



# 2021-2022 COMMUNITY HEALTH CONTRACT (CHC) Q2 GRANT IMPACT REPORT

**Organization Name** Fallbrook Healthcare Foundation dba Foundation for Senior Care

**Program Name** 398 Adult Day Care

**Person submitting the impact report** Patty Sargent Executive Director

**Ages: List the percentages of your program participants' ages who received services during this reporting time frame.**

	Percentage served	Total Number Served
Children (infants to 12)	0	0
Young Adults (13-18)	0	0
Adults (18-60)	0	0
Seniors (60+)	100	34
Unknown		

**Gender: List the percentages of your program participants' gender identification who received services during this reporting time frame.**

	Percentage served	Total Number Served
Female	41	14
Male	59	20
Non-binary		
Unknown		

**Income: List the percentages of your program participants' income limit category of those who received services during this reporting timeframe (2019 HUD – AMI Incomelimits:4person family).**

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	6	2
Very Low (50%0 Income (ceiling of \$53,500)	6	2

	Percentage Served	Total Number Served
Low (80%) Income (ceiling of \$85,600)	76	26
Higher than listed limits	12	4
Unknown		

**How many District residents directly benefited (participant/client) from this program:** 34

## GOALS & OBJECTIVES

**Goal 1 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

Goal: To create socialization and enrichment opportunities for clients through participation in day care programs, events, and a range of activities that address the specific physical and mental needs of our clients. Additionally, provide scholarship opportunities for low-income district residents who could not otherwise afford the program.

Actions/Outcome: During Q2, from October through December, we served 17 clients in our Adult Day Program, providing a total of 385 days of service. Of these 385 client days, one low-income senior received 27 scholarship/respite days, provided through the FRHD grant. We had 3 of our previous scholarship clients stop attending due to out-of-area moves, death, illness, or other reasons. As clients ebb and flow for various reasons, we seek to be able to offer scholarships to other new clients. These second quarter numbers represent approximately 17.5% of our annual goals. It's been an unusually slow quarter, but January already sees an uptick in our client days.

**Goal 2 & Objectives: From your application, please provide your measurable outcomes for each of your stated objectives.**

Goal: Using results of latest Club surveys, identify and provide at least 4 educational and/or supportive services during the FRHD grant period that will help familial caregivers in a manner that aims to address their expressed emotional, social, or physical health needs.

Action/Outcome: We sent out our first survey during this grant period in mid-December and have just received results back. We have not yet identified and developed the plan for addressing caregiver needs as our surveys are still being returned and tabulated. However, from the surveys received thus far, the feedback we've received regarding caregiver needs and health are as follows. We will use this information to plan for and initiate education and support over this next quarter.

Regarding Impact of our Program on Caregiver Health and Wellbeing: 85% of respondents agreed that our Program helped reduce the stress of caregiving. 85% agreed that the caregiver worried less about their loved one's social engagement since attending our Program. 71% indicated that they sleep better at night when their loved one attends The Club. Family caregivers noted that the primary benefits they received from their loved one attending the Club were: knowing that there was a safe/loving place for their loved one to attend so they can work, being able to get their loved one out of the house and socializing, having time for themselves, their loved one is happier, and having respite. Caregivers' current fears and anxieties about caregiving in the coming years are watching their loved one die, not being able to care for their loved one anymore, seeing their loved one move to a memory care facility. Other challenges noted were dealing with bed sores and their loved one being on hospice care, lifting their loved one, and dealing with cognitive decline, mobility issues, and aphasia.

43% of respondents expressed interest in classes and/or support groups. Of particular interest were learning how others get/use help with caregiving, and senior meal prep.

During this past quarter, seven of our Adult Day Program clients' family members were also assisted by our Senior Care Advocates to address various needs. Help was provided in finding senior/memory care facilities or caregiving resources, as well as intervention in the health and welfare of a client.

# PARTICIPANT SUCCESS STORY

## Participant Success Story:

One of the common and heartbreaking symptoms of dementia is loss of the ability to communicate. Approximately 40% of our clients are non-verbal. Our programs and interactions with these clients strive to find different ways to relate to each individual client and stimulate them in ways that are personally meaningful to each one.

One of our long-time regular 5-day week clients was non-verbal and on hospice as her health declined. Although she was on hospice, she continued to come to The Club daily. Her hospice caregivers would come to The Club regularly and check in on her here. This client had been non-verbal for years. One of our new Caregivers had asked whether this client spoke any other languages. Her records showed that English was her only language. However, one day our Caregiver decided to try to speak with her in several other languages. To our extreme surprise (and the surprise of her family), our client responded back in another language! We had not heard a word from her mouth in years. From then on, when this client needed to use the restroom, she used what was evidently her native tongue to communicate to our Caregiver. Also, because of her diminished physical and cognitive state, this client did not typically participate in any activities at The Club. However, one day about 3 weeks ago, we managed to get her up and dancing. Again, this was seen by all of us as an extraordinary and special accomplishment. These efforts to make a connection with a client in new and creative ways proved effective with extraordinary results.

## Participant Success Story:



# ACKNOWLEDGEMENT

**Please describe how the Fallbrook Regional Health District's investment in this program was acknowledged during this reporting timeframe.**

We acknowledged the District in the following ways throughout the quarter:

The FRHD logo was affixed to the sides of our Care Vans.

We included the FRHD logo and official sponsor designation in all emails from every staff member.

Our organization and specific Care Van program brochure featured the FRHD logo and official sponsor language.

The FRHD logo and sponsorship support status appears on our website.

We promoted District events on a monthly basis via Social Media

We thanked and acknowledged FRHD for their support in social media

We thanked and acknowledged FRHD in an email blast to > 3000

We thanked and acknowledged FRHD at our Donor Appreciated dinner, in writing and verbally

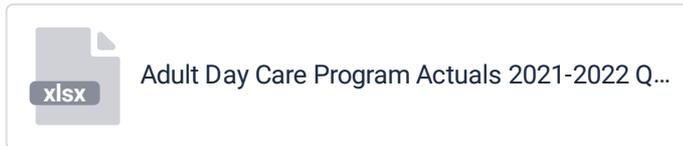
**Acknowledgment example: please upload an example of one method in which the District was acknowledged.**



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# BUDGET

**Please upload a copy of the program budget you submitted with the application, with an additional column demonstrating the current utilization of grant funds.**



**Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.**

Because we received special funding to help pay off our vehicles, our Equipment expense is high this quarter because all vehicles were paid off in full. Also, because we have been having plumbing issues in the Adult Day Care bathrooms for many years due to old pipes beneath the floors, we finally stopped fighting the continual flow of plumbers and had the problem addressed. We had over \$12,000 of expense to jackhammer concrete, replace all pipes beneath the flooring in 2 bathrooms, then replace the flooring throughout the bathroom, kitchen, and entry areas. This is reflected in the Physical Assets (Facilities) cost. Finally, because of the need to hire caregivers during this quarter, and the lack of qualified, reliable candidates, our cost for recruiting/job postings, and for agency personnel (Program-Specific Consulting) were high this quarter, offset by lower Caregiver wages & payroll expenses. Overall, a VERY expensive quarter for our Adult Day Program – these expenses were unavoidable. We received some special funding to offset a portion of the refurbishment costs.

**Please sign your form:**

A handwritten signature in black ink, appearing to read 'R. Sargent'.