

2008 – 2009 CDBG/HOME APPLICANT QUESTIONS AND RESPONSES

Name of Organization: **CITIZENS WHO CARE -RESPITE**
Project Title: In-Home Respite Care

1. **What's the role of volunteers in your program and what is the approximate number of hours they contribute/year?**

A. Role of the volunteers:

Our application's Project Narrative provides many details about the role of volunteers in visiting our clients. Also under Project Description we say more about how volunteers are used and assigned. Volunteer duties are set forth in our Volunteer Reference and Resource Manual, which is given to each volunteer. We will make a copy available to the City staff on request.

The Manual is very comprehensive, providing full background as to the purpose of our work, the nature of our clients and their needs, what to expect, and suggested approaches to situations that typically arise. It even includes suggestions about how to phase out the client relationship should the volunteer's participation end.

Specific activities that are included in the visits conducted by an In-Home Respite program volunteer include:

- Conversation, socialization, exchanging stories, active listening
- Assisting client with walking, sitting
- Reading, listening to music, playing cards or games
- Assisting with simple household tasks, e.g. making cookies, knitting, hobbies (e.g. a stamp collection)
- Learning about the client and his or her interests
- Motivating clients to be independent and self-reliant
- Encouraging clients to use various accepted strategies for keeping track of things, notably including medications and appointments
- Observing the client and surroundings, being alert to and identifying clients' physical and mental limitations, and any concerns or issues affecting the client's well-being or safety
- Documenting and reporting such concerns or issues to the assessment nurse
- Tailoring activities and interactions to fit the client's abilities

With the assistance and agreement of the assessment nurse, suggesting community resources to the client and family.

What is the approximate value or contribution of these volunteer hours?

B. Approximate number of volunteer hours:

This information is included on our application's "Performance Measurements" page. Calculation is as follows: we estimate that in 2008-09 our In-Home Respite volunteers will provide approximately 3000 hours of service to 30 clients. This estimate was calculated based on 8 hours per

month per client (volunteers visit for two hours each week), or 240 hours, for 12 months. For Davis, the anticipated hours would be about half of this total, or 1500 hours.

C. Approximate value of these volunteer hours:

This information is included as a line item on our application's Budget page ("Volunteer Labor, In-Kind"). Calculating the budget value of volunteer hours was done as follows:

Hired home assistance is normally \$25 per hour, but as our volunteers do not do personal care (e.g. bathing) this figure was halved to \$12.50, which is consistent with what we pay for assistants in the Time Off program. Davis hours 1500 hours @ 12.50 = \$18,750, rounded to \$19,000 as reflected in our Budget.

2. How will your program be affected if the amount you are granted is less than what you ask for?

Under "Other Resources and Collaboration" our application states that over the past two years the CDBG award to CWC from the City of Davis has already been reduced by about 40 percent. We state that CWC has used savings from one-time bequests to offset this loss. The CWC Board decided to use these saved funds in order to maintain current levels of service.

CWC manages its savings as an endowment from which we apply earned interest to operations. While reluctant to reduce the principal of this resource, should there be further grant reductions the Board would again consider this action rather than cut program services.

CWC currently employs only 2.25 total FTE personnel, rotating 9 staff through 8 part-time positions.

The Davis In-Home Respite program is currently operated on a very slim administrative budget, using only about 20 hours per week of the available 60 hours provided by our small 1.5 office staff (management coordination, fundraising and volunteer recruitment). In addition we budget only 7 hours per week for the Davis assessment nurse. If agency savings were no longer an option, and grant reductions forced the Davis In-Home program to reduce, this would have to be done by reducing work hours. This would impact our ability to recruit volunteers, find the community and regional resources upon which we rely, and maintain accountable management practices. Ultimately, CWC would have to limit client enrollments in Davis in order to assure program quality.

3. Describe the assessment provided by your program. Why is this assessment not done by the individual's physician?

As stated in our application, in the Project Description under Scope of Services:

"The administrative assistant... forwards the (client) referral to the assessment nurse. The nurse makes contact with the potential client... and an assessment is scheduled. The assessment occurs in the client family's home. It determines client appropriateness, identifies other community services of potential benefit, and notes interests/challenges that will influence volunteer placement. A suitable volunteer is interviewed and an introduction visit with the client family is arranged."

The purpose of the assessment is to assure that the caregiver and client's needs are appropriate for CWC service, that CWC can meet this need, and that CWC assigns a volunteer whose experience is commensurate with this need. It protects the family and CWC from a circumstance where the volunteer cannot effectively relate with the client.

Clearly, this kind of direct, in-person, assessment of the client, the caregiver and the care environment would not normally be provided by the individual's physician. It is not a medical determination, but as

the fundamental reason for the assessment centers on the physical health and capabilities of the client, CWC has historically used a nursing-trained individual to do the assessment. This is consistent with the health education and health promotion aspects of the job.

Recently CWC identified a circumstance where a client's physical and mental health was being neglected. We were fortunate to have a nursing-trained assessment person who acted to protect the client and the volunteer. Working in conjunction with the family and the county, the situation was resolved, and the client is now an active and successful participant.

Certainly, even if the family caregiver were willing to arrange and pay for such an assessment to be done by an outside professional, a very unlikely circumstance given the relatively low income of our client families, the CWC staff would still need to review and verify the information before assigning a volunteer. This would be a very inefficient way to proceed.

4. You said that you would be able to grow/expand services if additional funds were provided. What limitations would you have on expansion (if given more funds)?

The funds for which we are applying do not represent an increase in service. They are to maintain the current level of service. The current administrative staff hours are limited, which limits the scope of available supervision and coordination, as well as volunteer recruitment. If the oversight staff were expanded, the only limitation would be the level of referrals. CWC cannot control the level of referrals.

To what extent could the services be expanded?

CWC cannot control the rate of referrals. If additional funds, above those for which we have applied, were made available (!), depending on the amount, and depending on the rate of referrals, CWC would first increase the frequency of staff contact with caregivers and clients, to improve the quality of the service. This would mean adding more assessment staff hours.

Based on current administrative staff hours, with more assessment time, services could be provided to up to 12 more clients. To do this the Davis assessment nurse hours would have to be increased from the current 7 hours per week to 14.

With an enhanced outreach and advertising budget, with more administrative time to recruit and supervise additional staff and volunteers, and with expanded hours for assessment nurse caseload oversight, even more clients could be attracted and served, including an increase in visiting hours for clients who need it.

5. Do you have waiting lists for either program?

We have two waiting-list procedures: waiting for assessments and waiting for volunteers.

How many individuals are on each list?

Over the past 18 months there have been times that two or three individual caregivers and their elders were waiting for assessments, which normally occur within 30 days. Frequently, even after completion of a successful assessment, there are no volunteers immediately available for assignment. At this time there is one caregiving family in Davis which is receiving support from the assessment nurse pending assignment of a volunteer. Over 18 months we have had five such waiting clients.

6. The application states that CWC partners with a number of organizations also providing services to frail seniors. To what extent does CWC share and/or receive information regarding existing and/or potential clients. Please identify which organizations with which you share information.

The application does not describe our relationship with other agencies as associations with “partners.” The format of the application asks for a description of “collaboration” with other organizations. A partnership implies a contract, or programmatic interface, which is not the case for CWC in relation to its collaborative community of agencies. CWC had a contract with Yolo Adult Day Health Center until 2006, when the federal funds that made it possible ran out.

CWC does indeed collaborate with many agencies that serve the frail elderly. They are listed on page three of the TOC application. Unless acting with the permission of a client or his or her agent, the assessment nurse will not, and CWC does not, share personal client information with any person or agency outside the immediate few staff who require it, including our own Board members. This is to protect our clients. The information received about our clients comes primarily from the client themselves, the family and the caregiver. CWC receives no information from outside sources about clients other than publicly available information such as Megan’s List, which we check to protect our volunteers.

CWC receives client referrals, and useful information regarding the needs of its clients, individually upon referral and generally, from the agencies listed in the application.

7. If CWC were to receive less funding what would the organization do to meet the current need?

(Please also see Question 2 and CWC’s answer. These questions are similar.)

With less funding, current needs would be met by taking actions, in the following order, to:

1. Use savings- to the extent possible without compromising the longer-term financial integrity of the agency.
2. Reduce level of service. For example, implement a “triage system,” limiting follow-up contacts or visits to clients and caregivers to only those situations where the volunteer has perceived active problems or issues. Currently the assessment nurse employs a 90-day average contact cycle. Some clients are contacted more often; 90 days is the average contact cycle.

8. Staff stated that there are opening for the in home respite service in Davis. Is this a trend?

We observed in the meeting that we have had more clients in Davis in the recent past. We have had up to 25 or 30. Now we have 22, expecting 30 by end of the budget year. The trend is steady.