

PROJECT NARRATIVE

a. Need

CWC's In-Home Respite program places a volunteer with a frail elder, in the elder's own home, for two hours each week without charging a fee. These two hours of respite provide time off for the elder's caregiver. This respite is often the difference between a frail elder remaining independent or being prematurely placed in a convalescent hospital.

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. It is widely understood that older people live a longer and higher-quality life in their own home environment. At some point, in our later years, in order to remain in our own home, most of us will need a caregiver—at first a family member or close friend, later a paid person. The demands of caregiving can be very great. Most caregivers (55%) experience mental depression and are much more likely to experience physical injuries (source: Family Caregiver Alliance, 2002).

CWC clients come in pairs. The frail elder and the caregiver are both in need. CWC often uses the phrase "client families". The support from CWC relieves and strengthens caregivers and their families. It reduces the emotional and physical demands of caregiving. It enables families to help their loved frail elder remain longer in his or her own home.

Transfer to a long-term care facility often has a depressing impact, and every resource that supports independence is important. **CWC's In-Home Respite Program supports independent living and prevents premature institutionalization.**

The In-Home Respite Program (IHR) budget cost per family is under \$70 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. On a monthly basis the private equivalent of CWC's program would cost \$200 per month. Once a week visits would cost twice that.

CWC's clients are principally low to moderate-income. Convalescent hospital care in Yolo County averages \$6,000 per month. These families need help to avoid having to prematurely transfer their loved elder to a convalescent facility. This looming financial burden alone substantiates the need for the IHR program. Additional met needs include the emotional and physical health needs of clients and caregivers, and the community's need to reduce unnecessary strain on the long-term care system.

b. Benefit

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. CWC's volunteer/client matching system (see Scope of Services) provides regular, familiar social contact. The combination of caregiver respite and visitation improves the quality of life of the senior client and the client family. Volunteers and their client families remain friends for years, and many volunteers continue to visit their client even after convalescent hospital placement. While the client and volunteer may decide on a different schedule, the two hours per week represents the service standard. Hiring employees to pay for this service would increase the project's cost by almost \$30,000 annually (30 clients x 12 months x 8 volunteer hours per mo x \$10 per hour = \$29,000).

The number of Davis clients and families served by this program has gradually increased over the last five years. Service begins with a referral, then a nurse assessment, and then supportive contact from the nurse until a volunteer is assigned (matched clients). The client list will fluctuate as elders transfer to facilities or hospice care, or die. In 2006-07 and continuing into 2007-08, CWC received about a dozen Davis referrals per year. The average number of assessed Davis clients was

24 during this period, a number which will likely rise to 25 by the end of the current fiscal year. In 2008-09 CWC anticipates this number will rise to 28-30 clients.

The CDBG annual grant cost per CWC in-home client was \$336 in 2003-04. Due to a reduction in the City's grant awards since then, this cost has dropped to less than \$200 in the current fiscal year. This 2008-09 proposal would increase the CDBG per-client cost to only \$250. This is only 1/6 of the total \$1200 annual cost per client, including volunteer resources, that CWC must budget. CWC is committed to internal evaluation of its operations to ensure its funders it will provide high quality service at low per-client cost.

In-Home Respite Care contributes to the quality of life of the caregiver and the senior. By providing the service with no fee (donations are encouraged but never 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 elders' families and our community.

c. Other Resources and Collaboration

CWC's Davis IHR program receives about seventy percent of its financial support from individuals, charitable organizations and businesses in the community. Two community fundraising events, a Winter Concert and a BeerFest, are held each year. Local organizations including Right and Relevant store and dinner, Senior Citizens of Davis, Inc., several religious congregations, Soroptomists and the Venture Club have donated funds to CWC. It is difficult to obtain grants, and this source of revenue is not predictable for budget purposes. CWC received a 2006 grant of \$10,000 from Catholic HealthCare West and a \$3,000 grant in 2007 from the Rumsey Community Fund. These funds are allocated in part to the In-Home Respite program. Area 4 Agency on Aging funds are no longer available.

In 2006-07 and 2007-08, the City of Davis CDBG award to CWC was reduced by about forty percent. The organization has allocated savings from one-time bequests as it adjusts to this loss.

Collaboration is key to CWC's success. CWC 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. CWC communicates with several senior service entities to receive and provide referrals, solicit feedback, and discuss emerging trends. Key contacts include Woodland Memorial and Sutter Davis home health services, Yolo Hospice, Yolo Adult Day Health Center, the Yolo Multi-Disciplinary Team, Yolo County Social Services and Older Adult Program, Yolo Elderly Nutrition Program, Commission on Aging/TRIAD, and the Davis Senior Center.

Some clients utilize the services of more than one agency, and the above contacts facilitate effective use of resources. For example, CWC, the Elderly Nutrition Program, and Yolo Adult Day Health Center communicate to identify clients. Each agency's programs are unique; as a result, Davis's frail elderly can maximize available support for 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 created its In-Home Respite Program in 1986. In 1988, the agency obtained nonprofit status per IRS 501(c)(3). Citizens Who Care currently operates three programs countywide: In-Home Respite, Convalescent Hospital Visiting and Pet Visiting, and Time Off for Caregivers. These programs function as a key component of a multi-agency service continuum supporting the frail elderly in Yolo County.

Citizens Who Care has a history of effective program management. Historically, the agency has managed grants from the Cities of Davis and Woodland, Woodland United Way, The California

Endowment, Sierra Health Foundation, Sacramento Regional Foundation, Catholic Healthcare West and the Rumsey Community Fund. In 2006-07 the City of Davis staff reported that in a federal audit review CWC was commended for its management procedures.

The agency's financial activities are managed by a volunteer professional Finance Officer. 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. CWC obtains an annual independent CPA audit.

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

Program data is tracked through multiple sources. All referrals are logged and forwarded to the Assessment Nurse. The Assessment Nurse visits the client's home, determines the individual's and the family's suitability for the program, and completes an Intake 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.

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, and Fundraising. The board reviews financial statements monthly. As all personnel are part-time, the total FTE staff is 2.5 persons. The Executive Director has four decades of health care policy and management experience. CWC's assessment nurses have several decades of experience in public health and gerontology. CWC's Director of Volunteers has over nine year's experience managing volunteer programs.

SCOPE OF SERVICES

a. Project Description

The In-Home Respite Program will serve up to 30 Davis families in 2008-09. Matched client families will receive two hours of weekly respite care—with Davis clients receiving up to 2900 cumulative hours of respite care. Because of the countywide demand for the services of the part-time Assessment Nurse, in late 2005 CWC created an additional part-time Assessment Nurse position. Assignment of one position to Davis and one to Woodland enables CWC to more quickly assess needs and match volunteers to clients.

Most referrals begin with a telephone call. The Administrative Assistant documents the call and forwards the referral to the Assessment Nurse. The nurse makes contact with the potential client within 7 days, 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. If everyone is comfortable, respite visits can begin. 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, determined by need. The Director of Volunteers communicates with volunteers monthly. The Assessment Nurse maintains an ongoing status file on each client, documenting communication, challenges, etc. The nurses confer on case management issues.

b. Target Group

The program serves the frail elderly and their caregivers. Frail elderly are defined as seniors, generally over 60 years of age, experiencing one or more chronic conditions that affect daily living skills and requiring in-home caregiver support.

c. Outreach

CWC promotes its programs through many methods. The agency distributes its brochures throughout the county. Brochures are maintained at senior centers, medical and social program facilities, and churches. The agency maintains a fully-descriptive 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 uses its fundraisers, volunteer events, and other activities to maintain contact with its support base and to generate attention in newspapers and other media to elders' needs. These venues 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>Activity</u>	<u>Completion Date</u>
Conduct ongoing intake of new clients for a total of 30 Davis in-home respite clients	June 30, 2009
Recruit and orient 5 new respite volunteers serving Davis clients	June 30, 2009
Provide in-service training to respite volunteers	June 30, 2009
Refer volunteers to other educational in-service training opportunities in county	January 2009
Telephone contact between assessment nurse and client every 30 to 60 days and home visits when needed	September 30, 2008 December 31, 2008 March 31, 2009 June 30, 2009
Provide 3000 hours of volunteer visits to 30 clients / relieve family caregivers	Ongoing
Conduct exit interviews with volunteer as needed	Ongoing
Provide status reports to Board of Directors detailing caseload, trends and issues warranting policy review	Quarterly

PERFORMANCE MEASUREMENTS

ACTIVITY (What the program does to fulfill its mission)	INDICATOR (The direct products of program activities)	OUTCOME (Benefits that result from the program)
Recruit and match volunteers with frail elders	Approx. 3000 hours of in-home community service to 30 frail elderly and their caregivers	Caregiver and family are supported and strengthened Frail elder is able to stay longer in own home, rather than move to a convalescent hospital Caregivers are given much needed respite, elders have new friends Volunteers, elders and the community experience stronger social bonds
Conduct client assessments	30 nurse assessments annually	Respite need is confirmed; need for other services determined
Conduct ongoing monitoring of client needs	Approx. 150 client-family contacts by CWC Assessment Nurse (30 clients x average contact period 60-90 days) Information and referrals to needed services for 20-30 clients	Caregiver and family are supported and strengthened. Services are adjusted as needs change Frail elder is able to stay longer in own home, rather than move to a convalescent hospital.
Orientation, followup, information and training for volunteers	At least one in-service training program with professional participation Ongoing support for volunteers and professional nursing advice as needed	Volunteers learn about the experience and needs of the aged Volunteers are supported and nurtured Improved quality of service for in-home respite families

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

*BUDGET SUMMARY FOR PROPOSED PROJECT**

Budget Category	Proposed Project “CDBG Portion”	Other Sources	Total
A. Salaries and Wages			
B. Fringe Benefits			
C. Consultant/Contract Services			
<i>TOTAL PERSONNEL BUDGET</i>			
D. Office Rent			
E. Utilities			
F. Telephone			
G. Office Supplies			
H. Equipment			
I. Printing/Duplication			
J. Travel/Conferences			
K. Other (Specify)			
<i>TOTAL NON-PERSONNEL BUDGET</i>			
TOTAL PROJECT BUDGET			

*** 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.

**CITY OF DAVIS
COMMUNITY DEVELOPMENT BLOCK GRANT
2008-2009**

IN-HOME RESPITE - CITIZENS WHO CARE

Budget Category	Proposed Project CDBG Portion	Other Sources	Total
A. Salaries and Wages	6,300	15,200	21,500
B. Payroll Expense	800	1,835	2,635
C. Volunteer Labor (In-Kind)	0	19,000	19,000
TOTAL PERSONNEL BUDGET	7,100	36,035	43,135
D. Office Rent	0	725	725
E. Telephone	75	250	325
F. Office Supplies	25	100	125
G. Printing & Copying	25	225	250
H. Travel	100	225	325
I. Other			
Liability Insurance	150	675	825
Training	25	25	50
TOTAL NON-PERSONNEL BUDGET	400	2,225	2,625
TOTAL PROJECT BUDGET	7,500	38,260	45,760

CITIZENS WHO CARE, INC.

2/6/08

Projected Budget Fiscal Year 2008-2009

INCOME	Budget 2007-2008	Projected 2008-2009	Davis IHR
Grants			
Davis CDBG - In- Home Respite	4,822	7,500	7,500
Davis CDBG - Time Off	4,821	7,500	-
New Grants	10,000	10,200	800
Woodland CDBG - In-Home Respite	6,000	6,000	-
Woodland United Way	-	2,000	-
Total Grants	25,643	33,200	8,300
Revenue			
Donations	3,000	3,000	-
Donor Drive	21,000	21,000	-
Fundraising Events - WC, BF	35,000	35,000	-
Fundraiser - 3rd party	5,000	5,000	-
Interest Income	2,500	2,000	-
Memorial & In-Honor Gifts	3,500	3,500	-
Program Fees - Time Off	9,000	7,500	-
United Way Capital Region Bequest	2,000	2,000	-
Endowment Distribution	3,950	8,000	-
Operating Fund Reserve	14,007	9,250	-
Total Revenue	98,957	96,250	-
TOTAL INCOME	124,600	129,450	8,300
Volunteer Labor - In-Kind	72,900	72,900	19,000
EXPENSES			
Conferences/Training	150	150	50
Cost of Generating Support	4,000	4,000	-
Equipment & Software	350	250	-
Insurance	4,600	4,200	825
Licenses & Memberships	350	200	-
Mileage Reimbursement	850	1,000	325
Office Supplies	1,500	1,500	125
Outreach/Newsletter	3,700	3,800	-
Payroll Taxes	7,600	7,750	1,950
Postage	3,000	3,000	-
Printing & Copying	1,000	1,000	250
Professional Services	2,600	3,300	-
Rent	4,900	5,150	725
Supplies and Services	2,250	2,500	-
Telephone	2,250	2,400	325
Volunteer Recognition	500	250	-
Workers' Compensation	3,000	3,000	685
Wages and Salaries	82,000	86,000	21,500
TOTAL OPERATING EXPENSES	124,600	129,450	26,760
Volunteer Labor - In-Kind	72,900	72,900	19,000
Total Program Cost	197,500	202,350	45,760
Profit (Loss)	-	-	(18,460)