

- Good morning, good morning, good morning. My name is Amelia Headley LaMont. You are listening to Ability Radio, You and Your Health. I am joined by my co-host, emphasis on "co-host," Iris Bermudez. Good morning, Iris.

- Good morning, Amelia.

- How are...

- And good morning, Virgin Islands.

- How are you?

- Oh, we're fine.

- We are delighted to have a special guest here. But before I give away that secret, I just wanna go through a few ground rules as we do every week. One is that we request that there'd be no use of names, no personal attacks, no unfounded allegations, product pitches, no profanity, and we don't give medical advice, so we won't be able to respond to questions in that regard. This program, Ability Radio, You and Your Health is sponsored by VI Lottery, Making a Difference. And this morning, I am so pleased, we are pleased to have as our guest, Arlene Evans O'Reilly, Program Director, VI Family Caregiver Support Program. Arlene, good morning.

- Good morning.

- It's so nice to have you here this morning.

- Yes, yes, totally. Took some getting up. Too early in the morning, looked by the mirror, yes.

- Oh, it is a pleasure to be here. As Amelia mentioned, I'm Arlene Evans O'Reilly, Program Director for the Virgin Islands Family Caregiver Support Program. We have actually had the program here. This is our 14th year for the program here in the territory. We are actually on the three islands. So I do a lot of back and forth between here, St. Thomas and St. John. We do have a small extensional program on St. John. We're so pleased to have them onboard with us. But it is an exceptional program. My background in social work, I've known Iris forever. And I was just telling Amelia this morning, I remember her from intervention on my social work days back in court, every [inaudible] about, but it's all good. And so our program offers a lot for our caregivers because, you know, there's a lot of us out there and I say "us" because I did the caregiving myself a few years ago with an uncle that passed. But it is extremely overwhelming and daunting to say the least. But the program offers services that can support their caregivers in their caregiving effort. And we're so glad we have been able to be an extension of their family, our program, for our caregivers that are enrolled in the program. So I'm hoping that this morning, I'll be able to share that little more light in the program and encourage people to enroll and to become a part of something that's real good.

- This is great. I didn't know first of all that you were in existence for so long.

- Yes.

- Uh-huh.

- Yes, yes, yes.

- Yeah.

- Yes.

- And I'd be curious about structure. I mean, tell us about how, your setup.

- But before we go, start, you came so highly recommended by...

- Really?

- ...AARP.

- Oh, my gosh.

- And they're just crazy about you.

- Oh, they're too kind.

- So we had to bring you on and you...

- They're just really kind.

- I'll tell you, and reading about what you do is really impressive, so...

- Oh, my, I am, thank you.

- You're welcome.

- Well, our program actually started out on their administration at [inaudible] hundred percent federally funded. Since 2006, they've since created another organization, for lack of a better word, administration for community living, which in, also includes not only older adults, but people with disabilities. So they pull in Administration on Aging, Office on Disability, Administration on Intellectual and Developmental Disabilities in a single agency. So this just really, I would guess, reinforces or strengthens the services that they wanna provide for our older adults and disabled in the community. So part of our mandates, we are supposed to provide information to caregivers about services that are actually available within the community, assistance to caregivers, and access and supported services, individual counseling, organizational support groups, and caregiver training to assist caregivers, respite to caregivers, which a lot of people think what's respite. And it's, I actually think it's a British word referring to just being able to take a break.

- Right.

- Yes.

- So I guess Americans have acquired it. But nevertheless, we offer that to caregivers, and also not only in-home rest with institutional respite. So we use our Herbert Grigg Home here on St. Croix and we were able to use Sea View on St. Thomas, but I know that's a little shaky right about now. And we do supplemental services, which are very limited, but it's, complements the care that we're already offering to, provided by caregivers actually.

- I have a question regarding respite care. How much time do you give the caregiver?

- Well, because of funding, we try to base our respite hours based on what we can actually afford. So right now, our respite hours are 50 hours per fiscal year. I know it doesn't sound like a lot, but we also offer reimbursement once funds are available. So we can reimburse up to 50 hours of respite care. Meaning, that if a caregiver gets someone to come in the home to assist, they need to go maybe to a doctor's appointment, maybe to just do their hair, and they have someone come in to help, we can reimburse them up to 50 hours. So we usually tell the caregivers to kind of determine what are your most critical hours? Since 50 hours doesn't seem like a whole lot. Determine when you would most need an adult sitter to come in and assist. And that way you

won't exhaust all your hours all at once. A lot of caregivers use their hours if they have to travel for medical, if they have to travel for some family issue or event. So some would save kind of stockpile their hours for that particular time and it works out really well.

- Wow.

- So it's 50 hours per case so to speak, up to 50 hours?

- Per case. Up to 50 hours.

- Okay.

- And it's, it, we actually started out at 200 hours at one point. And as our funding just dwindled, so were our respite hours.

- Your funding dwindled and your care needs increased?

- It, more or less, yes.

- More or less, yeah.

- Well, it didn't decrease, let's say.

- It didn't decrease. Okay. Okay.

- Yes.

- Wow.

- Yeah.

- How many staff do you have working?

- On St. Croix, we have three. We have a case worker, myself, and clerical.

- Okay.

- And on St. Thomas, we have the assistant director and clerical support, so total of five.

- I can see why you're back and forth.

- And we're back and forth. So my St. Thomas staff of two also handles our St. John.

- St. John.

- Yes, yes, yes.

- Between both islands, how many on St. Croix, how many in St. Thomas, and John District?

- Caregivers?

- Yeah.

- We have approximately a little over a hundred and fifty, yeah.

- Wow.

- Yeah. And...

- And you have a waiting list maybe?

- No waiting list.

- No?

- We actually had more at one point, but most of our caregivers come for the respite reimbursement.

- Uh-hmm.

- And once that seems to be, I guess, not happening as timely, it seems to have a little discouraging effect on them. But the services are still there.

- Okay.

- Yes.

- You know, it's not the...

- So that's not compromised at all.

- It's so true about what you, you know, to me, respite is so important because like you, I took care of my sister for about a month.

- Wow.

- And when I came back home, I was exhausted, so exhausted that I got sick. And then I had to stop and take care of myself because it is very exhausting and very challenging.

- It is, yes.

- Well, there's a lot more that we can cover, very interesting topic. We're gonna take a little break and then we'll be right back.

- Ten minutes, you may start.

- Now is the time.

- This is the next question.

- Yeah.

- Okay.

- Good morning. We are back. You are listening to Ability Radio, You and Your Health. I'm co-host, Amelia Headley LaMont, joined by Iris Bermudez. This program is sponsored by VI Lottery, Making a Difference. And our special guest today is Arlene Evans O'Reilly, Project, or Program Director, VI Family Caregiver Support Program. We've learned a lot this morning, first of all, that the program has been in existence for 14 years.

- Yes.

- It provides much needed services to caregivers on all three islands of the Virgin Islands. Well, I didn't include Water Islands, so excuse me if I, if I ever missed there. And we learned that there's about a hundred and fifty caregivers that your...

- Enrolled, yes.

- ...program provides services for. What, what's, what are, what does it take to be eligible for the program?

- Well, our eligibility criteria is almost nonexistent. It does, it's not income-based, first and foremost. President Obama could join our program if he felt that he needed more information on caregiving. A lot of people aren't willing, willingly getting into this caregiving responsibility. Half the time, they're thrust into this out of necessity.

- Right.

- So, it hits them like a ton of bricks. So, all of this is very new, very overwhelming. I have some people feel like they're losing their minds because they, it's just too much all at once.

- Uh-hmm.

- So, there is no criteria other than the caregiver needs to be at least 18 years old.

- Okay.

- The person, the older adult that they're taking care of needs to be at least 60 years old. But we've had caregivers in our program that were as young as like twenty-two, twenty-three at one point. And we have in a program as old as maybe like 86.

- Okay.

- So, it, it's, our caregivers range is pretty wide and open, pretty broad.

- Do you find that the caregivers that you're providing services to now are family-related to the person that they're taking care of or maybe a stranger or maybe a friend of the family?

- The majority are related.

- Majority are related?

- Yes, the majority are related.

- Okay.

- We have a handful that might have been a need or a church sister or brother, that type of thing, but the majority are related.

- Okay. Well, is there a support group for caregivers?

- Oh, yes. Oh, yes. We have...

- In...

- ...exceptional support groups. And I'm not saying this just because I work at the program, but I know they work. And our caregivers that are consistent in coming, and then that's one of the things that our facilitators, oh, my God, I can't keep, say enough about my facilitators or my

support groups. They have mentioned that the caregivers that are consistently coming to support groups are the ones who seem to experience the least challenge...

- Fair enough.

- ...in their responsibilities. The ones who are hit and missed just come, "Okay, well, this week I won't come until maybe next two months," seem to continue experiencing a lot of challenges. However, we, it only takes what, an hour, a month to keep your case active. We meet twice a month, our support groups. We have, in a month, we have about 18 support groups.

- Wow.

- Between the three islands.

- Uh-huh.

- Yes, we do in a month. And we, and in a given day, we have three support groups. On one day, we have a Grief and Loss Support Group that actually was not part of federal's grand scheme of things. However, after our first year of the program and the caregiver started to lose their loved ones, they were still coming to the regular group.

- Uh-hmm.

- It was not affording them the information and the, that special emotional support that they needed at that time. So, we felt we needed to create a Grief and Loss Support Group. And it has just been taken off like crazy.

- Wow.

- Yes, yes.

- Yeah, that's the hardest part, the loss. And that, how do you deal with that emotion.

- Yup, yup. And they felt, a lot of them swore that if had it not been for that Grief and Loss Group, they didn't know how they would have managed. And to be reminded that that group is not just for grief, it's also, if that caregiver has experienced, since the loss of that loved one has experienced some significant loss, maybe they might have been in had some surgery loss, some, their own independence for whatever reason, health issues, so, it's not only for grieving.

- Uh-hmm.

- Uh-hmm.

- So, it's been really, like, one of my strongest support groups at least here on St. Croix.

- That's excellent.

- Yes, yes.

- That's excellent. Because I was gonna ask you, how do you monitor the care that's being given to the recipient, the person?

- We actually have an exceptional case manager.

- Okay.

- Nicole Palidwor, she's young, one of my youngest employees. But she's just, I mean, she's as sharp as a knife. And she's been really good with our caregivers. So, she's actually able to go out, assist them with whatever. She helps them create personal care plans, so that they can actually see how their caregiving responsibilities, how they can create a plan that doesn't make them as crazy. And they, could you not date when they're just doing things kind of all over the place.

- Uh-hmm.

- They're still overwhelmed because it's not organized. So, she helps them to organize all of this. If we get referrals from the community, okay, I suspect something's going out with this senior, you all need to check on it. If it's a caregiver, she'll go out. In turn, she'll make referrals to adult protective services. They go out together, make the assessment. So, she really helps with monitoring in that case. Additionally, when they come to our support groups, our facilitators will notice, oh, you know, so and so, I really think she needs more one-on-one. And then we can offer individual counseling to that caregiver and/or the family.

- That's really good.

- Yes, yes.

- So, you offer one-on-one and then group counseling?

- And group, yes.

- That's excellent.

- And family.

- And family?

- Yes, yes, yes, yes.

- Wow. You're busy.

- Yup.

- I'm speechless.

- Yes.

- How does somebody, and usually, this is a question I ask at the end, but I'm gonna throw it in the middle because I think we're gonna repeat it. How does one get in touch with your office for services?

- Okay. I know our switchboard has been horrendous these last few months. But our number, when it is working, it's 773-2323. My extension is 2024 or 2011. Right now, I think my extension might be the only one that's working. So, that's 2024. In St. Thomas, it's 774-0930, their extension is 4120.

- 40120?

- 4120.

- Okay, 4120.

- And they would also give you information for the St. John program.

- Yeah.

- Now, it's through this number that an individual would, once they're eligible or signed up for your program, they would then learn about when the support groups meet, when and where...

- Absolutely.

- ...and all that? Okay.

- Yes, absolutely. We actually give them reminders when they sign up. We also give them a reminder of the upcoming support group. So, our expectation is that we'll see them at the next group once they've enrolled. And enrollment really has its perks because they not only get the information from the program, but a lot of time when you're in this caregiving situation, you think, "Oh, my God, it's just me. Oh, Lord, nobody else is doing that. Nobody else can understand." And when you come, you see a room full of people experiencing similar situation.

- Yeah.

- Our male population is growing, male caregivers.

- Wonderful.

- Yes.

- Wonderful.

- I remember when we started out 14 years ago, we had one male caregiver on St. Croix and one on St. Thomas.

- Uh-hmm.

- So, we used to joke and say they are the only roosters in the hen house. And they, I mean, we spoiled them to high heaven because they were the, we thought they were only men breathing off to say, "I am a caregiver. I'm taking care of my wife, I'm taking care of my aunt."

- Right.

- And they were just wonderful. And since then, we've been getting younger caregivers. We've had several men over the years. So we're encouraging all the men out there hearing, come sign up. We're there to support you through. But, yes, it's amazing. It's amazing. They get the networking, they get to socialize. Friendship, long-lasting friendships are formed through those meetings, particularly when we have our annual conference. Yes. Oh, my God, it's amazing. They act like children, that they haven't seen each other, "Oh, my gosh, how have you been?" It's so funny. And family have met for the first time at conferences like, "Oh, my God, I didn't know you were my cousin." It, yes, it's amazing. It's just amazing. Also for our institutional respite, once they were enrolled in the program, if they have to stay more than seven days, there's a reduction in the rate after the seventh day for our institutional respite. That's once they were enrolled in the program. And also, there's the reduction in the pay, payments for the adult sitters. I know in the open market to pay someone to come in, an adult sitter is anyway \$15 and up, and our program reimburses 12. So you pay that adult sitter \$12. So it doesn't seem like a lot, but once you're in it and you've been doing it, you realize, "Yes, it does help."

- Okay. Well, we have some more to discuss. We're, learn as we grow. This is Ability Radio, we'll be back in a few minutes.

- We're back. Good morning. This is Ability Radio, You and Your Health. I'm your co-host, Amelia Headley LaMont, joined by Iris Bermudez. And our special guest today is Arlene Evans O'Reilly, Program Director, VI Family Caregiver Support Program. I know we have a call.

- Yes, good morning.

- Hey.

- It's Archie.

- Good morning, Archie, how are you?

- Great, great. It's a great show and nice to hear Ms. O'Reilly speak to this issue.

- Thank you.

- Because I know we've had issues that are, with, regarding to children with disabilities and as they get to be older adults, the parents having access to respite care. And my question was I wasn't quite sure if you should address it or not, was that who comes in to give the respite care [inaudible] sorry, I'm out by the airport. Sorry about that.

- Okay.

- Whose [inaudible] ask me like the DNA or is it just another relative? And I'm just curious about who provides the, well, I guess, rest to the caregiver?

- Well, we actually have a pool of adult sitters that we can refer to our caregivers. Over the years, we have trained our adult sitters in just about every think possible, area possible that you can imagine. However, if the caregiver comes in and they have an adult sitter that they would like to use, that's fine also. However, what we cannot do is reimburse that caregiver for using another caregiver on our program. So that's the only, I would say, the only not good thing that we can do within our program.

- Okay. Now, who are the adult sitters? How do they contact your organization, become that part of that pool?

- Yes, they contact us. There's an application process. And once they've applied, there is police background check that we also have them bring in. But they contact us months, we start our caregiver training, sorry, our adult sitter training. Again, then they're automatically included in that training.

- Okay, great. Thanks. And I'm glad you're getting this information out there because I think a lot of people could use the services, so...

- Oh, absolutely. Without a doubt.

- Okay, you guys. Doing a great show. I'll let you go and I'm listening.

- Thank you, sir. Thanks for calling, Archie.

- Bye-bye.

- I should mention that Archie Jennings is a co-host as well. So when we have guests in St. Thomas, Archie Jennings does the shows from there.

- Oh, the show's great.

- I had a question and now it slipped me.

- Well, while Archie was talking, I was thinking, you know, he brought up a good point about training, and I was wondering, Arlene, do you train them before they become caregivers or do you train them along the way since they're known to the family? What does that...

- The adult sitter or the caregivers?

- The caregiver.

- The caregiver does, again, being a hundred percent federally funded, one of our mandates is to provide information and training for the caregivers. Our training can, we actually base our training workshop on information that the caregivers tell us that they want more information on. For example, we have trainings on positioning and correct movement for the patient, the correct usage for prescription medication, how to, how to use it, when not to use it. Of course, we almost always have a workshop on Alzheimer's and dementia. Things like the proper nutrition or food and diet for older adults, that type of thing. It's almost always interactive, oftentimes hands-on. So the caregivers really get a rounded feeling of they don't just come and sit and listen. It's always information that they could sink their teeth into and walk away and apply it in their caregiver responsibilities.

- It's practical information.

- Yes, absolutely. Absolutely. Yes, indeed.

- Great.

- So tell me a little bit about the application process. If, let's say, I wanna go and apply, do I have to come to the office, is there an application online, is it something that's, you know, how...

- We don't have an application online as yet. I know on the DHS website, I think they had some of our forms that we use there. However, we do prefer the caregiver comes into the office because our staff can then not only take the information, but we're better able to explain the program in detail. Kind of get a better feel of what they're experiencing, what their main purpose for applying, their main reason, their needs. So it's recommended they come in to do the application.

- Now where is "in"?

- We're located at 3011 Golden Rock, right across from the federal court. Everybody knows where McDonald's is. We're just catty-corner down the street from there. And we are right at the front of the building, actually. We're the first set of offices that you would see in that building. And right over the door, it says Senior, Division of Senior Citizens Affairs. And they just come in there and just tell them they're looking for the caregiver program.

- Are there certain characteristics or values that you look for when, during the application process?

- Not particularly. Usually, the caregiver that comes in, they're usually a spouse, a son or daughter, a daughter-in-law. I haven't had too many sons-in-laws, yet.

- We gotta work on that, don't we?

- Yeah. And some friends, some neighbors. But mainly, they're between the ages, like I said, maybe 21 and 90. Mid-50s would be the average caregiver age. Those will be the basic

characteristics. Values, I guess the basic desire to wanna take care of the person. A lot of them feel committed and a lot of it could stem out of just sheer obligation. You know, they took care of me when I needed it, now it's my turn to take care of them.

- Well, it's a good thing to have all this support.

- Yes, yes, yes, yes.

- Well, it's not easy.

- I tell you, our support groups are exceptional. And it's just amazing. Some people just say without this, they don't know how they would have managed. Our Grief and Loss Group, like I mentioned before, you don't have to have been on the program for us to transition you to the group. You could come in, tell us that you've heard about the program, you've had a loss, or you just really feel that you need this extra support, and we'll just get you in our Grief and Loss Support Group. It's just been amazing to see how something as simple as that could make such a big difference for some people. Other people feel they're strong enough that, "No, I don't need that." "Oh, no."

- Yeah.

- "Oh, I can't talk my business to everybody." But when they come in, they realize it's not about gossip. This is a whole different ball of wax. This is about therapy. It's about getting help. It's about support. It's about seeing other people with the same issue that, "Hey, we're in this together."

- You know, that's so, I'm so glad you said that because when I was taking care of my sister, I was questioning whether I was doing the right thing. So I started writing things down...

- Down.

- ...and writing schedules and she needs to go to a doctor's appointment. She has to have regular meals, time for medication, and all that. But, so I had to learn from my experience. I wish I had had some support.

- And we strongly advocate for the caregiver to take care of themselves. That's the biggest thing. Also, secondly, to create that care plan or plan of care because it is, I can't say enough how important it is to have that care plan in place, doctor's appointments, refills for prescriptions, other people coming in, family members to come and to help. And then that's another thing too that has been an issue with our caregivers here in the territory, that you have a gazillion family members, sisters, and brothers, and all the care falls on one.

- One person?

- One person. And, "No, I'm not gonna ask them for help. They should know this is their mother, too, this is their father, too. No, they should know this. They should understand. Oh, I'm not gonna have them send any money. I'll do this on my own." You have to insist, everybody has to take a piece of the pie, be part of the action. Because, and don't ask. Don't say, "Can you?" Don't ever phrase your question like I said. You need to. It's not a question. We, it's like, "When can you?" So you, you're insisting that they be a part of this care. It's not just you, you know.

- I ended up doing that with my sister.

- Yes, yes.

- I brought in the whole family. "What are you gonna do now?" "This is what you're gonna do," boom, boom, boom, and it turned out better because they did want to help. They don't know what they wanted me to have them do. So it worked out.

- And if they can't physically help, have them send some money so that you can hire an adult sitter to assist in their care, you know. So those are the things we really stress to our caregivers that they have to look out for themselves. They can't overtax their bodies. Caregiver burnout, caregiver stress is big. It's real. It's there. And they fall apart. Like I mentioned earlier, we've had caregivers that have died and left their older adults there. So who ends up caring for them? They either have to move on to that sibling that didn't want to do it in the first place or into the institution.

- Yeah, I was gonna ask you that.

- Yes.

- If you had lost any caregivers along the way.

- Oh, oh, yes. Oh, yes, over the years, yes. And it's because they would request help. Thought they had an adult sitter, a family member to look out when in fact they didn't. So they kept pushing their own care on the back burner, and eventually just...

- Burnt out.

- Exactly, exactly.

- Wow.

- All right.

- Yeah, it's...

- We're back. You're listening to Ability Radio, You and Your Health. This program is sponsored by VI Lottery, Making a Difference. We are joined today by a phenomenally informative guest by the name of Arlene Evans O'Reilly. She's the Program Director of VI Family Caregiver Support Program. Let me also mention that if you've missed anything today, that all of these broadcast are recorded and they are posted as podcasts on our website of, which is the Disability Rights Center of the Virgin Islands. All you need to do is go to drcvi.org, click on Ability Radio, and you will see a list of all of the programs that we've done under this series, You and Your Health. Let's continue. A couple of things, you mentioned where you were physically located on St. Croix. Where are you physically located on St. Thomas?

- In, at the old hospital, Knud Hansen Complex in St. Thomas for those of you familiar with Hospital Ground in the old hospital there, we're on the second floor. Actually, it might be the third floor if you consider the basement. And we're just, take the elevator, and as you get off the elevator, you make your right and we're straight ahead. So, and in St. John, we're at the human services building there, right across on the fire station.

- Okay. Great. Great. You also mentioned of an annual conference. And during the break, I've been hearing a lot of effusive, you know, comments about what a wonderful training opportunity it is.

- Absolutely. It's our biggest training event for our caregivers for the year. We have, it's just a weekend, fun field weekend. It also offers respite for the caregivers to get a chance to be away for a weekend from their caregiving responsibilities, lots of workshops. They get to do fun things, they get to see the caregivers they haven't seen for the, since the year before. And we alternate

the islands each year. We did St. Thomas last year, this year would be on St. Croix. And it's, we have lots of guest presenters that just really bring cutting-edge information to our caregivers. One year, we had Iris, and, oh, my gosh, they, my caregivers talked about her for weeks after that presentation.

- Thank you.

- And you had Ms. Santiago, it was? Maria?

- Maria.

- Maria.

- Uh-hmm. Martinez.

- Martinez.

- Uh-hmm.

- That's it. She, they, that was exceptional. So it's always excellent information, interactive, sometimes hands-on. If our presenters have books, we often purchase the books so that the caregivers could reference when they go home. So it's, we really try to bring it to the front for them. And I, personally, I hate to go to conferences where you just sit there and, oh, God, bore to tears. And by the time you leave, it's like, "Okay, what did I just learn?" So I see to it, I make sure that the information I bring is what they want to hear, what they need to hear so that they can take away something that they can actually apply.

- And it was very informative because all the conversations I had with the caregivers, they just so love you, and they love the program. And they see that what they're doing is worthwhile. So, kudos to you.

- We really try hard. We really strive to make this caregiver program an extension of family. That's a big thing for us because being a past caregiver myself, I just felt like, oh, my God, this is it. There's no one else there to help. No one to talk to that would understand. So being able to have other people there that I could call, I mean, they call me on my cell, they call in the office just to say, "Oh, I'm not gonna be there at next group, but be sure to see me. You'll see me at the following group." So they tell us when they're traveling, why they can't come. "Oh, but we're gonna miss you all."

- Nice.

- So, yes, you know. And we feel like, "Okay, we've accomplished our goal," you know, so it does make a difference. It really does.

- Wow.

- So we're proud of them, proud of what we do.

- What do you see in the future for the program?

- Oh, God, I need money. Anybody out there that can help me, I need money. Once I have money, sky is the limit for my program. I, we will just take it to the next level and the next level and just keep expanding, just being able to offer more respite hours, more re-imbusement dollars. We're praying that we could get, let me put this in, our institution respite, Annie Martinez, at [inaudible] she's the director there. She's been such a dear in holding respite beds for me. So

that when my caregivers have to travel, I have a respite bed and that has been just such a major, major help for me. And in turn, we also help her with the respite dollars.

- Uh-hmm.

- So, oh, God, once, money is my thing. I need dollars, I need dollars.

- Uh-hmm. And that was gonna be my question for you. What other agencies do you partner with to do all of this?

- Oh, gosh, AARP and Denyce Singleton, they've been such a blessing to us over the years. Tracy Sanders with Continuum Care, we've just recently started working with our VA Clinics and...

- Oh, great. Veteran's, yeah.

- ...Ms. Millin in St. Thomas. I know they have a new social worker here, I can't quite remember his name, but Ms. Hendricks here on St. Croix and mental health in the past. So we're just really trying to pull everybody in slowly. We have a view initiative. It's called Dorcas Care Virgin Islands, St. Croix Chapter, St. Thomas Chapter is just getting on board, they've just created their board, and what it is, it's a weekend respite center for caregivers, that they can take their loved one some weekends. Our goal is to open every weekend and most holidays. And they offer, the volunteers are trained, this is a collaborative effort with our faith-based community.

- Uh-hmm.

- Not saying anybody listening, if you belong to a social or a civic organization, please feel free to contact us to be part of what we're doing. But we felt that our senior center that the Department of Human Services operates Monday to Friday. After Friday, that's it, the caregivers need some assistance on the weekend. So we felt there was a need in that area. So they offer a light breakfast, a lunch, and a snack, and they're there from, like, I think, like, 8:00 until 5:00. We're hoping to, as it goes on, maybe extend the hours a little bit. But for now, until we get more enrollees and more volunteers here on St. Croix, we're open every other weekend. And on St. Thomas, like I said, that board is just getting started. So their target date, I suspect, would probably be in August of this year to open. So that's another resource for you caregivers out there listening, that need some place to take your seniors on a weekend, contact us. It's five dollars, where, you can't even buy a lunch now for five dollars.

- No.

- No. True.

- And they, the, our volunteers are excellent. They're trained, they provide great care. They're very attentive and they're, they just keep them busy all the time that they're there.

- What's that called again?

- Dorcas Care Virgin Islands, St. Croix Chapter, and we have Dorcas here for just St. Thomas Chapter.

- D-O-R-C-A-S?

- Dorcas, yes.

- As in whale? When I, when I heard Dorcas, that's what I was thinking.

- Yes, it's biblical.

- Okay.

- Yes.

- Okay.

- So that's how we acquired it, the name, and we just felt it was quite appropriate if anyone's familiar with Dorcas in the bible. And, you know, she was very benevolent, just out there caring for sick and, yes, feeding, yes.

- And you have a board?

- We have a board.

- You have a board.

- Yes, we do. Very active board. Actually on St. Croix, we're planning our fourth anniversary.

- Oh, wow.

- Yes, yes.

- That's fantastic.

- Yes, indeed. Yes, yes, and we're very proud of that.

- Oh, you're really making a difference.

- We're trying.

- Yeah.

- Again, money, money, money. The more we get, the more we can do, and that's our biggest thing. And we're not getting any younger. The baby boomers out there, that includes us.

- Right, yes.

- We need to start paying this forward. We need to start putting things in place for when we're at that point. And I'm telling you, you know, I joke and I tell people I have four children, but I know I can't say I'll be able to depend on anyone of the four to take care of me as I age. Nobody has time anymore, and everybody has their own agenda and they, it just seems to be, they so seem to be getting busier by the minute.

- Uh-hmm.

- So imagine when we're at that point when we need help, we need to see to it now that these things are in place.

- Everything's in place, yeah.

- Absolutely.

- And the thing about it is that the statistics on the Medicare beneficiary continues to increase every year. And that's just part of the adult statistics because right now, we have what, 18,000...

- Yikes.

- ...beneficiaries in the Virgin Islands.

- Wow.

- So next year, it'll be a little higher and then that's just Medicare now, we're not talking about the other non-Medicare population.

- Wow. Yes.

- So...

- Yes. We need our homes prepared, expanded, bed availability, extended. Right now, it's, oh my God, the only way they could get into the whole is if a senior dies. And that's how limited it is. There's no working around that, it is what it is.

- Well, yes.

- You know, you mentioning that, reminds me we had a show having to do with the medical equipment.

- Yes.

- And I don't know what your experience has been with trying to assist caregivers acquire, you know, like, hospital beds.

- Showing the same as yours.

- Yeah, okay, okay.

- Yeah. It's, I think they have to go through St. Thomas and then get it shipped here.

- Right.

- It, yes. It's quite a task, so it's, yeah, our experience is just the same.

- Okay, yeah.

- So even in that area, we do need an organization or an agency that would be located here, that would be better able to assist the caregivers, it's been daunting.

- Right. Right. I can imagine.

- It has been.

- Well, can you, Arlene, just again remind us how an individual can reach your office if they need support?

- Sure, sure. Our phone numbers, number here on St. Croix is 773-2323 extension 2024. On St. Thomas, St. Thomas, to access our program also in St. John, they would call 774-0930 extension

4120. And they would ask for myself or on St. Thomas, Shirma Henry, she's our assistant director there.

- Excellent, excellent. Well, we've learned a lot today. We may need to call upon you again at some point. But I really wanna thank you for...

- Oh, my pleasure.

- ...coming in and providing this information. You are doing an invaluable service to this community.

- Yeah, we're trying, yeah.

- And you and your staff are to be commended for your excellent work.

- Thank you, thank you.

- And if there's anything, for example, that the Disability Rights Center can assist with, you know, certainly have you as a listed, you know, information in, you know, referral service. But it, we also, it's good to know that you also have a need.

- Yes.

- And, you know, there's always people with their hands out but to hear the kinds of things that you were doing certainly supports...

- Supports it.

- Yeah, supports it, yeah.

- And we're getting ready. We're actually in the process of putting together a little packet of our brochures and then summation. We're gonna be distributing them to our doctor's offices, some agencies...

- Good.

- ...that, we'll give them some information on the program, some reading material they could give to their clients, their patients.

- Okay, great.

- And we'll be dropping...

- That would be great.

- Yeah, well, I was just gonna ask you.

- Yeah.

- Yes. So, once they're, the brochures are exhausted, I guess they could either call us for some more or feel free to make copies of what they have left there.

- Okay.

- Yes.

- Great, well.
- So we thought this would be one way of getting the word out...
- Absolutely.
- ...that's available.
- Absolutely.
- That's really good.
- This is very helpful. Iris, do you have any parting comments?
- No. I'm just very, very impressed with the services on what you're doing with the staff you have.
- Thank you.
- Reminds me when I was with the SHIP program and I'd be going back and forth. But you got to do what you got to do.
- Yes.
- Yeah.
- Yes, yes.
- And again, if you missed any of what was discussed today, we will have a podcast available on our website, drcbi.org. Our special guest today was Arlene Evans O'Reilly, Program Director, VI Family Caregiver Support Program. Thank you so much. This program was bought, brought to you courtesy of the VI Lottery, Making a Difference. Folks, have a great Saturday.