

Grant Information Session

LeadingAge Minnesota Foundation April 18, 2024

9am

2024 GRANT OPPORTUNITY CONNECTED COMMUNITIES FOR HEALTHY AGING



Panel Introductions

LeadingAge Team





Gina DiMaggio Foundation Director Lori Meyer SVP & COO Olivia Mastry Founder

Anne Jin Soo Preston Evaluator



Collective Action Lab Team





Panel Introductions

Perham Health/Elevate Team



Tracy Hendrickx VP of Long-Term Care



Mindi Larson Elevate Program Manager

Knute Nelson/ Walker Methodist Lakes Area Connected Communities





Lindsey Sand VP of Population Health

Lisa Duberowski Population Health Manager



Agenda

- 1. Panel Introduction
- 2. Webinar Objectives
- 3. Why Connected Communities?
- 4. Connected Communities Overview
- 5. Pilot Site Case Studies
- 6. Phase 1 Pilot Learnings
- 7. Grant Opportunity Overview
- 8. Q&A



Webinar Objectives

Deeper Understanding

Self-Assess Readiness

Pilot Selection Process

Provide deeper understanding about:

- Connected Communities
- Backbone/applicant senior care organization role
- Requisite community-wide planning and integration

Help potential Long-Term Care applicants selfassess readiness for this type of project

- In their communities
- In their organizations

Discuss pilot selection process: narrowing down of pilot candidates

- Next step of application
- Community interviews
- Virtual site visit



Definitions

Rural	Communities outside of the seven-county* Twin Cities metropolitan area regardless of population. (*Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington)
Pilot Communities (or geographic regions)	The geographic area in which the applicant will conduct the project and from which community partners operate. This could be a city, part of a county, county, region, collection of towns or counties.
"Backbone" organization	Also known as the grant applicant . LeadingAge Minnesota member that provides a continuum of services in the region, including but not limited to skilled nursing, assisted living, memory care, transitional care, and home care. Entity responsible for holding and dispersing funds, reporting (liaison) to the Foundation, coalition leading duties. See Your Organization's Duties Slide.





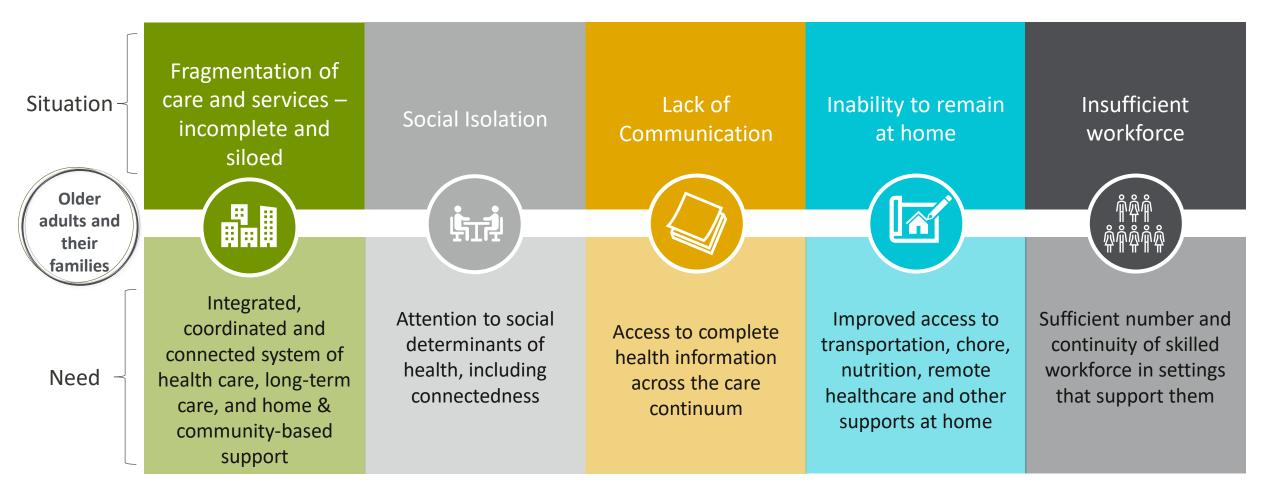


Connected Communities Overview





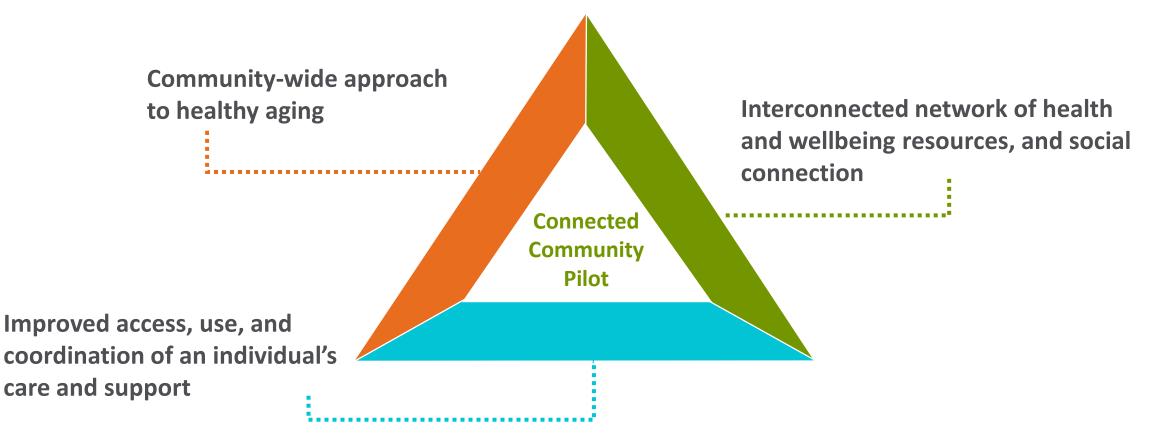
Description of Need: Situation Analysis





Vision of Success

To help older adults experience healthier aging by creating operational partnerships across health care, social services, and aging services





Objectives of Connected Community Pilot





Connect consumers to local resources for healthier aging and social connections

Convene and advance a local and collaborative

seniors in the community

whole system, whole person approach to serving

Experiment & Improve care of Medicare Advantage

enrollees in a local health plan in coordination with

home care, and community-based services

providers of primary care, acute-and post-acute care,

Implement effective workforce strategies to support this collaborative model



Pilot Case Studies

- Knute Nelson/ Walker Methodist
- Perham Health





Lakes Area Connected Communities





Client Focused Pillars

Care Management:

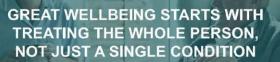
 Promote healthy aging and independence by connecting clients to resources, services, and support while also coordinating with client/family, care partners, and providers

Behavioral Health:

 Program to Encourage Active, Rewarding Lives (PEARLS) helps older adults manage depression by setting goals around physical activity, pleasant events and social interaction

Technology Support:

 Easy to use tablets that allow for remote vitals monitoring, video visits with care team and family, and a library of interactive wellness resources that encourage wholeperson health



💔 KNUTE NELSON

Knute Nelson offers a program called Connected Communities. The goal of Connected Communities is to help you connect with the right resources and support to meet your health and well-being needs. Connected Communities offers:

Care Management

Our care managers work with you to understand your needs and create a personalized action plan to meet your goals. Care managers may also help you:

- Access local resources like home-delivered meals, ride services, or companionship programs
- Set up medical appointments and other services, including in-home help
- Communicate with doctors and navigate the healthcare system
- Complete paperwork like insurance forms or advance directives
- Access caregiver resources and support

Technology Support

Personal emergency response pendants and computer tablets may also be available if you work with our care managers. We can help you use tablets for:

- Video visits with your healthcare team and family
- Accessing health and well-being resources online
- Monitoring vitals like blood pressure or heart rate

PEARLS

PEARLS stands for Program to Encourage Active and Rewarding Lives. PEARLS helps develop skills to build a more active life and reduce feelings of sadness or depression. It is an evidence-based program.

Costs & Eligibility

Connected Communities services are funded through grants from LeadingAge Minnesota Foundation and UCare. These services are available to eligible seniors at no cost for one year. Fees will apply for specific community resources or outside services that you may wish to access as part of your action plan. Ongoing access to Connected Communities services is subject to continued funding availability.

Seniors and caregivers in Douglas, Grant, Pope, Stevens, and Traverse counties or closely surrounding areas may be eligible for Connected Communities services.

Learn More

Call us at (320) 759-4908 or visit <u>www.knutenelson.org/population-health-mn</u> for more information.





Community Engagement & Collaboration



Minnesota

Participation in community coalitions and workgroups:

- Enables sharing of resource information and updates across organizations and communities to reach more older adults
- Advances shared goals through collaboration and programming support (Lakes Area Age Friendly)
- Informs our programming decisions to meet community needs
 - Ouestion, Persuade, Refer.
 - Community Naloxone Training
 - Mental Health First Aid •

www.leadingagemn.org

1∾5

in the U.S. live

Workforce Initiatives

Front Line Staff Engagement

- Opportunities for staff to attend community-wide trainings
- Training on value-based concepts for staff and leadership
- Adjusting care plans to be more informative, inclusive of the patient preferences and opportunities to engage the client in the dimensions of wellness

DEIB: Diversity, Equity, Inclusion and Belonging

- Knute Nelson engaged PHI in analysis and action planning around DEIB
- Helped formulate a rolling plan that produces ongoing action around person-centered care delivery and personcentered career support







êlevate

YOUR HEALTH . YOUR WAY

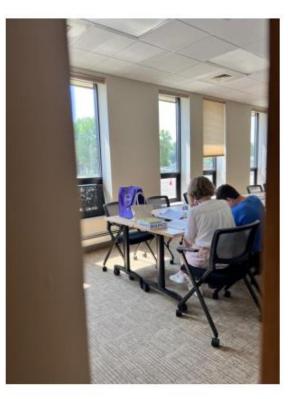
Our Pillars





RESOURCE NAVIGATION WINS





SIGN UP TO BE A volunteer driver!



RESOURCES

EVENTS

VOLUNTEERISM

FLEX WORK



RESOURCES

EVENTS

VOLUNTEERISM

FLEX WORK

VOLUNTEERISM

2023 in Numbers:



Find C) Opportunities	
Q Se	earch Opportunities	
Ongo	ing Opportunities	>
THU APR 11	10:00 AM - 6:00 PM NEW YORK MILLS PUBLIC LIBRARY Library Volunteer	>
THU APR 11	10:00 AM - 12:30 PM 145 ELEVATE CONNECTIONS Lunch & Social Time at Con	Cent
THU APR 11	1:30 PM - 3:30 PM 145 PERHAM LIVING Happy Hour Volunteer	>
FRI APR 12	1:00 PM - 4:00 PM PERHAM AREA PUBLIC LIBRARY Shelving Helper (Perham L	>
HON	40.00 AM 40.00 DM	_

Success Story MEET ANDY

Job matched with Productive Alternatives



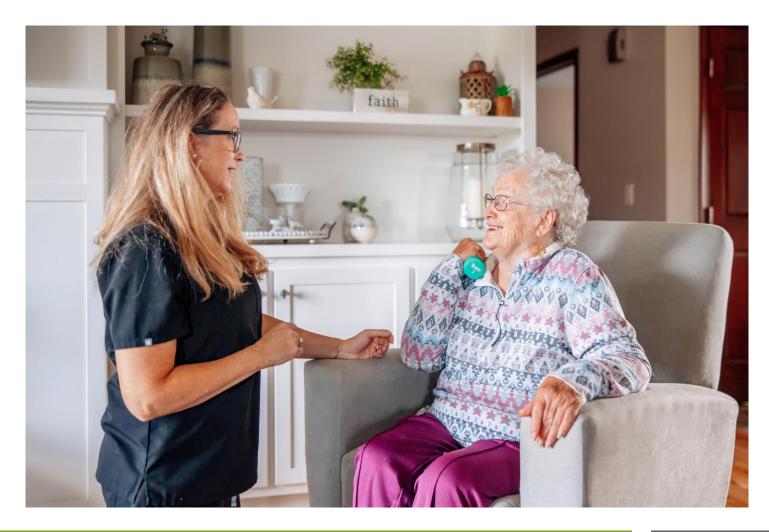


EVENTS

VOLUNTEERISM

FLEX WORK

Phase 1 Pilot Learnings





www.leadingagemn.org

Silos to Circles: Bringing the Community Together

3 KEY ACTION STEPS

CONVENE LOCAL PARTNERS

Building a strong coalition starts with a small group of interested leaders that grows to a broad-reaching local coalition through collaboration, leadership, and ongoing interactions.



CONNECT PROVIDERS & PROFESSIONALS

A well connected infrastructure of aging supports begins with strong connections between providers. Navigation and referral functions often happen informally and rely on resourced, educated service providers to get the right information to older adults and their families.

EQUIP THE COMMUNITY

The ultimate goal of the Age Well Initiative is reach and equip people – helping them be more aware of, and connected to, resources in their community. Pilot communities found that it is best to take multiple approaches.

Learn More

Learn More

LeadingAge[®] Minnesota

www.leadingagemn.org

Learn More

1 Engage community in asset and resource mapping.

Rather than focus on deficits, a foundational step for each Pilot was to identify resources available to support older adults in the region. This community-wide process helped raise awareness of existing assets and informed future vision and priorities. Lakes Area Connected Community's asset mapping exemplifies the process.





What We Have Learned About Pilot Progression

Forming. Infrastructure development, relationship and coalition building, community engagement, asset inventory, strategy development, and action planning.



Transforming. Pilot implementation drives systems, process, and relational changes that more formally connect and bridge across all community social supports.



Sustaining.

Exploring and testing economic models and payment partnerships that will sustain the effort long-term. Health plan partnerships, benefit studies and pilots.

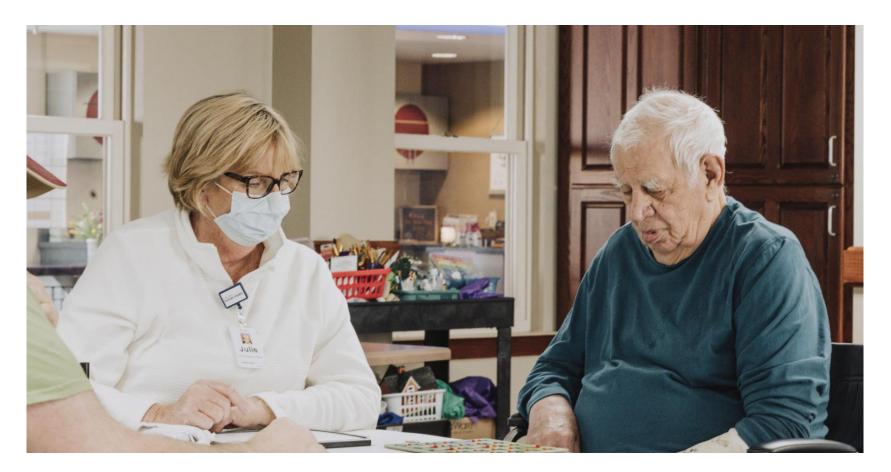
Year 1-2

Year 2-3



www.leadingagemn.org

2024 Connected Communities Grant Opportunity





Connected Communities Initiative

Create integrated care systems in 2 rural pilot communities, guided by LAMN members



\$600K subgrants to invest in the infrastructure, technology, data collection, and workforce development to support this systemic transformation.

Approach: shared learning and experimentation. Pilot selection process complete this summer.



Conditions for Success



Applicant organization's leadership is committed to initiative as a priority with these characteristics: ready to
partner, active, engaged, and community focused.

Identified, well-connected program manager who can coordinate the initiative

Lead organization has experience integrating core and services that they can build on including existing mechanism for collaborating and communicating

Relationships with payors interested in engaging in project

Organizational strategy for workforce development

Critical Mass: Sufficient numbers of older adults and Med. Advantage enrollees (MSHO, etc.)

Ability to implement value-based contract arrangements that reward all payers in the continuum to achieve same

Outcomes

Your Organization's Duties

APPLICANT/BACKBONE ORGANIZATION: This LeadingAge Minnesota member must have experience in effective partnerships locally with payors, health systems, and other community-based aging services providers. This project will require leadership team commitment, investment in a project coordinator role using grant funds, and a sustainability plan for support beyond the grant period.



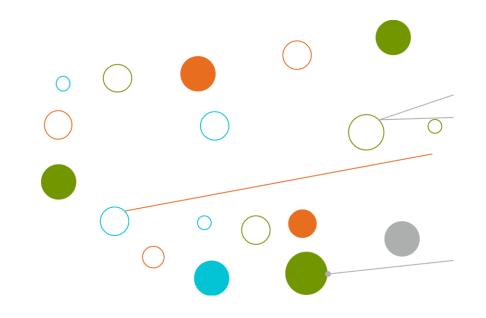
2

Convene community partners

Manage the work plan to achieve all project outcomes



- Organize collaboration between local partners including care model adoption
- Coordinate data gathering and outcomes reporting





4

Self-Assessment: Applicant Community or Geographic Area

Required to have:

- ✓ At least 1 LAMN provider member (multi-faceted care)
- ✓ Outside of 7 county Twin Cities metro region

Nice to have:

- ✓ 65+ population is greater than 2,000
- ✓ Medicare Advantage offered in area



Self-Assessment: Applicant Organization

Required to have:

- ✓ Capacity to convene and facilitate across sectors
- ✓ Strong project manager identified with skill set to lead strategy and sufficient time to manage the project
- ✓ Existing collaborations with healthcare and social care providers
- ✓ Sophistication in quality data collection & analysis
- ✓ Leadership committed to integrating care
- ✓ Experience in implementing workforce initiatives
- ✓ Entrepreneurial organizational culture

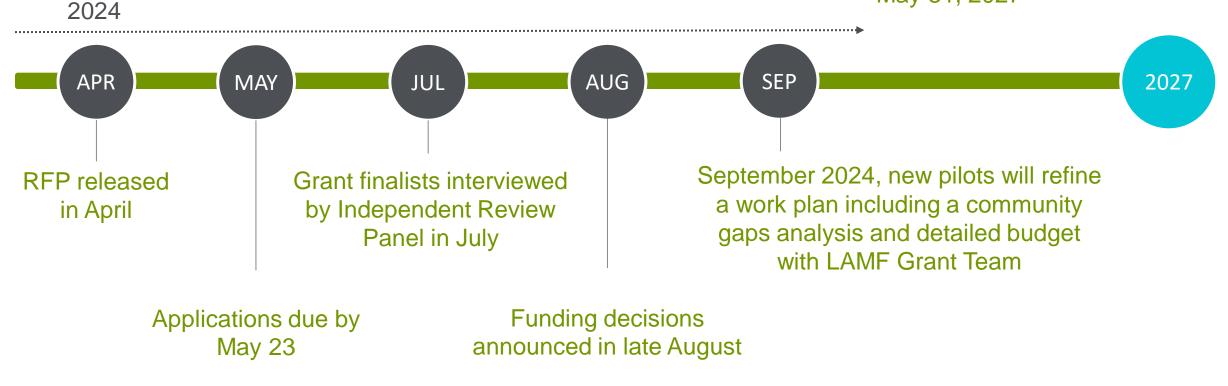
Nice to have:

- ✓ Experience with Silos to Circles and or Age-Friendly
- ✓ Organization seen as a leader in the community
- ✓ Strategic commitment to value-based care
- ✓ Experience with managed care contracts



Timing of Pilot Selection and Planning

Grant period is through May 31, 2027







Contact information:

Gina DiMaggio gdimaggio@LeadingAgeMN.org 651.649.1422



www.leadingagemn.org