

SENIORS COUNCIL
CONCILIO DE PERSONAS MAYORES



SENIOR COMPANION PROGRAM

ANNUAL IMPACT REPORT

FY 2014-2015

Program Description

The Seniors Council Senior Companion Program serves Santa Cruz, San Benito, Monterey and Santa Clara Counties. The Seniors Council has operated the Senior Companion Program in Santa Cruz, San Benito and Monterey since 1993 and in 2010 extended its sponsorship to Santa Clara County. These four contiguous counties cover a geographic area from the southern San Francisco Bay to Big Sur along the Central California Coastline and includes the Silicon Valley, the Salinas Valley and the Monterey Bay Area encompassing approximately 6,403 square miles with a population of just over 2.5 million. Within this Four-County area there are close to 400,000 (16%) older adults 60+ years of age. There is a great variety of ethnic diversity including large communities of people with Chinese, Hispanic, Pilipino and Vietnamese ancestry. The Program currently serves the cities of Aptos, Santa Cruz, Watsonville, Salinas, Soledad, King City, San Jose and Sunnyvale.

The likelihood of living alone increases with age and we estimate that over 30 percent of seniors live alone. One major factor associated with risk of illness, injury and premature institutionalization is living arrangement, particularly living alone. The Santa Clara County Council on Aging (COA) reports that living alone is a major factor associated with diminishing quality of life among seniors, warning that there are very high health risks associated with living alone such as isolation and depression and suicide, one of the leading consequences of depression. Suicide is one of the 10 leading causes of death among seniors. Researchers such as Dr. Melinda Lantz and the American Association of Suicidology have corroborated the link between living alone and suicide among seniors.

As the number of seniors living alone increases, outreach services, transportation and case management and respite services will be key to assist this segment of the population to maintain their independence. The COA estimates that 96 percent of in-home care is provided by family members. In its recent Senior Needs Assessment the Seniors Council reported "among people 65 and older in Santa Cruz and San Benito Counties, 37.5 percent reported having a disability."

While the area is one of the wealthiest in the nation, retirees struggle economically. Based on research for the California Elder Economic Security Index (EESI) by Dr. Steven P. Wallace at UCLA, the estimated monthly income needed for a senior to be Self-Sufficient in our Four-County area is \$2,126 per month. Being "Self-Sufficient" is being able to afford the cost of housing, food, transportation, health care and other necessities. The average Social Security Retirement payment in the area is just \$971 a month - less than half of what is needed to be Self-Sufficient. We estimate that in the Four-County area there are 160,000 seniors whose income is

\$971 a month or less. These senior citizens must sacrifice basic necessities as they struggle to survive economically on their Social Security Retirement payments.

Our Senior Companions' average income is just \$1,000 a month. Generally Senior Companions work with: homebound clients and clients who live alone; clients with chronic disabilities; clients whose caregiver needs respite from their responsibilities; clients with mental health issues; and clients who are visually or hearing impaired. In return for their substantial community contribution, Senior Companions receive a non-taxable stipend of \$2.65/hour and transportation reimbursement to and from the work site. The stipend provides an additional \$2,000 of annual income (a 20% increase). According to a national survey of Senior Companions these additional dollars are used primarily to help them cover the cost of housing, utilities, food and medical expenses.



The total Program budget is \$225,000. The Corporation for National and Community Service provides major funding for the Senior Companion Program. These funds require a 10% match from the local communities. We are fortunate to have enduring partnerships from Santa Cruz County Department of Behavioral Health and the Monterey County Department of Behavioral Health. In addition, we receive funding from the federal Department of Transportation Job Access Reverse Commute grant program (JARC). These funds help us cover the costs of transportation for our Senior Companions to get to and from their volunteer work sites.

Senior Companion Program Community Impact Outcomes

The over-all goal of the program is to recruit, train and place Senior Companion volunteers into private homes and community-based settings to provide peer support so that our clients can maintain independent living and achieve the highest quality of life possible. Respite support for family caregivers is a key element in the achievement of this goal. To accomplish our goals Senior Companions use a variety of strategies including: encouraging social interaction; promoting physical activities & exercise; promoting activities that enhance emotional and mental health; assisting with arts & craft activities; assisting in reality orientation; and encouraging socially appropriate behavior.

During FY 14-15 a total of 41 Senior Companions provided 34,450 hours of peer support services to 126 clients, of whom ninety-seven percent are seniors. Our Impact Report demonstrates that the services provided by our Senior Companion volunteers improved our clients performance on key quality of life indicators including: socialization, mood, and level of activity. The result is an enhanced ability of our clients to continue to live independently in the community.

Impact Outcomes & Activities - Independent Living and Respite Care

To measure independent living and respite care outcomes the supervisor completes a questionnaire that delineates the activities provided, the number of hours the volunteer spends with each client and the level of improvement of independent living skills that

resulted. Activities include conversation, arts & crafts, being read to, writing letters, shopping and errands, playing games, singing, providing transportation and exercise. The measure for respite care is simply the number of hours family caregivers were able to be relieved from service to their family member. Survey questionnaires were completed by 97% of Supervisors on a total of 41 Senior Companions at the end of the 2014-2015 fiscal year with the following results.

- The most popular activities among clients were conversation, being read to, exercise, writing and playing games.
- Each Senior Companion served an average of 3 clients per week for average 7 hours per client.
- Senior Companions improved their clients' ability to live at home by:

Some Improvement	14%
Moderate Improvement	16%
<u>Significant Improvement</u>	<u>70%</u>
Total % of Improvement	100%
- Of the 126 Senior Companion clients served 41 had family members for whom respite care was also provided for the following number of hours per week:

1-5 hours	21%
6-10 hours	39%
11-15 hours	20%
16-20 hours	20%

Impact Outcomes - Improved Quality of Life

To measure our quality of life outcomes the Supervisor completes a Assignment Plan (AP's) for each individual client assigned to a Senior Companion volunteer. The AP measures the client's quality of life improvement on five specific indicators; socialization skills, participation in activities, personal expression, mood & behavior and companionship. The AP is completed at the beginning of a relationship between a client and a Senior Companion and annually thereafter in September. The AP identifies the challenge(s) of each client that will be targeted by the Senior Companion, the specific activities the Senior Companion will engage in with the client to tackle the challenge and the anticipated level of improvement on the five quality of life indicators being targeted. Then each year in May the Supervisor completes the AP by assessing the actual improvement the client has achieved and recording those findings on the AP. Program staff then gather the completed AP's and tabulate the outcomes. Assignment Plans were completed by 71% of Supervisors on a total of 126 clients in May of the 2014-2015 fiscal year with the following results.

- 1) Clients' Social Ties/ Social Support showed:

Some Improvement	30%
Moderate Improvement	39%
<u>Significant Improvement</u>	<u>29%</u>
Total % of Clients Improved	98%

- 2) Clients' Activities participation showed:
- | | |
|--------------------------------|------------|
| Some Improvement | 21% |
| Moderate Improvement | 50% |
| <u>Significant Improvement</u> | <u>26%</u> |
| Total % of Clients Improved | 97% |
- 3) Clients' Personal Expression showed:
- | | |
|--------------------------------|------------|
| Some Improvement | 31% |
| Moderate Improvement | 42% |
| <u>Significant Improvement</u> | <u>25%</u> |
| Total % of Clients Improved | 98% |
- 4) Clients' Mood & Behavior showed:
- | | |
|--------------------------------|------------|
| Some Improvement | 29% |
| Moderate Improvement | 44% |
| <u>Significant Improvement</u> | <u>26%</u> |
| Total % of Clients Improved | 99% |
- 5) Clients' Companionship skills showed:
- | | |
|--------------------------------|------------|
| Some Improvement | 25% |
| Moderate Improvement | 42% |
| <u>Significant Improvement</u> | <u>33%</u> |
| Total % of Clients Improved | 100% |

Conclusion

The Seniors Council Senior Companion Program is an effective model of a peer support program that provides significant benefit to low-income seniors. The Program is efficient and offers a unique service that has a positive impact on the ability of homebound seniors to remain in their homes while simultaneously assisting our Senior Companion volunteers to improve their economic self-sufficiency. Research shows that peer support interventions improve depression symptoms more than usual care alone. Support from peers can offer emotional, social and practical assistance that helps people do the things they need to do to stay healthy. Peer support is considered to be a key component of the independent living movement and has been widely used by organizations that work with people with disabilities. Jennifer, a 72 year old client of Martha's wrote: "When I called Susan at County Mental Health I had really no hope left. I was depressed and anxious. I had no friends and no family to turn to. Through the program I have been supported by my Martha, my Senior Companion and I have been able to see a psychiatrist to get on the right medication. I feel in control of my Depression and Anxiety now. Through the program and with Martha's steadfast support, I now have people to turn to and feel like I have a meaningful life again."