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RESULTS: 2021 TRAINING AND TECHNICAL NEEDS ASSESSMENT SURVEY

of Lifespan Respite Grantees, Partners, and Other Stakeholders

ARCH NATIONAL RESPITE NETWORK AND RESOURCE CENTER
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2021 Training and Technical Needs Assessment Survey Results for Lifespan Respite Grantees, Partners, and Other Stakeholders

KEY FINDINGS

Detailed results of individual needs assessment inquiries and interpretations can be found in the main body of this report. However, there are some “big takeaways” or key findings that will help ARCH fulfill its Training and Technical Assistance (T/TA) mission. These findings are presented below, organized with respect to their relationship to the four major sections of the needs assessment survey.

Respite During and After COVID-19

The following topics were identified by 80% or more of all respondents (and in some cases by as many as 95% of Lifespan Respite Program (LRP) grantees) as being “Extremely Important” or “Very Important”:

- Learn about and implement non-virtual respite during the COVID pandemic, including:
 - Alternatives to in-person respite
 - Successful, tested alternative respite models
 - Respite models utilized during the pandemic that could be used post-pandemic
 - Increasing access to alternative respite
- Learn about and implement virtual services and supports during COVID, including how to:
 - Identify and provide virtual supports utilized during the pandemic that could be used post-pandemic
 - Increase access and decrease barriers to technology required to provide virtual respite
- Learn about and implement changes in respite service impact, delivery and design, including:
 - Preferred types of in-person respite services during the pandemic or future emergencies
 - Assessing impact of COVID-19 on respite services’ sustainability and future availability
 - Modified respite voucher programs/policies for greater use and flexibility
 - Family caregiver education to help them use respite safely during pandemics
 - Modified respite provider recruitment and training to ensure adequate workforce during pandemic/emergencies
 - Recognition of positive and negative changes in respite as a consequence of COVID-19 and future implications

General Lifespan Respite Priority Areas of Interest

- Highest level of need (85+% of all respondents and LRP grantees ranked these as “Extremely” or “Very Important”)
 - Learn about and implement successful caregiver outreach strategies and public awareness messages
 - Assist caregiver access to respite through tested and promising strategies
 - Learn about and serve specific needs and/or underserved populations
 - Develop or support community-based, faith-based, and volunteer respite services

- Intermediate level of need (75+% of all respondents and LRP grantees ranked these as “Extremely” or “Very Important”)
 - Form and maintain productive collaborative partnerships
 - Engage employers to support caregivers and provide respite
 - Build and strengthen respite coalitions
 - Identify and engage partners and stakeholders
 - Learn about natural respite supports (informal respite opportunities outside the formal respite system)
 - Emergency respite
 - Recruit and train respite workers and volunteers
- Lower level of need (50% of all respondents and LRP grantees ranked this as “Extremely” or “Very Important,” likely influenced by the number of LRP programs that already have voucher programs up and running)
 - Start or implement respite voucher systems

Learning Collaboratives

There is a respectable level of participation by respondents in currently operating Learning Collaboratives, described by ARCH as opportunities to engage in virtual peer learning, resource sharing, and mutual support on specific topics, with 27% to 45% of all respondents and 36% to 72% of LRP grantees participating in one or more collaboratives.

There is a high level of interest among respondents to join an existing or proposed Learning Collaborative (interest ranging from 53% to 68% of all respondents and 64% to 87% of LRP grantees).

Most Preferred T/TA Formats

The top four T/TA formats most preferred by respondents, in order of preference are:

- Webinars with outside experts
- Learning Collaboratives
- In-person meetings
- Toolkits; Guidebooks & manuals (tied)

These findings will be used by ARCH to develop and sustain its T/TA activities; to prioritize development of new materials and host T/TA activities and events; to select the T/TA formats most preferred by the respite network or those seeking T/TA; to advance respite priority areas; and to help the respite community survive our shared COVID-19 pandemic experience and prepare for the future of respite.

Specific recommendations based on these findings can be found at the end of the report. A central theme of these recommendations is providing T/TA that help the respite community, both grantees and providers, to be agile and adaptive in maintaining the balance of in-person and virtual, technology-based respite services as the Covid 19 pandemic is addressed. There remains a need to provide T/TA on the basic building blocks of statewide Lifespan Respite systems, but existing curricula need to incorporate information about adaptations and flexibilities for existing services, and how to become comfortable with technological alternatives to in-person care. There is also need to develop new T/TA resources that address the rapidly changing environment in which respite is delivered. ARCH will need to maintain active communication with program innovators, advocates, researchers and evaluators to assimilate new knowledge and integrate into existing and new T/TA resources.

INTRODUCTION

The ARCH National Respite Network and Resource Center routinely conducts a needs assessment of respite constituencies’ training and technical assistance needs to help develop the most relevant activities, resources, and training to support them. The design of this year’s needs assessment was heavily influenced by COVID-19 and the numerous impacts the pandemic has had on delivering respite, including adjustments due to the vicissitudes of reduced face-to-face contact with caregivers and care receivers, and the rapid paced implementation of alternatives to traditional respite and support. ARCH strives to provide the best and most responsive training and technical assistance and uses the needs assessment surveys to solicit information that can be used to achieve that result.

During May and June 2021, the online survey was distributed via email to 182 current and former Lifespan Respite Grantees and their primary partners, state respite coalition representatives, and ARCH network members. The needs assessment survey was completed by 76 respondents, 35 of whom were LRP grantees, representing a response rate of 42% overall, which is in keeping with previous years’ needs assessment surveys. A variety of job titles, responsibilities and affiliations is reflected in the distribution of respondents listed in the table below. These percentages sum to greater than 100% because some respondents fill multiple roles, such as being both a State Respite Coalition representative and a respite service provider.

Respondent Affiliation

Affiliation	Number of Respondents	Percent of Total
Lifespan Respite state government agency grantee	35	46%
Primary Lifespan Respite grant partner	12	17%
State Respite Coalition Representative	22	29%
Respite program/service provider	19	25%
Family Caregiver/respite service recipient	11	14%
Respite evaluator or researcher	4	5%
Other	4	5%

Data in the table show that nearly half of all respondents were Lifespan Respite grantees (46%). However, respite providers and respite coalition representatives were also well represented (25% and 29%, respectively); as were Lifespan Respite grant partners (17%) and family caregivers (14%). The number and distribution of respondents suggest that various constituencies within the respite community are well represented and that we can have confidence in the results of the survey.

ANALYSES OF MAJOR TOPICS

I. Respite During and Following the COVID-19 Pandemic

The first section of the survey focused on respite during and following the COVID-19 pandemic. The pandemic resulted in household and community restrictions and care delivery disruptions. As a result, increased family caregiver stress and social isolation have been documented, and rapid respite service adaptations and expansion of virtual supports occurred to meet the growing need. Some of these adaptations involve telephone or email check-in assessments with family caregivers; self-care guidance; access to mental health providers; delivered or mailed caregiver care packages; outdoor respite activities; and the provision PPE as well as food and pharmacy delivery. Some examples of virtual supports include Facebook Live activities to keep care recipients engaged; Zoom caregiver support groups; virtual exercise, arts and crafts, travel or entertainment activities; and online caregiver education and training. In many instances, computer tablets and assistance with internet access are provided to facilitate virtual connections.

Recent surveys conducted by ARCH, the BREAK Exchange, and others, identified three major areas where COVID-19 has affected respite care:

- increased use of *alternative respite* opportunities (non-virtual, e.g., telephone, concrete supports, drive-by or outside respite visits);
- increased use of *virtual services* that depend on technology, including zoom and other conference platforms, internet, tablets and smart phones; and
- changes in *service impact, availability and design*.

Possible training and technical assistance topics and activities were developed for each of these three major areas and respondents were asked to rate the importance of each using a five point, Likert-type scale, with scale points ranging from “Extremely Important” to “Not at All Important.”

The results of these inquiries are presented in the tables below using the same topic labels and potential T/TA activities/resources seen by respondents. In each case, the middle column shows the summed proportion of all respondents considering an item or activity to be “Extremely Important” or “Very Important”. In order to distinguish the T/TA needs of the Lifespan Respite grantees, their responses are shown separately. The rightmost column shows the summed proportion of LRP grantees who indicated that the T/TA item or topic was either “Extremely Important” or “Very Important”.

Alternative Respite Opportunities (Not Virtual)

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Learn about alternatives to in-person traditional respite	85%	96%
Implement successful, tested alternative respite models	85%	100%
Identify alternative respite used during the pandemic that could be utilized post pandemic	86%	96%
Increase access and decrease barriers to alternative respite	86%	93%

It is noteworthy that the very large majority of respondents (85%, 86%) consider each of these T/TA activities to be “Extremely Important” or “Very Important”. The summed percentage of LRP grantees was even more extreme, with 93% to 100% of grantees rating these activities as “Extremely Important” or “Very Important”. In fact, this response pattern is quite generally applicable across all of the T/TA topics and individual activities. Only a handful of respondents selected “Not Very Important” or “Not at All Important” on any item. The small proportion not selecting “Extremely Important” or “Very Important” usually fell at the midpoint of the rating scale: “Somewhat Important.”

Taken as a whole, these large majorities suggest that the respite community has found itself struggling for ways to maintain the delivery of respite under conditions of reduced personal contact with caregivers and their families. This was even more strongly expressed by the LRP grantees, who are responsible for administering the states LRP grants and assuring the provision of respite under very challenging circumstances. There is an ongoing and active search for tested and reliable respite models, and a recognition that respite providers may need to prepare for a future in which traditional models of face-to-face respite occupy a smaller role in the array of respite service options. ARCH is engaged with the grantees and other respite partners in the search for such models, and as they are identified, ARCH’s T/TA activities will include their dissemination.

Use of Virtual Services That Depend on Technology/Internet

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Learn about and implement successful, tested virtual respite models	75%	74%
Learn about and implement virtual supports utilized during the pandemic that could be utilized post-pandemic	80%	78%
Increase access/reduce barriers to technology required to provide respite virtually	85%	85%

The cumulative responses from respondents about the use of virtual services in respite reflect circumstances similar to the previous inquiry relating to alternative respite. Virtual services, taking on many different forms, had to be implemented quickly and without an historical base of models or resources necessary to develop meaningful alternatives to traditional respite. Once again, the very large majority of all respondents and LRP grantees alike (74 % to 85%) recognize the high degree of importance in identifying tested virtual models, and learning how to implement them during pandemic circumstances where access to caregivers and their families may be restricted. As with alternative forms of “traditional respite,” ARCH is working with grantees and other respite partners, including researchers who are focusing on evaluating the benefits of virtual services as respite. As results become available, they will guide ARCH’s T/TA activities.

The rapid adoption and implementation of virtual services have revealed some inequities in the distribution of technology across many respite populations. Differences in the comfort level with the use of technologies and internet access among disparate populations have been acknowledged and recognized across the board by respite service providers and their respective state programs, including Lifespan Respite grantees. Thus, it is not surprising that the activity receiving the highest rate of respondents rating them as “Extremely Important” or “Very Important” (85%) relates to increasing access to technology.

Changes in Service Impact, Delivery and Design

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Identify and implement preferred types of in-person respite during COVID-19 or future emergency situations	86%	93%
Assess the impact of COVID-19 on respite services sustainability and future availability	80%	96%
Modify voucher programs/policies to encourage greater use during pandemics or emergencies	80%	93%
Learn about family caregiver education materials/strategies to help them use respite safely during the pandemic	88%	96%
Modify respite provider recruitment and training to ensure adequate workforce supply during the pandemic/emergency	88%	96%
Recognize positive and negative changes in respite as a consequence of COVID-19 and its implications for the future	86%	96%

Lifespan Respite grantees and the respite service provider network are concerned that the rapid and numerous changes in both the mechanisms and types of delivery of respite during the COVID-19 pandemic may have had deleterious effects on service impact, and their abilities to deliver meaningful services. Their level of concern and interest is reflected in the recognition of the importance of each of the activities in the table above (e.g., modifying voucher programs, assessing the impact of COVID-19 on respite services sustainability, modifying respite provider recruitment and training and recognizing both positive and negative changes in respite as a consequence of COVID-19, etc.). The table shows that 80% to 88% of all respondents, and 93% to 96% of LRP grantees rated each of these activities as “Extremely Important” or “Very Important.” The nearly universal responses across these items by the LRP grantees reflect the centrality of their importance to implementing the state grants.

Taken as a whole, the results in Section I reflect the current struggle to deliver effective respite during the COVID-19 pandemic and an apparent apprehension about the future of respite as the pandemic lingers. The respite community ponders the uncertainties of whether respite will ever return to “normal”. The respite community is, as their service responses suggest, eager to receive training and technical assistance to prepare them for any eventuality, particularly in relation to the unknown balance between non-virtual and virtual respite services.

II. Training and Technical Assistance Needs in Lifespan Respite Program Priority Areas

Section II of the survey focused on the need for T/TA in general Lifespan Respite program priority areas. The main priority areas for training and technical assistance are specified in the current cooperative agreement between ARCH and the Administration on Community Living, and devolve from Lifespan Respite Program legislation and ACL policy. These include:

- Respite Program Sustainability
- Building Respite Systems
- Delivery of Respite Services
- Performance Measurement and Data Collection

Each of these priority areas includes topics for which specific training and technical assistance may be provided, and include topics and activities for which ARCH has a rich library of resources and a strong history in the provision of providing T/TA. However, as results will reveal, there is a general elevated interest in receiving T/TA in traditional topic areas, perhaps associated with the general apprehension about the state and direction of respite going forward.

Using the same five-point rating strategy ranging from “Extremely Important” to “Not at All Important,” respondents indicated the importance of the potential T/TA topics in each priority area. Results of these inquiries are presented in the tables that follow.

Respite Program Sustainability

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Learn about financing strategies and how to diversify funding	71%	80%
Form and maintain productive collaborative partnerships	76%	80%
Engage employers to support caregivers and provide respite	83%	84%
Identify and use sustainability or strategic planning tools	72%	84%
Write a sustainability plan	66%	80%
Organize and facilitate a sustainability planning group	58%	64%
Implement continuity of leadership through succession planning	62%	72%

Again, in every case the majority of respondents identified each of these seven activities relating to program sustainability to be “Extremely Important” or “Very Important” (58% to 83%). The distribution of responses among the LRP grantees was very similar to that of all respondents, but in every case assigning slightly higher degrees of importance (64% to 84%). There is a bit more variability than in the Section I inquiries, with activities like organizing sustainability planning groups, implementing succession planning, or writing sustainability plans, although even these activities were identified as “Extremely Important” or “Very Important” by the majority of respondents. Larger majorities (71% to 83%) of all respondents and grantees (80% to 84%) are likely to seek T/TA in the use of concrete resources (strategic planning tools) and broadening a potential funding base for respite services (strategies for diversification, forming collaborative partnerships, engaging employers to support caregiving).

Building Respite Systems

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Build and strengthen respite coalitions	83%	84%
Identify and engage partners and stakeholders	79%	84%
Develop and maintain respite registries	72%	64%
Embed grant activities in No Wrong Door systems	70%	80%
Learn about and implement successful caregiver outreach strategies and public awareness messages	89%	88%
Assist caregiver access to respite through tested and promising strategies	91%	88%

Building the basic respite system is the cornerstone of the Lifespan Respite Program across all states who are or have been grantees, and even some who had not received federal assistance to date. The activities in the table above present a mix of promoting and streamlining access to respite, generally speaking, such as through building and strengthening of coalitions, identification and engagement of stakeholders, and engaging in public awareness campaigns. Other activities are more operational such as the development of respite registries or No Wrong Door systems with other community service providers. Regardless of activity, a large majority (70 % to 91 %) of respondents and LRP grantees (64% to 88%) identified each of them as “Extremely Important” or “Very Important.” Interestingly, but perhaps not surprisingly, a large majority of both respondents (91%) and LRP grantees (88%) focused on training of tested and promising strategies to assist caregivers to access respite. While this issue has always been important, this exceptionally large majority response is likely to have been influenced by the reduction in caregiver access to respite during the COVID-19 pandemic.

Fortunately, ARCH has a well-developed T/TA library and many years of experience providing T/TA on these essential elements of a statewide respite program. However, also reflecting the realities of the COVID-19 pandemic, ARCH will need to make adjustments to its existing curricula to reflect and accommodate the challenges associated with reduced face-to-face contact and emerging technology-based alternative models.

Delivery of Respite Services

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Learn about and serve specific needs and/or underserved populations	93%	92%
Develop or support community-based, faith-based, and volunteer respite services	85%	84%
Start or implement respite vouchers/voucher systems	51%	60%
Learn about natural respite supports (informal respite opportunities outside the formal respite system)	79%	80%
Learn about and implement emergency respite	83%	80%
Recruit and train respite workers and volunteers	77%	88%

Recalling that Section II focuses primarily on more traditional program priorities established prior to the recent challenges in the delivery of respite, it is not surprising that the large majority of respondents believe that receiving T/TA on activities relating directly to the delivery of respite services are “Extremely Important” or “Very Important.” Indeed, 93% of all respondents and 92% of LRP grantees identify the need for T/TA with respect to serving specific needs and underserved populations, with important access and service issues being generally exacerbated by travel restrictions, transitioning to technology-based efforts to deliver respite, and other issues that have emerged during the pandemic.

All other activities relating to delivery of respite services, except one (starting or implementing voucher systems) were identified by large majorities of all respondents (77% to 85%) and LRP grantees (80% to 92%) as “Extremely Important” or “Very Important.” These activities include developing more community-based service options, learning about natural respite supports outside of the formal respite system, learning about emergency respite, and recruiting and training respite workers and volunteers who may need to be prepared to provide respite under rapidly changing conditions and circumstances.

The only category that did not reflect the large majority of respondents (although it did attain a simple majority of 51%) identifying the activity as “Extremely Important” or “Very Important,” was starting or implementing respite vouchers/voucher systems. ARCH is aware that respite programs in a number of states modified their existing voucher systems during their efforts to maintain or increase respite delivery and caregiver contact in recent months. It is likely that the majority of respondents to this needs assessment already have or are in the process of developing voucher systems, so the importance of respite vouchers has been previously recognized and acted upon. States that modified their voucher programs in response to the COVID-19 pandemic are beginning to report their successes and challenges. As new knowledge is gathered from these reports, ARCH will need to update its T/TA on LRP vouchers accordingly.

Performance Measurement and Data Collection

T/TA Activities or Resources	All Respondents % Ext or V Imp	LRP Grantees % Ext or V Imp
Learn about data management/record keeping for accountability	74%	80%
Learn about outcome identification and measurement for respite services	81%	88%
Use data for planning and decision-making	77%	92%
Use data for education and advocacy	77%	92%
Use data for continuous quality improvement	79%	88%
Use data for system building	79%	88%

Historically, performance measurement and data collection has been a “growth topic.” That is to say, as recently as five years ago, most respite service providers and other respite constituents were less interested in performance measurement and data collection than they were in other activities relating to building and implementation of respite programs. However, ARCH has been promoting the development of performance measurement competencies and data collection strategies for the last 10 years and those efforts have borne fruit. The need to develop these competencies and to both engage in the collection of data and the sharing of data has been underscored by the concomitant need to test models for effectiveness and to be able to do rapid assessments of new models as they are implemented, sometimes under pressure and with minimum planning. The ability to understand and engage in meaningful performance measurement to ensure service quality improvement, expansion, and sustainability is now widely recognized by grantees and providers alike as an essential skill.

With the efforts to encourage the respite community to develop competencies and engage in program evaluation (and even research) as a backdrop, and the growing requirement by funders that services demonstrate success, it is not surprising to see that large majorities of respondents view activities associated with performance measurement and data collection to be “Extremely Important” or “Very Important.” This is true whether it be data management/record keeping, outcome identification and measurement, or the use of data for various administrative, management and evaluation activities. Large majorities of all respondents (74% to 81%) and LRP grantees (80% to 92%) affirm these activities’ importance and will likely be seeking T/TA going forward. As will be covered in Section IV of this report, ARCH hosts a learning collaborative specifically devoted to measurement and data collection, and the use of program data for decision-making, program management and administration, program evaluation and model testing. It is a major component of ARCH’s ongoing T/TA.

III. Preferred Training and Technical Assistance Formats

During the last 18 months of the COVID-19 pandemic we have witnessed major changes in the way information is transferred, respite services are delivered, and our abilities to interact in traditional venues using traditional formats. This has affected caregivers, respite service providers, and even ARCH's ability to deliver training and technical assistance due to such things as the necessity of restricting travel, and transforming scheduled national conferences into virtual Zoom conferences. In order to facilitate the delivery of T/TA to constituents, Section III focused on determining the preferred formats for receiving training and technical assistance. Respondents were offered 11 T/TA options, suspecting that answers would be influenced both by historical preferences and the new realities of receiving T/TA during the pandemic.

Respondents were asked to rate their four most preferred formats (assigning them ranks of 1 through 4) selected from the 11 possible options. The options included:

- Webinars and outside experts
- Learning collaboratives (peer-to-peer learning)
- Podcasts
- Fact sheets
- Funding alerts
- Guidebooks or manuals
- Toolkits
- Lifespan respite exchange (posing a question to the network via email online discussion forum)
- In-person meetings at state, regional or national levels
- Video presentations (e.g., "Ted" type talks)
- Individual technical assistance via email and/or telephone

Interpretation of these data requires some explanation in that the "N" for each question changes. The changes are a result of the fact that while some of the formats were "clear winners" in terms of popularity, it is likely, using the ranking algorithms, that some items would not be included in any particular respondent's selection of his or her four choices. To adjust for these imbalances, a weighted average of ranks is provided based on a combination of the number of respondents who selected any particular item to include in the top four choices, and the actual assignment of the ranks of 1 through 4, where the most preferred format is assigned a rank of 1, the second most preferred a rank of 2, and so on.

As an example, 41 of 51 respondents who completed this question rated Webinars with Outside Experts as one of their top four preferred T/TA formats (and therefore 10 respondents did not), and 73% of those 41 respondents rated this format as their first or second choice. The weighted average algorithm provided a weighted rank of 1.76 to this T/TA format, resulting in it being the number one choice among all possible choices. Although each of the format options was included in the top four choices of at least a few respondents, the weighted average ranks of the five formats (two of which tied) presented in the table below were substantially higher than the remaining possible choices.

Respondents Most Preferred T/TA Formats

T/TA Format Choices	All Respondents Weighted Avg Rank	LRP Grantees Weighted Avg Rank
Webinars with outside experts	1.76	2.06
ARCH-facilitated learning collaboratives	2.23	2.13
In-person meetings	2.50	2.53
Toolkits; guidebooks and manuals (tied)	2.90	2.80

Interpretation of these data are interesting in that ARCH has a long history of developing toolkits, guidebooks and manuals, which it frequently updates, and maintains a library of resources and frequently delivered T/TA curricula. Webinars with Outside Experts have also been a mainstay of ARCH’s T/TA. The webinars are announced well in advance to facilitate scheduling for attendees, and recorded archives are quickly made available for subsequent viewing.

ARCH-facilitated learning collaboratives, while not new, are more recent. They have proven to be quite popular and, as the results in Section IV of this report will show, there is a burgeoning interest not only in existing Learning Collaboratives, but considerable interest in two new Learning Collaboratives anticipated to be launched in the coming months. Such efforts should increase ARCH’s ability to be responsive to a number of challenges noted in previous sections focusing on both COVID-19 issues and more traditional Lifespan Respite priority areas.

It is noteworthy, but not surprising, that in-person meetings received a weighted average rank of 2.5 by all respondents and 2.53 by LRP grantees, making it the third most popular or most preferred T/TA format. Clearly, the respite community misses in-person contacts at conferences, in-person trainings, statewide respite summits, and other examples of in-person meetings that until recently were the norm. Zoom meetings and virtual conferences offer an important and well-received substitute for actual in-person meetings. However, in-person meeting remain a preferred training format, even though it may be some time before true in-person meetings can resume.

IV. Participation in Learning Collaboratives and Specific Training

Results from the previous section on preferred T/TA formats indicate that ARCH-facilitated Learning Collaboratives are among the most preferred formats among survey respondents for receiving T/TA. ARCH currently facilitates three Learning Collaboratives, in which grantees and partners meet regularly to receive training and technical assistance, and for peer-to-peer learning and networking. Occasionally, outside experts are called in to consult or provide special knowledge to collaborative participants.

The three active Learning Collaboratives focus on 1) Sustainability; 2) Performance Measurement; and 3) Voucher Respite. In addition to determining participation levels within the three currently operating Learning Collaboratives, the needs assessment survey explored interest in additional learning collaboratives relating to: 1) Volunteer and Faith-based Respite; and 2) Using the LifeCourse Tools for Respite or similar tools to assist with family-centered planning and maximizing the ability of family caregivers to identify and plan for using informal as well as formal respite services.

A total of 51 respondents (including 25 LRP grantees) completed this section of the survey. The results are presented below

- Sustainability Planning Learning Collaborative
 - 17 of 51 all respondents (33%) were participating in the collaborative at the time of the survey; for LRP grantees only, 11 of 25 (44%) were participating in the collaborative.
 - 23 respondents (68% of nonparticipants) indicated that they want information on joining the collaborative; 10 grantees (67% of nonparticipants) will be requesting information or inquiring about joining.
- Respite Voucher Learning Collaborative
 - 23 of 51 respondents were participating in the collaborative at the time of the survey; for LRP grantees only, 18 of 25 (72%) were participating.
 - 18 respondents (64% of non-participants) indicated that they want information on joining the collaborative; 7 grantees (100% of nonparticipants) will be requesting information or inquiring about joining.
- Performance Measurement Learning Collaborative
 - 14 of 51 respondents were participating in the collaborative at the time of the survey; for LRP grantees only, 9 of 25 (36%), were participating.
 - 22 respondents (59% of nonparticipants) indicated that they want information on joining the collaborative; 12 grantees (75% of nonparticipants) will be requesting information or inquiring about joining.
- New Query: interest in joining a new Volunteer and Faith-based Respite Learning Collaborative
 - 34 of 51 respondents (67%) said that they would be interested in joining such a collaborative; for LRP grantees only, 16 of 25 (64%) are interested in joining such a collaborative.
- New Query: experience using the LifeCourse Respite Tools and interest in joining the collaborative on that topic
 - 16 of 51 respondents (31%) said they had some experience using the LifeCourse Respite Tools; for LRP grantees only, 9 of 25 (36%) are using or have used the LifeCourse Tools.
 - 27 of 51 respondents (53%) indicated an interest in using the tools, if they were not already doing so, and joining a learning collaborative on that topic; for LRP grantees only, 13 of 16 (87%) indicated an interest in using the tools.

The results of this poll on learning collaborative participation and interest suggest that there is strong interest in these collaboratives, and that interest is increasing as nonparticipants learn about them during their peer-to-peer conversations and conversations with ARCH staff.

The data clearly suggest that in every case the majority of nonparticipants have expressed an interest in joining one of the collaboratives (59% to 68% of all nonparticipating respondents, and 67% to 100% of nonparticipating LRP grantees). Interest in new collaboratives yet to be launched is also high with 53% to 67% of all respondents and 64% to 87% of LRP grantees expressing an interest in joining. Thus, it appears that ARCH's facilitated learning collaboratives are an excellent vehicle for the provision of T/TA both in terms of content, and perhaps providing one of those vicarious in-person opportunities for members of the respite provider community to gather, network, and share learning and experiences.

RECOMMENDATIONS

The last 18 months have been extraordinary in their impact on states' abilities to operate traditional lifespan respite programs. Most of the impact has negatively affected abilities of LRP grantees and other constituents in the respite community to provide face-to-face or in-person respite, to maintain contact with caregivers, to increase the capacity to provide respite, and to recruit volunteers and other respite providers. In response, ARCH must clearly focus its T/TA activities on helping the LRP grantees and other constituents to function effectively in a service environment adversely affected by the effects of COVID-19.

Progress towards overcoming the COVID-19 pandemic and alleviating these negative impacts is still uncertain, states are at different stages with respect to vaccinations and responses to the pandemic, and they are operating on different timelines for recovery. In turn, state lifespan respite programs will have varying needs and will be operating on different timelines going forward. In light of these conditions and in light of the responses to the needs assessment survey, the following recommendations are offered:

- ***Stay current on evaluation of new and alternative models of both traditional and virtual respite and translate into meaningful T/TA activities and products.*** ARCH should work closely with lifespan respite grantees and other respite partners as well as respite researchers/evaluators who are testing new and alternative models of both traditional and virtual respite. New knowledge about effectiveness must be generated as quickly as possible to inform T/TA activities and planning. This new knowledge should enable rapid translation of research and evaluation findings into T/TA to promote efficacious models, and caution against adoption of weaker models.
- ***Use T/TA to help grantees and other constituents recognize the need to be flexible in determining the mix of traditional and virtual services in the changing environment.*** T/TA will also need to help everyone anticipate the likelihood that the mix of models and methods may be subject to further changes depending on the pace and success of defeating the COVID-19 pandemic.
- ***Adjust existing T/TA curricula and resources to reflect changes in state respite systems and services.*** As the basic elements of state respite systems reflect likely reductions in face-to-face respite and increases in respite relying, at least to some degree, on technological and virtual content, T/TA should be modified.
- ***Bolster the learning collaboratives*** and encourage all grantees (and invite other respite constituents) to participate in at least one of the ongoing or soon-to-be developed collaboratives. These collaboratives meet regularly and provide an excellent venue for rapid dissemination of information about current conditions affecting the content area for each collaborative. Learning Collaboratives also help develop basic knowledge and skills associated with each learning collaborative topic, gather the practice wisdom of grantees and other constituents striving to provide effective respite, and offer mutual support and guidance in a peer-to-peer learning environment.