

**CITY OF DAVIS**  
**2006-2007 COMMUNITY DEVELOPMENT BLOCK GRANT APPLICATION**

**Organization Name:** CITIZENS WHO CARE, INC. / In-Home Respite Program

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*(Be sure to list the best contact to get information to the organization as quickly as possible.)*

**Total Proposal Request:** \$ 10,000

(Check one)  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) Programs to Support Independent Living
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

PUBLIC SERVICE

NON-PUBLIC SERVICE

**Beneficiary Information:**

75 Total number of beneficiaries in program  
40 Number of beneficiaries in program to be served with **CDBG** funds  
75 Percentage of the **CDBG** beneficiaries with low/moderate income  
\$ 250 Cost per **CDBG** beneficiary (CDBG Request/CDBG Beneficiaries)

## PROJECT NARRATIVE

### a. Need

People are living longer. By 2010, nearly 40% of California's population will be over 65 years old. As we live longer, our needs change. Too often, the frail elderly risk premature institutionalization. The In-Home Respite Program supports independent living by helping clients avoid premature institutionalization. In-Home Respite places a volunteer with a frail senior for two hours each week. These two hours of respite care are often the difference between a senior remaining independent or being placed in a convalescent hospital prematurely.

The In-Home Respite Program costs only \$60 per family per month. Families forced to pay for private respite services encounter fees of \$20 to \$25 per hour with a four-hour minimum. This equates to \$100 for only one day of respite care. Convalescent hospital care averages \$3,000 to \$4,500 per month. The financial savings alone substantiates the need for the program. Additional benefits include maintaining the emotional and physical health of clients and caregivers and reduction of unnecessary strain on the long-term care system.

The benefits extend beyond the frail senior. Caregivers experience mental depression at significantly higher rates than their non-caregiving peers. In fact, over half (55%) of family caregivers are diagnosed with depression. They are much more likely to experience physical injury because of caregiving (Family Caregiver Alliance, 2000).

In 2003, 28 clients were served by CWC's Davis In-Home Respite program. In 2004, the program increased to 38 clients. CWC served 37 clients in the 2004-05 fiscal year. At this writing (Feb. 2006) we anticipate serving 37 clients in the 2005-06 fiscal year. Over these recent years, the average number of clients has risen due to CWC's outreach efforts and increased referrals from other senior-serving organizations. Citizens Who Care anticipates 40 clients in the 2006-07 fiscal year as we fully adapt to the addition of a second part-time assessment nurse to meet the demand for services

As our aging population increases, the availability of affordable respite care will become increasingly important. Volunteer-driven home-based respite care offers the frail elderly and their families the support needed to maintain quality of life and avoid premature institutionalization.

### b. Benefit

The In-Home Respite Program avoids premature institutionalization of frail seniors. The program will benefit an anticipated 40 Davis residents in the 2006-07 fiscal year. The proposed services are Limited Clientele activities. This designation presumes the clients are principally low to moderate-income persons.

CWC analyzed its services throughout 2003 and implemented several significant changes. Staffing was adjusted to eliminate duplication and maximize individual strengths. As a result, the organization increased the number of clients served in 2004-05 which decreased its cost per client. In 2003-04, the cost per beneficiary was \$336. In 2004-05, CWC reduced the cost per beneficiary to \$240 -- a \$96 per beneficiary reduction. For 2005-06 continuing into 2006-07 the cost per beneficiary will be \$250. The agency can serve more clients at a reduced cost without compromising service quality. CWC remains committed to internal evaluation of its operations to ensure its funders receive the highest quality service at the most effective cost.

The program offers an additional benefit by using volunteers. Volunteers contribute two hours of respite care per family per week. While the client and volunteer may decide on a different schedule, the two hours per week represents the service standard. If forced to hire employees to pay for this service, the project's cost would increase by almost \$30,000 annually.

In-Home Respite Care contributes to the quality of life of the caregiver and the senior. By providing the service at no cost (contributions are encouraged but not required), the program remains available to Davis residents regardless of income. Home-based respite services result in strengthened families, increased caregiver well-being, and a substantial cost savings to the senior and our community.

**c. Other Resources and Collaboration**

CWC receives significant support from individuals, charitable organizations and businesses in the community. In addition to the use of Davis CDBG funds, CWC is supported through financial and in-kind donations, fees, and a small amount of Area 4 Agency on Aging funds. Local organizations including Right and Relevant, Senior Citizens of Davis, Inc. and Soroptomists have donated funds to CWC. The agency benefited from a one-time \$25,000 grant from Catholic Healthcare West in 2004, and is currently seeking other grants. Past support has come from United Way California Capital Region, The California Endowment, Sierra Health Foundation, and Sacramento Regional Foundation.

Collaboration is key to CWC's success. The organization believes it provides a unique and critical service that is strengthened by relationships with other community organizations. The agency strives to fill its unique niche while avoiding duplication of services.

Key program contacts include Yolo Hospice, Yolo Adult Day Health Center, Elderly Nutrition Program, and Davis Senior Center. The agency communicates with these groups to provide referrals, solicit feedback, and discuss emerging trends.

CWC, the Elderly Nutrition Program, and Yolo Adult Day Health Center communicate to identify clients utilizing multiple programs. While clients may use the services of more than one agency, each agency's programs are unique. As a result, Davis's frail elderly have several resources to support their independence.

**d. Organizational Capacity:**

Citizens Who Care (CWC) began in 1975 as an advisory committee of the Mental Health Association of Yolo County. By 1985, the organization established its Convalescent Hospital Visiting Program, and its In-Home Respite Program in 1986. In 1988, the agency obtained nonprofit status per IRS 501(c)(3). Citizens Who Care currently operates four programs: In-Home Respite, Convalescent Hospital Visiting, Pet Visiting, and Time Off for Caregivers. These programs function as part of a countywide service continuum supporting the frail elderly.

Citizens Who Care has a history of effective program management. The agency has managed grants from Woodland United Way, United Way California Capital Region, The California Endowment, Sierra Health Foundation, Sacramento Regional Foundation, and Catholic Healthcare West.

The agency's financial activities are managed by a professional volunteer Finance Officer using QuickBooks software. All expenditures require documentation (invoice, time sheet, etc.). The agency's Finance Committee and Board of Directors review all fiscal policies for appropriateness and internal and external accountability.

Program data is tracked through multiple sources. All referrals are forwarded to the Assessment Nurse. The Assessment Nurse visits the client's home and determines his or her suitability for the program. Upon admittance, the Assessment Nurse completes an In-Take Packet. This documents basic data including age, ethnicity, medical conditions, income, etc. Each month, the Assessment Nurse reviews the client's file for any needed updates. These updates document any improvements or declines in health. The Assessment Nurse maintains the client file with a second copy maintained at the agency's office.

All volunteers are screened and oriented before being placed in any CWC program, including In-Home Respite. Volunteers receive ongoing contact from the Director of Volunteers. Volunteers have access to training opportunities through CWC and other senior service agencies

Citizens Who Care is governed by a 10 to 15 member Board of Directors. The board is comprised of standing committees including Finance, Human Resources, Program, and Fundraising. The board reviews financial statements monthly. The agency receives an annual independent audit. Ken Wagstaff, Executive Director, has almost four decades of health care management experience. The lead Assessment Nurse, Susie McGibbon, R.N., has over three decades' experience in public health and gerontology. Ellie Slaven, Director of Volunteers, has over eight year's experience managing volunteer programs.

## **SCOPE OF SERVICES**

### **a. Project Description**

The In-Home Respite Program will serve an estimated 40 Davis families, an 8% increase over 2005-06. Each family will receive two hours of weekly respite care—with all clients receiving about 4000 cumulative hours of respite care. Because families enter the program at different times, total respite hours vary annually. Because of the demand for the services of the part-time Assessment Nurse, in 2005 CWC created an additional part-time assessment nurse position. Currently being re-recruited, full utilization of this position will enable CWC to more quickly assess needs and match volunteers to clients.

The majority of referrals begin with a telephone call. The Office Manager or Executive Director documents the call and forwards the referral to the Assessment Nurse. The Assessment Nurse makes contact with the potential client within 7 days, and an assessment is scheduled.

The assessment occurs in the home. It determines client appropriateness, identifies other community services of potential benefit, and notes interests/challenges that will influence volunteer placement. CWC strives to place a volunteer with the client within 30 days of assessment. Following placement, caregivers are contacted by the Assessment Nurse every 60-90 days. The Director of Volunteers communicates with volunteers monthly. The Assessment Nurse maintains an ongoing status file on each client. The file documents communication, challenges, etc. A duplicate file is maintained in the agency's office. The Assessment Nurses confer on case management issues.

### **b. Target Group**

The program serves the frail elderly and their caregivers. Frail elderly are defined as seniors over 60 years of age experiencing one or more chronic conditions that affect daily living skills.

### **c. Outreach**

CWC promotes its programs through many methods. The agency distributes its brochures throughout the county. Brochures are maintained at senior centers, medical facilities, and churches. CWC requests its materials be provided in the "welcome packets" of local churches. The agency maintains a website that includes printable forms for requesting services and becoming a volunteer. Finally, CWC distributes a newsletter three times annually to a readership of about 3000 persons.

CWC promotes itself through the media. The agency uses fundraisers, current events, and local contacts to leverage attention in newspapers and on television. These opportunities are also used to promote volunteer opportunities. The agency seeks out public speaking engagements and participates in several health fairs and public events each year.

## PERFORMANCE SCHEDULE

### Work Plan (Activities and completion dates)

<u>List Activity</u>	<u>Completion Date</u>
Conduct ongoing intake of new clients for a total of 40 Davis respite clients (8% increase).	June 30, 2007
Recruit and train 5 new respite volunteers serving Davis clients.	June 30, 2007
Provide in-service training to respite volunteers.	June 30, 2007
Provide volunteers with biennial listing of other educational in-service training opportunities in county.	September 2006
Telephone contact between assessment nurse and client every 30 to 60 days- home visit when needed.	September 30, 2006 December 31, 2006 March 31, 2007 June 30, 2007
Conduct exit interviews with volunteer if/when service is cancelled.	Ongoing
Provide status reports to Board of Directors detailing caseload, trends and issues warranting policy review.	Quarterly

## PERFORMANCE MEASUREMENTS

<b>ACTIVITY</b> (What the program does to fulfill its mission)	<b>INDICATOR</b> (The direct products of program activities)	<b>OUTCOME</b> (Benefits that result from the program)
<b>Match frail elders with volunteers</b>	<b>Caregiver is given much needed respite, elder has a new friend</b>	<b>Caregiver is strengthened; frail elder is able to stay longer in own home, rather than move to a convalescent hospital</b>
<b>Conduct assessment and ongoing monitoring of client needs</b>	<b>Caregiver and client receive information and referrals to needed services; volunteers receive professional advice as needed</b>	<b>Caregiver is strengthened; frail elder is able to stay longer in own home, rather than move to a convalescent hospital</b>

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

***BUDGET SUMMARY FOR PROPOSED PROJECT\* - IN-HOME RESPITE***

<b>Budget Category</b>	<b>Proposed Project "CDBG Portion"</b>	<b>Other Sources</b>	<b>Total</b>
A. Salaries and Wages	8,225	12,275	20,500
B. Fringe Benefits (Payroll Expense)	1,075	1,430	2,505
C. Volunteer Labor (In-Kind)	0	17,100	17,100
<b><i>TOTAL PERSONNEL BUDGET</i></b>	<b>9,300</b>	<b>30,805</b>	<b>40,105</b>
D. Office Rent	0	700	700
E. Telephone	100	200	300
F. Office Supplies	100	100	200
G. Printing & Duplication	200	300	500
H. Travel	50	150	200
I. Other Liability Insurance	250	550	800
<b><i>TOTAL NON-PERSONNEL BUDGET</i></b>	<b>700</b>	<b>2,000</b>	<b>2,700</b>
<b>TOTAL PROJECT BUDGET</b>	<b>10,000</b>	<b>32,805</b>	<b>42,805</b>

\* Please revise this form and annotate budget items as needed.

**NEW REQUIREMENTS:** All applicants are requested to submit a copy of their organization's Operating Budget.