

ElderSource
Planning and Programs Committee Agenda
July 7, 2022
11:00 AM

I. Old Business

A. Minutes

- April 21, 2022

B. ElderSource Programs

- Programs Report
 - 2022 Provider SGR Budget Review
 - OAA/ARPA Contract Amendment
- Community Services Report
 - SHINE
 - Helpline
- Operations Service Report
 - Senior to Senior
 - Caregiver Support Programs
 - Telephone Reassurance

II. Updates

A. 2023 – 2025 Area Plan Development Update

B. Needs Assessment Update

C. RFP Process Update

Programs Committee Minutes
10688 Old St Augustine Rd
Thursday April 21, 2022
11:00 AM
Via Zoom

Present

Dr. Lauri Wright
Barbara Greene
Darryl Banks
Grady Williams
Vivile Dietrich

Staff

Linda Levin, CEO
Terika Scatliffe, Prog. Comp. Mgr.
Jessica Del Rio, Exec. Admin. Asst.

Absent

Dr. Sandy Robinson, Chair
Joseph Francis-Zimmerman

Meeting Called to Order

Dr. Lauri Wright called the meeting to order at 11:02 AM.

Approval of Minutes

A motion to accept the February 17, 2022 minutes was made by Grady Williams and seconded by Viv Dietrich. Motion was unanimously approved.

Program Reports

Terika Scatliffe, Program Compliance Manager reviewed the Programs Report. Terika noted that APS has been consistent. There are no issues. Monthly monitoring is still being done on files. Expenditures have increased during the month of January and February. This is to be expected as Providers work to close out their contracts that end on June 30, 2022. A plan to help Providers with spending down has been submitted to the Department of Elder Affairs (DOEA). The committee will be updated once DOEA responds. The ARP Contracts are in the process of being completed. The ARP EHEAP Contracts went out last week and the Supplemental Cares Act Contracts are in the process of being completed and sent out.

Surplus Deficit

General Revenue

Terika Scatliffe, reviewed the General Revenue (GR) Programs with the committee. Terika noted that we are seeing surpluses in all of our GR programs, specifically ADI and CCE. DOEA has been notified of this situation and we are working with our Providers. Staff is communicating with the Providers giving them technical assistance on things they can do to include, but not limited to, increase their services and increase their client count. ElderSource submitted a service

rate increase proposal to DOEA due to the increases in costs they are experiencing. This would also assist Providers with spending down. We are waiting to hear from DOEA regarding this matter.

Home Care for the Elderly (HCE) There is a slight surplus in this program. We will be able to spend out 100% by the June 30th deadline.

Local Service Programs (LSP)

There is a slight surplus in the LSP programs not as large as in the ADI and CCE programs. We will be able to spend out 100% in this program by the June 30th deadline.

Respite for Elders Living in Everyday Families (RELIEF)

RELIEF is doing well no issues with spending out.

Older Americans Act (OAA) Programs

The contract start dates were December 1. These numbers are the beginning expenditures for January and February. Staff will be watching expenditures and ensuring everything goes well.

- Title IIIB (*Support Services*): No concerns with spending out.
- Title IIIC1 (*Congregate Meals*): No concerns with spending out.
- Title IIIC2 (*Home Delivered Meals Programs*): No concerns with spending out.
- Title IIID (*Health and Wellness*): No concerns with spending out.
- Title IIIE (*Care Giver Support Program*): No concerns with spending out.

Nutrition Services Incentive Program (NSIP) There are no concerns with spending out.

Emergency Home Energy Assistance Program (EHEAP) The Program is doing well, there are no concerns with spending out.

Coronavirus Consolidated Appropriations Act (CCAA) The Program is doing well, there are no concerns with spending out.

Terika presented the Dashboard in detail with the Committee for CCE, ADI, HCE, LSP and the OAA programs (see pages 10-18 of the meeting packet)

Veterans Directed Care Program

Veterans are referred to this program through the Veterans Administration Medical Centers (VAMC) located in Gainesville and Orlando. The Orlando VAMC currently has 48 active Veterans and 9 in process as of February. The Gainesville Veterans program serves our northern counties: St. Johns, Nassau, Duval, Clay and Baker where there are 21 active Veterans as of February. We have the opportunity of expanding into the Camden County, Georgia area and there are two referrals so far. One has become active and the other one is still in process. There

are eight referrals in Georgia waiting to be processed. The current goal for the Gainesville VA is to get us to 80 Veterans in the Gainesville area. We see no issues with this program.

ADRC

Linda Levin, CEO noted that eCIRTS, the State's new data base has created challenges Statewide and we are working with the State to get things back on track. Terika reviewed the ADRC Summary with the committee. The report detailed information on the following:

- New Statewide Data Platform
- HelpLine
- Intake & Screening Team
- Medicaid Eligibility Team
- SHINE/SMP/MIPPA
- Workforce Challenges

Senior to Senior

Tameka Holly, COO informed the committee that the Senior to Senior Program is now under the Operations Department. The titles for Senior to Senior program staff were changed from Customer Service Specialist to Short Term Crisis Manager to better reflect the role. A Lead Short Term Crisis Manager position was created and we are in the process of hiring a second Short Term Crisis Manager.

Caregiver Support Programs

Powerful Tools for Caregivers: Two staff members Kyle Sanchez and Sherry Holmes completed leader training so ElderSource can offer Powerful Tools for the Caregiver, a six weeks evidence-based class for caregivers of adults with chronic conditions. The plan is to offer four classes this year. Two classes started this month. A position was created, Assistant Projects Coordinator to assist with the caregiver support programs and we are in the process of hiring for this position.

TCARE: There has been a change in staffing. An Assistant Projects Coordinator position has been posted. The program is doing well and there are no concerns.

Telephone Reassurance Program

The Telephone Reassurance program's funding source changed in 2022 from a grant to DOEA funding. There are different requirements that were not previously required through the grant funding. One of those requirements was a wellness check within 24 hours of not being able to contact those home bound seniors. We changed our process and informed the seniors that if we are unable to get in contact with them, a wellness check will be done within 24 hours. Telephone Reassurance calls have increased. The call count in February was 350 calls and in March almost 450 calls that were made. Staff will be doing Outreach to get more participants and volunteers. Also, staff have followed up with a JEA lead to get more volunteers into the program.

Grady Williams asked if the wellness checks were monthly or quarterly. Tameka noted that this is only triggered if the volunteer calls and cannot reach the participant. The volunteer will make a second call and if unable to reach the participant, a wellness check is required.

2023 – 2025 Area Plan Development Update

Janet Dickinson, Planner stated that traditionally the Area Plans are for three years. We are currently in the 2020-2022 Area Plan. DOEA decided that the Area Plans will now be for four years instead of three years, making this year an update year rather than a new year and the new cycle will now be 2024-2027. Janet updated everyone on the status of the public hearings required for the Area Plan.

Needs Assessment Update

Janet updated the Committed on the Needs Assessment being conducted by the Health Planning Council. A small group of ElderSource staff will meet with the Health Planning Council on next week to see the report and get results. These reports and results will be shared in the future with Providers, Advisory Council, and Planning Committee.

ElderSource will hold a community meeting in the future and invite Providers, Advisory Council, and Planning Committee to participate where the Health Planning Council will present the results of the needs assessment.

RFP Update

James Lee, CFO told the committee that staff have opened the bid packages and there were no competitor bids. Staff will be reviewing and doing a summary of what has been submitted. Staff will put together the Unit Rates for this committee to approve before the upcoming Board meeting. The bid packages must be reviewed prior to May 13, 2022. Dr. Robinson will hold a special meeting with the committee members about reviewing and approving the new Unit Rates.

There was no further business for discussion and the meeting was adjourned.

Meeting Adjourned at 11:44 AM

Minutes prepared by Sherry Holmes, Administrative Assistant

APS High Risk Referrals remain consistent.

Monthly expenditures for State General Revenue contracts have slightly increased between March and April. This is to be expected as Providers work to close out their 2021 State General Revenue grants by June 2022. Many have submitted requests for service rate increases to meet the current climate of today's economy and further assist with spending down. These are currently being processed.

Contract Update:

1. Currently American Rescue Plan Contracts have all been completed and sent out for final execution.
 2. All ARP EHEAP Contracts have been signed and are fully executed.
 3. Supplemental CARES Act Contracts are being reviewed internally by staff to be sent out to providers.
 4. State General Revenue 2022 provider budgets are currently being negotiated
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Surplus Deficit

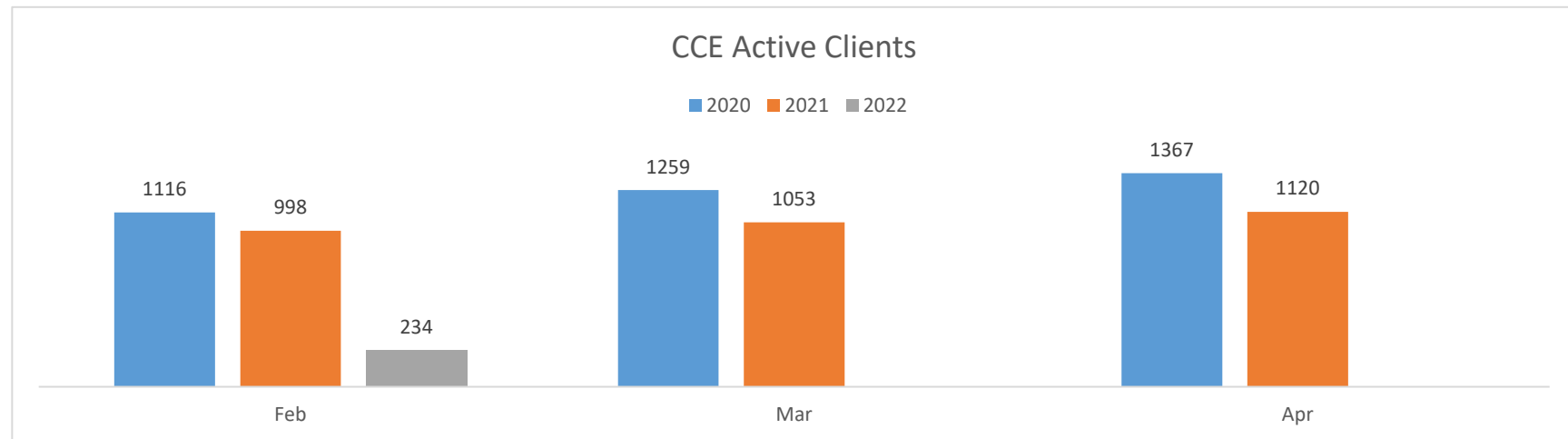
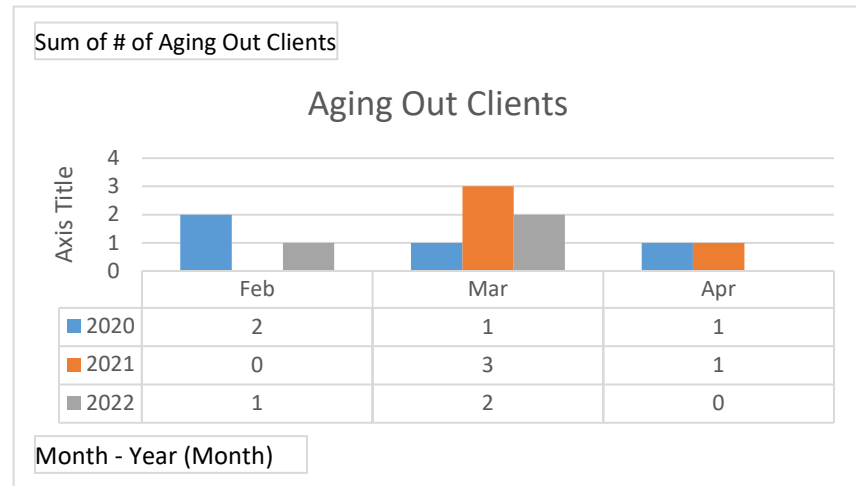
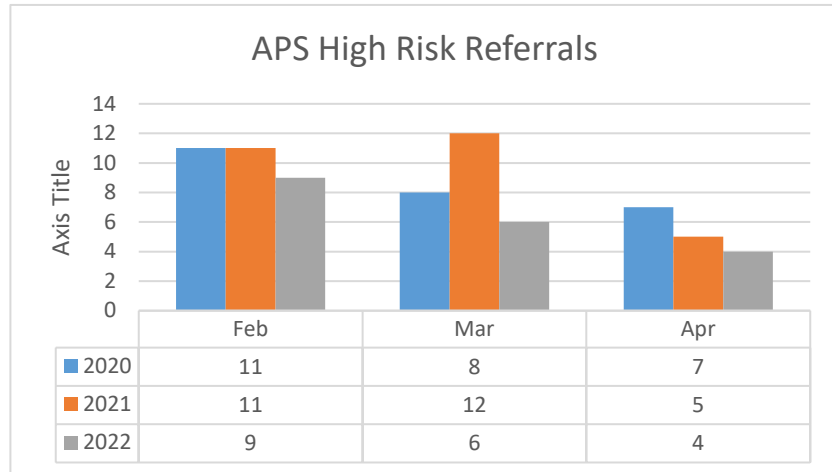
Program	Contract Amount	Projected S/D (Straight Line Projection)	Projected S/D (Based on current monthly spending)	Projected S/D (Based on Average Monthly Spending)	Comments
ADI	\$2,586,930.00	\$436,883.03	\$415,259.99	\$606,149.94	PSA 4 is under by 15.25% and monitoring expenses closely. For providers that are under plans are currently being put in place to add clients, increase services to get closer to our current ideal rate and make internal transfers where needed. A request to the Department has been submitted to increase service rates. Still awaiting confirmation on approval. Funds available to transfer to another PSA if needed. Will continue to monitor expenses closely.
CCE	\$6,609,594.00	\$1,313,177.44	\$1,115,638.33	\$1,266,714.36	PSA4 is currently 16.55% underspent in the tenth month of this grant. For providers that are under plans are currently being put in place to add clients, increase services to get closer to our current ideal rate and make internal transfers where needed. A request to the Department has been submitted to increase service rates. Still awaiting confirmation on approval. Funds available to transfer to another PSA if needed. Will continue to watch expenditures closely.
HCE	\$790,263.01	\$52,525.21	\$53,480.67	\$53,480.67	PSA 4 slightly under by 5.54% in the tenth month of this grant. Will continue to watch expenditures closely.
LSP	\$400,000.00	\$55,990.35	\$64,184.41	\$61,096.97	PSA4 currently under by 11.26%. Expenditures shifting between C2 and COC2. Expenditures expected to increase. No concerns with spending out at this time.

RELIEF	\$334,313.00	(\$6,600.00)	(\$1,035.65)	(\$9,146.91)	PSA 4 is currently slightly over at 1.66%. Currently watching expenditures closely.
OA3B	\$3,859,295.74	(\$92,089.85)	(\$7,994,861.03)	(\$6,557,061.16)	PSA4 is within 1%. No concerns with spending at this time.
O3C1	\$1,637,839.14	\$99,849.70	\$123,485.42	\$99,849.66	In the fourth month of this contract year PSA4 is slightly under by 2.03%. Will continue to monitor expenses closely.
OA3D	\$146,291.00	\$64,769.12	\$59,949.36	\$64,769.12	No concerns with AHEC spending out at this time.
O3C2	\$1,933,484.12	\$266,039.93	\$466,818.91	\$266,039.93	PSA4 currently under by 4.58% in the fourth month of this contract year. Meals are currently being subsidized under COC2. No concerns with spending out at this time.
NSIP	\$540,278.00	\$131,083.28	\$172,730.96	\$131,083.28	In the fourth month of this contract year PSA4 is under by 8.08%. Meals being subsidized through other funding sources that end September 30th, 2022.
OA3E	\$990,857.00	(\$232,064.53)	(\$325,588.95)	(\$362,354.15)	In the fourth month of this grant, PSA4 is over by 7.8%. Still early in this contract year, but will be watching expenditures closely to get closer to the ideal rate.
EHEAP	\$447,684.00	\$227,685.18			Projected surplus has already been communicated to the Department in preparation for the May funding authority end.
CCAA	\$1,447,469.00	(\$57,851.23)	\$139,795.43	(159436.40)	PSA4 is 3% over the ideal rate. No concerns with spending out at this time.



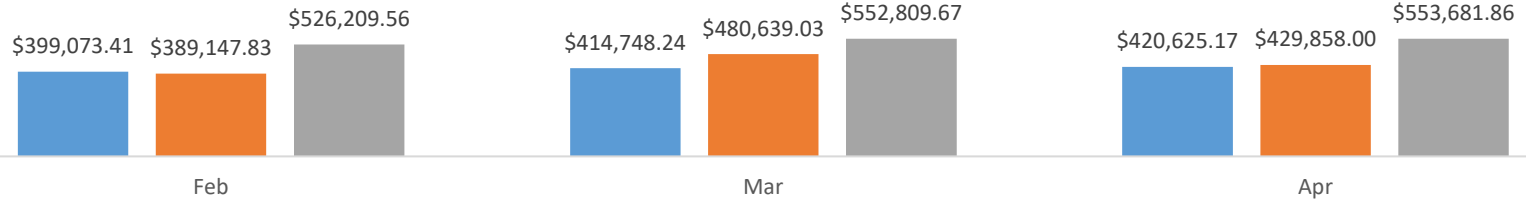
Community Care for the Elderly

The primary purpose of the CCE program is to prevent, reduce or delay premature or inappropriate placement of older persons in nursing homes and other institutions. Additional purposes of the CCE program are to provide the following: 1) a continuum of services alternatives to meet the diverse needs of older people; access to services for elder most in need; and a local resource that will coordinate delivery of services for the frail elder/caregiver.



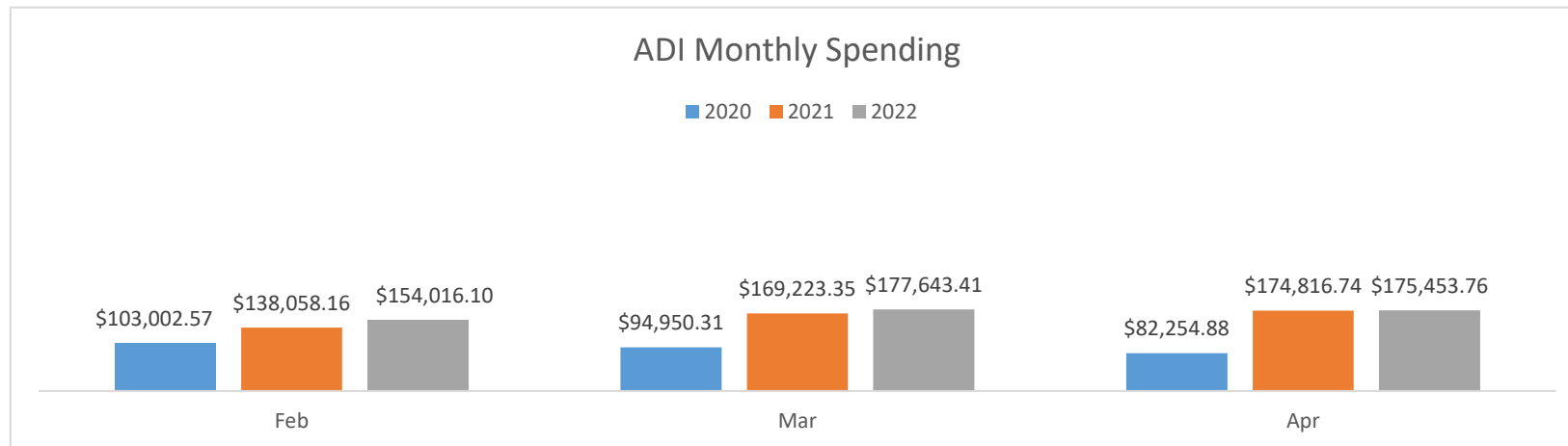
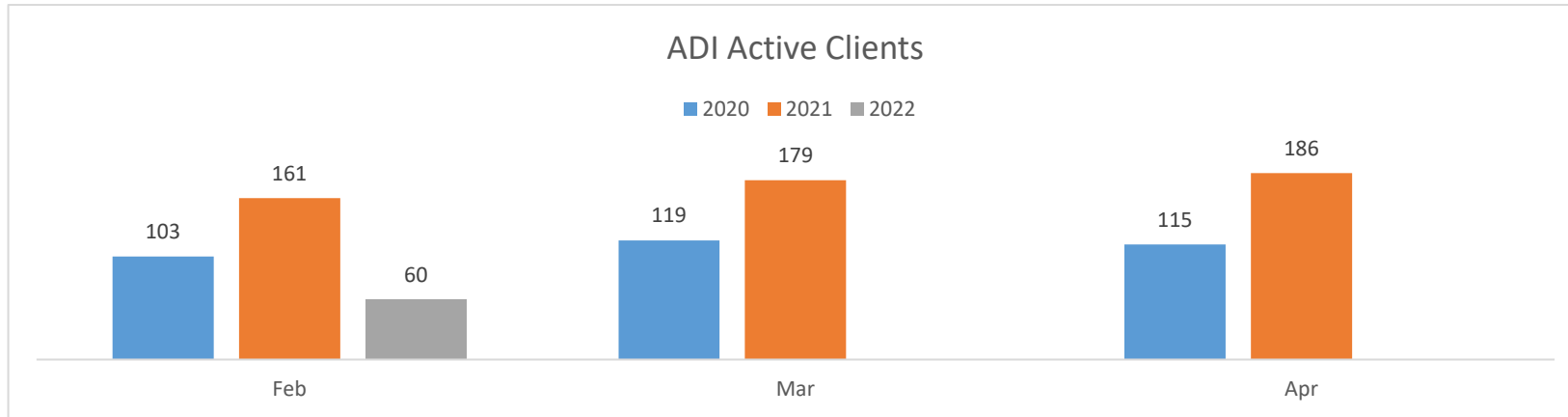
CCE Monthly Expenditures

■ 2020 ■ 2021 ■ 2022



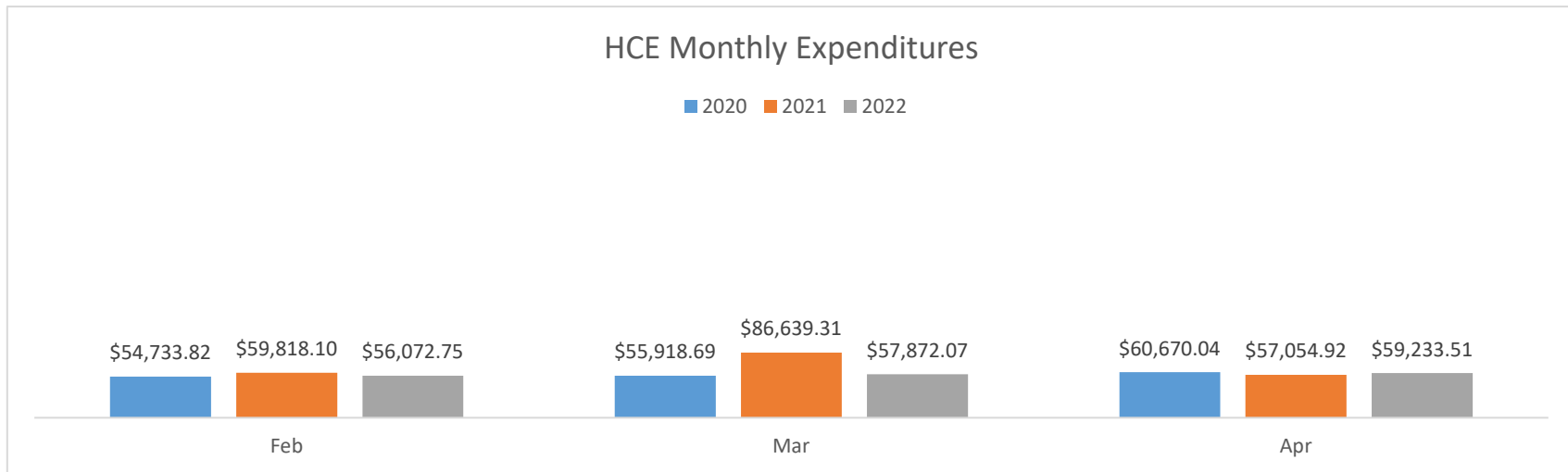
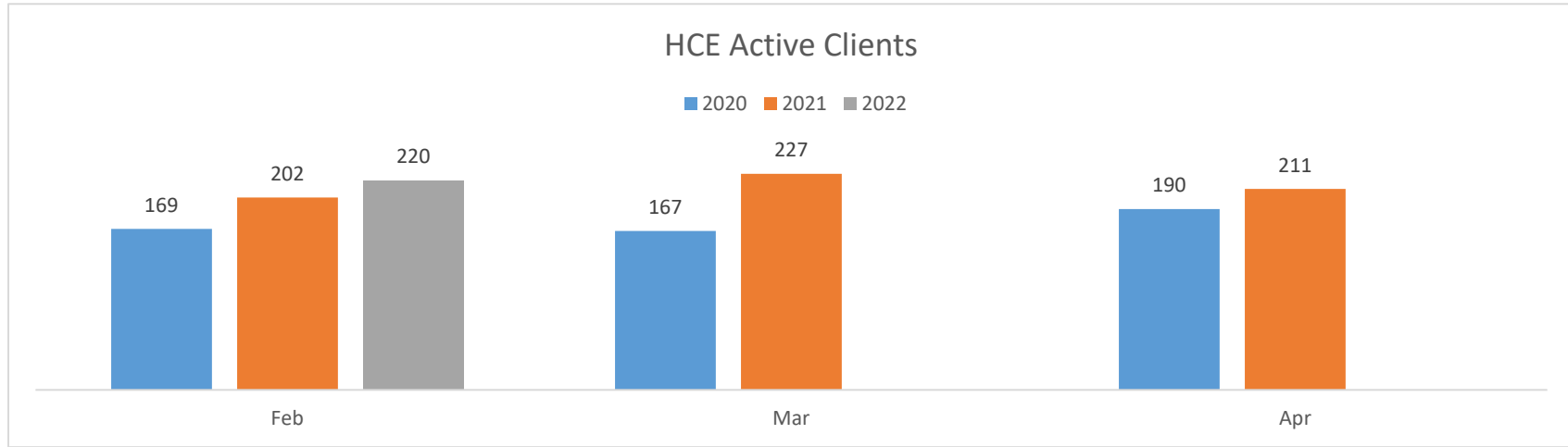
Alzheimer's Disease Initiative (ADI)

The purpose of the ADI is the following: to address the special needs of clients with Alzheimer's Disease (AD) or related memory disorders, as well as their caregivers; and to find through research the cause, treatment and ultimately a cure for AD or related memory disorders.



Home Care for the Elderly

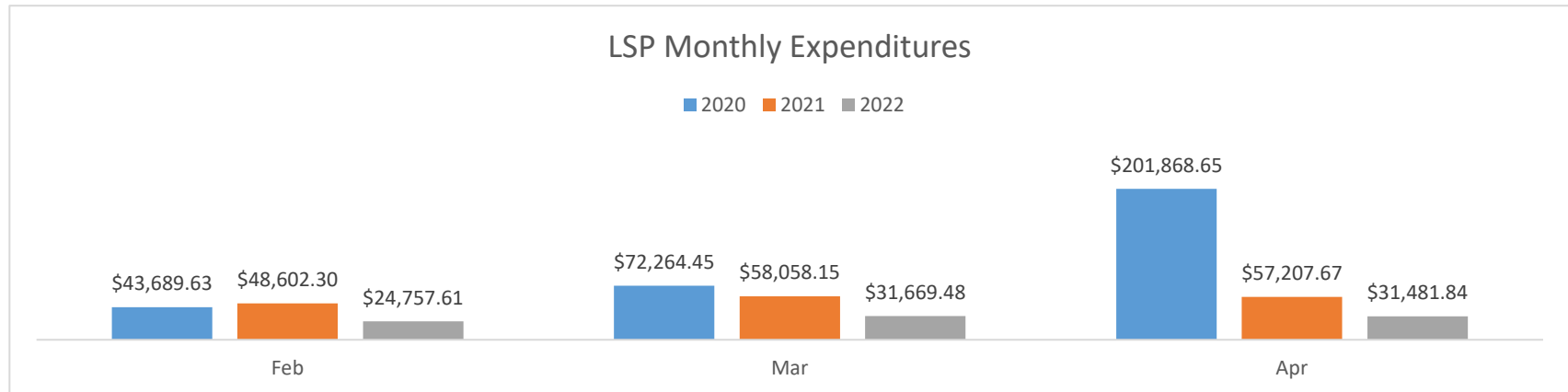
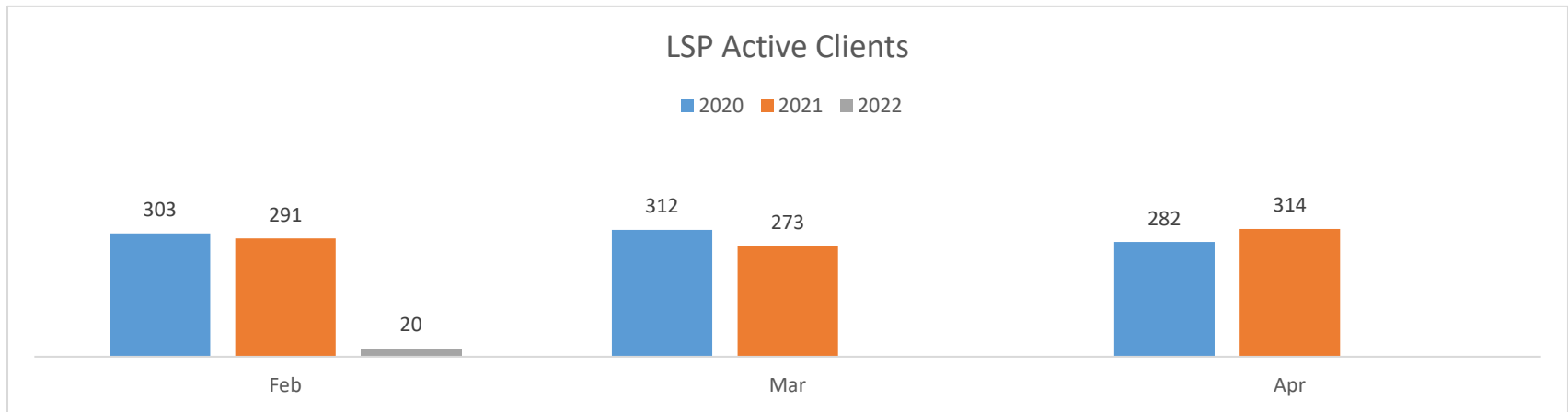
The purpose of the HCE Program is to encourage the provision of care for elders in family-type living arrangements in private homes as an alternative to nursing homes or other institutional care settings.



Local Service Programs

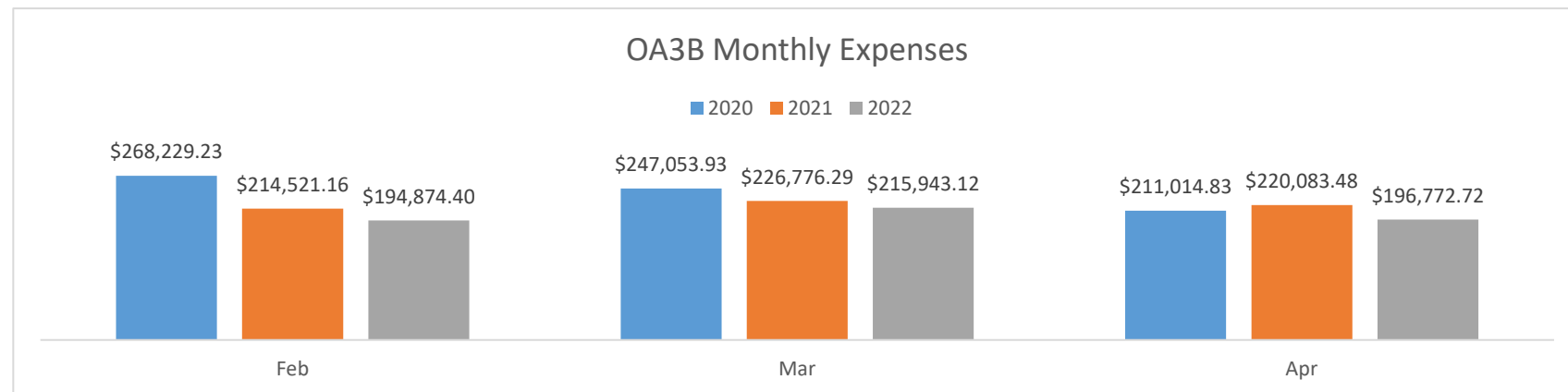
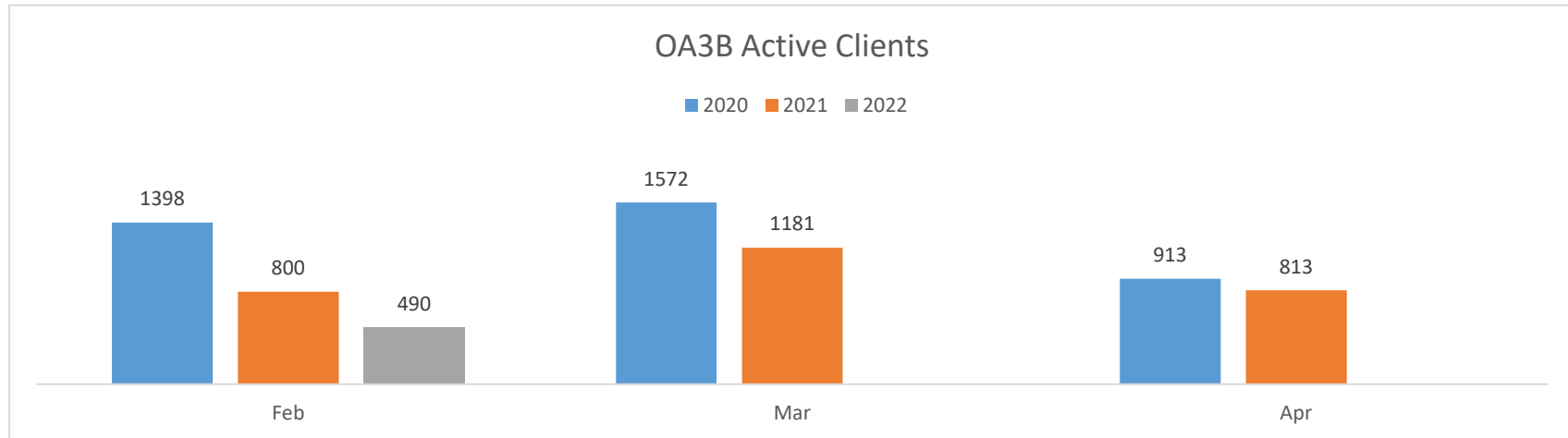
The LSP provides community-based services to preserve elders' independence, support caregivers, and target at-risk persons. Through the provision of meals or other services authorized by proviso, the LSP assists elders to live in the least restrictive environment that meets their needs. In PSA 4, we contract with the 7 Lead Agencies to provide home delivered meals for individuals who would otherwise remain on a wait list. We also contract with Jewish Family and Community Services to assist Holocaust Survivors.

There is no wait list for these programs. The home-delivered meal program works off of the O3C2 wait list.



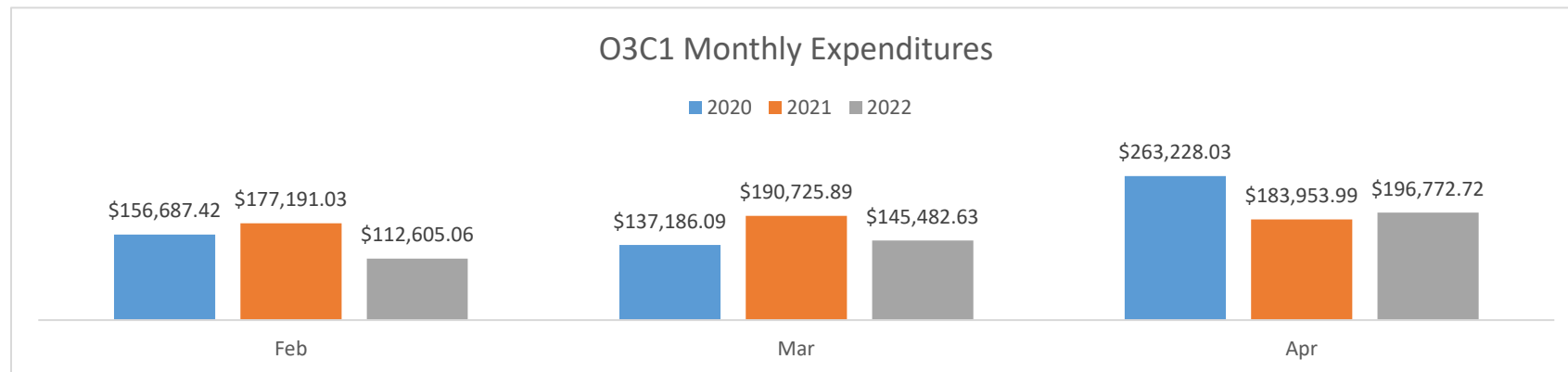
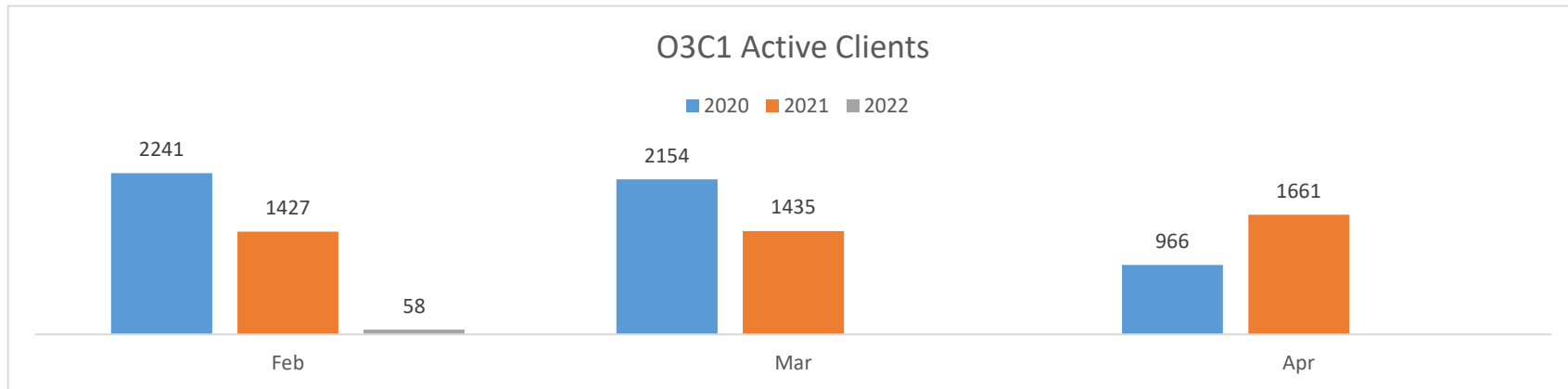
Older Americans Act Title IIIB

Title IIIB supportive services deliver the following three categories of service; access services such as transportation, outreach, information and referral and case management; in-home services such as homemaker, home health aide, home repair, companionship, telephone reassurance, chore, respite and other supportive services for families of elderly victims of Alzheimer's disease and other neurological and organic brain disorders of the Alzheimer's type; and legal assistance related to income, health care, long term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.



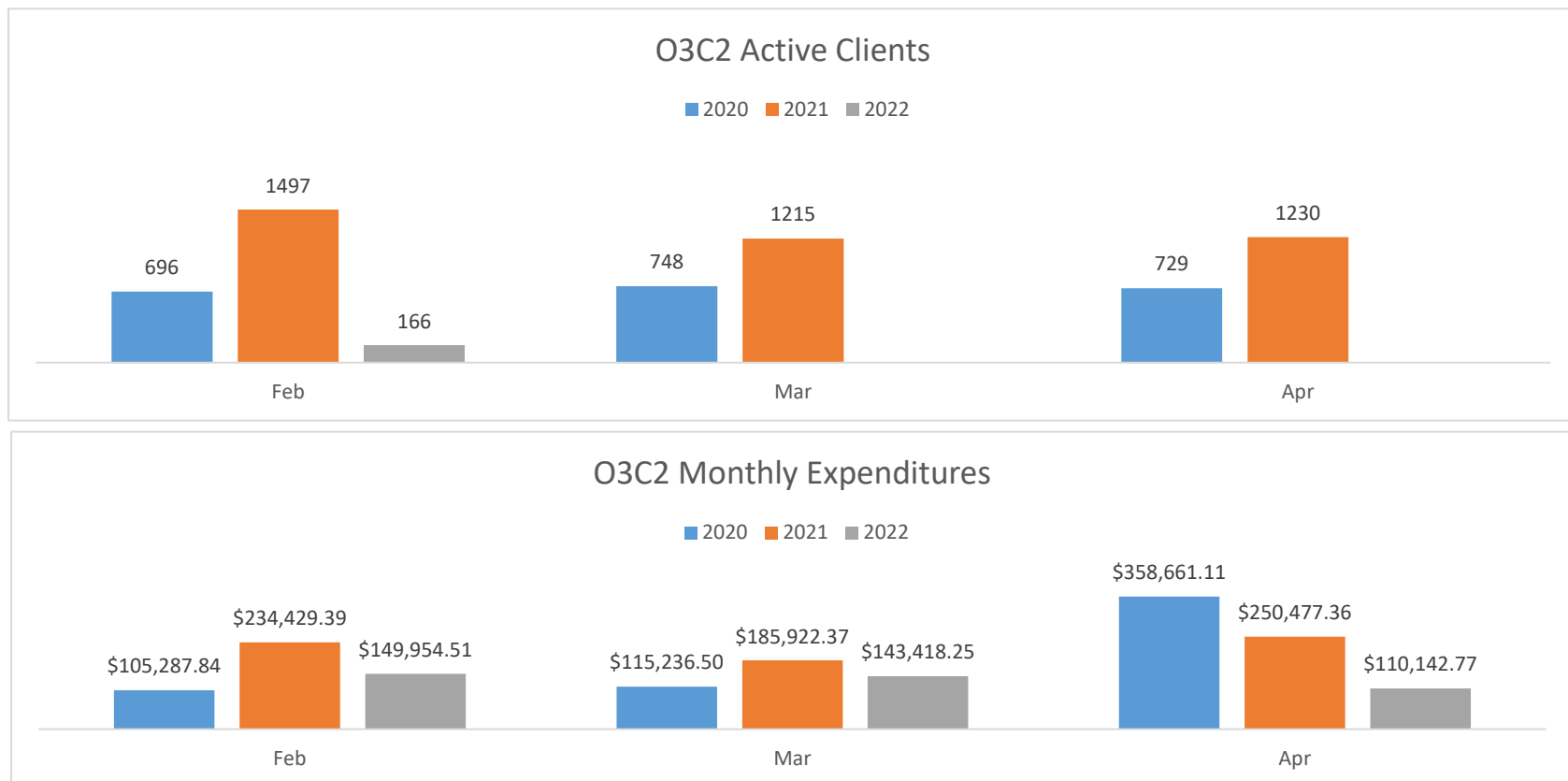
Older Americans Act Title IIIC1

The purpose of Title IIIC is for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need. IIIC1 is primarily for congregate meal settings. IIIC2 is primarily for home-delivered meal programs. Currently, there is no wait list for this program.



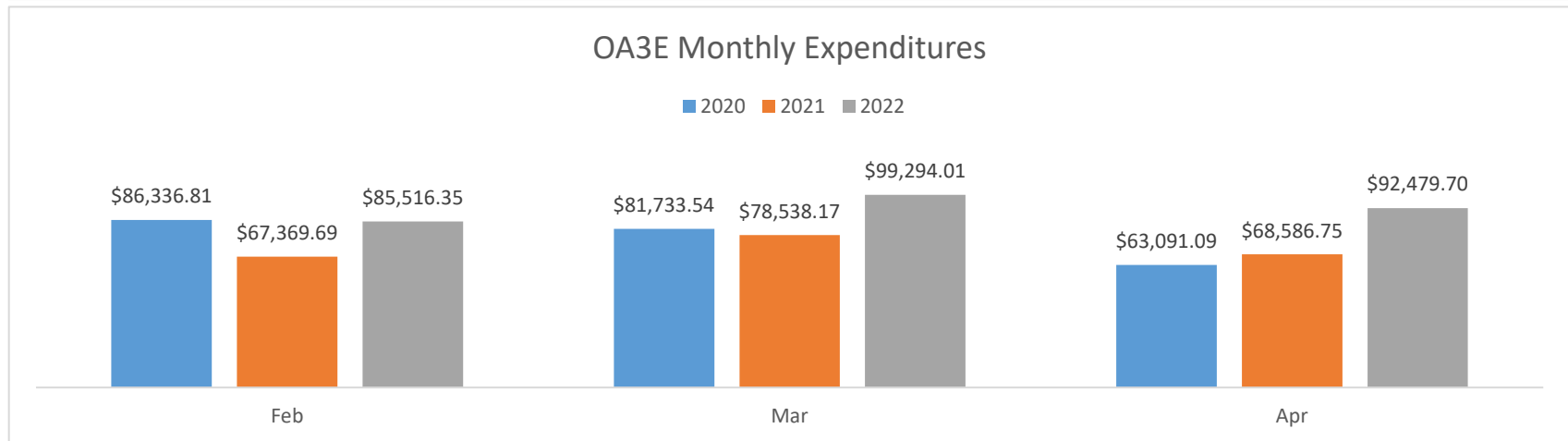
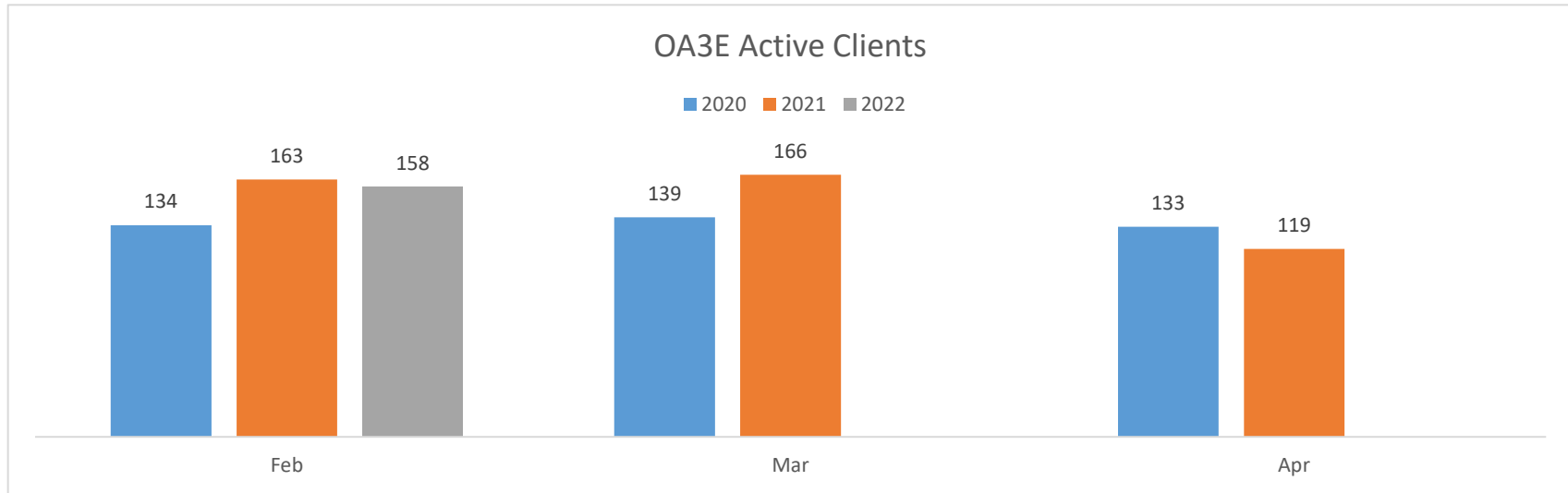
Older Americans Act Title IIIC2

The purpose of Title IIIC is for the provision of nutrition services that assist older individuals in Florida to live independently, with better health through improved nutrition and reduced isolation. Nutrition services are provided through programs coordinated with nutrition-related supportive services and include the procurement, preparation, transport, and service of meals; nutrition education; nutrition screening; nutritional assessment, and nutrition counseling. In making these awards, the AAA must ensure that congregate and home-delivered meals are provided to eligible individuals based on their assessment of need. IIIC1 is primarily for congregate meal settings. IIIC2 is primarily for home-delivered meal programs.



Older Americans Act Title III E

The purpose of Title III E is to provide multifaceted systems of support services to the following individuals; family caregivers and grandparents or older individuals, 55 years of age or older, who are relative caregivers of children not more than 18 years old or individuals with disabilities.



Veterans Directed Care Program

The Veteran's Directed Care Program is a program through the Veterans Administration which allows veterans to remain in their home and direct their own services and supports. Veterans are referred through the VA Offices in Gainesville and in Orlando. "In Process" Veterans represent new Veterans who are added to the Program.

Program Update: Our Veteran Directed Care program is now fully staffed with 3 Person-Centered Counselors, all fully trained and providing service. We are currently seeing a positive uptick in client enrollment with two solid enrollments per week from Gainesville. We have also communicated to Orlando that we have the staffing to service more clients and have since received 2 enrollments in the past 2 months. We expect this to continue to grow. We have recently expanded our reach and are now contracted to provide services in Camden County, Georgia with 2 being fully enrolled and 2 in-processed. Program is doing well. No concerns at this time.

Month/Year	In Process	Number of Active Veterans
Feb-22	9	48
Mar-22	7	51
Apr-22	5	51

Month/Year	In Process	Number of Active Veterans
Feb-22	0	21
Mar-22	1	21
Apr-22	2	19



ADRC Summary June 2022 (Reports thru May 2022)

New Statewide Data Platform, eCIRTS: To date DOEA is working on developing management reports and improving existing report accuracy. These reports are critical to the operation of the ADRC.

HelpLine

The HelpLine is fully staffed. The HelpLine Supervisor hired a staff member to work full-time from the ElderSource office. This staff member will be responsible for managing walk-in visitors. There are three new staff members in training (including the in-office staff member). They are expected to be fully trained and taking calls by the second week in July.

Intake & Screening Team

The Team has two open positions and are currently advertising for the positions. Screening appointments continue to be scheduled out 30-35 days and staff are working the backlog of annual reassessments. Due to the delay from appointment time to screening, the “no-show” rate remains high. We expect that the appointment schedule days/time will reduce to 15-20 days once the open positions are filled and the three recently hired staff members are trained and screening.

At this time, eCIRTS does not have the reports available to complete the ADRC dashboard.

Medicaid Eligibility Team

The team is fully staffed. The new hires received their first caseload of clients (34 each) to assist with Medicaid eligibility.

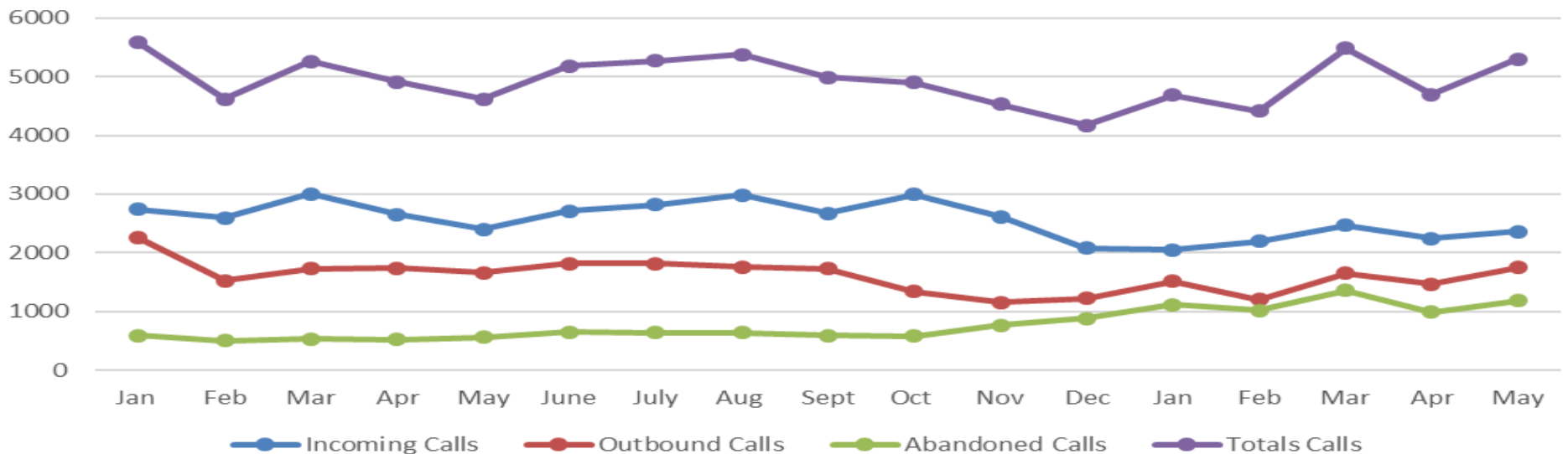
SHINE/SMP/MIPAA

The SHINE, MIPPA and SMP grants were on target and met all contract benchmarks for April and May. The number of active volunteers remains at 40.

The ADRC HelpLine The Aging and Disability Resource Center (ADRC) HelpLine is the place to start for help if you are a senior, an adult living with a disability or a caregiver. ElderSource Customer Service Specialists are available to listen to client concerns and are trained to help them access local agencies, services and programs. They work with the clients to explain what resources are available, provide information about Medicaid programs for elders and adults with disabilities. The HelpLine processes the referrals for the assessments, schedules the assessment appointments and makes appointment reminder calls the day before the appointment. In addition, the HelpLine processes referrals for the SHINE program.

Monthly Analysis: May 2022 - At this time, the HelpLine is fully staffed. At the end of May, the team added one full time in-the-office HelpLine staff and also filled two open HelpLine positions. The new staff are in training. The call volume for May (5,300) was higher than April (4,700). Staff are using Refer database for call documentation.

HelpLine Calls 2021-2022



* ElderSouce changed phone systems in February 2021 with changes to the reports.

Calls Answered
5,300

InBound Calls
2,363

OutBound Calls
1,751

Call Wait Time
1:49

Abandonment
22%

Voicemails
767

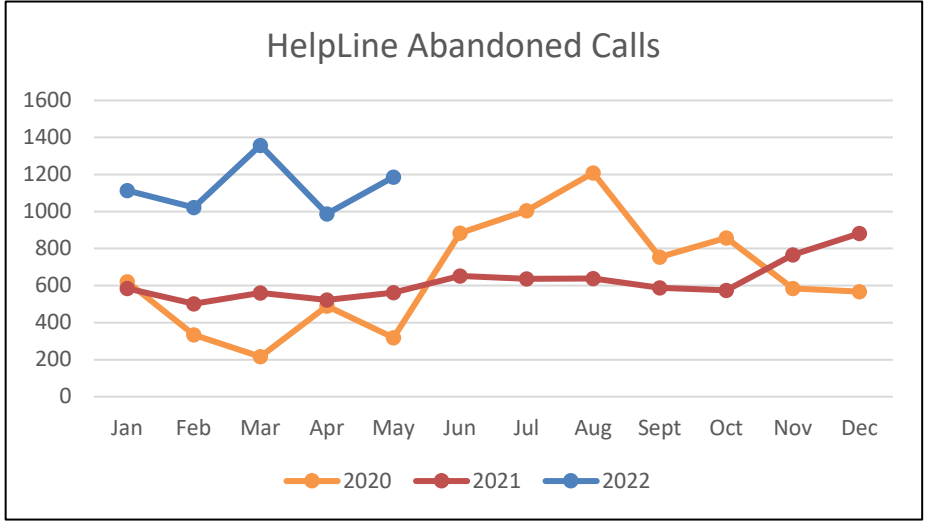
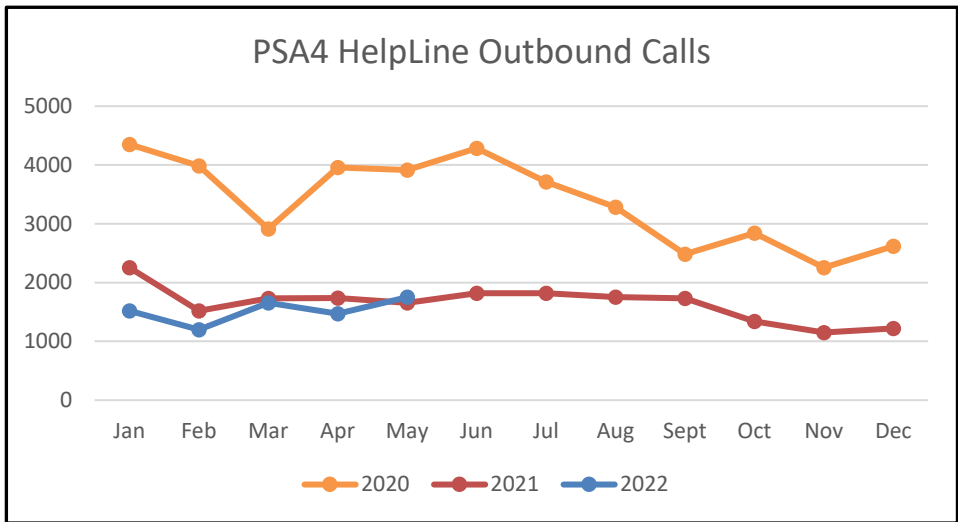
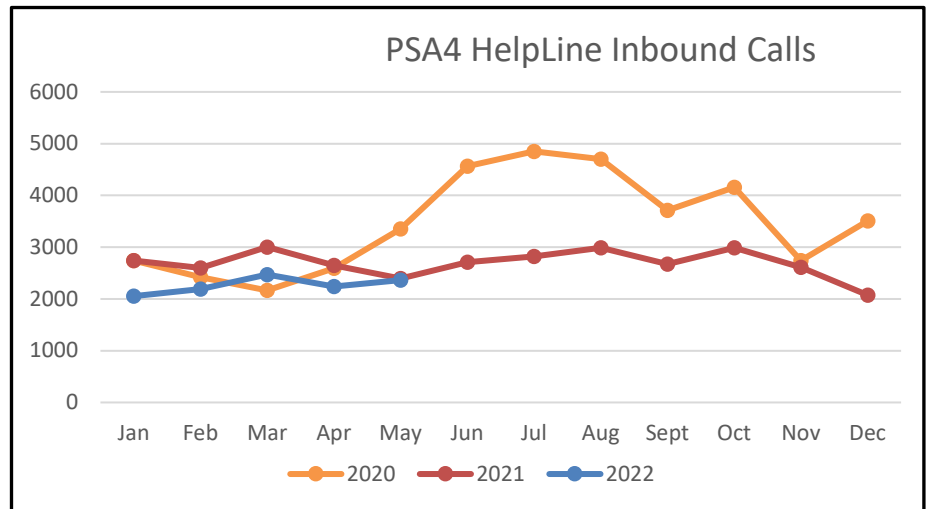
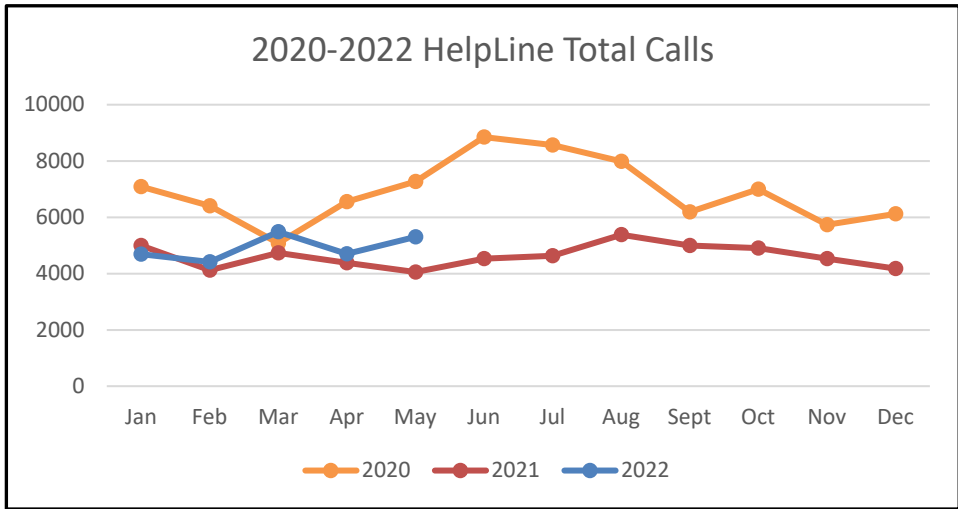
MAC Referrals
781

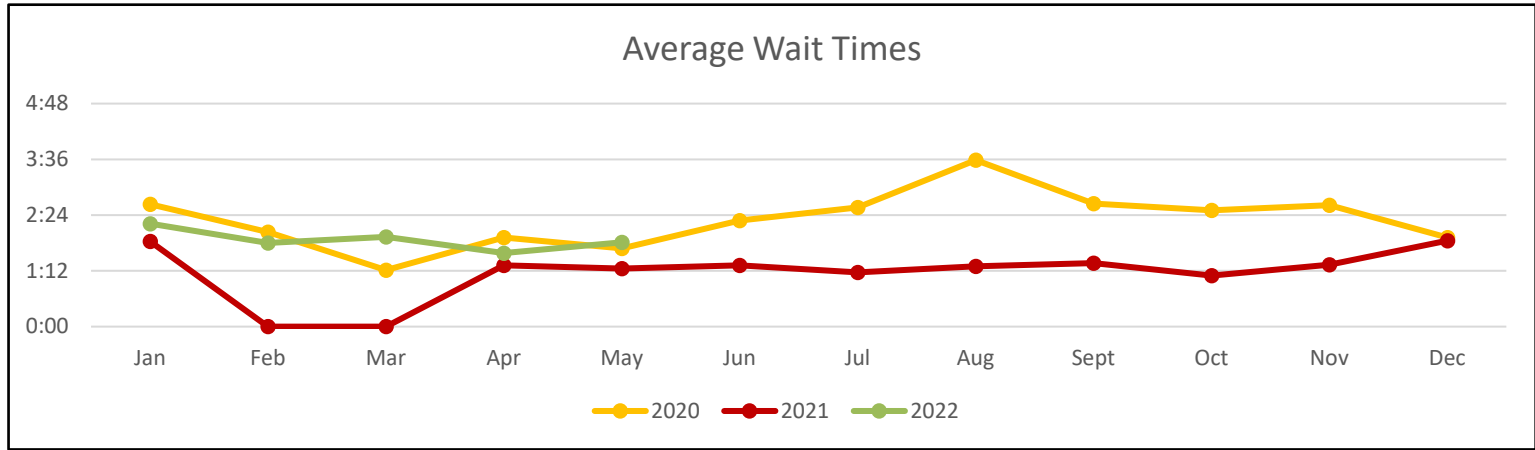
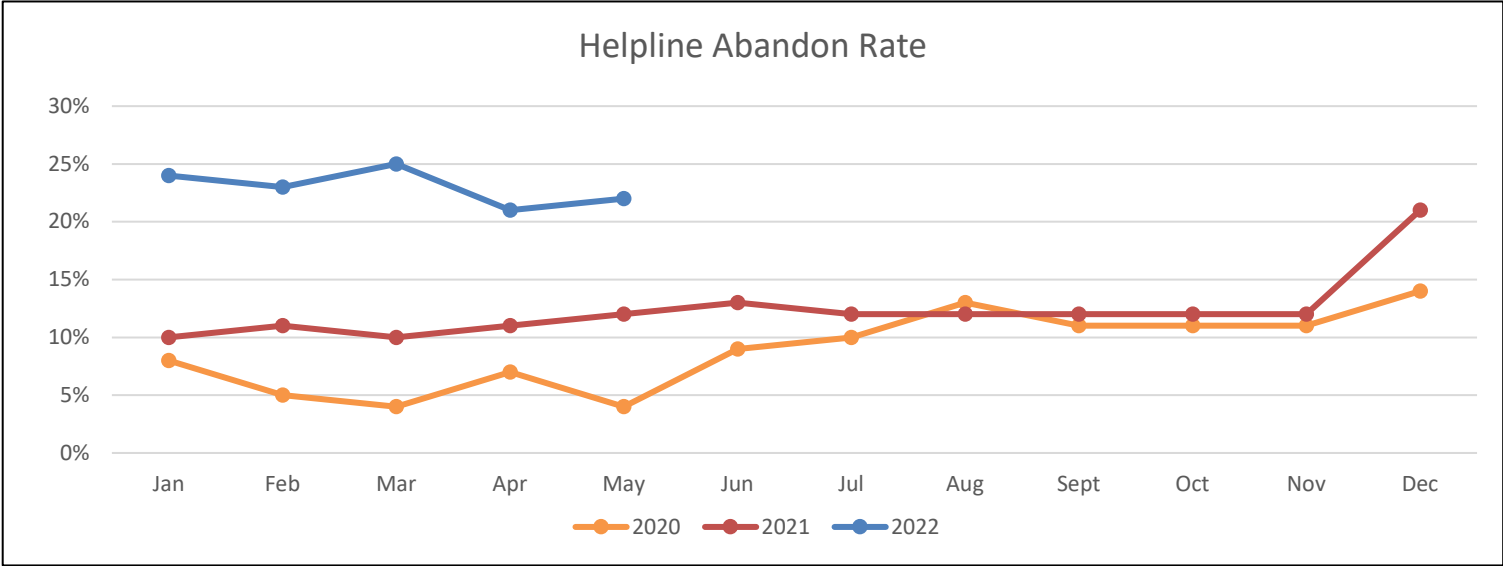
SHINE Referrals
155

APS Referrals
11

Silver Alerts
0

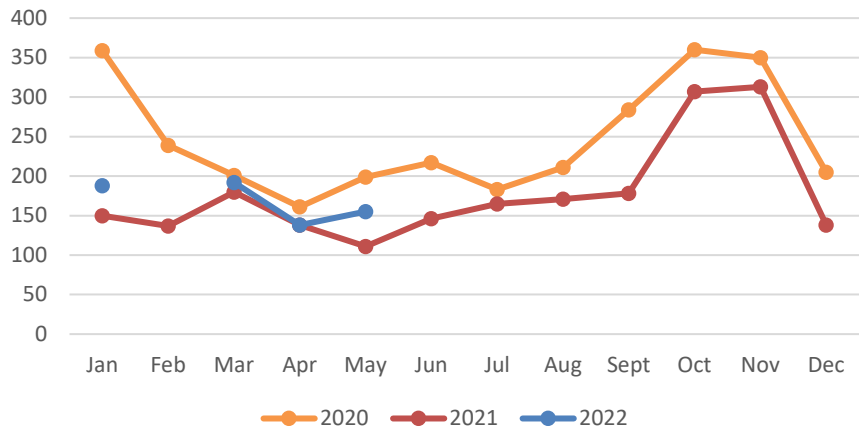
Top Reasons For Contact		
Individual Support	776	59%
Health Care	161	12%
Housing	91	7%
Utility Assistance	35	3%
Food	14	1%
Transportation	12	1%



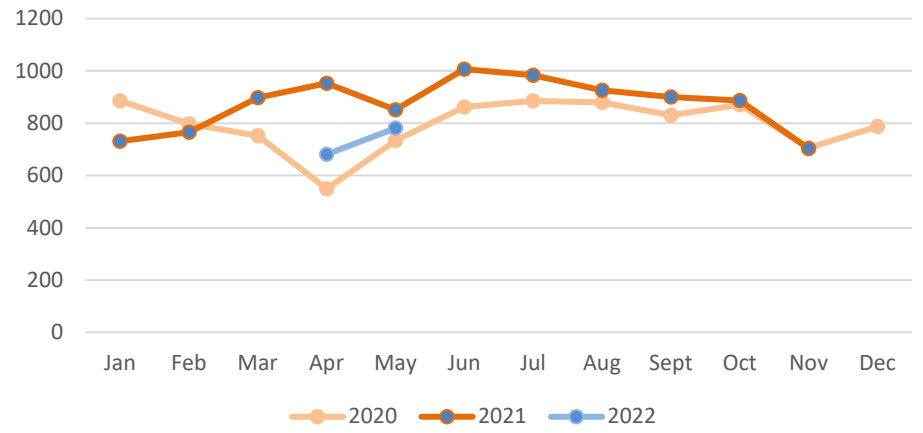


HelpLine Referrals

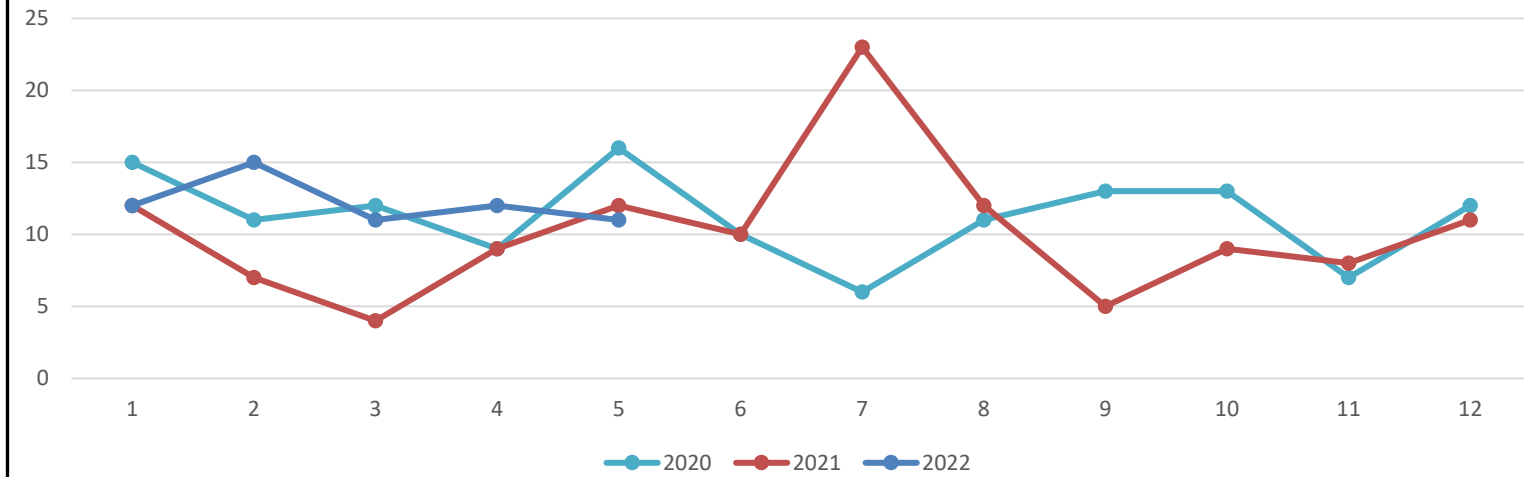
PSA4 SHINE Referrals

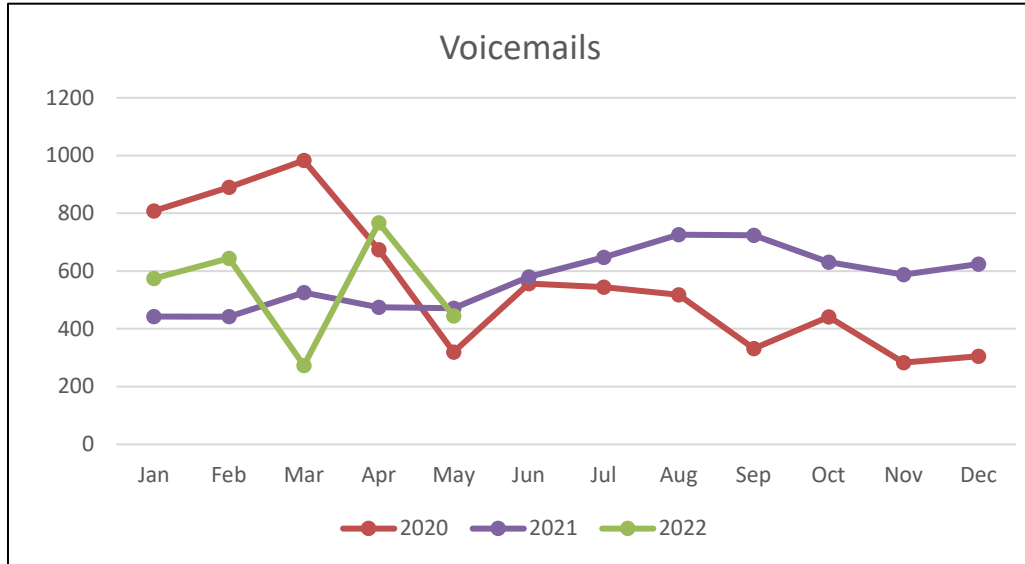
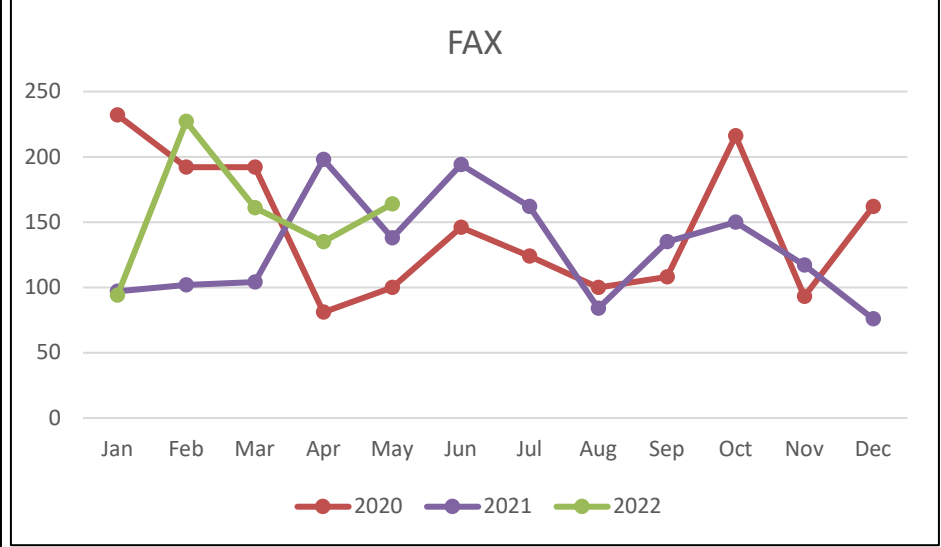
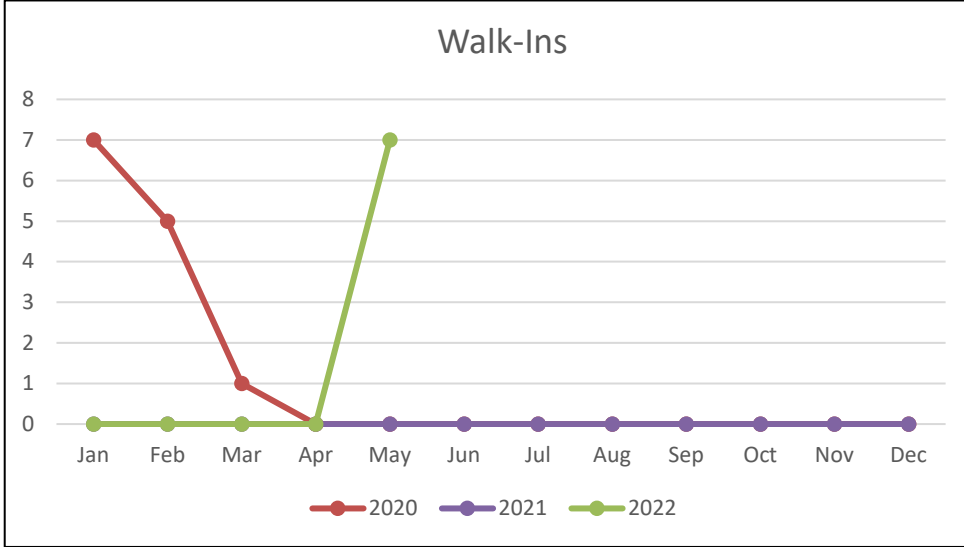


PSA 4 MAC Referrals



PSA4 HelpLine APS Referrals

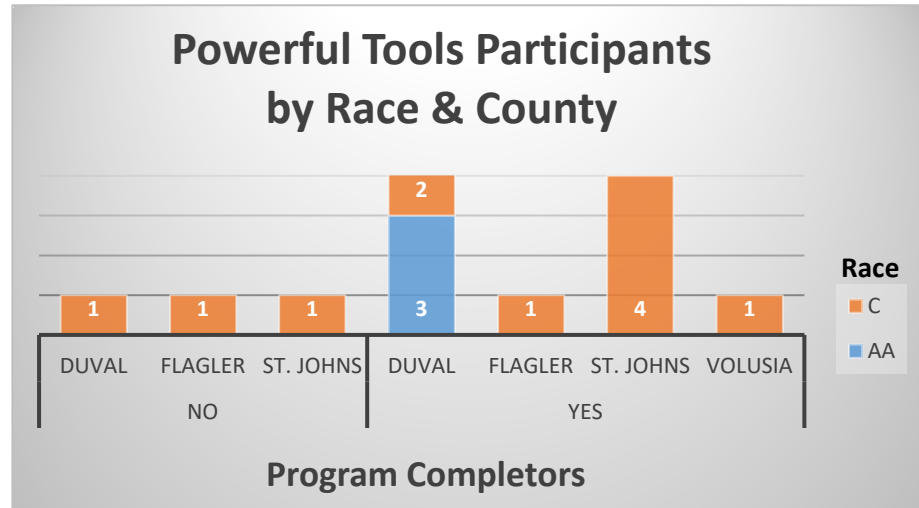




Powerful Tools for the Caregiver

In May ElderSource completed two 6-week Powerful Tools for the Caregiver classes. In total, there were fourteen participants, with eleven completing the course by attending 4 or more of the scheduled classes. Reasons three participants did not complete include conflicting doctor's appointments for care receiver and disengagement. Participants who missed a class were offered the option to schedule a one on one, at their convenience, with the class facilitators to go over the missed material.

Facilitators emailed an online satisfaction survey to the 11 completers and received 3 response. The noteworthy responses are shared below and outcome results displayed on page 2.



The most important thing I have gained from attending Powerful Tools for Caregivers is...	The one thing, if anything, I would change about Powerful Tools for Caregivers is...	Would you recommend this series to someone else? Why or why not?	Other comments you would like to share...
The use of I statements and action plan.	Nothing that I can tell	Yes. I already have because it works. Eye and heart opening.	Both Sherry and Kyle were great! They made it easy to learn and kept us on task at a great pace.
Writing things down and sharing them. Both help to better process whatever is needed.	More breaks in the material for participants to share. Seemed a little hurried at times, so all of the material could get covered.	Yes, It has a lot of tools. Something for everyone.	Wasn't able to read much from the book but I believe it is a great tool and look forward to getting into it as time allows and/or to refer back to. I would like it if the people in the group got together regularly and read a section and discussed it.
I am not alone. There is a whole world out there going through and experiencing what I'm experiencing.	As availability is known, perhaps larger classes for more input and discussion.	I already have and purchased a book through Amazon for them. We are doing the chapters together via Face Time since she is located across the country.	Both Kyle Sanchez and Sherry Holmes did a remarkable job in conveying the course material. I so appreciate their leadership.

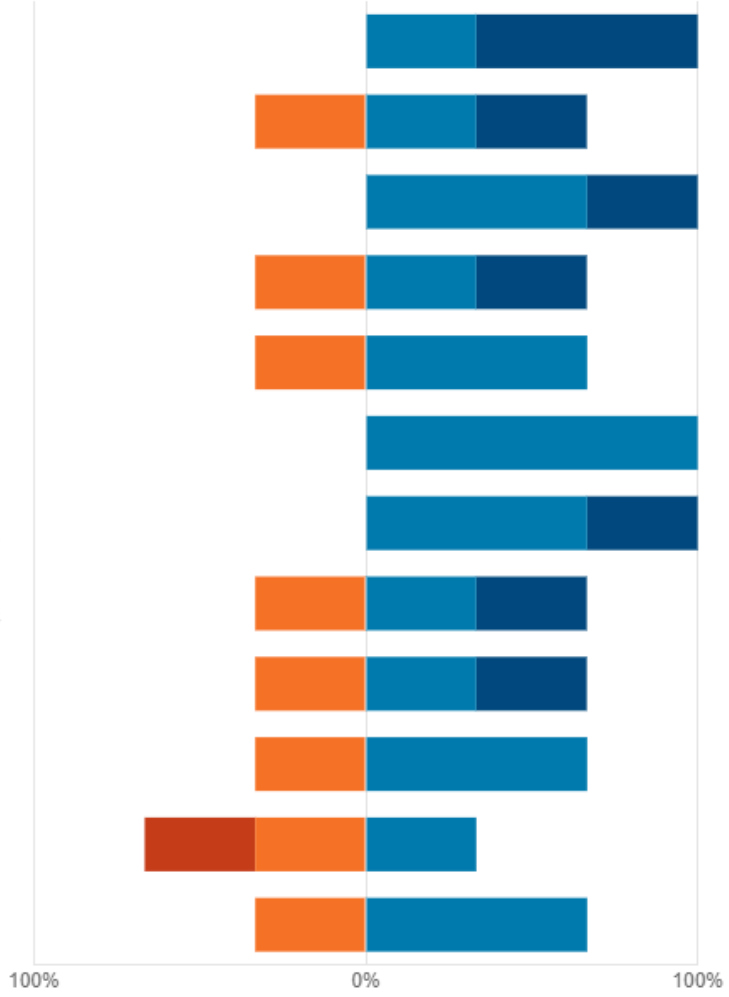
Operations Summary
May 2022

2. **Before** I participated in Powerful Tools for Caregivers....

[More Details](#)

■ Strongly Disagree
 ■ Disagree
 ■ Agree
 ■ Strongly agree

- I was able to feel confident in asking for help with the tasks I need for caregiving such as shopping, cookin...
- I was able to understand that my emotions are a normal response to caregiving.
- I was able to find ways to take care of my own health.
- I was able to assert myself with others to get my needs met.
- I was able to take time for myself without feeling guilty.
- I was able to have confidence in my ability as a caregiver.
- I was able to have an identity outside of being a caregiver.
- I was able to do something to make myself feel better when I am feeling discouraged.
- I was able to find positive ways to cope with the stress of caregiving.
- I was able to be more positive about my role as a caregiver.
- I was able to find caregiving resources available in my area.
- I was able to make decisions related to caregiving.



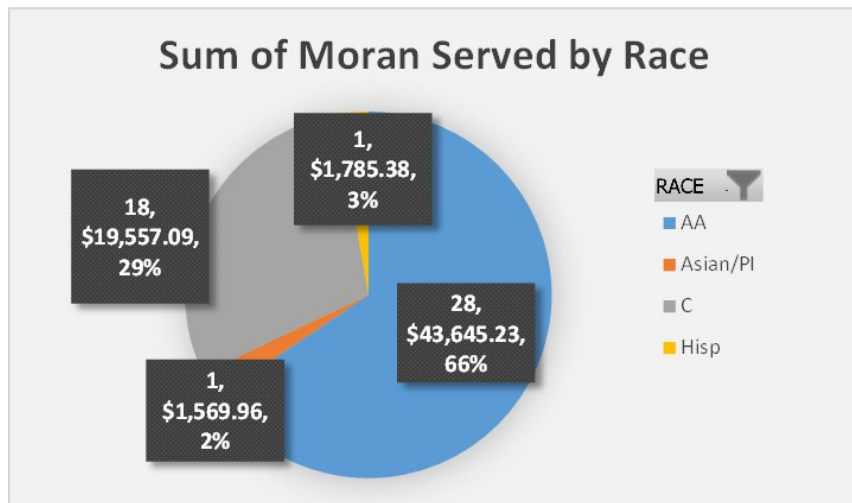
3. **Now, after** I have participated in Powerful Tools for Caregivers....



Operations Summary
May 2022

Senior to Senior Program

In May the Lead-Short Term Crisis Manager went on FMLA medical leave and emergency cases were temporarily covered by a staff member formerly trained in the program. The Senior to Senior program hired a second Short Term Crisis Manager who did similar work at another community non-profit and who was able to quickly familiarize herself with the program's application process. The Lead-Short Term Crisis Manager returned part time on 6/8/2022 and will return full time on 6/18/2022, at which time the program will be fully staffed. This program is funded by four grants. The program's supervisor is working to convert the program's historical data into a comprehensive dashboard by grant and by program, starting with the 2022 client data for the Jim Moran grant. See examples below and on next page.



Moran Grant Demographics			
Client Race	Total Clients	Average Income	Average Age
AA	28	\$1,218.78	70
Asian/PI	1	\$918.00	68
C	18	\$1,233.53	69
Hisp	1	\$2,418.00	81
Total	48	\$1,243.76	70

Assistance Category	Moran Spent YTD	% of Moran Spent	Count of Assistance	% of Assistance Category
Home Repairs+	\$24,138.19	40%	8	16%
Housing	\$18,828.84	31%	10	20%
Utilities	\$6,218.08	10%	11	22%
AC/Heat	\$3,141.99	5%	2	4%
Dental	\$2,570.50	4%	2	4%
Med Equip/Supplies	\$1,730.99	3%	2	4%
Appliances	\$1,130.00	2%	2	4%
Septic/Plumbing	\$957.95	2%	3	6%
Tree Removal	\$900.00	1%	1	2%
Furniture	\$415.00	1%	2	4%
Food	\$404.07	1%	3	6%
Pest Control	\$350.00	1%	1	2%
Admin	\$223.98	0.37%	3	6%
Grand Total	\$61,009.59	100.00%	50	100.00%

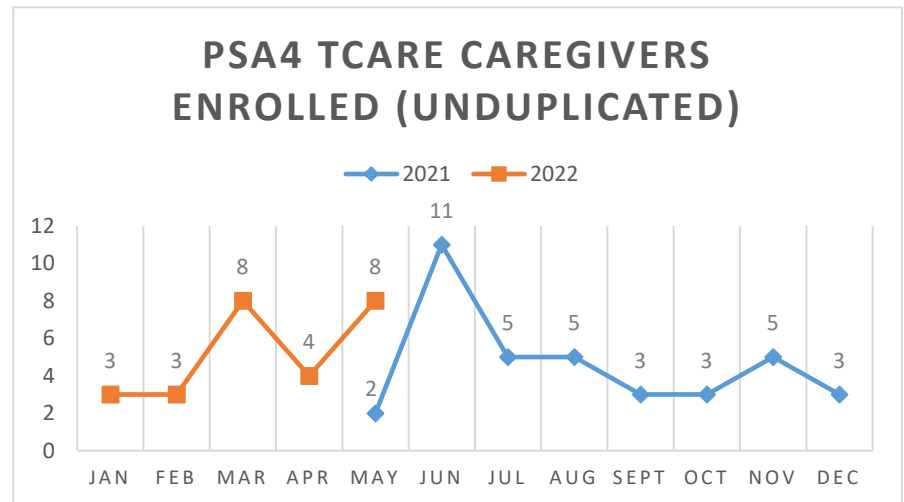
Operations Summary
May 2022

2022 Moran Assistance by Month

	Oct	Nov	Dec	Jan	Feb	Mar	Apr
■ Utilities - Utilities	2	1	2			4	2
■ Dental - Dental	1	1					
■ Food - Food	2				1		
■ Med Equip/Supplies - Med Equip/Supplies		1		1			
■ Home Repairs+ - Home Repairs		3	1		1	2	
■ Home Repairs+ - Home Repairs/Assistive Dev.					1		
■ Furniture - Furniture			2				
■ Pest Control - Pest Control			1				
■ Appliances - Appliances			1				1
■ AC/Heat - AC/Heat					1		1
■ Tree Removal - Tree Removal							1
■ Housing - Moving							1
■ Housing - Rent	1	1			2	1	
■ Housing - Rent/Deposit					1		
■ Housing - Rent/Moving						1	
■ Housing - Rent/Utilities					1	1	
■ Septic/Plumbing - Plumbing			1		1		
■ Septic/Plumbing - Septic/Plumbing	1						
■ Electrical - Electrical	2						

Tailored Caregiver Assessment & Referral Program (TCARE) Program

In May the TCARE program saw an increase in referrals from community partners. This was a result of providing Baptist Health with an updated referral form. The program has a goal of enrolling 80 caregivers this fiscal year. To remain on track, the program needs to enroll 9 caregivers a month. The program supervisor has worked with the communications department over the last two months to prepare panel cards and envelopes for a robust mailing campaign that will start by the end of June.



Operations Summary
May 2022

Telephone Reassurance (TR) Program

The TR Program saw a decrease in answered calls in April and May due to spring internships concluding. In the interim to fall internships, an established program volunteer agreed to make the loneliness survey calls typically completed by interns. There are double the amount of participants to volunteers. Before the program can increase participants, it must increase volunteers. Program supervisor and staff met with the committee chairs of Bank of America's (BOA) Parents in Caregiving professional network to discuss adding the TR program to their list of volunteer opportunities available to network members and BOA staff. The network started last year and currently has 400 members. On June 30th the ElderSource Volunteer Coordinator and program supervisor are scheduled to present volunteering with the program to BoA's interested Parents in Caregiving professional network members. The Volunteer Coordinator is also reaching out to local churches to share the TR program volunteer opportunity.

