

INNOVATIVE AND EXEMPLARY RESPITE APPLICATION PREVIEW OF QUESTIONS

The purpose of this document is to preview the questions in the online application. It is not for submission. Please submit your application online.

The ARCH National Respite Network and Resource Center is seeking exemplary and innovative respite services that are evidence-based, evidence-informed, that appear promising, or that are trying new service models. We invite you to nominate your service if you believe it is strong overall, or if it has areas of strength that you wish to share with others. If selected, your services will be recognized as a model for potential replication and highlighted by ARCH.

BEFORE YOU COMPLETE THE APPLICATION:

1. **Review the [Pre-Application Checklist](#).** Programs that cannot answer yes to all three Pre-Application Screening questions cannot be considered for a full review.
2. **Read the [Instructions for Completing the Application](#).** It is best to complete your responses in a WORD document, and then cut and paste the responses into the [online application](#).

Questions? Please contact Susan Janko Summers with ARCH at sjsummers@archrespite.org.

CONTACT INFORMATION

Name of Primary Contact _____

Name of Respite Service/Program _____

Phone _____

Email _____

Address

Street Address _____

Address Line 2 _____

City _____

State / Province _____

Postal / Zip Code _____

Country _____

Website URL _____

PRE-APPLICATION CHECKLIST

Programs that cannot answer yes to all three Pre-Application Screening questions that follow will not be considered for a full review.

1. Have your respite services been in existence for at least three years?

YES _____

NO _____

Please specify the number of years. _____

2. Do you have written guidelines or a program manual for the respite services you provide?

YES _____

NO _____

Attach your respite services manual or written guidelines.

3. Do you have a have a written plan or logic model for measuring performance?

YES _____

NO _____

Other _____

If you selected "Other", please describe. (25 word limit)

The written plan may be as simple as inclusion of clearly stated goals, identification of a single outcome or multiple outcomes you plan to measure, and a short description of how you plan to measure them.

Attach your plan or logic model for measuring performance.

SERVICES AND POPULATIONS

1. Please specify the ages of the care recipients you serve. (Please check all that apply.)

Birth to 6 years _____

6-17 years _____

18-59 years _____

60+ years _____

Other age subsets (e.g., birth to 3 yrs., 18-25 yrs.) _____

If you selected "Other age subsets", please specify. _____

2. Please check the conditions present among the care recipients you serve. (Please check all that apply.)

Intellectual or developmental disability _____

Physical disability _____

Aging related _____

Alzheimer's disease or other dementias _____

Mental health or behavioral condition _____

Chronic illness or special medical need _____

Other _____

If you selected "Other," please describe. _____

3. Who must meet eligibility criteria for respite services?

Care Recipient _____

Family Caregiver _____

Both care recipient and family caregiver _____

4. What criteria do you use to establish eligibility for services? (Please check all that apply.)

Income _____

Age _____

Disability _____

Health Status _____

Geography _____

Risk for abuse or neglect _____

Other _____ If you selected "Other," please describe. _____

5. Please specify the populations you serve. (Please check all that apply.)

Rural _____

Military/Veteran _____

Lesbian/Gay/Bisexual/Transgender _____

Diverse ethnic or cultural group(s) _____

Youth caregivers _____

Grandparent or Relative (Kinship) Caregivers _____

Other _____ If you selected "Other," please specify. _____

6. Please describe the frequency of respite services you offer. (Please check all that apply.)

One time only _____

Once per week _____

Multiple times per week _____

Once per month _____

Multiple times per month _____

One to 4 times per year _____

More than 4 times per year _____

Other _____

If you selected "Other," please specify. _____

7. Do you provide overnight or extended respite stays?

YES _____

NO _____

Not Applicable _____

8. Do you provide emergency or crisis respite services?

YES, routinely _____

NO _____

Occasionally _____

If you selected Occasionally, please describe. (Limit: 50 words)

9. How are respite services funded, and what is the cost to families? (Limit: 75 words)

10. Please describe the respite services you normally offer (pre-pandemic) with enough detail to allow others to envision what your services are like. If your program offers a variety of services in addition to respite care, be sure to describe the respite component in detail and its importance to the program as a whole. (Limit: 500 words)

11. If you have modified the type or location of respite services you provide or changed how you provide respite services (e.g., eligibility, amount of respite, who can provide respite) during the COVID-19 pandemic, please describe in detail. If not, please respond Not Applicable (N/A). (Limit: 300 words)

INNOVATIVE AND EXEMPLARY PRACTICE

This section will provide an opportunity to describe how your services are innovative and exemplary.

1. Describe how your practices are person and family-centered. (Limit: 300 words)

Person- and family-centered services address an individual's needs, goals, preferences, cultural tradition, family situation, and values. Person- and family-centered care both recognizes and supports the role of family caregivers. [Adapted from AARP Public Policy Institute]

2. What makes your services innovative and/or exemplary? (Limit: 500 words)

ARCH defines Exemplary Practice as respite services that are supported by research or evaluation evidence and have shown benefit(s) to family caregivers. Innovative Practice respite services document or have a plan to document at least one family caregiver benefit and create a novel approach. Both Exemplary and Innovative practices have written and observable or measurable goals and objectives; have written protocol or instructions guiding services; document activities and results during day-to-day practice; collect outcome data (for at least one outcome measure); and deliver person and family-centered services. Exemplary and Innovative Practices train and support staff and volunteers to assure services are of high quality.

3. Describe ways you share information with and reach out to families and clients, including how you conduct outreach to and serve culturally, linguistically or ethnically diverse populations. (If this does not apply to your program, write "N/A".) (Limit: 300 words)

4. Describe how your services are inclusive of persons with and without disabilities and/or special health care needs, and whether you use inclusive community facilities for providing services (e.g., YMCA, parks and recreation programs, intergenerational centers). (If this does not apply to your program, write "N/A".) (Limit: 250 words)

5. Do your respite services take an intergenerational approach (e.g., seniors providing respite for children with disabilities, teens providing respite for adults with dementia; respite services for multiple age populations co-located, such as adult day services co-located with child care services)?

YES _____

NO _____

If you responded YES, please describe briefly. (Limit: 100 words)

6. Do you help family caregivers plan how they will use their respite time to ensure that it is meaningful time for them?

YES, routinely _____

NO _____

Occasionally _____

If you responded Occasionally, please describe. (Limit: 50 words)

PROFESSIONAL DEVELOPMENT

This section provides an opportunity to describe how you recruit, train, and supervise respite workers or volunteers and how you match workers to families.

1. Describe how you recruit and screen staff and/or volunteers. (Limit: 300 words)

2. Describe how you train, supervise and support staff and/or volunteers. If you use any particular respite provider training curricula, please specify which one(s). (Limit: 300 words)

3. Do you match staff and/or volunteers with care recipients or families to maximize compatibility and long-term relationships?

YES _____

NO _____

Not Applicable _____

If you responded YES, please describe. (Limit: 250 words)

EVALUATION, REPLICATION AND SUSTAINABILITY

This section will provide an opportunity for you to describe how you measure performance and sustain your respite services.

1. Do you use an outside evaluator, or partner with a college or university, to plan or conduct evaluation activities?

YES _____

NO _____

2. Do you collect data for each goal and objective identified in your logic model, conceptual model or business plan?

YES _____

NO _____

3. Do you collect data on caregiver, care recipient, and/or family outcomes?

YES _____

NO _____

If you responded YES, please select the survey instruments or tools you use to collect outcome data.

Pre and Post Service Surveys _____

Post-Service client and/or caregiver interviews _____

Validated caregiver assessment, burden, stress or health status tools _____

Other _____

Outcomes may include care recipient, caregiver or family health and well-being (e.g., stress levels; health status; quality of relationships, extend of loneliness or social isolation); ability of care recipient to continue living at home; ability of caregiver to continue providing care; caregiver self-efficacy.

If you selected Other, please describe any other processes, measures or survey/measurement tools you use to document your respite services are working well. (Limit: 100 words)

4. Please select all items that describe the ways you collect data to document the respite services you provide.

Inventory of care recipient needs _____

Caregiver assessment of needs _____

Inventory of services provided _____

Number of car recipients or family caregivers served _____

Number of hours provided _____

Satisfaction Surveys _____

Documentation of day-to-day activities _____

Other

If you selected "Other", please describe. _____ (Limit: 100 words)

5. Do you collect cost data for the services you provide?

YES _____

NO _____

If you selected YES, please share the process and tools you use to monitor costs.
_____ (Limit: 100 words)

6. Please briefly describe any strategies and activities you employ to sustain your respite program or services over time, including leadership activities and sustainability planning. (If this does not apply to your program, write "N/A".) (Limit: 500 words)

7. What would you like us to know about your program that we forgot to ask? (Limit: 500 words)

Additional Information. If you have additional information or materials to share about your program, please feel free to attach up to three short documents.

Thank you for sharing information about your respite services with ARCH!