# Goal Writing Guidance and Template: Aging Plans for 2025–2027

## Goal Writing Guidance

**Goal statement should explain:** What improvements do we envision for our program or services? It may help to consider these questions in framing goal statements and strategies:

1. **Why are we choosing this thing to focus our efforts on?** Equity – Most effective use of limited funds.
2. **Why do we believe this particular effort will make things better?** Clear process, consistent definition, more comprehensive knowledge of caregiver resources, full utilization of program dollars, and better use of other resources.
3. **How do we think this leads to people being better off?** Those most in need, have access to NF/AFCSP grant funds, and those who have needs (maybe not the greatest need) will also have access, likely to different services/resources.
4. **How will we know that when we’re done with this effort?** \_\_\_\_% of caregivers report some relief after contacting our agency *and* will have been offered at least three caregiver resources/services.
5. **How will we know whether anyone is better off because of this effort?** Quantitative 🡪 there will be an increase in referrals to outside agencies (e.g. RCAW, Kinship, etc), all NF/AFCSP funds will be used, and all AU staff will have received up-to-date training. Qualitative 🡪 AU Staff should feel confident in the new/updated caregiver program procedure/policy, and more effectively & efficiently manage the program. Caregivers should report a sense of relief after contacting agency and report having been offered at lease 3 resources/services.

**Plan or strategy should explain:**

1. Do we intend to increase the amount of effort, improve the quality of efforts, or make some other changes that improve the program?
2. How do we think these improvements will benefit our community and/or program participants?
3. What will we do to move forward with this improvement?

**Preliminary ideas about how we will document our efforts and accomplishments:**

1. Tools that will tell us **how much** we have done.
2. Tools that will tell us whether we have **done things well**.
3. Tools that will tell us if anyone is **better off** because of the changes we made.

## Goal Writing Template

|  |
| --- |
| **Older Americans Act program area** (Select a program area if applicable.)  Title III-B Supportive Services  Title III-C1 and/or III-C2 Nutrition Program  Title III-D Evidence-Based Health Promotion  Title III-E Caregiver Supports |
| **Aging Network value** (Select a value if applicable.)  Person centeredness  Equity  Advocacy |
| **Goal statement:** Increase the Professional Capacity of the Aging Unit to Better Meet the Needs of Family Caregivers. |
| **Plan or strategy:** Review and revise local procedures/policies as needed, set a consistent definition of a caregiver in the “greatest economic and greatest social need” and provide education to all Aging Unit (and ADRC) staff on procedure/policy and on at least 10 caregiver resources and implement consistent, equitable, and efficient caregiver program procedures/policies. |
| **Documenting efforts and tools:**  Documenting **how much** has been done:  Gather baseline data   * SAMS data 🡪 # of caregivers service and units for each service type. * Claims 🡪 Expenditures/funds spent or not in NFCSP and AFCSP. * AU Staff Training 🡪 provided or not, on revised (at least 10) caregiver resources, procedures/policy, definition, and/or risk scale.   Use the same metric tools year to year to compare.  Documenting **how well** it has been done:  Gather baseline data.   * Create a Respite Referrals Tracking system for staff. * Implement/revise local survey and/or follow-up phone calls to family caregivers. * Implement/revise an Employee/Workplace Climate Survey.   Use the same metric tools year to year to compare.  Assessing whether anyone is **better off**:  Gather baseline data.   * Employee/Workplace Climate Survey results to show that employees found the revised local procedures/policies and training clear and allowed them to do their jobs more consistently & efficiently. * Information gathered from the caregiver surveys and/or follow-up calls will offer qualitative data, “Did you [the caregiver] find relief from strain?” and “Were you [the caregiver] offered at least 3 resources?” |
| ***OPTIONAL*: Notes on considerations for framing goals**   1. **Why are we choosing this thing to focus our efforts on?**   To ensure equitable access to caregiver resources, including caregivers who are not eligible for NF/AFCSP. Effort & education comes at a time when there is a great need and less funding to provide.   1. **Why do we believe this particular effort will make things better?**   Consistency, up-to-date revised procedures/policies, and fully trained staff will result in more resources being offered.   1. **How do we think this leads to people being better off?**   At least 3 (low-cost or free) caregiver resources can be offered to every caregiver whether or not they are eligible for NF/AFCSP.   1. **How will we know that when we’re done with this effort?**   Qualitative metrics gathered from local survey /caregiver feedback. Quantitative metric will show utilization of all caregiver funding and \_\_\_% in respite referrals to RCAW.   1. **How will we know whether anyone is better off because of this effort?**  * Family caregivers report relief after receiving resources/services from AU & confirm at least 3 resources/services were offered. * AU staff report a clear understanding of revised procedures/policies. * Increase number of referrals are made to RCAW. |

**Appendix A**

EXAMPLE: The term "greatest economic need" is defined as the need resulting from an income level below the poverty threshold established by the Bureau of the Census. The term "greatest social need" is defined as the need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural or social isolation including that caused by racial or ethnic status which restrict an individual's ability to perform normal daily tasks, or which threatens his or her capacity to live independently.[[1]](#footnote-1)

**Appendix B**

Quick Hits – Top Caregiver Resources all AU/ADRC staff should be trained on & make available:

* [AFCSP](https://gwaar.org/api/cms/viewFile/id/2005362)
* [NFCSP](https://gwaar.org/api/cms/viewFile/id/2007225)
* [Respite Grant](https://respitecarewi.org/grants/caregiver-respite-grant-program-crgp/)
* [Supplemental Grant](https://respitecarewi.org/grants/supplemental-respite-grant-program/)
* Local caregiver support groups & [Virtual Caregiver Support Groups](https://wisconsincaregiver.org/virtual-events-for-caregivers) - free telephonic, virtual, and online events
* [Caregiver Teleconnection](https://www.wellmedcharitablefoundation.org/caregiver-support/caregiver-teleconnection/)
* [Caregiver Outreach](https://www.unitedwaywi.org/page/caregiversupport) – United Way 211
* [RCAW Free Training](https://respitecarewi.org/free-training-courses/) – For a series of free courses for anyone interested in providing respite care as a career, a part-time job, or even a volunteer activity, including family caregivers.
* [Certified Direct Care Professional (CDCP)](https://www.dhs.wisconsin.gov/caregiver-career/index.htm)
* [Wisconsin Dementia Care Project](https://wss.ccdet.uwosh.edu/stc/dhsdementia/psciis.dll?linkid=597388&mainmenu=DHSDEMENTIA&top_frame=1) – Series of free online and classroom-style dementia courses for family or professional caregivers.
* [Kinship Navigator](https://dcf.wisconsin.gov/kinship/navigator) – Resources for relative caregivers
* [Benefits Check Up](https://benefitscheckup.org/) by NCOA
* [Independent Living Supports Pilot](https://www.dhs.wisconsin.gov/arpa/hcbs-ilsp.htm), if applicable in your county.

1. https://www.govinfo.gov/content/pkg/USCODE-2022-title42/pdf/USCODE-2022-title42-chap35-subchapIII-partA-sec3026.pdf [↑](#footnote-ref-1)