

#4



2018 S.L. Gimbel  
Foundation Fund  
Grant Application

Internal Use Only:	
Grant No:	2019 0099

**Organization / Agency Information**

<b>Organization/Agency Name:</b> BakerRipley		
<b>Physical Address:</b> 4450 Harrisburg Blvd, Houston TX 77011		
<b>Mailing Address:</b> PO Box 271389, Houston TX 77277		
<b>CEO or Director:</b> Claudia Aguirre, President & CEO		
<b>Phone:</b> 713-667-9400	<b>Fax:</b>	<b>Emal:</b> caguirre@BakerRipley.org
<b>Contact Person:</b> Taj Bhaloo <span style="float: right;"><b>Title:</b> Director, Foundation Giving</span>		
<b>Phone:</b> 713-669-5351	<b>Fax:</b> 832-413-5809	<b>Email:</b> tbhaloo@BakerRipley.org
<b>Web Site Address:</b> www.BakerRipley.org		<b>Tax ID:</b> 23-7062976

**Program / Grant Information**

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

<b>Program/Project Name:</b> Innovative Approaches to Dementia Care for Elders and Caregivers			<b>Amount of Grant Requested:</b> \$25,000
<b>Total Organization Budget:</b> \$335,320,329	<b>Per 990, Percentage of Program Service Expenses (Column B/ Column A x 100):</b> 94%	<b>Per 990, Percentage of Management &amp; General Expenses Only (Column C/ Column A x 100):</b> 5.6%	<b>Per 990, Percentage of Management &amp; General Expenses and Fundraising (Column C+D / Column A x 100):</b> 6.1%
<b>Purpose of Grant Request (one sentence):</b> Funding will provide dementia care and case management to frail elders with Alzheimer's disease and related dementia and respite for caregivers; this will help refine our program model, which can be replicated across the US.			
<b>Program Start Date (Month and Year):</b> January 2019		<b>Program End Date (Month and Year):</b> December 2019	
<b>Gimbel Grants Received: List Year(s) and Award Amount(s)</b> In 2015, we received \$25,000 for Dementia Day Center supplies			

**Signatures**

<b>Board President / Chair: (Print name and Title)</b> Heather Simpson, Bd Member	<b>Signature:</b> 	<b>Date:</b> 12.13.18
<b>Executive Director/President: (Print name and Title)</b> Claudia Aguirre Pres / CEO	<b>Signature:</b> 	<b>Date:</b> 12.12.18

<i>Program Start Date (Month and Year):</i> 1/1/2019	<i>Program End Date (Month and Year):</i> 12/31/2019
<i>Gimbel Grants Received: List Year(s) and Award Amount(s)</i> In 2015, we received \$25,000 for Dementia Day Center supplies.	

## 2018 S.L. Gimbel Foundation Fund APPLICATION

### Narrative

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

Founded in 1907, BakerRipley is a high-performing, nationally recognized, nonprofit that embraces a holistic approach to community development. Our mission is to bring resources, education and connection to emerging neighborhoods across Greater Houston (Texas); in essence, we help neighbors earn, learn, belong and be well. We empower individuals and families to increase their educational attainment, improve their financial well-being, and strengthen their community engagement -- all in good health. BakerRipley serves the entire age spectrum, from birth to end of life, catering to holistic needs. Each year we serve well over 550,000 neighbors; two-thirds (67%) of them have an annual household income of less than \$25,000.

Sheltering Arms Seniors Services (SASS), a part of BakerRipley, was founded by Christ Church Cathedral in 1893. SASS is one of Houston's oldest social service agencies with a long tradition of caring for the elderly, focusing on low-income elders. The organization began focusing on serving frail seniors in the 1950s and today SASS provides the most comprehensive array of services for seniors and their family caregivers in the Houston area. We exist to promote the dignity and independence of older adults through service, advocacy and support for caregivers.

#### **Organizational Accomplishments:**

BakerRipley has many examples of success, one of which was opening an emergency shelter in the aftermath of Hurricane Harvey. Within hours, our staff had organized the space and designed processes to efficiently welcome 7500 displaced Texans with diverse needs and circumstances. The SASS team trained staff and volunteers to cater to the specialized needs of elders, which included connecting them to health professionals and obtaining walkers and other aides. Not only is this a significant achievement because we had no prior experience in operating a shelter, but is indicative of how BakerRipley overcomes daunting challenges to respond to the needs of marginalized populations.

Our signature approach, Appreciative Community Building, is an energizing approach that engages neighbors to share their dreams, identifies shared goals and inspires neighbors to work with us to transform the community. Through constant dialogue with our neighbors, we ensure that our programs address current issues and needs. We are not afraid to try innovative ways. It is this work ethic and our holistic approach that creates enduring change resulting in self-reliance, community stability and economic growth. SASS embraces this approach as it works with seniors and caregivers, inquiring about how to tap into their passions and skills, not just service their needs. This is why we have flourished over 100 years and have become a trusted resource.

SASS is a leader in dementia care. Our Dementia Day Center organizes ways that even vulnerable elders give back to their community. We are a pioneer in Dementia Case Management; our program serves

elders with dementia who live alone in the community. SASS lead an alliance of 27 agencies who streamlined and improved referrals to dementia care, trained 890 individuals in dementia care, served over 1000 caregivers and enabled frail elders to remain safe and independent, at home.

#### Program Activities:

Since our application relates to SASS, we describe SASS programs below.

SASS operates a Dementia Day Center, one of only two in Houston, which is a safe, welcoming place for approximately 150 low-income elders, providing over 81,000 hours of care. At the Day Center, cognitively impaired elders participate in carefully planned activities such as art therapy, exercise, music and more. Aligned with our appreciative approach, we organize “give back” activities, such as preparing sandwiches for homeless veterans, giving elders an opportunity to contribute to their community, adding life to their years. Dementia Case Management serves elders with dementia, who live alone and in the community, to remain safe. We provide intensive case management services, multi-modal assessments, advocacy and connect frail elders to care.

Our Caregiver Support program supports 1300 individuals each year through onsite, in-person evidence based education, a library, an online site that connects caregivers to our staff and other caregivers and through a unique website with a structured assessment that guides caregivers to important resources for them and their loved one.

Our 17 Senior Centers promote health and wellness and improve health literacy in addition to serving nutritious meals to almost 2000 individuals. We promote independence, give older adults the knowledge and tools to improve their health and facilitate social networks preventing social isolation.

Our Homebound Care program supports independence and aging-in-place by helping over 190 elders and caregivers with activities of daily living and home care management (e.g. bathing, grocery shopping, dressing, food preparation); our focus is low-income seniors who do not qualify for public assistance. Information and referrals is an important function; in 2017 10,521 individuals came to SASS looking for information, generating over 15,390 referrals to programs and resources. Each year SASS serves approximately 17,150 elders and caregivers.

## II. Project Information:

### A) Statement of Need

According to the National Institute on Aging, “dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—and behavioral abilities to such an extent that it interferes with a person's daily life and activities. Recognized as a serious mental illness and as one of the top 10 chronic conditions in the US, dementia cannot be prevented and is not curable. Since an individual can suffer from dementia for many years, improving quality of life and functioning is paramount.

Every 65 seconds, an adult in the US is diagnosed with dementia; approximately 1 in 7 of these individuals with dementia live alone. A recent national study reports that 94% of geriatric care managers indicate that elder self-neglect is a hidden and significant problem. In fact, elders with dementia, particularly those living alone, are more at risk for malnutrition and more likely to be low-income (compared to those living with another person). New evidence underscores that elders with dementia living alone struggle to get dressed, need help to bathe safely and can barely manage their medications and finances. Even though Houston/Harris County (like other US cities) has multiple services specifically for aging populations, the system is fragmented making it even more challenging for individuals with dementia to access specialized services.

Most case management models serving elders with Alzheimer's disease and related dementia (ADRD) assume that there is a designated caregiver; they are not relevant to elders living alone or living with a spouse that is equally compromised and unable to be a caregiver. Traditional case management requires active participation and the ability to follow through on guidance received.

Caregiving is tough, but caregiving for someone with ADRD is more demanding. Almost half (48%) of all caregivers who provide help to an older adult are caring for someone with ADRD. Studies report that 30-40% of family caregivers of people with dementia suffer from depression and anxiety, significantly higher compared to family caregivers of people with schizophrenia (20%) or stroke (19%). This may be due to the fact that caregivers responsible for an elder with ADRD perform a large array of tasks, including medical/ nursing-related tasks as well as activities of daily living. Recent studies reveal how caregivers for someone with ADRD experience higher stress levels, report worse sleep and report their own health as fair or poor, compared to caregivers responsible for individuals with other conditions.

## B) Project Description

We have a unique Dementia Case Management (DCM) program that is designed to serve elders with ADRD who live alone (or without sufficient support), in the community, enabling them to live as independently and safely as possible. Our program is one of the only community-based case management programs that offers comprehensive client assessments and response coupled with ongoing monitoring and care coordination.

Our DCM program targets low-income elders with ADRD, creating a stable, support system and connecting vulnerable elders and their caregivers to key services and supports. We achieve this by: 1) using multiple assessment tools to gain a comprehensive understanding of an elder's cognition, capacity and executive function; 2) connecting elders with ADRD to critical services and programs; 3) providing intensive monitoring and advocacy (compared to other case management programs); 4) communicating and coordinating extensively with a broad range of stakeholders in order to enable elders to remain safe; and 5) using an evidence-based approach to supporting caregivers, demonstrated to boost their confidence in their caregiving responsibilities and to reduce their stress.

One unique aspect of our DCM program is that we evaluate needs across 14 categories, including but not limited to medication management, home safety, physical well-being, socialization needs and mental and emotional health. We have tested numerous assessment tools (MoCA, MED-SAIL, GDS, VES-13) to obtain objective information.

Our staff learn about client goals and aspirations and coalesce all the information to create a unique care plan. We learn about eligible services and create a support system reaching out to neighbors, distant relatives and community services. Program staff provide intensive and regular monitoring and wellness checks over 7-10 months. Dementia Case Management is at least 4x more time intensive compared to general, geriatric case management. Advocacy is an important element in serving this population.

Our next step is to create program standards and best practices, in order to disseminate our learnings and approach.

Caregiver Support. SASS has supported caregivers for many years through 1:1 consultations, information and referral, Caregiver Education, our resource center and library, and respite through our Dementia Day Center and Homebound Care program. However, since not all caregivers are alike, SASS expanded its menu of programs to better meet the needs of caregivers with responsibility for someone with ADRD.

We piloted the Benjamin Rose Institute of Aging Care Coaching program, an evidence-based, coaching program demonstrated to reduce caregiver and care receiver stress. Our Caregiver Support Specialist is now trained to use this email and phone-based approach to help families identify priorities and develop practical strategies to address unmet needs. From the cohort of 72 caregivers, 88% reported more confidence in their ability to perform caregiving duties.

Recognizing that caregivers who access multiple services are better connected and capable, we also launched Houston Area Family/Caregiver MeetUp Group, a closed, staff-monitored online support group for caregivers wanting to connect with our Caregiver Support Specialist or other caregivers for social, educational or resource sharing purposes. Recently launched, we have over 100 caregivers using this site.

### C) Project Goal, Objectives, Activities & Expected Outcomes

#### *Project Goal:*

To develop best practices in dementia case management focusing on low-income elders with ADRD who live alone or with limited support in Houston/Harris County. To support dementia-specific caregivers through evidence-based and diverse strategies that promote their caregiving abilities and their confidence in caregiving.

#### *Project Objectives:*

To provide 1400 hours of dementia case management to 45 elders with ADRD living in Harris County (with no or limited support).

To serve 400 caregivers in Harris County over a 12-month timeframe using diverse programs demonstrated to improve caregiving abilities, reduce stress and increased their confidence.

#### *Program Activities:*

Since our application relates to SASS, we describe SASS programs below.

SASS operates a Dementia Day Center, one of only two in Houston, which is a safe, welcoming place for approximately 150 low-income elders, providing over 81,000 hours of care. At the Day Center, cognitively impaired elders participate in carefully planned activities such as art therapy, exercise, music and more. Aligned with our appreciative approach, we organize “give back” activities, such as preparing sandwiches for homeless veterans, giving elders an opportunity to contribute to their community, adding life to their years. Dementia Case Management serves elders with dementia, who live alone and in the community, to remain safe. We provide intensive case management services, multi-modal assessments, advocacy and connect frail elders to care.

Our Caregiver Support program supports 1300 individuals each year through onsite, in-person evidence based education, a library, an online site that connects caregivers to our staff and other caregivers and through a unique website with a structured assessment that guides caregivers to important resources for them and their loved one.

Our 17 Senior Centers promote health and wellness and improve health literacy in addition to serving nutritious meals to almost 2000 individuals. We promote independence, give older adults the knowledge and tools to improve their health and facilitate social networks preventing social isolation.

Our Homebound Care program supports independence and aging-in-place by helping over 190 elders and caregivers with activities of daily living and home care management (e.g. bathing, grocery shopping, dressing, food preparation); our focus is low-income seniors who do not qualify for public assistance.

Information and referrals is an important function; in 2017 10,521 individuals came to SASS looking for information, generating over 15,390 referrals to programs and resources. Each year SASS serves approximately 17,150 elders and caregivers.

#### *Expected Outcomes:*



**45** at-risk elders with ADRD will be connected to services and supports, enabling them to live safely in their home.

**400** Caregivers will have reduced stress associated with dementia-specific caregiving and will have increased confidence in their caregiving abilities.

*Evaluation:*

**We track all 45 dementia case management clients and track their progress and outcomes, through measures such as: # with complete care plans, hours of care provided by staff, wait time per client as well as tracking needs fulfilled.**

**We will survey 400 caregivers about whether the project has helped to increase their confidence in their caregiving skills.**

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.

We laid an important foundation through our pilot and have valuable lessons learned that can inform our next phase of refining our program processes and creating standards (to facilitate replication). We need to focus on standardizing the practices used to address the multiple needs of care receivers and caregivers. S. L. Gimbel funding will be directed to retain our trained, seasoned staff and enable us to develop and share best practices.

In December 2018/early January 2019 we will gather our 27+ partners to discuss program performance to date and their feedback on the evaluation already conducted. By March 2019, we will review current referral and intake processes, streamlined them and will create a reliable tool kit of assessments for DCM. By April 2019 we will draft standards of care and service for DCM and Caregiver Support programs. We can test these care and service standards over the summer through early fall (especially in DCM). By end 2019 we will be ready to share learnings, our refined program model and operating procedures to facilitate implementation.

E) Target Population

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

SASS serves elders and caregivers in Houston / Harris County. Our Dementia Case Management program will serve 45 elders through 1400 hours of case management in a 12- month period (through our one full-time Dementia Case Manager). We anticipate that we will serve 400 dementia specific caregivers living in Houston/ Harris County.

However, the benefits of our grant submission will extend far beyond Houston/Harris County residents. By refining our referral and care processes, through developing standards of care and best practices, we are preparing it to be shared with communities across the US faced with similar issues. We have a strong partnership with Alzheimer's Greater Los Angeles and similar organizations, who have provided valuable input and advice on our design and program elements/tools.

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?

Our DCM is one-of-a-kind and other communities will benefit from our model and learnings. SASS already operates a continuum of other services for elders and their caregivers, but our DCM is an innovative approach that addresses key gaps in current case management for elders with cognitive impairment. Our Caregiver Support include diverse programs, but we know that not all caregivers are alike. Based on the research which demonstrates that increased options for caregivers is associated with increased confidence and decreased stress, we piloted the evidence-based Benjamin Rose Institute on Aging Care Coaching program and an online support group. Our alliance consists of 27+ agencies that represent social service agencies, faith-based groups, Alzheimer's Associations, hospital systems, our state dept of health and human services and more. BakerRipley has a network of over 30,000 volunteers and SASS, as a key division, leverages this network. We use volunteers in various capacities (from bringing emergency supplies and pantry to homebound elders to using volunteers to provide telephone reassurance to prevent social isolation). However, while we value our volunteers, we also need trained, licensed staff for our programs.

#### G) Use of Grant Funds

How will you use the grant funds?

Through a 3-year federal grant, we spearheaded an alliance of 27 agencies that improved access dementia care in Houston/Harris County, which facilitated access to dementia diagnoses and care, trained 890 lay and health professionals in dementia symptom recognition, organized a central entry point and community-wide referral system for Dementia Case Management and piloted an innovative approach to supporting caregivers responsible for someone with Alzheimer's disease and related dementia (ADRD).

S. L. Gimbel funding will fund critical staff that are integral to our Dementia Case Management and Caregiver Support Programs. With your support, we will have the time and opportunity to refine our program model for Dementia Case Management (DCM) and expand on our learnings using the Benjamin Rose Institute on Aging Care Coaching program (for Caregivers and care receivers). The result of the funding will position us to share our learnings and model with other organizations across the US. We ask for \$8,000 for salary support for the Dementia Case Manager, \$8,000 for our Caregiver Support Specialist salary support (and their benefits) and the remainder for supplies and telephone support, which enable our staff to perform their responsibilities.

### **III. Project Future**

#### A) Sustainability

We have access to some funds remaining from a state grant (Texas Takes on Dementia), which is led by our Senior Director of Dementia Care. In addition, we leverage direct support from local and national philanthropic foundations and corporations through grant proposals, annual giving campaign and annual events such as our Heart of Gold Celebration luncheon in February and the family-friendly Houston Turkey Trot run on Thanksgiving morning.

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

#### A) Governance

The Board of Directors acts as a governing body. The Board is legally and financially responsible for the agency while ensuring that the agency has available resources to conduct business. The

Board is responsible for the agency's conduct to include the review and approval of the annual budget, fiscal policy/statements, annual audit and acquisitions. The Board has six sub-committees:

Marketing & Development - supports both development and marketing efforts, increases available resources for the agency and strategically presents the Agency's work to all stakeholders.

Program Impact - establishes metrics to measure the effectiveness of our programs, oversees periodic evaluations of programs and reports results to the board.

Finance, Administration & Compliance- oversight over the agency's financial affairs and policies guiding the investment of the agency's financial assets; oversees the annual audit of the agency's financial statements and compliance requirements of large agency contracts.

Nominating & Governance- responsible for making nominations for board officer positions & governance.

Executive committee - strategic guidance for material program expansion and contraction, entry into new neighborhoods or services.

Compensation - approves compensation decisions for the Executive team members.

All committees vote on action items, some of which are referred up to the Board for approval.

## B) Management

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

Jane Bavineau has nearly 30 years of experience in the field of gerontology and is Vice President of the Sheltering Arms Senior Services at BakerRipley. During Bavineau's tenure, she founded Care for Elders, a local partnership of more than 80 organizations dedicated to improving the care and services provided to older adults and family caregivers in Houston and Harris County. She also was selected as one of 10 RWJ Practice Change Fellows. In 2004 Bavineau was named Social Worker of the Year by the local chapter of the National Association of Social Workers, and in 2006 she received the Advocate of the Year Award from the University of Texas Health Science Center School of Nursing.

Katie Scott is the Senior Director of Dementia Care, managing our Dementia Day Center, Caregiver Support program and also serves as the project director for the Houston Alliance to Address Dementia. Before joining BakerRipley in 2011, Scott worked for the Alzheimer's Association developing and implementing community workshops, seminars, and conferences for both formal and informal caregivers as well as dementia care professionals. She holds a Master of Public Health from the University of Texas Health Science Center, specializing in health promotion and behavioral sciences.



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Organization Name:

BakerRipley

**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.
- 4) Line Item Description should be **no more than two lines**; otherwise, it will get cut off. Additional descriptions should be included in the Budget Narrative.

Line Item Request	Line Item Description <i>(Maximum two lines)</i>	Support From Your Agency	Support From Other Funders	Requested Amount From Gimbel/TCF	Line Item Total of Project
Dementia Case Manager, Salary	40 hrs/week x \$29.81/hr x 52 weeks = \$62,005 (salary)		\$54,005	\$8,000	\$62,005
Dementia Case Aide, Salary	40hrs/week x \$28.37/hr x 52 weeks = \$59,009 (salary)		59,009		59,009
Caregiver Support Specialist, Salary	40 hrs/week x \$29.08/hr x 52 weeks = \$60,490 (salary)		52,490	8,000	60,490
Program Manager, Salary	20 hrs/week x \$33.65 x 52 weeks = \$34,996		34,996		34,996
Payroll Taxes and Employee Benefits	salary x 7% (taxes) + salary x 20% (benefits) for each of 4 positions		54,135	4,320	58,455
Supplies & Telephone, Mileage	Office consumables; \$1,664 , telephone \$1,560, mileage \$5,606		4,150	4,680	8,830
Management & General	Indirect represents 26.5% of salaries		57,372		57,372
Senior Director Dementia Care	40 hrs/week x \$50.48/hr x 52 weeks = \$105,000 + benefits@20%	133,350			133,350
<b>TOTALS:</b>		<b>\$ 133,350</b>	<b>\$ 316,157</b>	<b>\$ 25,000</b>	<b>\$ 474,507</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

**Staff Salaries**

The Dementia Specific Case Manager, is a Licensed Social Worker with a Masters in Social Work degree. She conducts multiple in-home assessments on referred clients, assesses their situation, takes leadership in developing individualized client care plans, advocates for services as appropriate, communicates and coordinates with other stakeholders and monitors client progress with respect to the care plan.

The program also has a Dementia Case Aide, who has extensive years of experience in dementia care and also has a Masters in Social Work. She supports the Case Manager and monitors clients on a regular basis, ensuring that they are connected to important services. Both staff are already in place and have developed considerable expertise during the pilot period of the program.

The Caregiver Support Specialist leads all Caregiver support programs, is trained in the Benjamin Rose Institute of Aging Care Coaching method, conducts 1:1 education and group education sessions, monitors the Houston MeetUp app (online caregiver support group) and works in tandem with the Case Management team.

The Program Manager is a full-time equivalent who plays an administrative role in supporting both Case Management and Caregiver Support; only a portion of her time is allocated to this budget.

**Payroll Taxes:** This line item covers federal tax obligations for federal income tax, medicare and social security. Texas does not have a state income tax.

**Employee Benefits:** these are calculated at approximately 20% of salaries and cover group insurance (employer contributions to health insurance, accidental death and group life insurance), unemployment, 403B savings plan, retirement and employee assistance plan.

**Supplies:** A small budget covers office-related supplies such as printing cost, paper, toner and other office consumables.

**Mileage/Automobile Expenses:** This amount covers mileage and parking for both Dementia Case Management staff as our staff visit clients in their home. This amount is calculated based on 55 cents per mile, allowing for 196 miles per week or 9,818 miles during the calendar year.

**Telephone:** Both staff are provided with smart phones/ cell phone plan coverage so that they can remain in communication with other agencies while out of the office. The budget also includes the cost for hot spots to enable the staff to connect to the internet while in a client's home. We estimate approximately \$130 per staff, per month.

**Management and General:** These amounts are budgeted to cover the organization's facilities, maintenance and support services expenses.

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

*Secured/Awarded*

Name of Funder: Foundation, Corporation, Government	Amount
United Way Texas Gulf Coast	\$2,009,907
Contract Revenues - Harris County Area Agency on Aging	\$ 1,355,692
Contract Revenues - Agency on Aging; Texas Takes on Dementia	\$ 183,416
Program Revenues	\$ 657,767
The Brown Foundation, Inc	\$ 125,000
William Stamps Farish Fund	\$ 30,000
John P McGovern	\$50,000
Episcopal Health Foundation	\$25,000

*Pending*

Name of Funder: Foundation, Corporation, Government	Amount	Decision Date
Alkermes - Inspiration Grants	\$ 180,000	Dec 2018
United Healthcare	\$ 20,000	
	\$	
	\$	
	\$	
	\$	

**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	Funding Source	Amount	% of Total Revenue
Contributions	\$2,009,907	42 %	Program Fees	\$657,767	14 %
Fundraising/Special Events	\$ 124,500	3 %	Interest Income	\$	%
Corp/Foundation Grants	\$430,000	9 %	Other:	\$	%
Government Grants	\$1,539,108	32 %	Other:	\$	%

**Notes:**

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**VII. Financial Analysis**

Agency Name: BakerRipley

Most Current Fiscal Year (Dates): From 01/01/2016 To: 12/31/2016

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
\$ 263,374,474	\$ 93.9 <i>247,343,466</i>	\$ 5.6	\$ .5

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%	93.9 %	5.6 %	.5 %

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
5.2 %	5.6 %	-.4 %

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

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**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>
\$ 10,967,659	\$ 15,627,865	21,715,687	1.22

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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>
\$ 16,916,196	\$ 1,105,363

**Notes:**

Significant increase in Excess above represents campaign funds used for new operations in most recent fiscal year end.



## 2018 BAKERRIPLEY AGENCY BUDGET

	<u>Total Agency</u>
Government Grants	\$ 281,422,808
United Way	6,017,210
Contributions	44,225,110
Program Fees	2,005,482
Rent & Miscellaneous	1,171,682
Other	-
Use of Agency Reserves	478,037
Transfers	-
<b>TOTAL REVENUE</b>	<b>\$ 335,320,329</b>
Salaries, Wage, Fringe Benefits	\$ 85,159,598
Contracted Services	6,570,212
Supplies	3,401,987
Advertising, Duplicating and Printing	744,642
Equipment and Maintenance	1,390,691
Subscriptions, Books, Postage and Shipping	296,896
Mileage and Automobile Expenses	794,171
Telephone	1,074,156
Professional Development, Other	2,110,834
Facilities Allocation	9,361,046
Direct Assistance	220,896,804
Depreciation	2,947,061
Bank Charges, Finance Charges and Interest	572,230
Subtotal Expense Before M&G	335,320,329
M & G Allocation	-
<b>TOTAL EXPENSE</b>	<b>\$ 335,320,329</b>



**BakerRipley - Total Agency**  
**Budget Comparison**  
For The Years Ending December 31, 2017, 2018

	Actuals 2017	Budget Projection 2018	Variance
<b>Revenue</b>			
United Way Annual	\$ 4,861,089	\$ 4,808,762	\$ (52,327)
United Way Grants	6,643,503	7,977,623	1,334,120
Contributions and Special Events	22,307,769	29,359,701	7,051,932
Contract Revenues	282,240,493	302,285,175	20,044,682
Program Revenues	1,307,290	1,433,268	125,978
Registration Fees	333,924	522,913	188,989
Rent	450,541	1,080,030	629,489
Investment Income	861,883	285,037	(576,846)
Transfers			
<b>Total Revenue</b>	<b>\$ 319,006,492</b>	<b>\$ 347,752,509</b>	<b>\$ 28,746,017</b>
<b>Expenses</b>			
Salaries and Wages	\$ 58,732,350	\$ 67,123,138	\$ 8,390,788
Payroll Taxes	3,737,362	4,968,009	1,230,647
Employee Benefits	9,646,307	9,938,889	292,582
Contracted Services	4,821,048	7,051,712	2,230,664
Supplies	4,318,815	3,791,080	(527,735)
Advertising, Duplicating and Printing	445,299	729,899	284,600
Equipment Purchase and Maintenance	914,483	1,144,928	230,445
Postage	164,966	235,544	70,578
Storage	105,207	71,623	(33,584)
Mileage and Automobile Expense	930,160	785,281	(144,879)
Telephone	622,297	1,113,346	491,049

Professional Development	382,114	1,214,750	832,636
Direct Assistance	204,181,265	237,276,735	33,095,470
Bank Charges	188,711	267,005	78,294
Occupancy	10,865,073	9,540,417	(1,324,656)
Depreciation Expense	2,034,839	3,033,527	998,688
Total Expenses	<u>\$ 302,090,296</u>	<u>\$ 348,285,883</u>	<u>\$ 46,195,587</u>
Operating Surplus/(Deficit)	<u>\$ 16,916,196</u>	<u>\$ (533,374)</u>	<u>\$ (17,449,570)</u>

**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.

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.	170,648,863.	170,648,863.		
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.	1,873,969.	176,044.	1,554,902.	143,023.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	124,298.	124,298.	0.	0.
7 Other salaries and wages.	53,819,144.	45,586,894.	7,769,944.	462,306.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,502,972.	2,185,246.	299,140.	18,586.
9 Other employee benefits.	5,797,063.	5,061,187.	692,830.	43,046.
10 Payroll taxes.	3,155,103.	2,441,143.	668,050.	45,910.
11 Fees for services (non-employees):				
a Management.				
b Legal.	95,650.	65,943.	29,707.	
c Accounting.	234,475.	25,871.	208,604.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	15,000.			15,000.
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,131,538.	2,550,298.	1,343,492.	237,748.
12 Advertising and promotion.	40,888.	14,243.	16,365.	10,280.
13 Office expenses.	5,475,662.	5,052,560.	175,585.	247,517.
14 Information technology.				
15 Royalties.				
16 Occupancy.	9,997,494.	9,463,962.	470,516.	63,016.
17 Travel.	820,108.	722,641.	83,406.	14,061.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	295,429.	104,009.	173,235.	18,185.
20 Interest.	136,686.	32,924.	103,762.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,309,178.	1,614,034.	671,073.	24,071.
23 Insurance.	33,687.	33,687.		
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 Equipment purchases.	1,217,062.	1,000,108.	193,095.	23,859.
b Staff development.	380,590.	316,168.	61,150.	3,272.
c Other.	269,615.	123,365.	113,948.	32,302.
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	263,374,474.	247,343,488.	14,628,804.	1,402,182.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

## **S.L. Gimbel Foundation Fund Evaluation**

**1. Name of your organization.**

Neighborhood Centers Inc.

**2. Grant #**

20150829

**3. Grant Period**

November 15, 2015 through October 15, 2016

**4. Location of your organization**

*City:* Houston

*State:* Texas

**5. Name and Title of person completing evaluation.**

Thomas Holstien

**6. Phone Number:**

713-669-5262

**7. Email address.**

tholstien@neighborhood-centers.org

### **Key Outcomes and Results**

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

In 2015, our Dementia Care Day Center served a total of 527 individuals. The Day Center provided 84,221 hours of care to 170 individuals with dementia, and 152,822 hours of respite to 357 family caregivers.

Thus far in 2016 (through September 30, 2016), the Dementia Care Day Center has served a total of 510 individuals. We have provided 65,039 hours of care to 149 individuals with dementia, and 142,210 hours of respite to 361 family caregivers.



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

The goal of Neighborhood Centers' **(we are now called BakerRipley)** Dementia Care Day Center is to improve quality of life for seniors living with Alzheimer's disease and other forms of dementia. **Our original project goal was to serve 160 individuals with dementia through our Dementia Care Day Center; we exceeded our goal and served 170 individuals through 84,221 hours of care.** Through therapeutic recreational and social activities, we strive to reduce isolation and provide opportunities for older adults with dementia to have a sense of meaning and purpose in their lives. In 2015, 95% of attendees engaged in activities addressing three of four vital quality of life domains (physical activity, safety, cognitive stimulation and social engagement), matching our target outcome. 77% of seniors reported a reduction in isolation, exceeding our goal of 68%. 66% of seniors reported having meaning and purpose in their lives, exceeding our goal of 50%.

Another objective of the Dementia Care Day Center is to improve the quality of life of family members who care for loved ones with dementia. We provide family caregivers with a break from their elder care responsibilities, and we also teach coping skills and specific techniques for improving self-care and reducing stress. **Our proposed objective was to serve 314 caregivers through 123,000 hours of respite care and we exceeded this by providing 152,822 hours of respite to 357 family caregivers.** Our caregiver support specialist serves as a resource for the growing number of local families dealing with dementia, also providing one-on-one consultation. We also recently opened a Family Caregiver Resource Center within the Day Center – the first of its kind in Houston – which is designed to be a place where family members can meet with other caregivers, consult with experts, and access resources such as a library of informational books and videos related to caregiving. In 2015, 89.5% of caregivers reported improved ability to manage care of an older loved one, exceeding our goal of 85%.

Our final objective is to provide leadership in our region to make Houston more dementia-capable; **in our proposal we defined three core deliverables: training for providers on the recognition of dementia and tools for referral, recruitment of a Case Manager and Caregiver Support Specialist and education for caregivers.** Through the Houston Alliance to Address Dementia (HAAD), we are leading a coalition of more than 15 area organizations established to achieve this objective. On a broader scale, we are partnering with community-based organizations – including churches, community centers and hospitals – to affect systems change so that individuals with or at risk of dementia are directed to the right care and services. We educate providers at various organizations about dementia, give them screening tools to identify individuals with dementia, and train them on how to respond to these individuals. **(By mid 2017, we had trained 612 professionals in dementia recognition and tools for referrals.)**

We provide direct services as part of HAAD to individuals diagnosed with or at risk of dementia, individuals who have intellectual and developmental disabilities along with cognitive impairment, and caregivers of those with dementia. We recruited a case manager who focuses solely on providing more intensive case management services, such

as accompanying clients to doctor visits. In addition, our dedicated Caregiver Support Specialist regularly connects caregivers with consultations, evidence-based care programs and education seminars to improve how they care for their loved ones. In 2015, our dedicated caregiver support specialist provided 116 caregivers with 126 hours of one-on-one consultation, and thus far in 2016, we have provided 112 family caregivers with 182 hours of consultation.

While Neighborhood Centers tracks outputs like the number of people we serve on a quarterly basis, we assess and analyze outcomes on an annual basis. As such, we look forward to sharing our results for 2016 with the S.L. Gimbel Foundation in the first quarter of 2017.

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

In order to provide a safe, welcoming place for individuals living with Alzheimer's disease and other forms of dementia, we maintain a staff-to-participant ratio of 1:6 at all times. One challenge we have encountered at our Dementia Care Day Center is retention of our direct care staff, including certified nurse aides (who provide assistance with toileting, eating and ambulating – daily tasks that often become unmanageable for individuals with dementia) and activity assistants (who carefully plan and lead the Day Center's daily therapeutic programs and classes). This challenge is of particular importance at the Day Center because our staff take pride in knowing and understanding the individuals they serve – to know their behaviors and how to approach them so they do not get anxious.

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

We have found that the primary reasons for turnover are wages and advancement opportunities. In response, we have increased salaries, bringing all direct care staff up to at least \$11 per hour, with higher wages for longer-tenured staff. We have also created a new position to add an advancement opportunity for our staff. Our Senior Activity Assistant is responsible both for creating new programs and activities and supervising our activities staff. Through these changes, we are actively seeking to retain those on our direct care staff.

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

Through the Houston Alliance to Address Dementia (HAAD), we have partnered with Houston Methodist to train all of their hospital system's case managers and social workers on dementia recognition. Then, with Houston Methodist, the United Way of Greater Houston's 211/Enhanced Information and Referral Network, and the Alzheimer's Association of Houston & Southeast Texas, we created a system in which a referral to dementia-specific resources is imbedded into an individual's electronic medical record. As a result, individuals with dementia who are discharged from Houston Methodist are

now referred to United Way 211 senior specialists as well as to our dementia-specific case manager and caregiver support specialist. We are then able to connect these individuals and their caregivers to the dementia-specific services they need.

Another positive outcome from leading HAAD – and gaining experience and expertise in making our city more dementia-capable – is that Neighborhood Centers has been selected as the project leader for Texas Takes On Dementia, which is tasked with making our entire state dementia-capable. Through this statewide effort, we will target health plans and increase the knowledge and expertise of health plan employees so they can better recognize the signs of dementia. The result will be better identification and screening of individuals with or at risk of dementia. By targeting health plans, we have an opportunity to impact significant change in the delivery of health care for individuals with dementia.

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

In 2014, our Sheltering Arms Senior Services division completed a strategic planning process which was designed to identify initiatives that respond to what our growing senior population value most. During that planning process, we learned that older adults value being engaged in meaningful relationships with other people. They want opportunities to contribute and give back to their communities, and seek a sense of purpose and to help others. Finally, remaining physically active is critical for the overall health and well-being of seniors. Put together, these themes comprise what we're calling a New Story about Seniors, which guides the development of new programs that will impact the lives of older adults – including individuals with dementia – in meaningful and innovative ways.

Individuals with dementia often experience social isolation and depression and are stigmatized as having no joy, sense of purpose or ability to contribute. While not negating or ignoring the realities of the challenges that individuals with dementia face, programs like the cooking classes and art classes made possible with the support of the S.L. Gimbel Foundation provided individuals with dementia with opportunities to have meaningful connections with their peers as well as a sense of purpose to use their talents to create. Our weekly cooking classes allowed participants to learn and prepare healthy meals alongside Junior League volunteers, while our art classes offers participants the opportunity to give back by offering their artwork as holiday or thank you gifts to students in our charter schools or to our volunteers and supporters, and cultivates a sense of purpose by displaying their artwork in the Day Center.

## **Budget**

*Provide detail information on how funds were expended. Copies of receipts or additional information can be emailed to [grant-info@thecommunityfoundation.net](mailto:grant-info@thecommunityfoundation.net), faxed to 951-684-1911 or mailed to The Community Foundation, 3600 Sixth St. Suite 200, Riverside, CA 92501*



**14. Please provide a brief narrative on how the funds were used to fulfill grant objectives.**

Funds from the S.L. Gimbel Foundation were used to purchase supplies for cooking classes and arts classes. These activities encouraged active participation and provided individuals with dementia with a sense of purpose – to take a recipe and ingredients and create a meal or to take a blank canvas and paint set and create a work of art. Our cooking classes and arts classes are examples of the wide variety of therapeutic, failure-free activities our Dementia Care Day Center uses to ensure a safe, welcoming place for individuals living with Alzheimer’s disease and other forms of dementia.

**We attach our submitted budget with actual expenses incurred in a separate document. We also include some more detailed information on supply expenditures.**

*\*\*Also have a statement of expenses to share as an attachment.*

## **Success Stories**

*Please use the following spaces to provide any client stories, antidotes, or quotes to showcase the success and impact you were able to achieve due to this funding.*

**15. Please relate a success story (Required):**

Delores is a veteran from the United States Air Force. Always a strong, independent woman, Delores was living on her own until she suffered a major stroke. At that point, Delores started forgetting things and her life changed drastically as she was diagnosed with dementia. Delores lived alone and her sister was trying to care for her while continuing to live in a different house. Delores felt like she was losing her independence and her sister was starting to feel the stresses of caregiving. They needed help in balancing their new found life and turned to Neighborhood Centers.

Delores joined the Day Center in 2015 and has been able to gain back some of her independence – and her sister was able to receive respite from her caregiving duties. Delores is active in the programs of the Day Center and participates in every class, including the cooking and art classes supported by the S.L. Gimbel Foundation. She also enjoys assisting with the Day Center Gives Back service projects and going on Community Connections field trips. She is a social butterfly and welcomes all to the Day Center.

Through the Day Center, she was also connected with a staff case manager in the Houston Alliance to Address Dementia program. The case manager assists her in managing her support system so she can continue to live independently in her own home.

SL Gimbel Foundation – Budget from 2015 submission

**BUDGET – QUESTION 14 ON EVALUATION**

Line Item Description	Support From Our Agency	Support From Other Funders	Requested Amount From SL Gimbel	Line Item Total of Project Budget	Actual 11/15/15-10/15/16
Staff Salaries and Wages		\$418,204		\$418,204	437,976
Fringe Benefits		\$102,460		\$102,460	
Contracted Services		\$36,626		\$36,626	35,265
Supplies & Equipment		\$50,563	<b>\$25,000</b>	\$75,563	<b>84,161</b>
Advertising, Duplicating, and Printing		\$4,263		\$4,263	1,475
Subscriptions, Books, Postage and Shipping		\$2,800		\$2,800	1,441
Mileage and Automobile Expenses		\$7,000		\$7,000	1,904
Telephone		\$5,086		\$5,086	2,287
Professional Development		\$3,500		\$3,500	5,680
Direct Assistance		\$5,600		\$5,600	11,712
Depreciation	\$6,545			\$6,545	3,851



Line Item Description	Support From Our Agency	Support From Other Funders	Requested Amount From SL Gimbel	Line Item Total of Project Budget	Actual 11/15/15-10/15/16
Facilities	\$292,144	\$1,572		\$293,716	215,831
Management and General	\$121,823			\$121,823	100,038
<b>TOTALS:</b>	<b>\$420,512</b>	<b>\$637,674</b>	<b>\$25,000</b>	<b>\$1,083,186</b>	<b>\$918,359</b>

*Additional details about Supplies:*

S.L. Gimbel Foundation funding was used to subsidize the supplies for our art and cooking classes. We anticipated that we would need \$16,000 for cooking classes and \$9,000 for art classes.

**Cooking Classes:** We spent \$4,992 on cooking classes supplies (e.g. food, pantry items, cookware) held during the grant period (\$12/person/class, 52 classes offered during grant timeframe).

**Art Classes:** We offered two types of art classes: one that was targeted to elders who are more artistically inclined and able to paint on canvases and another that was less-intensive and geared for elders who have limited abilities. During the grant period we offered 96 classes for the well-abled elders, costing us \$15,360 (\$20/person per class). During the grant period, we offered 84 art classes for older adults with more physical limitations, and we spent \$7,056 on supplies (approx. \$7 per person/class.)

In total we spent \$27,408 on supplies related to these proposed types of classes and the Gimbel Foundation donation of \$25,000 helped alleviate these costs and offer 232 classes in total to low-income elders.