- VA Lifespan Respite Voucher Program Satisfaction Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/VA\\_Respite\\_Voucher\\_Satisfaction\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/VA_Respite_Voucher_Satisfaction_Survey.pdf)

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*ARCH Sample Tools:*

- Coordination\_Collaboration Tracking Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Coordination\\_Collaboration\\_Tracking\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Coordination_Collaboration_Tracking_Form.pdf)
- Increase in Caregiver Access to Respite 1 – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Increase\\_Caregiver\\_Access\\_to\\_Respite1.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Increase_Caregiver_Access_to_Respite1.pdf)

**Sample Outcome**

5. Statewide capacity to provide respite services appropriate to individual caregiver’s needs is increased.

**Suggested Indicators**

- 5.1 Grantees identify service populations (e.g. adults with dementia, children on life support, etc.) underserved by current respite services/funding sources.
- 5.2 Grantees identify regions in their state where caregivers’ respite needs are unmet.
- 5.3 There is an increase in resources (training, providers, funding sources, etc.) for services to unserved or underserved populations.
- 5.4 There is an increase in respite resources (training, providers, funding, etc.) in underserved regions in the state.
- 5.5 Grantees have administrative procedures to refer caregivers to available respite.
- 5.6 Grantees connect providers to existing resources for improving recruitment, training and coaching of respite providers.
- 5.7 Grantees connect service providers to resources for evaluating service effectiveness.
- 5.8 Caregivers have increased access to respite services.
- 5.9 Type and quantity of respite services available to caregivers are increased.

**Possible Data Sources**

- 5.1, .2: Administrative records; needs assessment
- 5.3, .4: Community events calendars; media
- 5.5: Presence of forms, procedural guidelines.
- 5.6, .7: Administrative records; contact logs
- 5.8, .9: Stakeholder/partner surveys; caregiver surveys, provider surveys

**Measurement Resources**

The following tools have content that may be useful in measuring this outcome.

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*State Lifespan Respite/Partner Sample Tools:*

- Needs Assessments, Caregiver and Provider Surveys, and Additional Resources – <http://www.lifespanrespite.memberlodge.org/NeedsAssessments>

*ARCH Sample Tools:*

- Coordination\_Collaboration Tracking Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/Coordination\\_Collaboration\\_Tracking\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/Coordination_Collaboration_Tracking_Form.pdf)
- MOU Fulfillment of Agreement Matrix – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Tools/MOU\\_Fulfillment\\_of\\_Agreement\\_Matrix.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Tools/MOU_Fulfillment_of_Agreement_Matrix.pdf)

## Section II: Menu of Outcomes and Indicators for CAREGIVER/CONSUMER CHANGE

### Sample Outcome

1. Caregivers report improved quality of life as a result of respite.

### Suggested Indicators

- 1.1 More caregivers use respite time to engage in activities important to everyday life (legal, housing, banking, health and mental health, and dental services).
- 1.2 More caregivers use respite to accomplish tasks or pursue goals important to the caregiver, including employment.
- 1.3 More caregivers engage in social/recreational pursuits or activities of their choice.
- 1.4 More caregivers report increased satisfaction with the frequency and amount of respite they have received.  
(They are satisfied with how often they receive respite, and the length of time they receive each occurrence of respite.)

### Possible Data Sources

Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.

### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

**REMINDER:** The measurement resources sections throughout this menu do not contain an exhaustive list of potential measurement tools. Many were developed by Lifespan Respite grantees or partners and were not tested beyond internal reviews. The tools are provided as examples only. In some cases, a given tool may measure only one or two indicators.

All sample measurement tools or links to tools cited in this menu can be found also on the ARCH website at <http://www.lifespanrespite.memberlodge.org/SampleTools>

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*State Lifespan Respite Grantee/Partner Sample Tools:*

- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)
- NC Setting Goals to Maximize Your Respite Time – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Goals\\_to\\_Maximize\\_Respite\\_Time.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Goals_to_Maximize_Respite_Time.pdf)
- NC Pre-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Pre-Respite_Survey.pdf)
- NC Post-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Post-Respite_Survey.pdf)

*Nationally Recognized Tools:*

- POMP Final: Social and Emotional Well-Being Module<sup>3</sup> – [http://www.aoa.gov/aoaroot/program\\_results/POMP/docs/Social\\_Emotion\\_mail.pdf](http://www.aoa.gov/aoaroot/program_results/POMP/docs/Social_Emotion_mail.pdf)

**Sample Outcome**

2. Caregivers' perception of their effectiveness as a caregiver improves as a result of respite.

**Suggested Indicators**

- 2.1 Caregivers report increased optimism for their ongoing ability to provide care.
- 2.2 Caregivers report increased feelings of confidence in their ability as a caregiver.

**Possible Data Sources**

Caregiver self-report using surveys and/or questionnaires aggregated and reported to State Lifespan Respite programs.

**Measurement Resources**

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite Grantee/Partner Sample Tools:*

- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)
- AL HEARTS Pre and Post Respite Evaluation – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/AL\\_HEARTS\\_Evaluation\[1\].pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/AL_HEARTS_Evaluation[1].pdf)

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<sup>3</sup> US Administration on Aging. Performance and Measurement Project (POMP). *Social and Emotional Well-Being Module*. [http://www.aoa.gov/aoaroot/program\\_results/POMP/WellBeing.aspx](http://www.aoa.gov/aoaroot/program_results/POMP/WellBeing.aspx)

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- NV Pre-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Pre-Respite_Survey.pdf)
- NV Post-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Post-Respite_Survey.pdf)
- NC Pre-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Pre-Respite_Survey.pdf)
- NC Post-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Post-Respite_Survey.pdf)

*Nationally Recognized Tools:*

- Satisfaction with Caregiving Scale<sup>4</sup> (p. 6) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Lund\\_Respite\\_Brochure\\_2010.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Lund_Respite_Brochure_2010.pdf)
- Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners<sup>5</sup> – [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)

Information and links to a variety of additional evaluation and screening tools that measure caregiving efficacy, coping, and perceived benefits of caregiving may be found on the following websites:

*Measures for Assessing Caregiving Coping<sup>6</sup>:*

- Revised Scale for Caregiving Self-Efficacy – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/self-efficacy.aspx>
- Perceived Support Scale – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/perceived-support.aspx>
- Picot Caregiver Rewards Scale – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/picot-rewards.aspx>
- Coping Health Inventory for Parents – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/coping-health.aspx>
- Perceived Benefits of Caregiving – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/perceived-benefits.aspx>

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- 4 Lund, D., Wright, S.D., Caserta, M., Utz, R., Lindfelt, C., Bright, O., Montoro-Rodriguez, J., Shon, H., and Ullman, J. (2010). *RESPITE SERVICES: Enhancing the Quality of Daily Life for Caregivers and Care Receivers*.
  - 5 Family Caregiver Alliance and Benjamin Rose Institute on Aging (2012; 2nd Edition). *Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners*. [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)
  - 6 Recommended Tools from American Psychological Association (APA), <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/>

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*ARCH Sample Form:*

- ARCH Planned Respite Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Planned\\_Respite\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Planned_Respite_Form.pdf)

### Sample Outcome

3. Caregivers' well-being is enhanced as a result of receiving respite.

### Suggested Indicators

- 3.1 Caregivers report a decrease in stress related to caregiving.
- 3.2 Caregivers experience a decrease in stress-related health problems.
- 3.3 Caregivers report fewer sleep disturbances and improved sleep.
- 3.4 Caregivers experience less depression.
- 3.5 Caregivers report improved coping with caregiving responsibilities.

### Possible Data Sources

Caregiver self-report using surveys and/or questionnaires aggregated and reported to State Lifespan Respite programs.

### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite Grantee Sample Tools:*

- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)
- AL HEARTS Pre and Post Respite Evaluation – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/AL\\_HEARTS\\_Evaluation\[1\].pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/AL_HEARTS_Evaluation[1].pdf)
- NV Pre-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Pre-Respite_Survey.pdf)
- NV Post-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Post-Respite_Survey.pdf)
- NC Pre-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Pre-Respite_Survey.pdf)
- NC Post-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Post-Respite_Survey.pdf)

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*Nationally Recognized Tools:*

Information and links to a variety of evaluation and screening tools that measure stress, depression and other health related issues may be found on the following websites:

- Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners<sup>7</sup> – [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)
- POMP Final: Caregiver Services Survey Instrument<sup>8</sup> – [http://www.aoa.gov/aoaroot/program\\_results/POMP/docs/Caregiver\\_mail.pdf](http://www.aoa.gov/aoaroot/program_results/POMP/docs/Caregiver_mail.pdf)
- Depression Scales (SAMSHA) – <http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression>
- Zarit Burden Interview – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/zarit.aspx>
- Modified Caregiver Burden Inventory<sup>9</sup> (p.4) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Lund\\_Respite\\_Brochure\\_2010.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Lund_Respite_Brochure_2010.pdf)
- Center For Epidemiologic Studies Depression Scale – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Center\\_Epidemiologic\\_Studies\\_Depression\\_Scale.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Center_Epidemiologic_Studies_Depression_Scale.pdf)
- Health and Well-Being Index – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Health\\_Well-Being\\_Index.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Health_Well-Being_Index.pdf)
- Perceived Stress Scale – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Perceived\\_Stress\\_Scale.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Perceived_Stress_Scale.pdf)
- Index Of Clinical Stress – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Index\\_of\\_Clinical\\_Stress.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Index_of_Clinical_Stress.pdf)
- Assessing Caregiver Stress, Burden and Coping<sup>10</sup> – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/stress-burden.aspx>
- Assessing the Mental Health of Caregivers<sup>11</sup> – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/mental-health-caregivers.aspx>

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7 Family Caregiver Alliance and Benjamin Rose Institute on Aging (2012; 2nd Edition). *Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners*. [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)

8 US Administration on Aging. Performance and Measurement Project (POMP). *Caregiver Services Survey Instrument*. [http://www.aoa.gov/aoaroot/program\\_results/POMP/Caregiver.aspx](http://www.aoa.gov/aoaroot/program_results/POMP/Caregiver.aspx)

9 Lund, D; et al, 2010.

10 APA, <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools>

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*ARCH Sample Tool:*

- ARCH Planned Respite Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Planned\\_Respite\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Planned_Respite_Form.pdf)

### Sample Outcome

4. The quality of caregivers' relationships with other family members remains stable or improves.

### Suggested Indicators

- 4.1 Caregivers report improved relationships with family members.  
(Improved relationships with family members may mean that family members cooperate with one another, discuss problems openly and freely, find positive and peaceful solutions to disagreements, have fun together, participate in social and recreational activities together, etc. A program might use this or a similar indicator to refer to all family members, including the care recipient, or have a separate indicator related to only the care recipient).
- 4.2 Caregivers report improved relationships with the care recipient.  
(This indicator is similar to the one above although it is specific to the individual relationship between caregiver and care recipient.)

### Possible Data Sources

Caregiver self-report using surveys and/or questionnaires aggregated and reported to State Lifespan Respite programs.

### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite Grantee/Partner Sample Tools:*

- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)
- AL HEARTS Pre and Post Respite Evaluation – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/AL\\_HEARTS\\_Evaluation\[1\].pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/AL_HEARTS_Evaluation[1].pdf)

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<sup>11</sup> Ibid.

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- NV Pre-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Pre-Respite_Survey.pdf)
- NV Post-Respite Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NV\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NV_Post-Respite_Survey.pdf)
- NC Pre-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Pre-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Pre-Respite_Survey.pdf)
- NC Post-Respite – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/NC\\_Post-Respite\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/NC_Post-Respite_Survey.pdf)

*Nationally Recognized Tools:*

Information and links to a variety of evaluation and screening tools that measure health and well-being and conditions of family relationships may be found in the following resources or on the following websites:

- Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners<sup>12</sup> – [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)
- Conflict Tactics Scales – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Conflict\\_Tactics\\_Scales.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Conflict_Tactics_Scales.pdf)
- Family Crisis Oriented Personal Scales, F-COPES – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Family\\_Crisis\\_Oriented\\_Personal\\_Scales-F-COPES.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Family_Crisis_Oriented_Personal_Scales-F-COPES.pdf)
- Health and Well-Being Index – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Health\\_Well-Being\\_Index.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Health_Well-Being_Index.pdf)
- Perceived Stress Scale – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Perceived\\_Stress\\_Scale.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Perceived_Stress_Scale.pdf)
- Modified Caregiver Burden Inventory<sup>13</sup> (p.4) – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Lund\\_Respite\\_Brochure\\_2010.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Lund_Respite_Brochure_2010.pdf)

*Parent Caregiver Tools<sup>14</sup>:*

- Impact on Family Scale – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/family-impact.aspx>

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12 Family Caregiver Alliance and Benjamin Rose Institute on Aging (2012; 2nd Edition). *Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners*. [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)

13 Lund, D; et al, 2010.

14 APA, <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/>

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- The Psychosocial Assessment Tool – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/psychosocial-assessment.aspx>
- Parenting Stress Index – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/parenting-stress.aspx>
- Family Burden of Injury Interview – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/family-burden.aspx>
- Coping Health Inventory For Parents – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/coping-health.aspx>

*ARCH Sample Tool:*

- ARCH Planned Respite Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Planned\\_Respite\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Planned_Respite_Form.pdf)

### Sample Outcome

5. The quality of care recipients' lives remains stable or improves.

### Suggested Indicators

- 5.1 Care recipients remain safely in their homes with caregivers as is appropriate for the care recipients' and caregivers' needs.
- 5.2 Care recipients demonstrate satisfaction with the respite experience.  
(They are satisfied with the respite provider, the setting where respite is received, the activities they engage in during respite time, and the duration and amount of time they are receiving respite services).
- 5.3 Care recipients' social networks, social and recreational experiences, and friendships increase.  
(Increased social networks and friendships may mean that care recipients engage in more mainstreamed social, recreational, faith-based, and educational activities in the community or in respite settings that lead to new friendships or social interactions with peers and other individuals outside the family.)
- 5.4 Care recipients' health, behaviors, and mental health remain stable or improve.
- 5.5 Risk for abuse or neglect of the care recipient is decreased.  
(This indicator may be very difficult to measure. If you do not have a way to measure it, you should not include in a logic model.)

### Possible Data Sources

Care recipient self-report using surveys and/or questionnaires. Observational assessment, public records, administrative records aggregated and reported to State Lifespan Respite programs.

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### Measurement Resources

The following tools have content that may be useful in measuring this outcome.

*State Lifespan Respite Grantee/Partner Sample Tool:*

- TN Respite Coalition Caregiver Survey – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/TN\\_Caregiver\\_Survey.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/TN_Caregiver_Survey.pdf)

*Nationally Recognized Tools:*

- Perceived Stress Scale – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Perceived\\_Stress\\_Scale.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Perceived_Stress_Scale.pdf)
- Index Of Clinical Stress – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Index\\_of\\_Clinical\\_Stress.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Index_of_Clinical_Stress.pdf)

Information and links to a variety of evaluation and screening tools that measure the status and well-being of care recipients may be found on the following websites:

*Care Receiver Assessment Tools<sup>15</sup>:*

- Assessing Behavior, Observation and Functioning in Care Recipients – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/functioning-behavior.aspx>
- Cognitive Problem Assessment Tools – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/cognitive-problems.aspx>
- Quality of Care Measures – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/care-quality.aspx>
- Assessing Health Problems – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/health-problems.aspx>
- Evaluating Care Recipient Mental Health – <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/mental-health-recipients.aspx>

*ARCH Sample Tool:*

- ARCH Planned Respite Form – [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/ARCH\\_Planned\\_Respite\\_Form.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/ARCH_Planned_Respite_Form.pdf)

<sup>15</sup> APA. <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/>

## GLOSSARY

Just as there are multiple formats for logic models, there is also variation in how terms are used. Those variations are noted in the glossary below.

The glossary is not organized alphabetically, rather in the progression many logic models follow.

**Goal, sometimes referred to as vision or long-term outcome** – A statement that describes the overarching purpose of your activities.

**Target population, sometimes referred to as consumers or population** – A description of the population your program is targeting for services.

**Outcomes, sometimes referred to as goals (especially long-term outcomes)** – A description of how the target population's beliefs, behaviors, and status will change as a result of your services.

**Activities, sometimes referred to as outputs, services, strategies, objectives** – What you will do to achieve your outcomes.

**Indicators, sometimes referred to as objectives, performance objectives** – Indicators are concrete descriptions of what you would see or hear as evidence that an outcome is achieved.

**Measurement, sometimes referred to as performance measures, evaluation tools** – Measurement tools are used to capture information about whether or not an outcome has been achieved.

**Resources, sometimes referred to as inputs, investments** – What you need to put into the program to make it run.

**Assumptions, sometimes referred to as rationale** – Reasons you believe the services or activities you offer will bring about the desired outcomes.

## Summary

It is a practical and ethical obligation for Lifespan Respite programs to demonstrate that resources are being used for activities that result in positive change. Performance measurement, a requirement of all Lifespan Respite grantees, is a way of demonstrating this. This document was intended to help Lifespan Respite grantees develop a performance measurement plan. The document defined performance measurement and explained what should be included in such a plan.

Two menus of sample outcomes and indicators were also provided in this document. One menu contained outcomes related to systems change, the other menu focused on caregiver outcomes.

For each of the sample outcomes, possible data sources and measurement tools were also offered. Many of the measurement tools were provided by other Lifespan Respite grantees so others might benefit from their work. Grantees are invited to use or adapt any of the

outcomes, indicators, and measurement tools that are contained in these pages. We hope that future editions of this document will include more resources provided by Lifespan Respite grantees.

A performance measurement plan can take many forms. A logic model provides only one example of how to organize or display such a plan. Although Lifespan Respite grantees are not required to develop a logic model, a description of a logic model and links to other logic model formats were provided. A grantee wishing to use a logic model to illustrate their performance measurement plan may consider using the format illustrated in this document or any of the logic model formats referenced on page 14.

*Performance measurement demonstrates that resources are being used for activities that result in positive change.*

## References

American Psychological Association, *Public Interest Directorate*. Caregiver Assessment Tools. <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/>

Family Caregiver Alliance and Benjamin Rose Institute on Aging (2012; 2nd Edition). *Selected Caregiver Assessment Measures: A Resource Inventory for Practitioners*. [http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas\\_ResInv\\_FINAL\\_12.10.12.pdf](http://caregiver.org/sites/fca.huang.radicaldesigns.org/files/pdfs/SelCGAssmtMeas_ResInv_FINAL_12.10.12.pdf)

Friends National Resource Center for Community-based Child Abuse Prevention. *Compendium of Annotated Tools*. <http://friendsnrc.org/evaluation-toolkit/compendium-of-annotated-tools>

Lund, D; Wright, SD; Caserta, M; Utz, R; Lindfelt, C; Bright, O; Montoro-Rodriguez, J; Shon, H; and Ullman, J. (2010). *Respite Services: Enhancing the Quality of Daily Life for Caregivers and Care Receivers*. [http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance\\_Measurement\\_Tools/Lund\\_Respite\\_Brochure\\_2010.pdf](http://www.lifespanrespite.memberlodge.org/Resources/Documents/Performance_Measurement_Tools/Lund_Respite_Brochure_2010.pdf)

US Administration on Aging. *Performance Measurement Outcome Project (POMP)*. [http://www.aoa.gov/aoaroot/program\\_results/POMP/index.aspx](http://www.aoa.gov/aoaroot/program_results/POMP/index.aspx)

# Appendix 1

## LIFESPAN RESPITE PROGRAM DATA WORKGROUP

2013

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# Appendix 2

## LIFESPAN RESPITE SYSTEMS CHANGE LOGIC MODEL

**Long-Term Goal:** Statewide, coordinated system of stakeholders in the private and public sectors work together to ensure that high quality respite services are available and accessible to all caregivers in our state, regardless of the age or special needs of the care recipient. Through our activities, we will achieve the goals identified in our proposal and document the achievement in semi-annual reports.

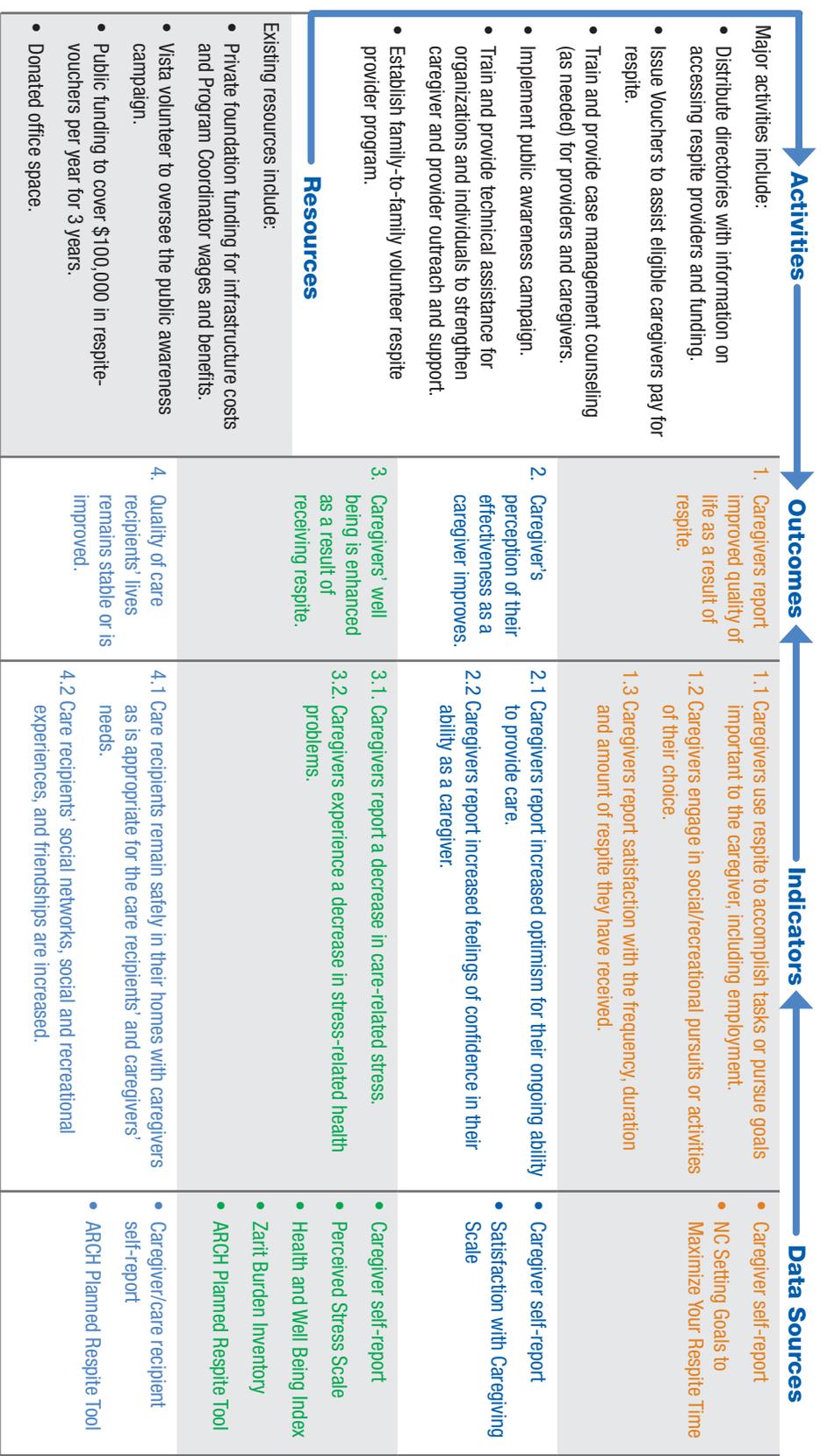
Activities	Outcomes	Indicators	Data Sources
<p>Major activities include:</p> <ul style="list-style-type: none"> <li>Establish and maintain a statewide respite advisory council.</li> <li>Develop a public awareness campaign that includes PSAs, written and web-based materials, and social media outreach.</li> <li>Develop and distribute directories of respite resources to all providers and caregiver associations in the state. Keep directories updated.</li> <li>Sponsor annual training events.</li> <li>Support development of respite resources in underserved areas.</li> </ul>	<p>1. A statewide system of community-based respite is developed and maintained.</p>	<p>1.1 A minimum of 10 organizations and 5 caregiver-advisors actively guide planning and maintenance of the Lifespan Respite Program.</p> <p>1.2 Each county has a Lifespan Respite advisory team comprised of caregiver-advisors and at least 1 public and 1 private organization.</p> <p>1.3 There is a 10% annual increase in financial and in-kind contributions.</p>	<ul style="list-style-type: none"> <li>Coordination/Collaboration Tracking Form</li> <li>MOU Fulfillment of Agreement Matrix</li> <li>Lifespan Respite Program's financial records</li> </ul>
<p><b>Resources</b></p> <p>Existing resources include:</p> <ul style="list-style-type: none"> <li>Lifespan respite grant award.</li> <li>\$20,000 cash contribution for web-design and public awareness campaign.</li> <li>Donated office space and office supplies are committed to the project for the first three years.</li> <li>An existing caregiver advisory team and a core work- team of public agencies who have committed to serve on the Lifespan Respite Advisory Board.</li> </ul>	<p>2. Access to respite information is increased.</p>	<p>2.1 A respite awareness campaign is disseminated statewide.</p> <p>2.2 There is an increase in awareness of the Lifespan Respite Program by caregivers, providers, and referral sources.</p> <p>2.3 Comprehensive directories of respite providers and other respite resources are accessed on the web and through organizations that support caregivers.</p>	<ul style="list-style-type: none"> <li>Coordination/Collaboration Tracking Form</li> <li>Administrative records</li> <li>Partner/collaborator report</li> </ul>
	<p>3. The State's capacity to provide respite services appropriate to individual caregiver's needs is increased.</p>	<p>3.1 Professionals have the knowledge and resources to assist caregivers to access appropriate respite services.</p> <p>3.2 Key leaders and respite stakeholders report an increase in caregiver access to respite across the lifespan and for all conditions and disabilities.</p> <p>3.3. Providers receive the training necessary to provide appropriate respite.</p>	<ul style="list-style-type: none"> <li>Coordination/Collaboration Tracking Form</li> <li>Increase in Caregiver Access to Respite forms 1 and 2</li> <li>Administrative records</li> <li>Training attendance rosters</li> </ul>
	<p>4. Respite resources are used efficiently and appropriately.</p>	<p>4.1 The time between caregivers' request for service and respite service delivery is decreased.</p> <p>4.2 The number of steps required for a caregiver to receive respite services is decreased.</p>	<ul style="list-style-type: none"> <li>Increase in Caregiver Access to Respite, forms 1 and 2</li> <li>Provider self-report</li> </ul>

**Assumptions:** The goal of the Lifespan Respite Care program is to improve the delivery and quality of respite services by supporting, expanding, and streamlining coordinated systems of community-based respite for family caregivers of children or adults regardless of special need. To meet this goal, partnerships across a broad range of systems must be in place. An existing group of stakeholders from both the public and private sectors and a caregiver advisory team have signed letters of commitment to work together to plan and implement a statewide lifespan respite system to ensure high quality respite services are available and accessible to all caregivers in our state.

*Recommendations for Developing Performance Metrics for State Lifespan Respite Programs*

## LIFESPAN RESPITE CAREGIVER/CONSUMER OUTCOMES LOGIC MODEL

**Long-Term Goal:** Caregivers across the state receive appropriate and affordable respite so they are able to maintain optimal health and well-being and their family member needing care can remain safely in the home environment for the longest time possible.



**Assumptions:** Caregivers who receive adequate rest, opportunities to engage in social/recreational activities of their choice, and are able to accomplish or pursue personal and family goals are more likely to be confident and competent in their roles as caregivers.

Respite is a service that can provide caregivers with unencumbered time to meet their personal needs and increase their satisfaction, confidence and competence in their role as caregiver.

*Recommendations for Developing Performance Metrics for State Lifespan Respite Programs*





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