



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

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

**Program Title:** 399 Door-Through-Door Program

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

**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)	7	2
Seniors (60+)	93	27
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	45	13
Male	55	16
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)	10	3
Very Low (50% Income (ceiling of \$53,500)	20	6
Low (80%) Income (ceiling of \$85,600)	35	10

	Percentage Served	Total Number Served
Higher than listed limits	10	3
Unknown	25	7

How many District residents directly benefited (participant/client) from this program in this reporting quarter? 29

## GOALS & OBJECTIVES

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

During the third quarter, we responded to 29 Door Through Door clients and/or referrals (21% of annual goal). Of these clients, 8 of them were referrals from North County Fire Department. (We received 22 referrals from NCFD during the quarter, but of those, only 8 were sent to the hospital. The others were handled as Advocate clients.) Nine of these referrals were new to us. The remainder were referred to us via family members or other sources. While we reached out to 29 clients, we engaged in some manner with 59% of them. (It is sometimes the case that by the time we receive a referral, the client has already been discharged and has appropriate care in place with no further needs.)

Our interaction with hospitalized clients and/or their family members often leads us to recognize that the hospital's/SNF's plans for the client's discharge are not going to result in a safe situation. Often this has to do with homecare that cannot be put in place in time, a home environment that is not a safe place for recovery, or a physical condition that requires a higher level of support or care than can be safely managed at home. This quarter we intervened in the discharge plans for 8 of these clients, and were able to successfully facilitate an alternative, safer plan of action, for 4 (or 50%) of those clients. For each client we engage with, we record the types of services and/or referrals we provide to them. Of the 29 clients served, we discussed or addressed the following topics, or corresponded with the agencies listed.

Discussion regarding Dementia – 1

Falls prevention – 4

Equipment Request - 5

Food – 1

Housing Assistance – 8

Hospital Palomar – 5

Hospital Temecula – 8

Hospital Tri City – 0

Hospital Other – 3

VA - 8

Home Health – 12

Skilled Nursing Fallbrook – 8

Skilled Nursing Other – 9

Hospice Care – 0

IHSS – 1

APS – 0

NCFPD Fire – 5

Caregiver – 10

Medi-Cal – 0

Insurance – 2

Financial – 2

Legal – 4

Social Security – 2

Transportation – 2

Other – 8

## **PARTICIPANT SUCCESS STORY**

### **Participant Success Story:**

Often times, a single referral or phone call through our Door Through Door program is just the beginning for a series of activities for weeks or even months. Our Door Through Door team will work to stabilize the situation, in any and every way needed, so that the client's risks of living at home are minimized and that they are educated about those risks.

We received a NCFPD referral for a client related to falls, resulting in fractured knee cap. Initially, we spoke to this gentleman's son and daughter in law, to make recommendations and referrals. A food evaluation was made, and as a result, we made a referral for home delivered meals through the

Fallbrook Senior Center and set him up with our Transportation Department's grocery delivery service. We connected him to a handyman to install grab rails in bathroom. We recommended use of walker over a cane to prevent further falls. We attempted to connect the client to a hospital bed as his Murphy bed was too low. We assisted his family with getting a doctor's referral for PT/OT, as client has stairs that are very dangerous, and also sent them information about a stair lift. Because of the risks at home, we educated the client and his family about senior living communities. We provided resources for a medical alert device. We also provided housekeeping referrals and home care referrals. Ultimately, he hired a caregiver and had a period of time of safety and stability at home.

Unfortunately, this client was reluctant to take some of the above input and had another fall that sent him to the hospital again. He continued to use the stairs even though it was not safe. While he enjoyed that safety and stability for some time after putting a caregiver in place, he now plans to move into a senior living community upon discharge.

## **ACKNOWLEDGEMENT**

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

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.

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

We have banners at the front and side of our building that thank FRHD for their support

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.



Door Thru Door Program Actuals 2021-2022 ...

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

Door through Door Coordinator and Advocate payroll expenses were again less than expected because we were down to one Advocate for the month of January. We did hire 2 new part-time Advocates in February, and our 3rd full-time Advocate returned to work in mid-March. Our expenses were significantly less because of the reduced staffing and client volume.

Please sign your form:

A handwritten signature in black ink that reads 'P. J. August'.