

Internal Use Only:
Grant No: _____

**Organization / Agency Information**

<b>Organization/Agency Name:</b> Alzheimers Orange County		
<b>Physical Address:</b> 2515 McCabe Way, suite 200 Irvine, CA 92614		
<b>Mailing Address:</b> 2515 McCabe Way, suite 200 Irvine CA 92614		
<b>CEO or Director &amp; Title:</b> Mr. Jim McAleer, President and CEO		
<b>Phone:</b> (949) 757-3760	<b>Fax:</b>	<b>Email:</b> Jim McAleer Tel: (949) 757-3715 jim.mcaleer@alzoc.org
<b>Contact Person &amp; Title:</b> Mark Odom, Vice President, Programs and Education		
<b>Phone:</b> (949) 757-3760	<b>Fax:</b>	<b>Email:</b> mark.odom@alzoc.org
<b>Web Site Address:</b> http://www/alzoc.org		<b>Tax ID:</b> 95-3702013

**Program / Grant Information**

**Program Area:** Health

<b>Program/Project Name:</b> Enhancing Services for Those With AD Who Live Alone			<b>Amount of Grant Requested:</b> \$25,000
<b>Total Organization Budget:</b> \$8,986,870	<b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> 86.4%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</b> 7.59%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 13.6%
<b>Purpose of Grant Request (one sentence):</b> To leverage community resources and build a program that increases AlzOC's capacity to serve the growing population of individuals with AD who live alone.			
<b>Program Start Date (Month and Year):</b> 7/1/2019		<b>Program End Date (Month and Year):</b> 6/30/2020	
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> Acacia Adult Day Services has received the following grants from the Gimbel Foundation: July 2014 –June 2015: \$12,988 September 2015 – August 2016: \$13,000 December 2017 – November 2018: \$20,000 Acacia Adult Day Services merged with AlzOC in 2017, and the merger was finalized in 2018.			



## S.L. Gimbel Foundation Fund Grant Application

Internal Use Only:
Grant

### Organization / Agency Information

<b>Organization/Agency Name:</b> Alzheimer's Orange County		
<b>Physical Address:</b> 2515 McCabe Way		<b>City/State/Zip</b> Irvine, CA 92614
<b>Mailing Address:</b> 2515 McCabe Way		<b>City/State/Zip</b> Irvine, CA 92614
<b>CEO or Director:</b> Jim McAleer		<b>Title:</b> President & CEO
<b>Phone:</b> 949-757-3715	<b>Fax:</b> 949-333-6346	<b>Email:</b> jim.mcaleer@alzoc.org
<b>Contact Person:</b> Mark Odom		<b>Title:</b> Vice President of Programs & Education
<b>Phone:</b> 949-757-3760	<b>Fax:</b> 949-333-6346	<b>Email:</b> mark.odom@alzoc.org
<b>Web Site Address:</b> www.alzoc.org		<b>Tax ID:</b> 95-3702013

### Program / Grant Information

**Interest Area:**  Animal Protection  Education  Environment  Health  Human Dignity

<b>Program/Project Name:</b> Enhancing Services for Those With AD Who Live Alone			<b>Amount of Grant Requested:</b> \$25,000
<b>Total Organization Budget:</b> \$8,986,870	<b>Per 990, Percentage of Program Service Expenses (Column B / Column A x 100):</b> 86.4%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C / Column A x 100):</b> 7.6%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 13.6%
<b>Purpose of Grant Request (one sentence):</b> To increase AlzOC capacity to serve the growing population of individuals with AD/at risk of AD who live alone.			
<b>Program Start Date (Month and Year):</b> July 2019		<b>Program End Date (Month and Year):</b> June 2020	
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> Acacia Adult Day Services (merged with AlzOC in 2017): 2014: \$12,988; 2015: \$13,000; 2017: \$20,000			

### Signatures

<b>Board President / Chair (print name and title):</b>  <b>Signature:</b> Jody Hudson, Chair	DocuSigned by: <i>Jody Hudson, CTFd</i> Date: June 14, 2019 5FBA2333484DC...
<b>Executive Director/President (print name and title):</b>  <b>Signature:</b> Jim McAleer, President & CEO	DocuSigned by: <i>Jim McAleer</i> Date: June 14, 2019 347A1ACAF64405...

July 2014 –June 2015: \$12,988

September 2015 – August 2016: \$13,000

December 2017 – November 2018: \$20,000

Acacia Adult Day Services merged with AlzOC in 2017, and the merger was finalized in 2018.

## 2019 S.L. Gimbel Foundation Fund APPLICATION

### Narrative

#### **I. Organization Background**

**History and Mission:** Alzheimer's Orange County's (AlzOC) mission is to provide hands-on care, support, information, referral, education and resources for families who experience memory loss, Alzheimer's and other dementias while advancing critical research for a cure. In 1982, Joan Dashiell, whose mother was suffering from Alzheimer's disease, founded the Alzheimer's Association in Orange County (OC) to provide education, information, and support, and two years later, affiliated with the national Alzheimer's Association. In 2015, the organization disaffiliated from the national organization and today is known as Alzheimer's Orange County (AlzOC). In 2016, AlzOC acquired South County Adult Day Services and merged with Acacia Adult Day Services in 2017. Today, AlzOC serves more than 28,000 people annually through the most comprehensive safety net of services in OC for those suffering from Alzheimer's disease and related dementias (collectively AD), and those who love and care for them. **Purpose:** AlzOC's purpose is to help ensure a better quality of life for all impacted by AD. It does so by providing a robust safety net of services that support and education to families as well as individuals impacted by AD; physician outreach and education; helpline; advocacy; and adult day and health care services.

#### **Organizational Accomplishments:**

Selected accomplishments in the last three years:

**Education and Support Services:** AlzOC has increased the number of individuals served, from roughly 22,000 three years ago to 28,000 people last year. This growth was accomplished through approximately 600 annual educational presentations, 40 caregiver and 22 early memory loss support groups, 475 memory screenings, 2,067 care consultations, and helpline support. Through strategic partnerships with community-based organizations (CBOs), AlzOC's capacity to offer culturally competent services to OC's diverse population has grown from Spanish and Vietnamese to include Cantonese, Mandarin, and Korean, in addition to English.

**Adult Day and Health Care (ADHC):** Through South County Adult Day Services (South County) and Acacia Adult Day Services (Acacia), AlzOC has grown ADHC services from serving 200 persons three years ago to more than 300 individuals last year. Last year, more caregiver support groups were added to both sites and at nearby CBOs, including groups conducted in Vietnamese, Spanish, and Korean at Acacia, and Korean at South County, along with English at both sites. Since implementation, more than 80 new individuals have participated.

**North County Expansion:** To better serve north OC, AlzOC established a satellite location at Wesley Village in Garden Grove in partnership with Jamboree Housing, a nonprofit affordable housing developer headquartered in OC. Wesley Village is a vibrant campus that features multigenerational housing for families and seniors, and includes community amenities such as a senior activity center, a public library branch, a Head Start Program, and a local church. Six new partnerships in North OC were

also established with cities, places of faith, and CBOs, who host AlzOC educational workshops and other events, provide confidential space for family care consultations, and conduct outreach to their respective constituencies. More than 600 new clients have participated in AlzOC programs and services thus far due to the expansion.

### **Program Activities:**

#### **Current Key Programs and Activities:**

**Education and Support:** Approximately 28,000 individuals, including persons with dementia (PWD) and caregivers, access services annually that provide support and education, enhance caregiving practices, facilitate resource sharing, and decrease isolation for PWD and caregivers. Services include: individual, family, and caregiver support, early and moderate stage programs, interfaith programs, and social and cultural activities, provided in English, Spanish, Vietnamese, with some services and materials available in Korean and Chinese.

**Physician Outreach and Education:** Through approximately 6,000 visits to health care professionals annually, AlzOC increases timely, accurate diagnosis and HIPAA-compliant referrals by providing information on AD diagnostic and screening criteria, and information about available programs and services.

**Helpline Support:** Provides vital information and assistance in English, Spanish and Vietnamese to 7,000 callers annually and initiates follow-up care consultation. In recent years, the number of individuals with memory concerns who call on their own behalf increased by 25%.

**Advocacy:** Outreach to approximately 300 community advocates annually through updates regarding current legislative and policy issues, forwarding of policy priorities to key decision makers, and facilitating the push toward a cure for AD.

**ADHC:** Social and health programming for frail individuals, persons with disabilities, and caregiver support services with linguistic competence in Arabic, Spanish, Mandarin, Cantonese, Korean, Vietnamese, Tagalog, and English for more than 300 participants.

**Communities Served:** AlzOC serves all individuals impacted by AD and their caregivers living throughout the Greater OC area. As age is the largest risk factor for AD, the focus is on serving older adults. More than 84,000 older adults are estimated to be living with AD in OC today, approximately 17% of the total number of seniors in the County. Additionally, AlzOC has the linguistic and cultural competency to reach OC's diverse communities, in particular the large Latino, Vietnamese, Chinese and Korean populations.

## **II. Project Information:**

### **A) Statement of Need**

OC's older adult population is expected to reach 870,000 individuals by 2030, of which the estimated number of those living with AD is expected to grow from 84,000 to 150,000 people. OC's older adult population is the fastest growing age segment in the County, which will result in an increased demand for healthcare, social services, housing, and other support services, as well as an increased burden on family members to support them physically, emotionally and financially.

In recent decades, the number of adults living alone has grown rapidly. Older adults who have AD and live alone are at higher risk for self-neglect, malnutrition, injury, medication errors, financial exploitation, social isolation, and unattended wandering (Living Alone with Alzheimer's Summit, 2018). It is estimated that 90% of these individuals have unmet safety needs, 60% unmet medical care needs and more than 50% unmet needs for meaningful activities (Johns Hopkins, 2013). Nationally, estimates state about 24% of people with possible AD live alone (Gould, et al 2015). Even more alarming, as many as 50% do not have a caregiver (Mann, Web MD, 2012). Applying these estimates to OC, one can project that more than 20,000 individuals with possible AD currently live alone (24% of 84,000 people), and as many

as 10,000 may not have a caregiver. Based on current growth estimates, this population can be expected to reach as many as 36,000 individuals by 2030, with as many as 18,000 without a caregiver. This population does not reach out for services or help, as they may be unable to recognize their own needs, unable to negotiate available social services, or may be fearful of outside services. As a result, they often remain hidden from traditional health and social service programs. The great majority of AD programs and services in OC, including those provided by AlzOC, primarily target caregivers – spouses, adult children, or other relatives.

AlzOC was recently awarded funds from the US Department of Health and Human Services, Administration for Community Living, in part to develop and implement a program to reach these “live-alones.” However, awarded funds only cover approximately 60% of the cost to fully implement the proposed program. A \$25,000 investment from the S. L. Gimbel Foundation would cover approximately 21% of costs, with the balance to be raised from other philanthropic resources and general operating support. AlzOC has already begun to bring organizations together that provide services to homebound older adults in order to support increased information-sharing about AD among these organizations. AlzOC seeks to leverage this effort to bring needed resources to those with AD who live alone and fully implement the proposed program.

#### B) Project Description

To better serve individuals with AD who live alone, AlzOC plans to 1) partner with organizations that connect with homebound older adults, 2) train staff in these groups on how to identify those with AD, 3) coordinate a referral process to connect with AlzOC services, and 4) develop tools to facilitate training and education to expand partnerships.

AlzOC has already brought together organizations that provide services to homebound older adults, starting with Home Delivered Meals Programs (HDM) in 24 OC cities. Leveraging the resources and established relationships of trust, this collective group will be educated by AlzOC and trained as informed gatekeepers on how to identify those individuals with or at risk of AD, to assess needs and risks, and to make follow-up referrals to AlzOC for direct services, care coordination and to mitigate social isolation that leads to declining cognitive and functional abilities. Implemented training and services will be evidence-informed, based on best practices identified in the literature (“Identifying and Meeting the Needs of Individuals with Dementia Who Live Alone,” June 2015, RTI International and “Gatekeeper Program,” Multnomah County Aging and Disability Services).

The coordinated referral process will involve either the HDM coordinator or volunteer meal deliverer introducing the senior living alone to an AlzOC social work intern, a master’s level (MSW) student with an expertise in working with older adults and those with AD. Interns will provide in-person, intensive care coordination for these seniors, including assessment, care planning, intervention, and monitoring services for a minimum of six months. Weekly support and contact will be provided, including a minimum of two in-person home visits per month, telephone support, and care coordination. An appropriately licensed AlzOC MSW-level Social Worker will supervise interns. With the senior’s consent, the HDM coordinator will receive regular progress updates.

Assessment will include review of safety and risks, analysis of ability for self-care and performing activities of daily living (ADLs), determination of whether technology can be used to mitigate risks, and analysis of needed services. Care Coordination also includes building trust and rapport, offering emotional support, providing education about AD, creating an individualized action plan, coordinating referrals, and maintaining follow up. Additionally, the interns may make recommendations and provide assistance to new settings, such as ADHC facilities or assisted living. Quarterly evaluations of the individual’s



progress will be made using the Crisis to Thriving Scale and the Quality of Life – Alzheimer’s Disease (QOL-AD) scale, both evidence-based assessment tools.

After implementing these activities with HDMs, other organizations who visit seniors’ homes during the normal course of their work will be identified, such as Adult Protective Services, faith-based organizations, postal or public utilities staff, and law enforcement personnel, to train staff as gatekeepers and make coordinated referrals.

Finally, AlzOC will develop a toolkit and training manual that can be used by all partnering organizations, collectively known as Friendly Visitors or In-Home Service Providers (IHSSPs). Both tools will assist scalability in OC and replication in other communities.

C) Project Goal, Objectives, Activities & Expected Outcomes

*Project Goal:*

Goal: To serve the growing population of individuals with AD in OC who live alone so that they can maintain and/or improve their functioning, safety, and quality of life through comprehensive support and linkage to services.

*Project Objectives:*

SMART Objective: To provide comprehensive weekly services for at least 25 individuals with AD who live alone for ~~at least~~ a minimum of six months. AlzOC will maintain a minimum census of 25 individuals per month by adding new participants to the program as attrition occurs due to incomplete participation (e.e. illness, relocation) or refusal of services. As described, services include the following, which are all measurable, verifiable, and action-oriented: Review safety and risks, analyze self-care and ADL capacity, determine utility of technology to mitigate risks, analyze needed services, build trust and rapport, offer emotional support, provide AD education, create individualized action plan, coordinate referrals, and maintain follow up. Additionally, may include assistance to new settings, such as ADHC facilities or assisted living. In order to reach this objective, AlzOC and its partners will, within 12 months, screen up to 800 homebound seniors who live alone for possible cognitive impairment.

**2. Try to quantify hours of help by types of services**

**The comprehensive direct services provided through this project shall include:**

Service Type	Hours per person served	# of persons served	Total # hours
Introduction/Relationship Building	6 hours	25	150
Comprehensive in person needs assessment (safety, risks, self-care, ADL needs)	4 hours	25	100
Establishment of and monthly review of Individual Action Plan	1 hours/month (6 months)	25	150
Provision and coordination of care and services (home visits)	8 hours/month (10 months)	25	2,000
Linkages to resources/transition assist	1 hours/month (4 months)	25	150
	100 hours per person served		2,500 hours

Administrative activities, including documentation, supervisory meetings, and travel time in addition to above. Graduate Student Interns 1,700 hours (academic school year); Part time staff 800 hours (when school is not in session).

*Program Activities:*

**Current Key Programs and Activities:**

**Education and Support:** Approximately 28,000 individuals, including persons with dementia (PWD) and caregivers, access services annually that provide support and education, enhance caregiving practices, facilitate resource sharing, and decrease isolation for PWD and caregivers. Services include: individual, family, and caregiver support, early and moderate stage programs, interfaith programs, and social and cultural activities, provided in English, Spanish, Vietnamese, with some services and materials available in Korean and Chinese.

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*Expected Outcomes:*

AlzOC expects to serve at least 25 seniors with the comprehensive services as previously described under #2. Project Objective to ensure that they have the resources and support they need to remain safe, healthy, and socially engaged. Also, as previously described, to achieve this outcome, it will be necessary to screen up to 800 homebound seniors over 12 months for AD or risk of AD. The expected outcome represents a critical first step in the creation of a more dementia-informed and -capable system of resources, support, and care for those with AD who live alone.

*Evaluation:*

**5. Evaluation**

AlzOC social workers will prepare quarterly reports to efficiently track progress, identify potential obstacles, and make any necessary adjustments to program approach. The Community Services Project Manager will review and report quarterly to the VP, Programs and Education. Semi-annual reports will be made to the AlzOC President & CEO.

Reports will document impact of comprehensive services provided to the 25 seniors who require these services, including the following indicators:

1) Decreased social isolation, evidenced by social workers' case notes regarding increased engagement in socialization and support activities that are offered by AlzOC and other senior-serving organizations. Additional documentation will be provided by assessment on the socialization domain of Crisis to Thriving Scale.

2) Increased access to resources and services, evidenced by individualized action plans and resource referral linkages. Additional documentation will be provided through assessments on various domains of Crisis to Thriving Scale, including food security, transportation, health care, and housing; as well as results of QOL-AD assessments.

3) Improved quality of life, evidenced by results of all domains of Crisis to Thriving Scale and QOL-AD scale.

Process outcomes will also be documented, specifically regarding the screening of up to 800 seniors, and will include memorialization of:

1) All training provided to HDM program personnel, including documentation of increased knowledge through pre- and post-training assessments, to include knowledge of AD, how to assess for AD and risk of AD, negative impact of social isolation, and how to make coordinated referrals to AlzOC. Instruments to be used for assessment include the Dementia Attitudes Scale, and Sense of Confidence in Dementia Care Scale. Satisfaction with training will also be assessed through pre- and post-training surveys.

2) Case notes by HDM staff and volunteers, which will include screening results and referral notes.

3) The number of referrals to AlzOC made by HDM programs.

#### D) Timeline

Provide a timeline for implementing the project. State the start date and ending date of the project, include timeframes for specific activities, as appropriate.

As noted previously, AlzOC has already begun to convene and train HDM providers serving 24 OC cities. Beginning July 1, 2019, the timeline will be as follows:

July 2019: Continue training of HDM providers. Begin ongoing screening by HDM providers of homebound seniors who live alone for AD/risk of AD; make referrals to AlzOC as indicated. AlzOC MSW interns will follow up with all referrals and determine appropriate service and care plans as needed.

September 2019: Weekly, monthly, and quarterly program activities will begin. Weekly: For those individuals determined to need intensive services, MSW interns will visit weekly. Monthly: Training needs of HDM providers will be assessed and provided monthly or as needed.

Quarterly: Assessments and analyses as described in evaluation plan will be reported quarterly by MSW interns. Community Services Project Manager will review and determine if changes in program direction or approach is required, and will provide data and recommendations to VP, Programs and Education.

December 2019: Report made to President & CEO, identifying successes, challenges, program adjustments, and promising practices.

June 2019: Report made to President & CEO, identifying successes, challenges, service gaps, program development recommendations, and best practices. Grant report made to S. L. Gimbel Foundation.

#### E) Target Population

Who will this grant serve? How many people will be impacted? Provide a breakdown: Number of Children, Youth, Adults, Seniors, Animals.

The proposed project will serve older adults who live alone who have AD or are at risk of AD. AlzOC anticipates that these seniors will be adults 60 years and older, and may also be limited English speaking. These individuals are the most vulnerable due to their isolation. They lack support and are most at risk for safety issues, exploitation, and accidents. These individuals will be identified through AlzOC's partnership with its HDM partners, who regularly visit



homebound seniors. AlzOC proposes to train partners to appropriately screen 800 of these older adults for cognitive impairments, and refer at least 25 of identified individuals to AlzOC. AlzOC will provide direct services to these individuals in order to maximize safety, quality of life, and linkages to support services.

F) Projects in the Community

How does this project relate to other existing projects in the community? Who else in the community is providing this service or has a similar project? Who are your community partners (if any)? How are you utilizing volunteers?

How Program Relates to Community/Who Else is Providing Services: No other organization is providing the proposed scope of services to OC older adults living alone who have AD or may be at risk of AD. AlzOC's proposed program fills a critical gap in services for OC's older adults.

Program Partners: AlzOC is strategically leveraging the resources of service providers who visit homebound seniors as part of their normal course of business. Starting with HDM providers, such as Meals on Wheels and SeniorServ, who serve 24 cities in OC, AlzOC may also partner with and train other organizations who visit homebound seniors, such as faith-based organizations, postal or public utilities staff, law enforcement personnel, and Adult Protective Services. Additionally, AlzOC may partner with a CBO to enhance delivery of the proposed program's services. For example, if a specific cultural expertise is required such as Korean language ability, AlzOC will collaborate with a CBO serving that specific community.

Use of Volunteers: Graduate student interns from Geriatric Social Work Education Consortium (GSWEC) approved schools of social work volunteer to participate in this program. They are provided clinical and program supervision as well as stipends to cover their expenses. HDM providers also use volunteers.

G) Use of Grant Funds

How will you use the grant funds?

Grant funds will be used to partially support expenses necessary for the successful implementation of AlzOC's program for identifying and providing comprehensive services for homebound seniors who live alone and have Alzheimer's disease or related dementia (collectively AD), or are at risk of AD.

AlzOC was recently awarded funds from the US Department of Health and Human Services, Administration for Community Living, in part to develop and implement a program to reach these "live-alones." However, awarded funds only cover approximately 60% of the cost to fully implement the proposed program. A \$25,000 investment from the S.L. Gimbel Foundation will partially support the salary expense for a Licensed Clinical Social Worker (LCSW) to provide clinical supervision of Social Workers and Masters of Social Work (MSW) interns, who will be providing case management and other direct services to the identified homebound seniors with AD or at risk of AD.

### **III. Project Future**

A) Sustainability

Program sustainability is a high priority for AlzOC's leadership team, who are committed to the successful implementation of the proposed program and resultant positive outcomes for the individuals that it serves.

AlzOC's fund development plan offers a balanced approach to long-term sustainability, including foundation and corporate giving, fundraising events, individual contributions and major gifts,

government contracts and grants, and fees for services at its ADHC sites. This approach is enhanced by sound fiscal management, and ongoing strategic planning.

As mentioned previously, the proposed program is funded in part by a grant from the US Department of Health and Human Services, Administration for Community Living, which supports approximately 60% of the total program. This is a three year grant, providing a solid foundation for ongoing sustainability. Requested funds will support 20% of program costs for the first year, with the balance to come from general operating funds committed by AlzOC leadership. In subsequent years, AlzOC will continue to seek sources of revenue through its ongoing fund development process, including the cultivation of new funding prospects. This diversified approach to program funding, along with the leveraging of partner resources and robust program evaluation, helps to ensure ongoing sustainability, stability, and community support.

#### **IV. Governance, Executive Leadership and Key Personnel/Staff Qualifications**

##### **A) Governance**

Governance Responsibilities of the Board:

- Strategic Framework: Reviews and updates AlzOC's mission as may be indicated.
  - Direction: Develops and monitors AlzOC's strategic plan; develops organizational policies.
  - Accountability/Transparency: Monitors financial and operational performance; evaluates President/CEO.
  - Goodwill/Support: Acts as AlzOC's ambassadors to the community; supports AlzOC by making personal financial donations and assisting with fundraising. Last year, 100% of the Directors made a personal gift or solicited a gift for AlzOC, resulting in a total of \$226,000 raised.
- Committees: AlzOC's standing committees include Executive, Finance, Audit, and Compensation. The Executive and Finance committees meet monthly, while the Audit and Compensation committees meet three times a year. The full board meets quarterly.
- Decision Making Process: The board votes on matters of the organization's governance upon committee recommendations. A majority vote is required for passage of any motions. Unanimous written consent is required for votes taken outside of regularly scheduled meetings.

##### **B) Management**

Describe the qualifications of key personnel/staff responsible for the project.

Mark Odom, VP Programs and Education: Mr. Odom has been with AlzOC since 2014, and is responsible for all aspects of the operations of AlzOC's education and programs department serving individuals with dementia and their family care providers. Responsibilities include the hiring, development and performance management of support, professional staff, and volunteers. He is also responsible for program and project development and oversight, collaborating with CBOs to ensure the fullest range of services and supports are available to families impacted by AD. Mr. Odom will provide management supervision and leadership of the proposed program.

Lynne Conger, Community Services Project Manager: Ms. Conger has seven years' experience working for AlzOC providing care consultation services for persons with dementia, and more than 30 years providing social services for homebound older adults and their families. Ms. Conger will supervise at least four MSW interns in delivery of services for the proposed program, working in collaboration with a LCSW who will provide clinical supervision.

## S.L. Gimbel Foundation APPLICATION

Organization Name:

Alzheimer's Orange County

**V. Project Budget and Narrative (Do not delete these instructions on your completed form).**

A) **Budget Table:** Provide a detailed line-item budget for your entire project by completing the table below.

Requested line items should be limited to Ten (10) line items. The less the better.

**A breakdown of specific line item requests and attendant costs should include:**

- 1) Line item requests for materials, supplies, equipment and others:
  - a. Identify and list the type of materials, supplies, equipment, etc.
  - b. **Specify the unit cost, number of units, and total cost**
  - c. Use a formula/equation as applicable. (i.e. 40 books @ \$100 each = \$4000)
- 2) Line item requests for staff compensation, benefits: **Do not use FTE percentages.**
  - a. Identify the position; for each position request, **specify the hourly rate and the number of hours** (i.e. \$20/hr x 20 hours/week x 20 weeks = \$8,000)
  - b. For benefits, provide the formula and calculation (i.e. \$8,000 x 25% = \$2,000)
- 3) Line items on Salaries/Personnel included in budget (contribution or in-kind) but NOT requested from the Gimbel Foundation must be broken down per number 2) above: Provide rate of pay per hour and number of hours.

Line Item Request	Line Item Description (Maximum two lines)	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Personnel: VP, Programs and Ed.	\$40.21/hour x .673 hour/week x 52 weeks	\$1,407			\$1,407
Personnel: CFO	\$34.66/hour x .673 hour/week x 52 weeks	\$1,213			\$1,213
Personnel: Education Director	\$26.49/hour x 1.443 hours/week x 52 weeks	\$1,987			\$1,987
Personnel: Community Svcs. Program Manager	\$32.43/hour x 9.615 hours/week x 52 weeks		\$16,215		\$16,215
Personnel: LCSW Supervisor	\$28.50/hour x 19.23 hours/week x 52 weeks		\$3,500	\$25,000	\$28,500
Personnel: Social Workers (2 part time)	\$15/hour x 25 hours/week x 2 staff x 16 weeks		\$12,000		\$12,000
Personnel: MSW Students (4 interns)	Stipend allowance of \$4,000 x 4 interns		\$16,000		\$16,000
Taxes and Benefits	\$61,322 (exclusive of interns) x 19.2%	\$11,774			\$11,774
Consumable and Programs Supplies and Materials	\$150/month (\$15 per staff exclusive of CFO) x 12 months	\$1,800			\$1,800
Contractual	HDM Partners, Evaluator, other Community Based Organizations	\$7,555	\$22,666		\$30,221
<b>TOTALS:</b>		<b>\$25,736</b>	<b>\$70,381</b>	<b>\$25,000</b>	<b>\$121,117</b>

**B) Narrative:** The budget narrative is the justification of "how" and/or "why" a line item helps to meet the project deliverables. Provide a description for each line item request as necessary. Explain how the line item relates to the project. If you are requesting funds to pay for staff, list the specific duties of each position. See attached SAMPLE Project Budget and Budget Narrative

Personnel:

- VP, Programs and Education: Oversees all AlzOC programs and education providing direct services. Provides management supervision and leadership of proposed project.  $\$40.21/\text{hour} \times .673 \text{ hours/week} \times 52 \text{ weeks} = \$1,407$ .
- CFO: Oversees all AlzOC fiscal and budgetary management. Provides grants management and budget control across all funding sources of proposed project.  $\$34.66/\text{hour} \times .673 \text{ hours/week} \times 52 \text{ weeks} = \$1,213$ .
- Education Director: Develops and implements all curricula for education programs. Helps to create and implement training for HDM and other partners of the proposed project.  $\$26.49/\text{hour} \times 1.443 \text{ hours/week} \times 52 \text{ weeks} = \$1,987$
- Community Services Program Manager: Manages provision of AlzOC family care consultations; special expertise in working with homebound seniors. Provides day to day management of the proposed project, including supervision of social workers/MSW interns in collaboration with LCSW Supervisor.  $\$32.43/\text{hour} \times 9.615 \text{ hours/week} \times 52 \text{ weeks} = \$16,215$ .
- LCSW Supervisor: Licensed Clinical Social Worker. Provides clinical supervision to social workers/MSW interns.  $\$28.50/\text{hour} \times 19.23 \text{ hours/week} \times 52 \text{ weeks} = \$28,500$ .
- Social Workers: Part-time social workers/MSW student interns. Provide comprehensive services to homebound seniors, including assessments, coordinated care services, individual action plans, and linkages to other resources for up to 25 homebound seniors. 2 part time social workers  $\times \$15.00/\text{hour} \times 25 \text{ hours/week} \times 16 \text{ weeks} = \$12,000$ ; 4 graduate student interns @ \$4,000 per annum = \$16,000; total = \$28,000
- Taxes and Benefits, exclusive of interns @ 19.2% of salaries =  $19.2\% \times \$61,322 = \$11,774$ .

Direct Program Expenses:

- Consumable and Program Supplies and Materials: Paper, pens, pencils, binders, etc. for all meetings, assessments, care services, action plans, program reports.  $\$15 \text{ per program staff} \times 10 \text{ staff (exclusive of CFO)} = \$150/\text{month} = \$1800$
- Contractual: Partnership with Home Delivered Meals (HDM) provider(s) serving 24 cities in Orange County to screen up to 800 homebound seniors (\$15,000); Project Evaluator (\$7,666); Other Community Based Organizations to provide linguistically accessible and culturally competent support and assistance when needed (\$7,555); TOTAL \$30,221.

Total:

- AlzOC: \$25,736
- Other Funding Sources: \$70,381
- Requested from Gimbel/TCF: \$25,000
- Grand Total: \$121,117

**ALZHEIMER'S ORANGE COUNTY  
S.L. Gimbel Foundation APPLICATION**

VI. Sources of Funding: Please list your current sources of funding and amounts.

**Secured/Awarded**

<b>Name of Funder - Foundation, Corporation, or Government</b>	<b>Amount</b>
Administration of Community Living - Government	\$ 174,512.00
Alzheimer's Foundation of America #1 - Foundation	\$ 5,000.00
Alzheimer's Foundation of America #2 - Foundation	\$ 5,000.00
Applied Medical	\$ 6,500.00
Asian American Senior Citizens Service - Corporation	\$ 2,500.00 *
Bundy Foundation	\$ 11,716.92
CDBG City of Anaheim - Government	\$ 7,500.00
City of Aliso Viejo - Government	\$ 1,500.00 *
City of Brea - Government	\$ 500.00 *
City of Buena Park - Government	\$ 500.00 *
City of La Habra - Government	\$ 500.00 *
City of Laguna Niguel - Government	\$ 500.00 *
City of Laguna Woods - Government	\$ 500.00 *
City of Santa Ana - Government	\$ 1,000.00 *
City of Tustin - Government	\$ 500.00 *
City of Villa Park - Government	\$ 500.00 *
Community SeniorServ - Corporation	\$ 2,500.00 *
Council on Aging - Corporation	\$ 2,500.00 *
Dorsey & Whitney Foundation	\$ 10,000.00
Garden Grove Chamber of Commerce - Corporation	\$ 10,000.00
Green Foundation	\$ 20,000.00
Integrity Housing - Corporation	\$ 1,500.00 *
Jamboree Housing - Corporation	\$ 3,250.00 *
Kaiser Permanente - Foundation	\$ 40,000.00
Lon V Smith Foundation	\$ 15,000.00
Melanie McGrane - Individual	\$ 500.00 *
Melin Family Foundation	\$ 2,000.00
OC Community Foundation	\$ 7,500.00
Office on Aging Title III B - Government	\$ 55,000.00
OL Halsell Foundation	\$ 30,000.00
Orange County Resource Center #1 - Corporation	\$ 12,500.00
Orange County Resource Center #2 - Corporation	\$ 22,500.00
Orange County Resource Center #3 - Corporation	\$ 22,500.00
Orange County United Way - Foundation	\$ 10,000.00
Pacific Life Foundation	\$ 10,000.00
Park Bixby - Corporation	\$ 10,000.00
Patricia Crail Brown Foundation	\$ 5,000.00
Richard & Jewel May Fund - Foundation	\$ 5,000.00
SCAN Foundation	\$ 25,000.00 *



SCAN Foundation	\$ 1,000.00 *
SCAN Health Plan #1 - Foundation	\$ 20,000.00
SCAN Health Plan #2 - Foundation	\$ 20,000.00
Schlinger Family Foundation	\$ 10,000.00
Senior Mobility Program - Government (OC Transit Authority)	\$ 640,096.75
State of California - Food Program - Government	\$ 139,465.47
UC Irvine - GWEP/HRSA - Higher Education	\$ 3,776.00
Ueberroth Family Foundation	\$ 20,000.00
Westminster Senior Center Foundation	\$ 500.00
William Gillespie Foundation	\$ 5,000.00

\* Funds for OC Aging Services Collaborative or OC Strategic Plan on Aging. AlzOC is the fiscal sponsor for both collaboratives.

**Pending \*\***

Name of Funder - Foundation, Corporation, or Government	Amount	Decision Date
Ueberroth Family Foundation	\$ 20,000.00	Est. July 2019
Anaheim CDBG - Government	\$ 10,000.00	Est. September 2019
Rancho Santa Margarita CDBG - Government	\$ 2,500.00	Est. September 2019
Mission Viejo CDBG - Government	\$ 5,000.00	Est. September 2019
Lake Forest CDBG - Government	\$ 5,000.00	Est. September 2019
Allergan Foundation	\$ 25,000.00	Est. September 2019
Kaiser Permanente - Foundation	\$ 50,000.00	Est. July 2019
Alzheimer's Foundation of America	\$ 5,000.00	Est. July 2019
Bundy Foundation	\$ 15,000.00	Est. September 2019
Orange County Community Foundation	\$ 10,000.00	Est. November 2019
Mission Viejo Community Services - Government	\$ 5,000.00	Awarded 6/13/2019, will not be funded until July 2019

\*\* Funds to be awarded for FY 2019-2020.

**Diversity of Funding Sources:** A financially healthy organization should have a diverse mix of funding sources. Complete those categories that apply to your organization using figures from your most recent fiscal year.

Funding Source	Amount	% of Total Revenue
Contributions	\$ 1,099,917.00	24%
Fundraising/Special Events	\$ 382,685.00	9%
Corp/Foundation Grants	\$ 1,134,676.00	25%
Government Grants	\$ -	0%
Program Fees	\$ 1,328,774.00	30%
Interest Income	\$ 128,540.00	3%
Other:	\$ 424,333.00	9%
Other:	\$ -	0%

Note: Secured/Awarded Sources of Funding reflect funds received in the current fiscal year July 1, 2018 - June 30, 2019. Diversity of Funding Sources reflect funding sources for the most recently completed fiscal year July 1, 2017 - June 30, 2018.

**2019 S.L. Gimbel Foundation APPLICATION**

**VII. Financial Analysis**

Agency Name: Alzheimer's Orange County

Most Current Fiscal Year (Dates): From July 1, 2017 To: June 30, 2018

This section presents an overview of an applicant organization’s financial health and will be reviewed along with the grant proposal. Provide all the information requested on your **entire organization**. Include any notes that may explain any extraordinary circumstances. Information should be taken from your most recent 990 and audit. **Double check your figures!**

**Form 990, Part IX: Statement of Functional Expenses**

1) Transfer the totals for each of the columns, Line 25- Total functional expenses (page 10)

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
\$ 6,118,739	\$5,286,357	\$ 462,328	\$370,054

2) Calculate the percentages of Columns B, C, and D, over A (per totals above)

- Program services (B) – A general rule is that at least 75% of total expenses should be used to support programs
- Management & general administration (C) – A general rule is that no more than 15% of total expenses should be used for management & general expenses
- Fundraising (D) – A general rule is that no more than 10% of total expenses should be used for fundraising

(A) Total Expenses	(B) Program service expenses	(C) Management & general expenses	(D) Fundraising expenses
	Columns B / A x 100	Columns C / A x 100	Columns D / A x 100
Must equal 100%	86%	8%	6%

3) Calculate the difference between your CURRENT year budget for management & general expenses and your previous management & general expenses per your 990 (Column C)

Percentage of Organization’s <u>Current</u> Total Budget used for Administration	Column C, Management & general expenses per 990 above	Differential
10%	8%	2%

If the differential is above (+) or below (-) 10%, provide an explanation:

## 2017 S.L. Gimbel Foundation APPLICATION

**Quick Ratio:** Measures the level of liquidity and measures only current assets that can be quickly turned to cash. A generally standard Quick Ratio equals 1 or more.

<b>Cash</b>	<b>+ Accounts Receivables</b>	<b>/Current Liabilities</b>	<b>= Quick Ratio</b>
\$ 452,292	\$ 1,297,542	\$363,500	5

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### Excess or Deficit for the Year:

<b>Excess or (Deficit) Most recent fiscal year end</b>	<b>Excess or (Deficit) Prior fiscal year end</b>
(\$ 1,619,814)	(\$ 1,321,833)

### Notes:

In the past three fiscal years, Alzheimer's Orange County (AlzOC) has strategically taken two critical steps to strengthen and expand services that allow it to better serve the community of Orange County, including:

1) In response to the national Alzheimer's Association's decision to collapse all local chapters into one nationwide office headquartered in Chicago, in late 2015, AlzOC was one of several Chapters that chose to disaffiliate from the national Association. AlzOC made this decision to keep a centralized focus on Orange County's needs, and to keep its contributions focused on the needs of Orange County residents. There was also a 60/40 chapter/national revenue share agreement in place that caused too many resources to leave Orange County.

2) After much consideration and strategic analysis of County needs, in 2016, AlzOC acquired South County Adult Day Services (South County), a dually-licensed health care facility in South Orange County providing adult day health and social day care services for frail elderly and disabled adults who need supervision, structured activities, and health care monitoring. In 2017, AlzOC merged with Acacia Adult Day Services (Acacia) which effectively doubled the adult day and health care services offered by AlzOC, providing these services in North Orange County to complement AlzOC's services provided by South County. The merger was formally approved by the State of California on November 1, 2018. With both South County and Acacia under the AlzOC operational umbrella, AlzOC now had the capacity to serve at least 300 individuals who need supervision, structured activities and health care monitoring, and to support their caregivers.

Fortunately, AlzOC had built healthy reserves to help address the inevitable fluctuations in operations and funding that arise from these types of decisions. Since implementing these strategic choices, AlzOC has experienced the following unexpected financial circumstances:

- With the disaffiliation, Alzheimer's Association opened an Orange County Chapter in 2017, causing confusion in the market that resulted in a 3% decrease in fundraising, and requiring a 3% increase in marketing costs above what had been originally planned in 2017. This trend continued in 2018.

- The acquisition of South County, and later the merger with Acacia, both required marketing expenses that were higher than anticipated to build out a recruitment strategy to assist in bringing the daily attendance for each site towards the maximum capacity.

The combination of these unexpected factors resulted in a deficit in Fiscal Year 2016/2017 (year ending June 30, 2017) and Fiscal Year 2017/2018 (year ending June 30, 2018). The deficit for Fiscal Year 2017/2018 was expected due to a delay in receipt of a planned Major Gift. This gift was in fact received in November 2018.

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# Alzheimer's | ORANGE COUNTY

## Budget Comparison Prepared for S. L. Gimbel Foundation

Description	Actual June 30, 2018	Budget FY19	Variance
<b>CONTRIBUTED REVENUE</b>			
Individual Contributions	506,457	850,000	343,543
Organization & Foundation Giving	2,192,649	2,378,333	185,685
Events (net of Direct Donor Benefits)	1,169,275	1,325,000	155,725
ADHC & Conferences	2,801,850	3,387,080	585,230
MIM Art Sales	8,019	4,000	(4,019)
Investment Income	369,414	430,000	60,586
Rent, Abrazar, Dues	367,121	364,500	(2,621)
Donated Rent / Shared Fundraising	4,594	-	(4,594)
<b>TOTAL REVENUE</b>	<b>7,419,378</b>	<b>8,738,913</b>	<b>1,319,535</b>
<b>EXPENDITURES</b>			
Personnel Costs	4,791,747	4,748,066	43,681
Professional Fees and Services	711,449	926,400	(214,951)
Supplies, Telecommunications, Postage	473,722	425,000	48,721
Occupancy & Insurance	1,791,336	1,698,718	92,617
Printing, Promotion & Publications	237,830	200,000	37,830
Conferences, Conventions & Events	307,272	297,504	9,769
Scholarships, Respite	4,800	4,025	775
Interest & Bank Charges	353,603	286,500	67,103
Depreciation & Amortization	430,293	425,657	4,636
<b>TOTAL EXPENDITURES</b>	<b>9,102,052</b>	<b>9,011,871</b>	<b>90,181</b>
<b>Net Income (Loss)</b>	<b>(1,682,674)</b>	<b>(272,957)</b>	<b>1,409,716</b>



**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,800.	4,800.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	297,247.	240,769.	29,725.	26,753.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,572,467.	2,230,309.	180,083.	162,075.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	332,923.	292,373.	21,342.	19,208.
10 Payroll taxes	232,132.	201,087.	16,339.	14,706.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	23,800.	19,278.	2,380.	2,142.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	746,566.	684,806.	32,505.	29,255.
12 Advertising and promotion	215,485.	176,149.	20,703.	18,633.
13 Office expenses	267,526.	240,955.	13,985.	12,586.
14 Information technology				
15 Royalties				
16 Occupancy	551,217.	507,734.	22,886.	20,597.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	94,525.	77,786.	8,810.	7,929.
20 Interest	182,277.	147,644.	18,228.	16,405.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	295,044.	254,675.	21,247.	19,122.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>DIRECT PROGRAM EXPENSES</b>	134,914.	109,281.	13,491.	12,142.
b <b>BANK FEES</b>	70,741.	57,312.	7,068.	6,361.
c <b>BAD DEBT</b>	51,158.	0.	51,158.	0.
d <b>DUES AND SUBSCRIPTIONS</b>	45,917.	41,399.	2,378.	2,140.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,118,739.	5,286,357.	462,328.	370,054.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  If following SOP 98-2 (ASC 958-720)

# Alzheimer's | ORANGE COUNTY

## Fiscal Year 2018-2019 Budget

### REVENUE

Individual Contributions	\$	850,000
Organization & Foundation Giving	\$	2,378,333
Events	\$	1,325,000
ADHC	\$	3,154,080
Registrations & Sponsorships	\$	233,000
MIM Art Sales	\$	4,000
Investment Income	\$	430,000
Rent and Transportation Income	\$	364,500
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>8,738,913</b>

### EXPENDITURES

Personnel and Contract Services	\$	5,649,466
Supplies, Telecommunications, Postage	\$	425,000
Occupancy & Insurance	\$	1,698,718
Printing, Promotion & Publications	\$	200,000
Conferences, Conventions & Events	\$	297,504
Respite and grants	\$	4,025
Interest, Bank Fees	\$	286,500
Depreciation / Amortization/Lease Improvements	\$	425,657
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>8,986,870</b>
<b>CHANGE IN NET ASSETS</b>	<b>\$</b>	<b>(247,958)</b> *

*Approved by the Board of Directors May 17, 2018*

\*Please see explanation of deficit attached.

# Alzheimer's | ORANGE COUNTY

## Note to Accompany Organizational Budget

In an abundance of caution, and exercising its fiduciary responsibilities, AlzOC's Board of Directors has planned for, and approved, a deficit for the current fiscal year (ending June 30, 2019). Based on mid-year results, however, it appears that AlzOC is on track to break even.

AlzOC is committed to the long-term sustainability of all of its programs and services. AlzOC's Finance Committee will continue its practice of meeting monthly to closely monitor revenues and expenses for this fiscal year. They have established triggers that will signal the need for any budget revisions and possible expense cutbacks. On the fundraising side, AlzOC has a thoughtful and strategic plan in place for donor cultivation and fund development to support its operations. This plan is constantly evaluated and reviewed, and includes a diverse base of prospective foundation and corporate support as well as the ongoing cultivation of its existing base of donors.

## S.L. Gimbel Final Evaluation Report

Questions 1-15 are required and must be completed

1. Organization name:

Acacia Adult Day Services (now formally merged with Alzheimer's Orange County)

2. Grant #

20170988

3. Grant Period

December 1, 2017-November 30, 2018

4. Location of Services (City and State)

Garden Grove, CA

5. Name and Title of person completing evaluation.

Mallory Vega, Vice President, Direct Care Services

6. Phone Number:

714-530-1566

7. Email address.

[mallory.vega@alzoc.org](mailto:mallory.vega@alzoc.org)

8. Total number of clients served through this grant funding.

206

9. Describe the project's key outcomes and results based on the goals and objectives.

Goal: To provide a secure, safe and supportive environment for adults in Orange County who need supervision and/or medical assistance during the day.

Objective 1: An increase in Acacia's census to 200 unduplicated seniors and other adults with disabilities served and their caregivers reached through outreach and education, as well as the number of caregivers accessing support services.

Outcome 1: 206 unduplicated individuals and their caregivers were served, a 9.6% over the number served last year, and 3.0% over Acacia's objective.

Objective 2: 164 unduplicated participants will maintain or improve two or more of their functional Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs).

Outcome 2: 142 unduplicated participants maintained or improved two or more of their functional ADLs or IADLs. This represents 86.6% of Acacia's objective. The challenges in meeting this objective are discussed in Question 10 below.

Objective 3: 160 unduplicated participants will be engaged in at least six therapeutic activities to increase their social interaction and reduce isolation.

Outcome 3: 162 unduplicated participants engaged in at least six therapeutic activities. Acacia met its goal by 1.2%.

Objective 4: 160 unduplicated participants will maintain or improve their overall health status and remain in the community.

Outcome 4: 137 unduplicated participants maintained or improved their overall health status. This represents 85.6% of Acacia's objective. The challenges in meeting this objective are discussed in Question 10 below.

10. Please describe any challenges/obstacles the organization encountered (if any) in attaining stated goals & objectives.

As noted in Question 9 above, Acacia had challenges meeting two of its objectives for this grant period – the number of unduplicated participants who maintained or improved two or more of their functional ADLs or IADLs, and the number of unduplicated participants who maintained or improved their overall health status. This is due in large part to the health complexities of the target population. In Orange County, seniors over the age of 65 represent close to 14% of the population (Orange County Older Adult Profile, 2016), with estimates of disabled seniors ranging from 30% to 40% of this population (Office on Aging, 2010; Orange County Older Adult Profile, 2016). Many seniors require daily assistance to remain independent. The majority of Acacia's participants have a medically complex profile, with more than 50% having six diagnoses. The top five diagnoses include: Cardiovascular Accidents, Alzheimer's Disease, Hypertension, and Depression or other Mental Health Diagnosis. In addition, 72% also require medication management, 100% need assistance with one or more ADLs, more than 50% suffer from dementia or other cognitive limitations, more than 45% require skilled nursing services, 68% use an assistive device, and 40% are functionally dependent.

These complexities often lead to difficulties in maintaining continuity of care. Participants may have worsening chronic conditions, or an extended hospital stay, which may lead to long absences or dis-enrollment from Acacia for a period of time or even permanently. As a result, a participant may not receive regular occupational therapy, for example, which otherwise would facilitate maintenance or improvement in ADLs or IADLs. As another example, a participant may miss a six-month follow-up reassessment due to a prolonged absence or dis-enrollment, in which case changes in health status cannot be assessed. In the case of a permanent dis-



enrollment, it may become impossible to record or track any outcome at all, depending on how long the participant was in attendance at Acacia. In short, the tracking of outcomes becomes very challenging because these outcomes are measured by tools such as daily nursing flow sheets and regular follow-up assessments, which are in turn reliant on the capacity of the participant to be in regular attendance at Acacia.

11. How did the organization overcome and/or address the challenges and obstacles?

To address the complex health needs of participants, Acacia offers graduated programs that provide increasing levels of care. For instance, Adult Day Services provide supervision and social engagement, while Adult Day Health care and Community Based Adult Services provide a variety of therapies and nursing support. Acacia's regular six-month assessments ensures that participants are enrolled in the correct program and are receiving the appropriate level of supervision and care. Nevertheless, the reality is that attrition does occur due to the complex health conditions of participants as previously noted.

To address the difficulty in tracking outcomes, Acacia's staff frequently reach out to caregivers and family members to obtain information, even if anecdotal, to assess the health status of participants who may be absent for a significant period. This also allows Acacia staff to identify any potential other health issues so that they can be immediately addressed and mitigated before they become an emergency or reach a crisis status.

12. Describe any unintended positive outcomes as a result of the efforts supported by this grant.

Acacia was able to enhance its caregiver support services over this past year. These included additional caregiver support groups, family care consultations, and "The Savvy Caregiver."

*Caregiver Support Groups:* Caregiver Support Groups serve to increase caregiver knowledge about Alzheimer's disease and related dementias as well as other health concerns of the elderly, enhance caregiving practices, create linkages to community resources, and decrease caregiver isolation. Caregiver Support Groups conducted in English were added to Acacia's existing support groups conducted in Vietnamese and Spanish. Sixteen (16) caregivers participated in the new English-language group. One hundred twenty-two (122) caregivers participated in the Vietnamese support group, while 25 participated in the Spanish language group. Clearly, the support group conducted in Vietnamese represents the greatest need; Acacia will continue to assess whether additional Vietnamese-language groups are needed in the coming year. Additionally, a Korean Caregiver Support Group was added in November 2018 to meet another emerging need.

*Family Care Consultations:* These consultations provide personalized, in-depth guidance to individuals with dementia and their caregivers. Conducted by social workers in languages that support the needs of SCADS' families, consultations assist with planning, problem solving, referrals to community resources, and emotional support. The end result of these consultations is a tailored, family-directed plan for caregivers to guide the care of their loved one. Consultations

will also include a six-month follow-up to allow for reassessment of needs, timely monitoring of any health changes, updating the plan of care, and verifying quality of service and outcomes. Eight family care consultations were completed this past year.

*"The Savvy Caregiver:"* "The Savvy Caregiver" is an evidence-based six-week series of workshops that assist family caregivers with developing knowledge about Alzheimer's and related dementias, building coping skills for the challenges of family caregiving, and understanding and learning dementia management and communications techniques. One six-week session was conducted, serving seven caregivers.

13. Briefly describe the impact this grant has had on the organization and community served.

With S.L. Gimbel Foundation support, Acacia has been able to provide a variety of supportive services to older adults who require assistance or supervision during the day in order to maintain their ability to remain independent and prevent or delay their institutionalization in an assisted living facility or board and care home. Services included restorative therapy, transportation to and from Acacia, and geriatric case management. Acacia also provided assistance to caregivers and families, critical in helping them overcome the overwhelming challenges of providing daily care for their aging loved one.

In Acacia's most recent family satisfaction survey, respondents indicated the following:

- \*78% reported that Acacia provides their family member with care they need and all needs are met
- \*75% stated their family member's health status had improved
- \*81% said their family member's mood had improved
- \*81% of caregivers said their own stress level had decreased
- \*97% rated overall satisfaction with Acacia as very satisfied or satisfied

Significantly, 97% stated that they would refer Acacia to others. Reasons for this included:

- \*My mother feels safe and happy
- \*For the attention they offer
- \*You're all angels to our family
- \*I know my Mom is safe, active and cared for all day.
- \*It gives caregivers much need time to be away from caring for family member
- \*It helps improve their quality of life
- \*We want everyone to receive all this good help like us

Acacia's impact is profound. Families have peace of mind knowing that their loved ones are well-cared for, safe, and secure, and are receiving the help, stimulation, therapies and health assistance that they need for greater independence.

14. Please provide a narrative on how the funds were used to fulfill grant objectives. Support documents (receipts, expense reports or marketing materials) can be emailed to [grant-info@thecommunityfoundation.net](mailto:grant-info@thecommunityfoundation.net) or faxed to 951-684-1911 or mailed to The Community Foundation, 3700 Sixth St. Suite 200, Riverside, CA 92501

Acacia is grateful for the \$20,000 grant provided by the S. L. Gimbel Foundation. Grant funds were allocated to partially support the cost of Acacia's four social workers. Social workers are essential to the provision of services, including being part of the multi-disciplinary teams that conduct initial and follow-up assessments, facilitating family care consultations, and leading the Caregiver Support Groups. The credentials of Acacia's team of social work professionals includes one Master of Social Work (MSW) Supervisor, one MSW, one Master of Science in Gerontology, and a Bachelor of Arts in Social Work. The team is culturally competent, and includes bilingual Spanish/English and Vietnamese/English speakers.

15. Please relate a success story.

Ms. U, a 68 year old female, started in Acacia's Adult Day Program last year due to her dementia diagnosis. She previously had a career as a professional singer but due to alcohol abuse, lost her career and independence as symptoms of dementia progressed. Her son lost his employment due to the demands of becoming her primary caregiver and assisting her full-time with activities of daily living. Funding from the Older Americans Act for the Adult Day Program had enabled Acacia to provide subsidized services, including services for Ms. U, but when these funds were no longer available, one of Acacia's social workers worked closely with Ms. U's son to provide assistance in obtaining the needed funding for her to remain in the program through caregiver grants and ultimately Medi-Cal. Due to Ms. U's declining cognitive abilities and her need for more intensive assistance and supervision, she met the criteria for the Adult Day Health Care Program/Community Based Adult Services (CBAS) and was transferred from the Day Program without having a lapse in service. She made a seamless transition to the Health Care Program and continued attending five times a week. This transition provided access to a broader range of services for Ms. U, including nursing care and supervision to monitor her high blood pressure, along with personal care assistance to help with grooming needs. Being at Acacia has helped Ms. U cope with changes in her living situation and personal challenges with her diagnosis, and has given her son the support and respite he needs. Ms. U shares her passion for music by singing (starting the day for all with her rendition of God Bless America), playing the piano, and helping others at Acacia. She has regained confidence in herself, enjoys interacting with others at Acacia, and is maintaining her health while remaining in the community.

Questions 16-24 are optional questions and relate to demographic information on clients served. This helps us provide a broader picture of your organization and populations being served. (Q16-17 optional space to relate additional success stories)

16. Please relate a success story.

K is a 57 year single Vietnamese gentleman who currently lives with his sister and her husband. He was a successful real estate agent until he suffered a debilitating stroke caused by an aneurysm in 2012. After the stroke and subsequent surgery, K was left with paralysis on his right side, seizure disorder, and a very limited ability to communicate his needs due to aphasia. He became depressed after the loss of his independence and ability to care for himself. After having a fall at home, his sister realized he was not safe to be alone during the day. He began attending Acacia's CBAS program in January 2015 to participate in the therapies and services at the center. Attending five days a week, K receives nursing care to monitor his blood pressure, physical and occupational therapy, speech therapy services, counseling from the center LCSW and social worker, assistance with personal care needs, and has the opportunity to interact with others and engage in activities at the center. One of his favorite activities is Acacia's popular twice weekly Balance and Mobility class led by Acacia's very energetic Fitness instructor. K is always the first person in the class, encouraging others with his winning smile and willingness to try new exercises. There are always things to laugh and smile about in the class along with the therapeutic benefit of balance exercises. K also enjoys participating in or sometimes just watching all the participation in Acacia's "Hot Hula" Fitness class. K still expresses frustration and sadness over his health condition and dependence on others, but his depressive feelings have improved in the past six months. He has made many friends at Acacia and engaging in Acacia's person-centered activities has made a positive impact on his outlook on life.

17. no additional story

18. Which category best describes the organization. Please choose only one.

Animal Services  
Arts & Arts Support  
Basic Needs Support  
Cultural  
College/University  
Educational Institution

**Senior Citizen Support**

Shelter  
Service Organization  
Women & Children  
Youth Development  
Educational Support  
Environmental  
Faith Based Organization  
Humanitarian  
Medical/Health/Public Agency  
Residential/Recovery  
Other (please specify)

19. What is the organization's primary program area of interest?

Arts & Culture  
Animal Welfare  
Children & Families  
Civic & Public Benefit  
Education

**Elder Care**

Emergency Preparedness  
Environment/Environmental  
Food Bank  
Disabled/Access  
Health & Human Services  
Homeless  
Housing for Special Populations  
Legal Aid  
Military Support  
Other  
Religion  
Youth

20. Approximate percentage of clients served through grant in each ethnic group category. Total must equal 100%

African American

**Asian/Pacific Islander – 68%**

**Caucasian – 12%**

Native American

**Hispanic Latino – 20%**

All Ethnicities  
Other  
Unknown

21. Approximate percentage of clients served from grant funds in each age category.

Children Birth-05 years of age  
Children ages 06-12 years of age  
Youth ages 13-18  
Young Adults (18-24)

**Adults – 9%**

**Senior Citizens – 91%**

22. Approximate percentage of clients served with disabilities from grant funds.

No clients served with disabilities  
Physically Disabled  
Blind & Vision Impaired  
Deaf & Hearing Impaired



Mentally/Emotionally Disabled  
Learning Disabled  
Speech Impaired

**Other Disability – 100%**

23. Approximate percentage of clients served in each economic group.

**At/Below Poverty Level – 85%**

Homeless/Indigent  
Migrant Worker  
Working Poor

**Other -15%**

24. Approximate percentage of clients served from grant funds in each population category.

Single Adults  
Families  
Single Parent Families

**Disabled – 100%**

**Ethnic Minority – 88%**

LGBTG  
Abused Women/Children  
Homeless/Indigent  
Immigrants  
Military  
Parolees  
Students

**Elderly – 91%**

Children/Youth (those not included in Family)

Acacia Adult Day Services  
Grant # 20170988  
Dec 1, 2017 - Nov 30, 2018

<u>Position Title</u>	<u>Salary at 5hrs/week for 52 weeks</u>	<u>Benefits Rate</u>	<u>Benefits Amount</u>	<u>Total Salary &amp; Benefits</u>	<u>Funded by Gimbel Fdn</u>
Social Worker 1	\$ 7,280.00	25%	\$ 1,820.00	\$ 9,100.00	\$ 5,000
Social Worker 2	\$ 6,068.40	25%	\$ 1,517.10	\$ 7,585.50	\$ 5,000
Social Worker 3	\$ 7,498.40	25%	\$ 1,874.60	\$ 9,373.00	\$ 5,000
Social Worker 4	\$ 5,571.80	25%	\$ 1,392.95	\$ 6,964.75	\$ 5,000
<b>Total</b>	<b>\$ 26,418.60</b>		<b>\$ 6,604.65</b>	<b>\$ 33,023.25</b>	<b>\$ 20,000</b>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 17 2016**

ALZHEIMERS ORANGE COUNTY  
C/O PAUL HASTINGS LLP  
ERIKA MAYSHAR  
695 TOWN CENTER DR 17TH FLR  
COSTA MESA, CA 92626

Employer Identification Number:  
95-3702013  
DLN:  
17053049301006  
Contact Person:  
ERIC KAYE ID# 31612  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
June 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
December 3, 2015  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

Our records show you were previously tax exempt as a subordinate under group exemption number 9334. Because you applied for and were granted your own individual tax-exempt status, you no longer rely on your affiliation with a parent organization for recognition of your tax exemption and you'll be listed individually in the Exempt Organizations Select Check (Pub. 78 data).

If, in the future, you choose to become a subordinate under a group ruling, you'll lose your individual recognition of tax-exempt status and you'll no longer appear in the Exempt Organizations Select Check (Pub. 78 data). Moreover, if you become a subordinate under a group ruling and your parent organization loses its tax-exempt status, you also will lose your exempt status. To reestablish your individual tax exemption after rejoining a group exemption, you'll be required to reapply and pay the appropriate user fee.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual

Letter 947

ALZHEIMERS ORANGE COUNTY

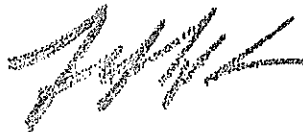
information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey I. Cooper". The signature is written in a cursive style with several horizontal strokes.

Jeffrey I. Cooper  
Director, Exempt Organizations  
Rulings and Agreements

# Alzheimer's | ORANGE COUNTY

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**Jacqueline Dupont-Carlson, PhD –  
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