Annotated Logic Model

Title: Name your logic model. You may want to include the name of the agency carrying out activities.

Services (also called Outputs): A brief description of what the agency will do to achieve outcomes.

Resources (also called Inputs): Describe the tangibles needed/available to provide services. May include funding sources and amounts, materials, supplies, etc.

Assumptions (also called rationale): A brief description of the reasoning behind the services and outcomes. Why are you using a particular strategy?

Outcomes: The changes you hope will occur as you provide services. These can be changes in behavior, beliefs or status. How will things be different as a result of services?

Indicators (sometimes called performance indicators): Indicators specify what you would see or hear that indicates an outcome is being achieved. It is critical that indicators can be counted or otherwise measured in some way.

Data Sources: This specifies where you will get the information needed to count, document, or otherwise measure your indicators.
In this section of the logic model, LR Grantees identify activities they will engage in to achieve the outcomes identified to the right.

In this section of the logic model, LR Grantees identify the resources available to support the activities they describe above.

1. Grantees achieve the goals identified in their proposal.
   1.1. By the end of the funding period, LR Grantees will meet xx% of the objectives identified in their proposal.
   1.2. Annually, LR Grantees will demonstrate an increase in achievement of their objectives (ceiling effects considered).

2. Grantees develop systems that increase the efficient use of respite resources.
   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.

3. Grantees develop a sustainable, coordinated state-wide system of community-based respite.
   3.1. Caregivers and other stakeholders advise the LR 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 tangible contributions to the LR project.
   3.5. Key leaders and respite stakeholders report their LR Partnerships are resulting in increased caregiver access to respite across the lifespan and type of disabilities.

4. State-wide access to respite information is increased.
   4.1. LR Grantees or their designee maintain registries or directories of: respite providers in the state, all 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.

5. State-wide capacity to provide effective respite service is increased.
   5.1. LR Grantees or their designee identifies service populations (e.g. adults with dementia, children on life support, etc.) not being served by current respite services/funding sources.
   5.2. There is an increase in resources (training, providers, funding sources, etc.) focused on service to the populations identified in 5.1.
   5.3. LR Grantees have administrative procedures to refer caregivers to available and accessible respite.
   5.4. LR Grantees connect direct service providers to existing resources for improving recruitment, training and coaching of respite providers, when resources are available.
   5.5. LR Grantees connect service providers to resources for evaluating service effectiveness.
   5.6. Caregivers have increased access to respite services.
   5.7. Respite services available to caregivers are increased.

6. State-wide capacity to provide effective respite service is increased.
   6.1. LR Grantees or their designee identifies service populations (e.g. adults with dementia, children on life support, etc.) not being served by current respite services/funding sources.
   6.2. There is an increase in resources (training, providers, funding sources, etc.) focused on service to the populations identified in 5.1.
   6.3. LR Grantees have administrative procedures to refer caregivers to available and accessible respite.
   6.4. LR Grantees connect direct service providers to existing resources for improving recruitment, training and coaching of respite providers, when resources are available.
   6.5. LR Grantees connect service providers to resources for evaluating service effectiveness.
   6.6. Caregivers have increased access to respite services.
   6.7. Respite services available to caregivers are increased.

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 and maintained.
### Lifespan Respite Logic Model: Direct Services to Caregiver

**Services**

- 1. Caregivers are satisfied with the way they use their respite time.
- 2. Caregivers’ overall satisfaction with their role as a caregiver improves.
- 3. Caregivers’ stress is reduced as a result of receiving respite.
- 4. Quality of Caregivers’ relationships with other family members remains stable or improves.
- 5. Likelihood of institutionalization, neglect, or mistreatment of care recipient is reduced.

**Outcomes**

- 1. Caregivers engage in activities important to everyday life (legal, housing, banking, health and mental health; dental).
- 2. Caregivers use respite to accomplish tasks or pursue goals important to the caregiver, including employment.
- 3. Caregivers engage in social/recreational pursuits or activities of their choice.
- 4. Caregivers report satisfaction with respect to this outcome.
- 5. Care recipients remain safely in their homes with caregivers as is appropriate for the care-recipients’ needs.

**Sample Indicators**

- 1.1 Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 2.1 Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 3.1 Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 4.1 Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 5.1 The ARCH Evaluation Form PR1 for Planned Respite can be used (Kirk & Firman, 2002).

**Data Sources**

- 1.1.1 (2, 3 & 4) Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 2.1.1 (2 & 2) Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 3.1.1 (2 & 3) Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.
- 4.1.1 (2 & 2) Caregiver structured surveys, aggregated and reported to State Lifespan Respite programs.

**Assumptions:** Lifespan Respite grantees are required to serve the “lifespan; therefore Population Served includes those Caregivers providing care to children of all ages as well as adults with disabilities or other conditions requiring a level of care that warrants respite services for the care provider.

The focus of this logic model is the Grantees providing or funding direct respite services and the Caregiver needing respite. Outcomes for the care recipients (e.g., during the period of respite, the care recipient is safe and secure; the care recipient is not neglected or mistreated; etc.)

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