

CITY OF DAVIS
2002-2003 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION

Organization Name: Yolo Hospice _____

Street Address: 132 E Street, Davis, CA 95616 _____

Mailing Address: P.O. Box 1014, Davis, CA 95617

E-mail Address: vshubert@yolohospice.org

Phone Number: 530-758-5566 _____

Fax Number: 530-758-9017

Web site: www.yolohospice.org

Contact: Virginia Shubert, Exec. Director Address: as above Phone: as above
(Be sure to list the best contact to get information to the organization as quickly as possible.)

Total Proposal Request: \$13,950.00

_____ X On-going Support _____ New Project

CDBG Eligible Category: Public Service: (Basic Human Needs)
(From List A)

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

City Council Identified Critical Needs: (See List C)

- 1) **Health Care (for the terminally ill)**
- 2) **Elderly**

PUBLIC SERVICE X NON-PUBLIC SERVICE _____

Beneficiary Information: 7/1/2001 – 12/31/2001 (First 6 months of fiscal year.)

<u>171</u>	Total number of beneficiaries in program 7/1/2001 – 12/31/2001
<u>41</u>	Total number of beneficiaries in program served with CDBG funds
<u>93%</u>	Percentage of the CDBG beneficiaries with low/moderate income
<u>\$166.72</u>	Cost per CDBG beneficiary (CDBG Request/CDBG Beneficiaries)

PROJECT NARRATIVE

a. Need

In 2001, Yolo Hospice provided care to 322 county residents, which is a 27% increase over the 253 patients served in 2000. 82 of these patients resided in Davis, which is a 15 % increase over the 71 Davis residents served in 2000. Some patients require a consultation with the hospice team prior to making critical end-of-life decisions. We provide this service at no charge. The number of consultation visits provided to Davis residents remained relatively stable with 30 patients in 2000 and 29 patients in 2001. We provide bereavement services to patients' family members and caregivers after the death of the patient and to members of the community at large. Bereavement services to non-hospice Davis residents increased by 150%, from 20 residents in 2000 to 50 residents in 2001. We accept non-insured and partially insured patients for care and they receive the same hospice services as fully insured patients. We deny care to no patients due to lack of ability to pay. Need continues with an increasing number of people contacting or being referred to Yolo Hospice. Forty-three (43) patients have already been referred in the first 4 weeks of 2002.

b. Benefit

Hospice responds directly to the critical needs component of CDBG funding. We assist terminally ill people of all ages and income categories so that they can remain in their own homes in the care of their family and friends until death from a known fatal illness. We avoid “panic” emergency room visits and hospital stays, minimize Skilled Nursing Facility admissions, and maximize patient comfort in the home setting. This proves cost-effective for our society at large. Almost all of our patients wish to die at home and over 90% of them do so. Some patients actually do require Skilled Nursing Facility care because of limited family caregiving capability. Hospice then coordinates nursing home transfers and continues to serve the patient and family. Hospice appears effective in helping terminally ill people and their families meet self-identified goals at the end of life. This improves the quality of life of the dying and the grief and loss recovery of their family members. We design our services to help terminally ill people make active decisions earlier about important end-of-life issues. Bereavement support to community members who experience losses NOT related to hospice services also help to strengthen the health of the community as a whole.

c. Other Resources and Collaboration

Yolo Hospice conducts many annual fundraising events and runs the Yolo Hospice Thrift Store in Woodland. In 2002-2003, we will apply to the Woodland United Way, as we are already a certified United Way Partner in the Sacramento Capital Region. We remain the only Hospice serving all of Yolo County and collaborate with a wide variety of other health care and social service agencies. These collaborating groups, who are likely to serve same portions of the community, meet regularly to ensure that they do not provide duplicate services. In 2001, less than 1% of our patients received overlapping care by Citizens Who Care, the Yolo County Elderly Nutrition Program (ENP), and Yolo Adult Day Health Center (ADHC). All overlapping care that did occur was complementary rather than duplicative.

d. Organizational Capacity

Yolo Hospice is a state-licensed and Medicare/Medi-Cal certified hospice program with the capacity of serving 300+ patients a year at current staffing levels. Hospice volunteers provide a minimum of 5% of all direct care

hours. The volunteer Board of Directors oversees all aspects of care. Staffing can readily be increased if patient volume increases. **See attached Board of Directors list.**

SCOPE OF SERVICES

a. Project Description (Activity Summary: Describe the activities of the proposed budget)

The projects for which we are requesting funding are:

- Registered Nurse and/or Medical Social Work (MSW) consultation visits to referred patients/families who require cognitive information and emotional support during the difficult process of making end-of-life choices, which may or may not include hospice care. Deciding to elect hospice is often described as “deciding to accept inevitable death” and the decision is not easy for all people to make.
- Marriage & Family Therapist (MFT) or MSW professional counseling sessions in behalf of individuals or families who have experienced a recent family death (expected or unexpected) outside of the hospice program. Some of the short term counseling provided by hospice is designed to provide fast link-ups to other counseling for survivors who have lost someone to a sudden illness, accident, suicide or homicide.
- Assistance with payment for hospice care to patients who are partially or completely uninsured for care.

b. Target Group

Our target hospice care group and consultation visit group is Yolo County residents who have been medically certified as having less than 6 months to live. Our target group for CDBG funding is residents of Davis who, in addition to being certified as terminally ill, also qualify as low/moderate income patients. The number of referred patients and their financial needs vary considerably over time, but residents of Davis tend to average to about one-third of our annual patients. Almost all patients have had significant health care expenses in the past year related to their terminal illness. Our target community bereavement care group is Yolo County residents who have experienced the recent death of a friend or family member. Our target community group for CDBG funding is residents of Davis who have experienced such a loss. Community bereavement services are provided even if the deceased person was not a Yolo Hospice care recipient.

c. Outreach

We publicize the mission, services, and availability of Yolo Hospice widely within our community. We have disseminated brochures at many public sites and given a variety of community education programs and newspaper interviews. We send out a newsletter twice a year, are listed in United Way brochures, and advertise fundraising events in a variety of ways. We have developed a more comprehensive community education program over the past 3 years in an attempt to increase earlier and more frequent referrals to our services. Currently, many patients are referred to us with only a few days or weeks to live. We desire to serve patients and families during the final 6 months of the patient’s life. More time with each patient can decrease the intensity of our work, stabilize our costs and revenue, and give us the time to accomplish mutual patient/family/hospice goals with maximal effectiveness. We believe that our ability to offer no-cost family consultation visits has increased the number of patients served and the average length of time that we have each patient in our care. In 1999, we provided 6,037 days of care. In 2000, our days of care totaled 9,017. And in calendar year 2001, we provided a little over 12,000 days of care!

TIMELINE

Work Plan (Identify activities and completion dates)

We use CDBG-funded services on an at-need basis. Therefore, we have no work plan or performance schedule.

We already provide all described services to members of our community, and other sources of funding will be sought if the CDBG grant cannot cover all of our expenses for the described services.

Project Budget Summary for Fiscal Year July 1, 2002- June 30, 2003

We are assuming that we will see three (3) Davis patients who have no insurance for hospice care. We cared for two (2) such patients in the last 6 months of 2001, with care costs averaging \$466.00 each.

Hospice services that may be needed are any or all of the following:

- 1) RN and Social Worker patient visits, at an average cost of \$25.00/hour;
- 2) Home Health Aide patient visits at \$12.00/hour;
- 3) Other hospice visits at no charge;
- 4) Medications from contracted pharmacies at special hospice contract rates;
- 5) Medical supplies from contracted suppliers at special hospice contract rates;
- 6) Medical equipment rental from contracted suppliers at special hospice contract rates;
- 7) And bereavement services at no charge. **3 patients x \$ 500.00 each = \$1,500.00/year.**

We are assuming 20 Davis residents who will each have an average cost higher than \$20.00/day for hospice medications, medical supplies, and medical equipment combined. We cared for 11 such patients in the last 6 months of 2001, with supply costs averaging \$344.00 each. **20 patients x \$344.00 = \$6,880.00 per year**

We are assuming 25 eligible and referred Davis residents who will require 1 or 2 no-charge in-home consultation visits by RN and/or MSW before choosing whether or not to elect hospice care.

We saw 14 such persons in the last 6 months of 2001, for an average of 1.75 hours of direct, face-to-face, professional time. (We exclude telephone time with family and physician and driving time to the patient's home from these calculations.)

25 assessment visits x 1.75 hours each = 44 hours x \$25 per hour = \$1,100.00 per year.

We are assuming 55 eligible and referred Davis residents who will require 1-3 bereavement support sessions by MFT or MSW. Sessions will average 3 hours and 15 minutes for each person.

55 bereavement clients x 3.25 hours each = 178.75 hours x \$25.00 per hour = \$4,469.00 per year.

Total CDBG grant request for fiscal year 2002-2003 = \$13, 950.00

(\$6,835.67 was expended for these services in the last 6 months of 2001.)

See attached proposed budget for fiscal year 2000-2003, for all Yolo Hospice services.

No administrative charges are budgeted or will be used in this request.

For further information, call Virginia Shubert at Yolo Hospice, 530-758-5566.

Virginia Shubert, Executive Director

Date

**Yolo Hospice Board of Directors
January 2002**

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