

**CITY OF DAVIS**  
**2002-2003 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**Organization Name:** CITIZENS WHO CARE, INC. / IN-HOME RESPITE \_\_\_\_\_

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**Total Proposal Request:** \$9100 \_\_\_\_\_

X  On-going Support      New Project

**CDBG Eligible Category:** Public Service  
(See List A)

**National Objective Compliance/Low and Mod Benefit:** Limited Clientele  
(See List B)

**City Council Identified Critical Needs:** (See List C)

- 1) Elderly Services
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

PUBLIC SERVICE  X  NON-PUBLIC SERVICE         

**Beneficiary Information:**

- 80  Total number of beneficiaries in program
- 80  Total number of beneficiaries in program served with CDBG funds
- 65  Percentage of the CDBG beneficiaries with low/moderate income

## PROJECT NARRATIVE

a. **Need.** The frail elderly and their family caregivers are in critical need of support. The *Journal of the American Medical Association* (JAMA) reports:

“One of society’s great assets is the many family members who provide care to ill or disabled relatives. By some estimates, more than 15 million adults currently provide care to relatives, saving the formal health care system billions of dollars annually. The majority of caregivers are middle-aged adult children and older spouses who care for a parent or spouse with functional limitations. Although family caregivers perform an important service for society and their relatives, they do so at considerable cost to themselves. There is strong consensus that caring for an elderly individual with disability is burdensome and stressful to many family members, and contributes to psychiatric morbidity in the form of increased depression.”

According to a recent study by the Bay Area Caregiver Resource Center, at least 55% of caregivers for the frail elderly suffer from clinically significant depression.

Beyond the mental health problem of depression, the study “*Caregiving as a Risk Factor for Mortality*” JAMA, December 5, 1999 concludes that **elderly persons who are caregivers themselves are 63% more likely to die within 4 years than elderly persons who are not caregivers.**

b. **Benefit.** The beneficial results of the social support, respite care and health education provided to family caregivers through the In-Home Respite Program:

- Prevent premature institutionalization
- Counter clinical depression and loneliness
- Strengthen families
- Reduce risks of caregiver burnout, elder abuse and elder neglect
- Maintain quality of life and personal dignity
- Save substantial private and public expense of premature convalescent care (more than \$3,500 per month per client)
- Increase access to preventative health care and social resources in the community.

c. **Other Resources and Collaboration**

**Funding Sources & Fundraising.** The In-Home Respite Program enjoys broad-based support in the Davis community. The program is funded in part by private donations, individual employee designation of United Way campaign funds, Friends of Area Nonprofits (R& R Consignment and Thrift) and Citizens Who Care’s community fundraisers. These fundraisers include our annual Winter Benefit Concert at the Varsity Theatre (this year entitled *Sentimental Journey: Songs of the 1940s*), sales of our cookbook entitled *Savor the Flavor – of the Greater Yolo Region*, annual travel tours and

others. Local churches providing support include Davis Community Church, St. James Catholic Church and St. Martin's Episcopal Church. Local service groups including Soroptomists International of Davis and Greater Davis, Rebekkah Lodge and others also provide support. Client families participating in the In-Home Respite Program frequently make modest monthly donations to help support the program, however, no one is denied services on account of finances.

**Role of Volunteers.** Community volunteers are the heart and soul of the In-Home Respite Program. Supervised by our respite nurse coordinator, it is our volunteers who – every week – provide clients with a two-hour respite break and friendly visit. Twenty or more volunteers participate in the respite program. Some visit more than one family. Our volunteers receive continuing education and personal support at bi-monthly in-service trainings using our 72-page *Volunteer Resource & Reference Manual*. Volunteers also receive six newsletters per year and participate in an annual volunteer appreciation event.

**Collaborations.** Citizens Who Care currently collaborates with the Davis Senior Center, Yolo Adult Day Health Center, the senior centers of Woodland and West Sacramento and the Winters Health Foundation to increase caregiver support throughout Yolo County. Citizens Who Care is also the fiscal sponsor of *Resources for Spanish-Speaking Seniors – a Yolo County Coalition*, a collaborative coalition of 25 local agencies, public and private, funded under a grant from The California Endowment. Referrals for the In-Home Respite Program come readily from Sutter-Davis Hospital, Woodland Memorial Hospital and Kaiser-Permanente, as well as the Davis Senior Center, Yolo Adult Day Health Center, Yolo County Mental Health Department, Yolo County Public Guardian and the Alzheimer's Society of Northern California.

**Complementing Services.** Our program is unique in its focus by providing caregiver support *within the home*. As such we complement other services in the community that taken together provide a long-term *continuum of care* for the elderly. Other providers include Yolo Adult Day Health Center (providing site-based respite in Woodland), Elderly Nutrition Program (meals on wheels) and Yolo Hospice (end of life and grief support). The Executive Directors of these organizations, and your applicant, met on February 4, 2002 to update each other on program developments and to review client lists for the past year. In 2002, eight (8) Davis In-Home Respite clients were joint clients with Yolo Adult Day Health Center and four (4) In-Home Respite clients received home delivered meals from the Elderly Nutrition Program. In all cases, at our meeting we were of the single opinion that each client required the full support of our respective programs and that convalescent placement would likely result in the absence of our support.

**d. Organizational Capacity.** In 1975 Citizens Who Care started as a citizens advisory committee of the Mental Health Association of Yolo County. In 1985 we established our Convalescent Hospital Visiting Program and in 1986 our In-Home Respite Program began. In 1988 we incorporated as a nonprofit organization and received tax-exempt status.

For the past thirteen consecutive years, the United Way has certified Citizens Who Care's eligibility for participation in the Sacramento Capital Region and Woodland campaigns. Richard Frost, our Treasurer, is the former *Vice-Chancellor for Finance* of the University of California at Davis. David L. Johnson, CPA, of Davis, California, annually performs an audit of our financial records. Monthly fiscal reports are computer-generated and reviewed each month by our Finance Committee and Board of Directors.

Citizens Who Care has successfully administered grants from The California Endowment, the Sierra Health Foundation, Sacramento Regional Foundation, Catholic Healthcare West and others. In December 2002, our Executive Director, Mark Henderson, J.D. LL.M., successfully completed the one-year intensive *Nonprofit Leadership: Raising the Standard* course sponsored by the Sacramento Regional Foundation and the Sacramento Nonprofit Resource Center.

### SCOPE OF SERVICES

**a. Project Description.** The In-Home Respite program has three key players – our administrative assistant (who processes incoming client referrals and new volunteers), the professional respite nurse coordinator and the trained volunteer. The principal activity of the attached budget is to fund the professional staff required to ensure program continuity and successful results.

The respite nurse coordinator (a) assesses, counsels, educates and provides referrals appropriate for the family of the dependent elder, and (b) trains, matches, supervises and supports the respite volunteer. Upon first receipt of a client referral, the respite nurse makes a home visit and assesses the family's needs. Following placement of the volunteer, the respite nurse coordinator remains available to the client family for follow-up counseling through telephone or home visits as needed.

The community volunteer (a) provides companionship to the dependent elder, and (b) provides the family caregiver with a respite break from the 24/7 worry and strain of caregiving for a dependent elder. While the volunteer visits with the dependent elder, the family caregiver has a few hours to call their own. The presence and participation of the volunteer helps connect the homebound family to the wider community.

**b. Target Group.** Due to physical or mental impairments, In-Home Respite clients require assistance in their activities of daily living (e.g., eating, dressing). Most clients have one or more chronic medical conditions (e.g., Alzheimer's or Parkinson's disease). In 2002-2003, we expect to serve 40 respite families in Davis. More than 65% of those families will be low or low/moderate income households per HUD guidelines.

**c. Outreach.** Program information is provided to the community through the annual distribution of over 500 agency brochures to focal points for seniors, distribution of over 500 collaborative brochures entitled "*Yolo County Senior Respite Services*" describing respite services available in Yolo County, public speaking engagements of the Executive Director, Volunteer Connection listing in *The Davis Enterprise*, listing in the Parks &

Community Services annual brochure and newsletters mailed to 3600 local residents.

### **TIMELINE**

**Work Plan** (Identify activities and completion dates)

<u>List Activity</u>	<u>Completion Date</u>
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Serve 25 in-home respite families	9-30-02
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Serve cumulative total of 30 respite families	12-31-02
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Serve cumulative total of 35 respite families	3-31-03
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Serve cumulative total of 40 respite families	6-30-03
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Train and place 10-15 new respite volunteers	6-30-03
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Maintain a regular caseload of 25 families throughout the year.

Provide eight (8) sessions of ongoing in-service training and group support for In-Home Respite volunteers.

**CITY OF DAVIS  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
BUDGET SUMMARY**

<b>Budget Category</b>	<b>Proposed Project</b>	<b>Other Sources</b>	<b>Total</b>
A. Salaries and Wages			
Respite Nurse	6225	0	6225
Administrative Assistant	1375	0	1375
Executive Director	0	3000	3000
B. Fringe Benefits	0	0	0
C. Consultant/Contract Services	0	0	0
<b>TOTAL PERSONNEL BUDGET</b>	<b>7600</b>	<b>3000</b>	<b>10600</b>
D. Office Rent	300	450	750
E. Utilities (included in our office rent)	0	0	0
F. Telephone	0	250	250
G. Office Supplies	0		
H. Equipment	0	400	400
I. Printing/Duplication	250	0	
J. Travel/Conferences	100	250	0
K. Other (Specify)		100	500
Liability Insurance	850		200
		0	850
<b>TOTAL NON-PERSONNEL BUDGET</b>	<b>1500</b>	<b>1450</b>	<b>2950</b>
<b>TOTAL PROJECT BUDGET</b>	<b>9100</b>	<b>4450</b>	<b>13550</b>

