



# 2020-2021 COMMUNITY HEALTH CONTRACT (CHC) Q3 GRANT IMPACT REPORT

**Organization Name:** Hospice of the Valleys SC

**Program Title:** Fallbrook Senior Assistance Program & Butterfly Memorial

**Person submitting the report:** Melanie House

**Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:**

	Percentage served	Total Number Served
Children (infants to 12)		
Young Adults (13-17)		
Adults (18-60)	12	2
Seniors (60+)	88	15
Unknown		

**Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:**

	Percentage served	Total Number Served
Female	47	8
Male	53	9
Non-binary		
Unknown		

**Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:**

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)		
Very Low (50% Income (ceiling of \$53,500)		
Low (80%) Income (ceiling of \$85,600)	100	17

	Percentage Served	Total Number Served
Higher than listed limits		
Unknown		

**How many District residents directly benefited (participant/client) from this program in this reporting quarter?** 17

## GOALS & OBJECTIVES

**Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.**

Goal #1: Provide compassionate hospice care, free of charge, to terminally ill patients in the Fallbrook area.

Objective: Our objective to this goal is to pay for the direct cost of hospice care to 25 senior citizens and/or the severely disabled residents of Fallbrook. Direct hospice care includes, but is not limited to, personal visits by physicians, nurses, home health aides, social workers, and spiritual care advisors; the provision of durable medical equipment, medical supplies, and medication deliveries. Hospice of the Valleys does not believe in adding to the burden of patients or their families by asking for reimbursements or co-pays that are not covered by insurance.

Outcomes/Measurables: In the third quarter of the fiscal year 21-22, Hospice of the Valleys provided our services to 17 patients in the Fallbrook area. Adding up the number of days those 17 patients were on our service in the third quarter in Fallbrook and that number is= 340 days. Our unreimbursed services are as follows: For full-electric beds at \$0.90 daily rate x 340 = \$306. For incontinence supplies at \$0.77 daily rate x 340 = \$261.80. For over the bed tables at \$.86 daily rate x 340 = \$292.40. 17 patients x 10 hospice hearts for their families x \$6.00 = \$1,020. For medication co-pays, there were 272 medications in all that went to our Fallbrook patients in this third quarter. 272 x \$5 = \$1,360. So, our unreimbursed expenses for the 17 patients/families in Fallbrook in Quarter 3 of 21-22 was \$3,240.20.

**Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.**

Goal #2: Provide a Virtual Butterfly Release and Memorial Event for the residents of the Fallbrook area. Currently Hospice of the Valleys does a virtual Butterfly Release and Memorial that takes place in Murrieta, for pick up of live butterflies and guided program/video link. Participants drive through the Hospice of the Valleys parking lot to get their live butterflies, printed program, butterfly mementos (such as butterfly bookmark, paperclip, stickers, etc.) then take them to their home or safe public place where they can release the butterfly and follow along with a guided pre-recorded video. The video includes music, poems, and our bereavement staff reading the names of participant loved ones' whom have passed and a meaningful word (that their loved one provided) about that person. These grant monies would allow us to expand this program for a pick up location in the Fallbrook area so that Fallbrook area residents can also participate without having to drive to Murrieta.

Objective/Outcomes: At this time, a date has not yet been set for our Butterfly Memorial event but our intent is for end of May. We are also considering in-person events as opposed to the virtual event but more info will be determined ASAP. Hospice of the Valleys will send invitations to all of our recent bereaved family members of the Fallbrook area. Additionally, we would love the help from the Fallbrook Regional Health District, that this event/program is free of charge and open to the public. We would then track RSVP's for the Fallbrook area and have a location where families can drive through to pick up their necessary items to hold their butterfly release in memorial. We will follow up with emails to confirm location and details, as well as request the name and meaningful word for the loved one they are honoring. Once we create the pre-recorded video, we will follow up with the participants on where and how to access it. We will also send a thank you and event wrap up to our guests.

# PARTICIPANT SUCCESS STORY

## Participant Success Story:

Because of the support from FRHD, we were able to go over and above our normal services in the Fallbrook area.

- We provided additional bereavement support for a family that experienced several deaths within a very short period of time.
- We provided extensive bereavement/grief support for our patient who had 3 children that required extra care.
- We provided extensive wound care, education and training for a patient. Our doctor made several extra visits
- Our Medical Director and Director of Social Work were diligent in expediting a death certificate that was required to help with their family situation. This was extremely complex due to COVID and what was happening with mortuaries during that time.

## ACKNOWLEDGEMENT

**Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.**

At patient visits during admissions, our nursing staff and social work team, mention that our services are in part funded by FDHD. Our website: <https://hospiceofthevalleys.org/community-supporters/> also lists Fallbrook Community Health District as a current funder/grantor.

**Please upload one example of how the District's support for this program was publicly acknowledged.**



## BUDGET

**Please upload a copy of the program budget you submitted with the application. Fill in the Q3 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.**

In the first three quarter of the fiscal year, we have served a total of 28 Fallbrook area patients (and their families). Our goal was 25 for the entire fiscal year, and we are proud that we have served more than our goal at just the end of our third quarter. We look forward to holding our Butterfly Memorial in May and serving many more families in the Fallbrook area.

**Please sign your form:**

A handwritten signature in black ink, appearing to read 'T. Mendez'.