Progress Report COVID-19 Community Emergency Response Program

Presented by Helen Leung June 24, 2020







Background of COVID-19 Community Emergency Relief Program Development

- Announcement of COVID-19 pandemic in mid-March
- Collaborative efforts among community support services (CSS) providers, e.g. CHATS, SPLC, Better Living, and Carefirst
- Different clusters of CSS providers approached the different Ontario Health Teams (OHTs)/hospitals for partnerships
- Different financial resources in funding the emergency relief program/services

COVID-19 Community Emergency Response Program

Period: Starting late March – till present

Funding Sources:

- ✓ UWGT Local Love
- ✓ UWGT Seniors Response Fund
- ✓ UWGT Seniors Response Fund (York Region)
- ✓ OCSA Capacity Enhancement Fund
- ✓ City of Toronto
- ✓ Human Resources:
- ✓ Emergency Response Team: members from Wellness, GAIN, FHT, CDMP, ADPs, CSS, Transportation, Volunteer
- ✓ Other Supports: Communication and Fundraising, Central admin, IT and etc.

COVID-19 Community Emergency Response Program

- Covers different regions York Region, City of Toronto,
 North York, and Scarborough
- Involves multiple different OHTs
- Multiple partnerships: CSS agencies, other service organizations, e.g. City of Toronto, mental health agencies, local faith groups, and individual volunteers
- Financed by a variety of funding sources: federal funding thro' Ontario Community Support Services Association, United Way, agencies' existing LHIN's, municipal funding, and donations, etc.
- Manned by different groups of community-based CSS agencies with an identified lead agency in each geographic region

COVID-19 Community Emergency Response Program

Target populations

- The working group identified the following as high risk populations:
- ✓ Seniors and frail elderly including those who are isolated
- ✓ Marginalized people in quarantine and self-isolation including adults and families
- ✓ Newly discharged patients and clients at risk of returning to hospital
- ✓ Clients who become ill while in the community

Services covered

- Transportation*
- Telephone security and wellness checks
- Food security program*(MOW and food hamper)
- Grocery delivery*
- Medication delivery*
- Personal Support and Home Making Services*
- Social Work and Counselling Services*
- Care Coordination

COVID-19 Community Emergency Response Program

Accessibility and care coordination

- One central number for the community (Carefirst Hotline)
- A team of Intake Specialists
- Triage the calls and refer clients to the agency best suited to meet their needs
- "Wrap around care" concept all service partners have "basket of support services"
- Culturally, language relevant as capacity and resources permit

Outputs and Outcomes - Carefirst

- Total number of unique clients served by Carefirst: 541
- Residency
- ☐ York Region: 36%
- North York/Scarborough/City of Toronto: 64%
- Demographics:
- □ 68% (age70-79)
- □ 17% (age 60-69)
- ☐ 15% (age 80 or over)
- Culture: 90% are Asian
- Language: 90% Chinese speaking, Cantonese, Mandarin

Service Statistics - Carefirst

Services	# of clients served	Unit of services
Total number of enquires: 978 (through agency centralized intake hotline, CareDove platform and internal referral. 1 OHT and 1 collaborative phone line is forwarded to the agency's intake line)		
Food Security Program	380	7,110 meals & 220 food hampers
Medication Delivery	102	164 deliveries
Grocery Shopping	34	80 purchases and deliveries
Telephone Reassurance and Wellness Checks	203	2,145 contacts
Transportation	25	46 rides
Personal Care/ homemaking	2	4 visits
Emotional Support/Counselling	88	606 contacts
Care Coordination	50	226 contacts

- Cloth masks and educational materials delivery: 6,125 packages (FHT patients who are 65 and over, Carefirst service users, COVID19 emergency response support service clients.
- A series of 11 Virtual health education with 445 subscribers and an average of 160 viewers each episodes.

Over 45 volunteers were registered and supported to provide support to the seniors.

A success story

Background:

- Mr. T., age 79, lives alone in Markham and no children in Toronto.
- Prior to the pandemic, he used to be active and independent, going out for walks and "dim sum" socializing with friends every morning, grocery shopping, and preparing suppers for himself.
- Since the outbreak in mid-March, Mr. T. has become shut-in, dared not stepped out one foot from his house. Over time, he has less and less food to eat and felt very unsecured and anxious. Worrying catching COVID-19, he avoids contacting anyone and is afraid that he may die without anyone knowing.
- In early May, he learnt about Carefirst's emergency service through the ethnic cultural radio program. He called the agency's hotline for support and assistance.

Intervention outcomes:

- Within 24 hours after initial intake, Mr. T. has been receiving the following services:
- Hot meals/4 times/week, plus a few frozen meals
- Telephone security checks and socializing with the volunteers with physical distancing
- Virtual participation in wellness activity, e.g. physical exercise, and resources, e.g. Chinese word puzzles, Sudoku, and other math exercises being delivered for him to kill time
- Supportive counselling services being provided once a week, he gradually became happier and felt safe.

Outcome of Story

- Mr. T. thanked the program and he wrote to Carefirst: "The team turns his tears and despair to smile and hope."
- Video "Covid-19 Mobilizing Local Love":

https://www.youtube.com/wa
tch?v=JNLUUriozIs



Mobilizing Local Love

https://youtu.be/JNLUUriozls



Care Always Comes First! There's No Place Like Home!

Thank You!