

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-S-21GA

Please provide the following information, adding space as necessary:

State: Georgia

Assign Program Category (applicant): Health and Human Services (Aging) (Use list at end of application)

1. Program Name
Congregational Respite
2. Administering Agency
Department of Human Resources/Division of Aging Services (DAS)
3. Contact Person (Name and Title)
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9. Please provide a two-sentence description of the program.

Congregational respite is an innovative program that assists the faith community in developing day care and support team models of respite care, enabling congregations to provide respite (a break from care giving) for their members as well as other older persons living in their communities. Training, technical assistance and ongoing support are provided throughout the state to staff and volunteers within congregations that wish to implement these programs in the homes of families or develop and operate a day care program at their congregational sites.

10. How long has this program been operational (month and year)? Note: the program must be between 9 months and 5 years old on March 1, 2008 to be considered.

This program has been in operation for two and a half years. Initial funding to implement the program throughout the state of Georgia began July 1, 2005.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

There are limited public funds available to provide respite care and other needed support services to family caregivers. In fact, there aren't enough public funds to be able to meet the needs of all family caregivers seeking help. Frequently, families must go on waiting lists to receive the services they need.

Further, caregivers face increased health problems which affects their ability to continue providing care. A recent study conducted by the National Alliance for Caregiving reported that caregivers noted their health has gotten moderately worse as a result of caregiving. The study found that caregivers surveyed experienced increased depression, loss of sleep, increased stress, worse eating habits, and decreased visits to the doctor¹. When respite care is not available, overwhelmed caregivers often translate into placement of their loved one in an institutional setting, which breaks up families.

Members of faith communities are often aware of families in their congregations who are providing care for their family members, but are unsure of tangible ways that their congregation may help. Through this program, the Alzheimer's Association, Georgia Chapter conducts outreach and training to faith communities that express interest in establishing congregational respite programs. In addition to training volunteers to provide care to people with dementia, the Association also guides the congregational leaders in implementing and operating respite care programs, whether they choose to provide services in the homes, or operate a day care site staffed entirely by the church. In this way, family caregivers benefit from support from people whom they know trust and are more likely to accept.

12. Describe the specific activities and operations of the program in chronological order.

Each year, 12 outreach sessions are held throughout the state, where local congregations learn about Alzheimer's Disease from a physician; further, they learn about the needs of caregivers, and the two respite models, adult day care, and support teams. Congregations are asked to complete a brief survey, indicating low, medium, or high level of interest in developing a program that year.

For those congregations ready to proceed, 12 in-depth training sessions are held, so that congregations can learn what is involved in each model of respite care, and select the model that best fits their ability and meets their needs. In regard to the day care model, they would learn about issues including but not limited to staffing, setting up a budget, liability, facility (space) requirements, screening volunteers, developing policies and procedures, and activities. In regard to support teams, they would learn how to form teams of volunteers centered around one family, and how to support that family through visiting, running errands, cooking, providing transportation, or doing yardwork.

¹ Caregivers in Decline: A Close-up Look at the Health Risks of Caring for a Loved One. September 2006. National Alliance for Caregiving.

Once a congregation begins either a day care program or a support team, the Alzheimer's Association Staff provide on-going technical assistance to that congregation.

Highlights of the program:

- September-December 2004—Division of Aging Services prepares position paper regarding Congregational Respite for the Governor's consideration. After discussions with Governor's staff, Governor decides to include the program in his budget request during the next legislative session.
- March, 2005—General Assembly accepts Governor's recommendation to fund Congregational Respite program, at the beginning of the next state fiscal year.
- May, 2005-- The Division of Aging Services convenes a Task Force comprised of volunteers from faith groups, the Georgia Chapter of the Alzheimer's Association, and persons representing the aging network. They developed *Congregational Respite: A Training Manual* which helps congregations in beginning their programs.
- June, 2005--The Division of Aging Services begins the process of contracting with the Alzheimer's Association, Georgia Chapter, to implement the program statewide. The Chapter has extensive experience in teaching caregivers statewide about Alzheimer's disease and other dementias.
- July 1, 2005-present-- Funding for the program begins. On an annual basis, the Alzheimer's Association conducts 12 outreach sessions across the state to explain the program. For those congregations interested in developing a program, 12 in-depth training sessions are conducted each year.

13. Why is the program a new and creative approach or method?

Congregational Respite is a unique public-private sector partnership with the faith-based community. Public dollars invested by the state to train congregations equips them to implement, operate, and sustain respite programs with private-sector funds which serve their own congregants as well as families needing help in the communities surrounding them.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

The primary start up cost was the development of written materials, resulting in a manual for congregations. This program utilizes loose-leaf binder notebooks, so that as additional materials need to be added, or existing materials updated, funds are not wasted on obsolete printed manuals. Most materials can be prepared on the computer. Use of photographs/artwork is desirable for flyers to publicize events, and for use on the cover of the manual.

Staffing is the main cost. Staff schedule and present outreach programs for congregations, schedule and present in depth-training sessions, make presentations and provide technical assistance for individual congregations.

Travel funds are included in the budget.

15. What are the program's annual operational costs?

The cost to the state to provide the training across Georgia is \$96,000 per year.

Supplies, including printed materials	\$10,000
Speaker Fees	\$12,000
Travel	\$12,000
Room rental/Equipment/Telecommunications	\$14,000
Mailings	\$ 3,400
Staff time, benefits, and indirect expenses	<u>\$44,600</u>
Total	\$96,000

The cost to congregations to begin a day care program will vary depending on the number of days per week it operates, whether it uses paid staff, whether or not it provides meals and transportation, and whether or not it charges fees to offset some of its costs. One metro-Atlanta church, for example, that provide day care one day per week, four hours per day to 10 families, and employs three staff members, has an annual operating budget of \$34,000.

The cost to congregations to begin a support team is minimal, primarily staff time. A congregation could actually utilize a volunteer to begin the program.

16. How is the program funded?

The program to provide the training to congregations is funded entirely by state funds. The funds are administered by the Georgia Division of Aging Services, Department of Human Resources from monies directed from the Governor's discretionary budget.

Funding to actually implement and sustain the respite models is provided by the congregations.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

Each year the program funding is conveyed through the annual appropriations bill past by the joint House and Senate Appropriations Committees of the General Assembly.

18. What equipment, technology and software are used to operate and administer this program?

Staff members within the Alzheimer's Association, Georgia Chapter use desktop personal computers, with standard word/processing/office suite applications, such as Microsoft Word, Excel and Power Point.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

The concept for the program was developed by the Alzheimer's Association, Georgia Chapter.

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20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ?

The Division is not aware of any similar programs in any other states. However, one of the models which we include of which congregations may elect to develop Support Teams, is a highly developed program, entitled The Support Team Network, operating out of Birmingham, Alabama. The Alzheimer's Association, Georgia Chapter staff have been trained by The Support Team Network on how to develop this model in congregations.

21. Has the program been fully implemented? If NO, what actions remain to be taken?

Both outreach sessions and in-depth training is provided each year in each of the state's twelve Area Agency on Aging (AAA) regions, though from year to year the location within each region may change. Additional congregations within each region start programs.

22. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

Fifteen congregations around the state will have respite models (either day care or support teams) in place by June 30, 2008, providing services to 71 families around the state, and at a value of over \$697,000. The day care programs and support teams are listed below.

Day Care Programs

Four new day care programs are either open, or under development. By June 30, 2008, it is anticipated that the four day care programs will provide services to 59 families across Georgia. On an annual basis, it is estimated that these programs will provide over 19, 404 hours of respite care to families, valued at \$679,140.

- Grace Arbor First United Methodist Church, Lawrenceville, Georgia. Started August 2005; the program is open Tuesday, Thursday, and Friday from 10:00 a.m. until 3:00 p.m. Grace Arbor serves 26 families.
- Savannah Christian Church, Savannah, Georgia. Started January 2007; open on Tuesdays from 10:00 a.m. until 2:00 p.m.; this program serves persons with Alzheimer's disease and developmental disabilities. Estimate: will serve 7 families. McCaysville United Methodist Church.
- McCaysville, Georgia. Started December 2007; the program is open Tuesdays and Thursday from 12:30 p.m. until 5:30 p.m. Estimate: will serve 6 families.
- Southwest Christian Care, Union City, Georgia. Started October 2007; the program is open on Tuesday from 10:00 a.m. until 2:00 p.m. Southwest Christian Care will serve 10 families.

Support Teams

Eleven new Support Teams are under development. Support Teams are a group of persons recruited within each congregation that share the responsibility of providing services to a caregiver and/or care receiver, including but not limited to in-home respite, running errands, preparing meals, and yard work. By the end of June 30, 2008, it is estimated that 12 families will be receiving 480 meals and 720 hours of respite, at a value of over \$18,000.

- St. Anthony of Padua Catholic Church, Atlanta, Georgia
- Oakhurst Presbyterian Church, Atlanta, Georgia (will serve two families)
- Eleventh Avenue Baptist Church, Dalton, Georgia
- First Christian Church, Marietta, Georgia
- Northside Drive Baptist Church, Atlanta, Georgia
- Decatur Bible Chapel, Decatur, Georgia
- Warren Memorial United Methodist Church, Atlanta, Georgia
- Church of God of Prophecy, Decatur, Georgia
- Newnan Presbyterian Church, Newnan, Georgia
- Wheat Street Baptist Church, Atlanta, Georgia
- First Presbyterian Church of LaGrange, LaGrange, Georgia

Congregational Respite Manual

A Congregational Respite manual has been developed for congregations, providing detailed information to assist them in establishing a program. By October, 2008, the manual will be on the websites of both the Alzheimer's Association, Georgia Chapter, and the Division of Aging Services. Twelve manuals have already been mailed to states and organizations interested in beginning such programs.

Faith-Based Data Base

A list of churches that have received training from the Association and which have day care programs has been compiled and shared with Area Agencies on Aging across the state for inclusion in the data base of resources available to families.

Challenging Issues

Congregations that consider helping their own congregants as well as others in the community face myriad complex issues to deal with, including identifying needs, determining the respite model to be implemented, identifying volunteers, establishing client guidelines, developing policies and procedures, training volunteers, and examining liability/insurance needs. Because of these issues, it often takes a considerable amount of time before a congregation is actually ready to begin a program.

Once a congregation attends an outreach session, it is invited to future events within its region, whether it is ready to begin a program or not. This method enables more persons from the congregation to become knowledgeable, assists them in making more informed decisions about which model best fits their needs, and affords them the opportunity to move forward when they are ready.

23. How has the program grown and/or changed since its inception?

The way the program information is delivered, and the support services that are offered have grown and changed since its inception. Working with congregations has been very instructive in terms of learning how to approach clergy and lay leaders about engaging in this kind of ministry. Conversely, the presenters of the training sessions have learned how to help congregations approach people in their faith community in offering the supportive services of congregational respite care. Furthermore, congregations have appreciated the mutual benefit derived from collaborating with neighborhood congregations, or other congregations within their denomination during the educational and training phases of this program.

As more and more congregations receive this training, and more individuals learn about this particular kind of faith-based care at community presentations, health fairs, conferences, caregiver workshops, and support groups throughout the state, they become inspired by and see the potential for mutual growth emotionally, psychologically, spiritually, and theologically. It is these individuals who help spread the word, plant the seed and nurture the growth of this training in their congregation.

24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

Georgia's financial commitment to the program has made it possible to provide this training and technical assistance throughout the state. Since the financial commitment is on-going, the aging network's capacity to build additional private sector resources is considerable. All congregations are not ready in the first year to investigate, decide and implement a program. However, with on-going training provided in each region, congregations that need a longer period of time have it. They are invited to attend on-going events, educate additional members of its congregation, and make that commitment in a subsequent year.

As previously discussed under question #22, in the *Challenging Issues* section, it frequently takes congregations considerable time to sort out the issues they need to address in beginning such a program. Those issues are discussed in detail above.