

Interlink, Inc.
LCVHF 2023 Impact Grant

APPLICANT INFORMATION

Org. Name: Interlink, Inc.
Mailing Address: Interlink, Inc.
549 5th St, Suite E
Clarkston, WA 99403
Physical Address: Interlink, Inc.
549 5th St, Suite E
Clarkston, WA 99403

Property Owner Contact Info:

Valley Community Center, Inc.
549 5th St, Suite F
Clarkston, WA 99403
C/O Executive Director Heather Estes
(509) 758-4064

Organization Website: www.interlinkvolunteers.org

Organization Phone: (509) 751-9143

Name/Title of CEO/ED: Mark M. Havens
Executive Director

Name/Title of Contact Person for this application:

Mr. L. Eugene Beauchamp
Operations & Volunteer Manager

Contact Email: volunteers@interlink-volunteers.org

Mission of Organization:

Providing volunteers to enable the elderly and those with disabilities to live independently in their own homes.

Organizational Tax Status:

501(c)3

Will the grant funds be used strictly for charitable purposes?

Yes

IRS TAX ID# (EIN): 94-3156974

Number of paid employees:

4.0 (3.3 FTE)

How did you hear about the LCVHF:

Colleague or Friend

Interlink, Inc.
LCVHF 2023 Impact Grant

PROJECT INFORMATION

Title of Program to be funded:

Elder Health Home Visitor

Amount Requested: \$ 71,600.00

Total Program Budget: \$ 71,600.00

Organization Annual Budget: \$272,151.71

Are you applying for: **Funding for Specific Project**
Capacity Building

Check the specific categories:

Access to Quality Healthcare

Food and Nutrition

Mental Health

If Other, Please Describe:

Describe the problem or opportunity that the funded work will address, and the population served. If your proposed project seeks to raise awareness or provides training, please talk about how it will ultimately benefit health, wellness, and disease prevention. (~250 words)

By 2040, approximately 1-in-3 adults in the Valley will be over the age of 65. It is in 2030 that the wave will come crashing down. According to data recently retrieved from the US Census Bureau, Interlink projects an increase of over 3000 individuals in the 75-84 cohort by 2030. Thousands of people turning 65 isn't a problem, it's an opportunity – thousands of people turning 75, 80, or 85 without the proper services in place – that's a problem.

Anticipated needs include in-home care, housekeeping, yard care, and the availability of senior-appropriate single-level housing among others. Though Interlink is not in a position to solve all these problems, it has come to Interlink's attention that there are no Senior Care Coordination/Geriatric Case Management services in our area. State Area Agencies on Aging, which have a mandate to provide such services, recognize that there are no local contractors providing these services.

Interlink invites the Lewis-Clark Valley Healthcare Foundation to provide one year of start-up funding to provide in-person senior needs assessments, information, and resource coordination to Interlink clients. This program will employ one social worker to visit Interlink clients in their homes to determine their engagement with the forthcoming "Seven Pillars of Healthy Aging" model, share resources, and make suggestions on health options. With an ounce of prevention, we can create a healthier, happier, and more independent elder community in the LC Valley.

Tell us how you anticipate spending these funds. Provide a brief description of the work to be funded, including the major activities that will take place during the grant period. (~250 words)

Funding from the Foundation will directly support the health, happiness, and well-being of LC Valley elders by providing assessments of need and coordination of resources and information on their behalf through a social worker.

This social worker, with assistance and guidance from existing Interlink staff, will be responsible for the development of an elder health assessment template inspired by the French “Integrated Home Care” and “Seven Pillars of Health” models.

Staffing will be the primary cost associated with this new program. Interlink will hire the social worker full-time as reduced hours would significantly impede the social worker’s ability to assess all existing Interlink clients. If full-time hours are not possible due to a lack of funding, Interlink will need to be “more discerning” with who we serve under this program. Other expenses include office supplies, such as paper for assessments, and mileage reimbursement for the social worker.

If funding is received from the Foundation, Interlink will begin the hiring process in February of 2024. After hiring, the social worker will be expected to develop the needs assessment within three months. At home visits to assess client needs will begin in Q2 2024.

Using the tools and information developed in year one, Interlink will attempt to secure contracts with local AAA’s, Medicare, and Medicaid to continue funding for subsequent years and expand the program to non-Interlink elders.

Approximately how many people will benefit?

150

Project will benefit persons in which COUNTIES?

Asotin, WA & Nez Perce, ID

Describe the NEED your work addresses. If possible, include or attach data and evidence that demonstrate this local/regional/societal need.

According to local Area Agencies on Aging, there are no Elder Care Coordinators or Geriatric Case Management services available for elders living independently in either Asotin County, Washington or Nez Perce County, Idaho. Local elders are expected to fend for themselves, attempt to contract remote services from Spokane or Boise, or rely on family, until they are so wholly unable to care for themselves that Adult Protective Services or county Guardianship Boards must intervene and place them in a facility or hospice situation.

There is very little ground between living independently and being moved into a facility.

Based on 2020 Census data, presented at quarterly “Senior Summit” meetings since April 2022, Interlink estimates that no less than 2000 elderly (75+) individuals in the LC Valley could benefit from this service. These elders are most often not Medicaid eligible, have no family in the area able to care for them, and have limited commercial services available to them. This number will only increase as the number of senior citizens continues to grow at a pace far beyond the rest of the population. Increases in the total number and percent of population of elders is going to increase considerably over the next 20 years. Now is the time to prepare the services that these elders will need to thrive in our community.

Interlink, Inc.
LCVHF 2023 Impact Grant

Interlink’s Elder Care Coordinator program staff will act as a friendly resource and advocate for elders without traditional support structures helping them understand and coordinate the varied services that they may need to remain happy, healthy, and independent in their own homes with the goal of delaying the need to move into costly and understaffed facilities.

As even minimal-assistance in-home care providers continue to struggle with staffing, Interlink feels it is imperative that this program be created now to address the gap in services available to our rapidly aging community.

What EXPERIENCE does your organization have in addressing this need/problem? Include a discussion of the experience and credentials of lead staff.

This is a new project and a significant expansion of Interlink’s services that will require recruitment of qualified staff and volunteers to fulfill the program’s goals. Interlink is confident that new staff and volunteers with social work experience can be found to assist with the creation, management, and expansion of this program.

Interlink was born in 1984 as a coordinated multi-church effort to serve the elderly and disabled across the Lewis-Clark Valley. After the dissolution of its parent organization in 1997, Interlink was awarded its own 501(c)3 status and continued to serve the vulnerable by providing services from assistance with cooking and cleaning to yard care and roof repair. Since 1997 Interlink has specialized in how it serves its target demographic. Interlink currently provides In-Home Minor Repair and Safety Modifications in the form of hand-rails, grab-bars, and wheelchair ramps, as well as Transportation Services to allow our clientele to get to and from destinations throughout our beautiful Valley.

Interlink has a small staff consisting of:

[REDACTED]

EXPLAIN in greater detail how your planned activities will address the identified need/problem. If possible, please include evidence that demonstrates that your proposal is likely to achieve the health & wellness results you are targeting.

Several times each week, Interlink receives calls from elders or their families seeking services that Interlink volunteers do not currently provide. These services range from adult day care to yard work. Interlink would like to expand our services but not without a more detailed understanding of elder needs. This new Elder Care Coordinator program will begin by determining the most prevalent needs of local elders using Interlink’s current clientele as the base sample.

After the levels of need are determined through client home visits, Interlink will work with clients to secure the most needed services and provide regular ongoing contact with the recipients to ensure that services are being performed and to help handle any situations that may arise. Interlink would like to build itself into the region’s “one-stop-shop” for elder interests and needs.

Having staff and volunteers to invest in the lives of elders in-need will lower the occurrence and severity of elder abuse, fraud, and scams. This program will delay the date at which an isolated elder will be required to move into an assisted living facility. With increased access to services, simply by having a little extra help, elders will be able to live happier, healthier, and longer at home, reducing the amount spent on medical, end-of-life, and facility housing for the elder and for the tax-paying community.

The Social Worker will train volunteers to recognize key issues in the elder community such as signs of elder abuse, signs of dementia, and to perform needs assessments. Volunteers and the staff Social Worker will work together to make the lives of elders easier and better by working closely with the elder to determine what services they need and helping to make sure that these services are found and provided.

Clients will be encouraged by the social worker and volunteers to increase activity and engagement in line with the "Seven Pillars of Health" and French "Integrated Health" models. Increasing elder socialization, engagement, and physical and mental activity will be key components of any plan to address the aging of the Valley.

DESCRIBE the TARGET AUDIENCE that will benefit from your work.

This new program will be available to any existing Interlink client over the age of 60. Preference will be given to those over 75 years of age or with advanced or compounding conditions and vulnerabilities. Only after demonstrating success in year one will this new program be opened to non-Interlink community members. Interlink estimates that roughly half of its current clientele would be assigned to this program in year one, approximately 150 people.

These community members are faced with considerable hardships in their daily lives. They struggle with physical pains, varying levels of mobility, isolation, and lack a traditional support network.

Interlink will not impose a means test in year one of this program.

The average Interlink client is 72 years old, female, and lives alone in a rented apartment on approximately \$15-20k/year. The most common medical conditions for our clientele include Vision Impaired, Hearing Impaired, Dementia, Diabetes, and Respiratory conditions.

How do you or will you work with aligned organizations? Please describe any existing or proposed PARTNERSHIPS that this work will entail.

Interlink will be partnering with state Area Agencies on Aging for referrals and funding. Interlink will deepen its relationships with local agencies and organizations that serve elders as we expand this service. Interlink will investigate official partnership with local health professionals and organizations, such as Tri-State Health. Interlink would like to utilize partnering organizations, like the Valley Community Center and Tri-State Health, to measure the engagement of elders with their programs and services via pre and post surveys of their programs like congregant dining, senior yoga, Medicare classes, and elder dietary classes.

For elderly clients in need of community support services, Interlink will work to connect these clients with the agencies that provide the needed services.

WHEN will your program take place? Please provide an estimated calendar of activities for the funded work, from start to finish.

Hiring for the social worker position will begin in February 2024. Three months are reserved for hiring, training, consultation, and the development of materials, such as assessment, reporting, and resource tools. The remaining 8 months of 2024 will be spent visiting the homes of Interlink clients to discuss their needs, connect them to the best resources, and coordinate other services as necessary. Interlink staff will compile information and negotiate contracts to continue and expand this program with state Area Agency on Aging and Federal funding as applicable throughout the year.

How will this program improve the system supporting health and wellness and result in a long-term improvement? Is that improvement measurable?

This program is built upon Interlink's Vision of "Creating the Community We All Want to Age Into." This program will provide in-need elders with the assistance, support, and resources they require to improve their integration into, access to, and utilization of local health and wellness systems. Something as simple as a phone call to remind elders that they have an upcoming appointment can make a difference. Having someone around to encourage exercise, socialization, and engagement with the systems that most of us take for granted has the potential to change the life of not only that elder but to reshape the entire community.

Elders often don't know where to go or what activities are available to them in the community. Interlink intends to break down that barrier by bringing options and encouragement into the homes and lives of isolated and forgotten elders. We don't believe that any elder should be alone and "waiting to die."

The changes that this program aims to bring will have both immediate and long-term effects on the participating elders and the Valley by increasing all aspects of elder health and helping elders create a thriving community for themselves.

The "Seven Pillars of Health" that Interlink will be aiming to improve through this program are Physical, Mental, Social, Spiritual, Intellectual, Financial, and Environmental. Each pillar will have a dedicated section in the assessment tool. As assessment data is compiled, Interlink will provide suggestions and encouragement to recipients and the community on how to improve aspects of each pillar.

Measuring this improvement will come in the form of pre and post surveys of clients and partnering organizations. These surveys will include questions on utilization of services, client perception of various health metrics, participation of seniors at local partnering organizations, and substantive changes in engagement with the "Seven Pillars of Health" such as joining a walking club, creating a will, or attending congregant meals.

What IMPACT or RESULTS do you anticipate as a result of your activities? Please list 3-5 short-term and long-term OUTCOMES that you anticipate from your program.

We are honored to help our clientele remain happy, healthy, and independent in their own homes by assisting, encouraging, and coordinating the services they need to live better. It is a privilege to coordinate with our good-hearted volunteers to allow them to serve their community in such a worthy cause.

- Short-term output: social worker home visits with clients
- Short-term outcome: increased engagement of elders with community and health services and activities
- Short-term outcome: increased feelings of health, happiness, and independence by the participants
- Long-term outcome: increased health, activity, and socialization by the participants
- Long-term outcome: decreased occurrences of negative health events and decreased spending per capita on medical expenses as reported annually by local health partners and government agencies
- Long-term outcome: delay in loss of independence

Interlink aims to transform the idea of aging in the Valley into a community of health where seniors live longer, healthier, and more impactful lives.

How will you MEASURE and EVALUATE the success/outcomes of your work? (A Final Report may be requested by the Foundation at the conclusion of this grant term.)

Interlink will measure the number of home visits, client engagement and health survey responses pre and post enrollment, number of clients participating, number of new positive activities engaged in by clients, and service numbers from partnering organizations.

Interlink will be successful if the majority of participants and partnering organizations report positive changes in the outcomes mentioned in the previous section.

Were you funded by the LCVHF in 2022?

Yes - for different work

- a. How did your organization spend (or how do you anticipate spending by the end of 2023) the funding you received? (Attach a budget showing how you spent the grant)
 - a. Interlink received a Fast-Track in the amount of \$10,000 to provide elderly and disabled individuals in the LC Valley with ADA Access Ramps and In-Home Safety devices. This funding has been fully expensed.
 - b. Interlink received an Impact grant in the amount of \$50,000 to match federal money for an AmeriCorps Senior Demonstration Project that is ongoing until June 2024. 44% of these funds remain at the end of year one of our AmeriCorps project.
- b. Did the work happen as expected? If not, what were the challenges or shifts?
 - a. The work has proceeded well with the support of the Foundation.
- c. Are you on track to achieve the outcomes that you anticipated when you submitted your proposal? Please describe the progress toward each outcome.

Interlink, Inc.
LCVHF 2023 Impact Grant

- a. Work is still ongoing with the AmeriCorps project. As of the end of year one, we are at precisely 50% of our target metrics and under budget.
- d. Why is new funding for this work needed?
 - a. Interlink has become aware of major service gaps affecting our community's elder population. These services are not being provided by any local organization so Interlink is once again stepping up to be the solution.
- e. Did your organization receive a Fast Track grant in 2023 from the LCVHF?
 - a. Yes - for different work
- f. Why are additional funds needed?
 - a. The 2023 Fast-Track grant is directed toward support of our Safety Program.

FINANCIAL INFORMATION

If Applicable, how do you plan to sustain this funded work beyond this grant?

This first year of the program will be crucial to demonstrating the needs of local elders in preparation for pursuing contract funding from government, private, and public sources. After year one data has been compiled and analyzed, Interlink maintains the option to impose a sliding fee scale to cover expenses not covered by contract or grant funding.

If you are applying for program, project, capacity, or capital funding, please attach a DETAILED BUDGET for the entirety of your program, indicating which parts would be paid for by the Foundation.

See Attached.

If the amount requested is less than the total budget for the work described, please explain the additional SOURCES OF FUNDS that will help finance your program.

Interlink will work to supplement this program with fundraising, contracts, and grant funding as needed for expenses not outlined in the budget.

Would you accept PARTIAL FUNDING from the Foundation for your Program?

Yes

Please explain how it will affect your program.

Interlink will accept partial funding. Partial funding will result in fewer hours for the new Social Worker position. This will slow the process and limit the number of elders served by the program. Partial funding will detract from the program as a whole as Interlink will be forced to pursue funding for the remainder of the program budget.

Any other information you would like to provide to the Foundation?

Interlink has recently received notice that the Idaho State Area Agency on Aging intends to cut funding for senior transportation by 30% despite the rapidly increasing number of non-driving individuals in our area. We will be entering negotiations with ID AAA to rectify this cut and pursue new funding opportunities.