

Addressing Covid-19 Community Needs, State and Community Integrated Health Network Partnerships

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ACL Network Development: Aligning of Health Care and Social Services



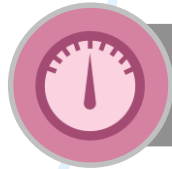
2021 No Wrong Door Community Infrastructure Grants: Scaling Network Lead Entities: enhance capacity of network lead entities to support infrastructure costs associated with aligning health care and social services.



ACL State-Community Collaboration Think Tank: Strengthening Partnerships to Address Social Determinants of Health



ACL Strategic Framework: State Opportunities to Align Services and Improve Outcomes for Older Adults and People with Disabilities



CMS SHO Letter: Roadmap for States to Address the Social Determinants of Health to Improve Outcomes, Lower Costs, Support State Value-Based Care Strategies



ACL National Summit on Health Care and Social Service Integration

Think Tank Key Partners



State-Community Collaboration Think Tank - *Strengthening Partnerships to Address SDOH*

- Emerging Network Lead Entities
 1. Elder Source (Jacksonville, FL)
 2. Greater Wisconsin Agency on Aging Resources, Inc. (GWAAR)
 3. Homage (Lynnwood, WA)
 4. Washington Association of Area Agencies on Aging (W4A)
 5. Kentucky Council of Area Development Districts (KCADD)
 6. Texas Healthy at Home
- State Representatives:
 1. Florida
 2. Wisconsin
 3. Washington
 4. Kentucky
 5. Texas
 6. Georgia
 7. Minnesota
 8. Montana
 9. Oklahoma
 10. Colorado

State & Community Think Tank: Targets

Network Lead Entities (NLEs)

- Building the network/readying the members
- Standardizing service delivery
- Securing funding for startup
- Avoiding conflict of interest/building firewalls
- Getting support and engagement from the state

States

- Define the state role
- Capitalize on the lessons learned throughout the COVID-19 pandemic, specifically increased flexibility and agility
- Recognition that policies and procedures may need to be modified by other authorities (counties and local) in addition to the state
- Better understand how to help NLEs be more flexible
- Understand that lack of \$ hinders efforts to build the infrastructure needed
- We're all in this together

What is CIHN Community Integrated Health Network?

Rationale for Health Care and Social Service Alignment

- Aligned models of care allow individuals to receive needed/desired services in community settings
- Mitigate medical model
- Shift spending from medical to LTSS
- Ensure culturally competent workforce
- Optimal alignment requires robust planning/assessment, navigation of complex social service systems, and accountability for service delivery and outcomes

Community Integrated Health Networks: An Organizing Model Connecting Health Care & Social Services

- Studies have shown that CBOs are more likely to successfully expand their mission to support the diverse needs of individuals and families in the community if they belong to integrated networks with diverse partners.
- Current Example: <https://aligningforhealth.org/wp-content/uploads/2021/01/LINC-Act-Section-by-Section.pdf>

Key Concepts & Definitions



Network Lead Entity (NLE)

Entity that acts as the single point of contact, contracting, and accountability for the CIHN with health care organizations



Community Integrated Health Networks (CIHNs)

Networks of community-based organizations (CBOs)

CIHNs allow CBOs to be a part of a larger group that has an NLE assume responsibility for contracting and acquiring and implementing information technology (IT) systems.

Essential Functions of NLEs

- ❖ Network Authority
- ❖ Administration & Infrastructure
- ❖ Health Sector Partnership
- ❖ Fiscal Leadership
- ❖ Technical Assistance
- ❖ Quality Assurance
- ❖ Service Provider Engagement

Florida Case Study: State-Community Collaboration in Response to the Covid-19 Pandemic

The Florida Restaurant Meals Initiative State and Local Partnership

The Feeding Older Floridians Restaurant Meal Initiative, March 2020

- Leveraged experience from a **pilot program in Tennessee** that brought together local restaurants and older adults with nutritional support needs
- AAAs were encouraged to **leverage** the emergency authorizations and funding provided by the **Families First Act and the CARES Act** to take on the effort
- Each **AAA designed** their own unique **approach** to the Feeding Older Floridians Restaurant Meal
- Initiative to achieve two goals:
 - to **meet the nutritional needs** of isolated older adults and those with limited ability to access meals
 - to **support local businesses** devastated by the shelter in place orders
- Effort **focused on collaboration** between the state of Florida and its AAAs and collaboration among the AAAs themselves

Partners

- The Florida Department of Elder Affairs (DOEA)
- The Florida Restaurant and Lodging Association (FRLA)
- The Department of Business and Professional Regulation
- The Florida Area Agency on Aging Network
- Northwest Florida Area Agency on Aging, Inc.
 - Advantage Aging Solutions
 - Elder Options
 - Elder Source, The Area Agency on Aging in Northwest Florida
 - Area Agency on Aging of Pasco-Pinellas, Inc.
 - Senior Connection Center, Inc.
 - Senior Resource Alliance
 - Area Agency on Aging for Southwest Florida, Inc.
 - Area Agency on Aging of Palm Beach/Treasure Coast, Inc.
 - Aging and Disability Resource Center of Broward County
 - Alliance for Aging Inc.
- Local restaurants and meal providers throughout Florida

Collaboration: Keys to Success

FL State Agencies and AAAs:

- The frequency of meetings and **continuous sharing of information** allowed both the state and its community partners to remain nimble and responsive to the evolving needs and challenges at hand
- Provided a **forum to activate support from the state** around regulatory and financial hurdles and for DOEA to serve as a champion for the initiative through continuously messaged support and backing
- Relationship **expedited the process to confirm restaurant partners** who met OAA requirements into the program, connecting interested restaurants with AAAs. AAAs worked closely with DOEA to confirm that these restaurants were licensed with the DBPR
- **DOEA provided billing support and financial flexibility:**
 - the AAAs were tasked with large scale purchasing of restaurant-style meals.
- This **flexibility alleviated administrative burden** of frequently amending contracted unit rates, and helped accelerate contracting, which allowed AAAs to quickly partner with restaurants that could best meet the needs of both the older adults they support and their community as whole

Collaboration: Keys to Success

Collaboration Among AAAs

- The frequent workgroup calls allowed AAAs to share ideas around outreach, logistics, staffing, and supplemental funding
- **Shared resources on** lessons learned and tangible resources with one another to further support success
 - raised awareness: developing a robust media campaign with media toolkits
- **Shared capacity:** Due to the stay-at-home orders, several AAA call centers were overwhelmed by an increase in volume.
 - Partner AAAs with capacity to field calls stepped in to receive re-routed calls to continue to inform the public and support referral and intake processes
 - Some AAAs utilized unemployed case managers and day care workers to work in the call centers to support the increase in volume
- **Sharing practices and procedures:** AAAs noted the importance of having a Memorandum of Understanding (MOU) with their restaurant partners to lay out responsibilities on both sides.
 - AAAs supported one another by sharing restaurant contacts and MOU templates

Lessons Learned

- Support local flexibility
- Leverage technology
- Explore public-private partnerships
- Provide a platform for frequent communication

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The big picture



Questions/Comments?

Thank you!