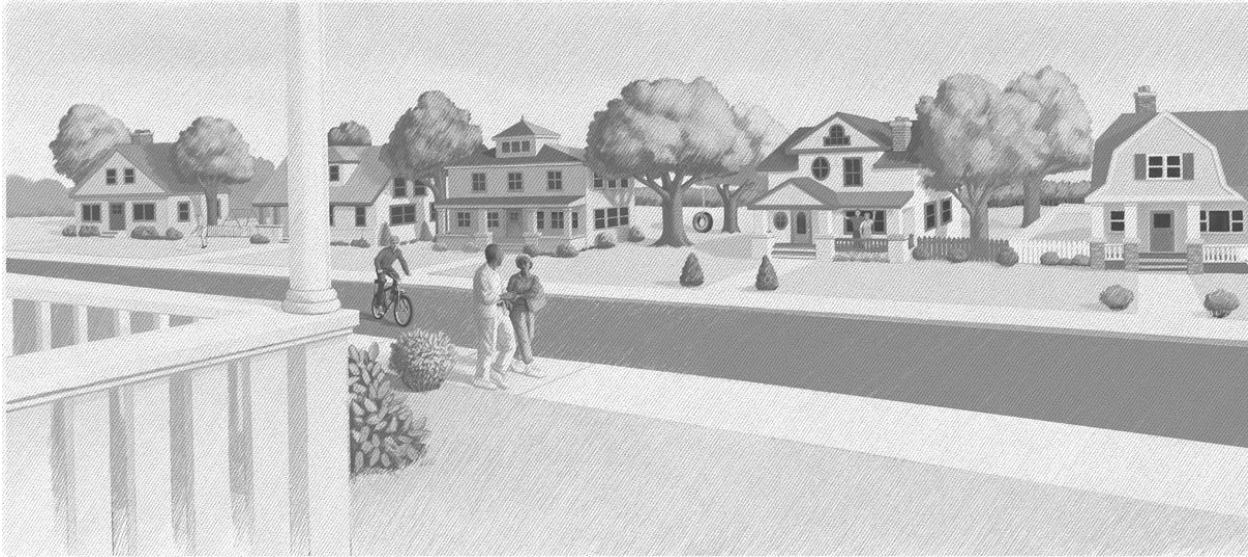




# Living At Home Program Handbook



## *A Handbook*

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## **Living At Home Network**

Supporting and extending the Living at Home/Block Nurse Program for seniors nationwide.

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## **INTRODUCTION**

This handbook is written for people in communities who wish to become involved in keeping their older adult neighbors in their homes. It is also for public health and social service agencies like Area Agencies on Aging and others who recognize the value of community caring and the potential for neighbors to augment the services that they provide. There is tremendous potential in communities for organizing volunteer services and coordinating them with the services provided to the older adults living in their community.

When visiting with various people or groups, one or two pages may be printed to illustrate the points of the visit. With different people different combinations will be used.



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# What Is A Living At Home Program?

The term “Living At Home Program” (LAH Program) refers to a member of the Living At Home / Block Nurse Program Inc. (LAH/BNP). The LAH/BNP is a Minnesota corporation also legally known as the Living At Home Network (LAHN).

Local Living At Home programs provide support for their health and safety so older adults can remain in their homes as long as they wish. Many older adults leave the local community and enter nursing facilities when they can no longer do one or two activities of daily living (dressing, bathing, food preparation, for example). Sometimes these people could stay in their home and be a part of the community they love if they could get some small help. A Living At Home program can provide help such as rides to medical appointments or the grocery store or some other simple assistance. If older adults stay in their home they continue to support the local economy, pay taxes to local government, and provide their experience and knowledge to local groups such as their church.

A Living At Home Program supports older adults in three forms. First, the program provides direct services provided by local volunteers. Second, the program gives referrals to health care services provided by professionals. Third, the program provides activities to educate, encourage and provide socialization. A new program will start with a few activities most needed by the community and expanding as the program matures.

The local Living At Home program is started and driven by the local community. As a not-for-profit organization the members of the local board of directors are the legal owners of the program. Most of the volunteer support and paid services are provided by people from the local community.

The Living At Home Network supports the local Living At Home Programs. The Living At Home Network Board of Directors is made up of representatives of local programs and some at-large members. This support includes legislative advocacy, resources on best practices and trends in human services, fundraising, public relations, marketing, troubleshooting consultation, representation at the state level, access to liability insurance, basic data collection and database support, technology support, and consultation on operations and capacity building and other help depending on the needs of the local program.

The term “Living At Home / Block Nurse Program” is a service mark wholly owned by LAH/BNP, Inc. Local programs that have joined the Living At Home Network have the right to use the name.

“Elderberry Institute” was the original working name of the Living at Home / Block Nurse Program Inc. The Institute was founded in 1997 to extend and support the Living at Home / Block Nurse Program model for older adults in local communities nationwide. The Elderberry Institute had its own funding. In 2009-10 a change came about. Effective July 1, 2010 the Elderberry board elected a new board representing the local programs and the working name was changed to Living At Home Network.



# **The Living at Home/Block Nurse Program Model**

A Living at Home/Block Nurse Program (LAH/BNP) is a community program that uses both the professional and volunteer services to provide information, social and support services, nursing and other professional services to the older adult in a community. These older adults might otherwise be admitted to nursing homes. It is initiated and developed by community residents.

The LAH/BNP is the merger of two models that have successfully coordinated and provided service for the older adults in Minnesota neighborhoods. The Living at Home model initially operated successfully in two communities and the Block Nurse Program in five. An evaluation of the Block Nurse Program documents indicated that 38% of the participants would be in nursing homes without the program, for a cost of between \$300-\$500 a month compared to \$3000 in a nursing home.

The Living at Home Project and Block Nurse Program complemented each other and were merged in 1990 so that the best of both could be utilized. In the combined model, there are two categories of services. Informal services are delivered by volunteers at no charge. Formal services are professionally delivered and paid for.

The local Living At Home Program decides which volunteer services are needed by the local older adults. These services might include some from this list: friendly visiting, caregiver support, respite for a caregiver, socialization for someone who is isolated, balancing checkbooks, cleaning up a yard, birthday parties.

Closely related to volunteer services are activities that provide information, prevention, or early intervention by the nurse so that a crisis does not occur

For the frail older adult, a registered nurse who ideally lives in the community, works with the board to develop a community care program for residents in need of long term care services. Home health aides, homemakers and volunteers who also, ideally, live in the community, provide services to the older adult participants and families under the supervision of the Block Nurse. These team members are called the Block Nurse, Block Companion, and Block Volunteer.

Block Nurses assess the need for care, and incorporate information and orders from the participant's physician, and information and wishes of the participant/family, into a care plan that is accepted by the participant/family. Other professions are often used; social workers, occupational and physical therapists, etc. A home health aide, homemaker, and/or a volunteer is oriented and introduced to the family, if appropriate. A participant's care is monitored by the Block Nurse and revision of the care plan occurs periodically. The Block Nurse provides the coordination of the formal and informal caregivers so that the goal of safe, effective care that promotes health and independence is achieved.



# The Need For A Living At Home Program

The following statistics show the need for elder assistance. This was copied from Session Weekly published by the Minnesota House of Representatives and can be found at [http://www.house.leg.state.mn.us/sessionweekly/issue.asp?issueid\\_=79](http://www.house.leg.state.mn.us/sessionweekly/issue.asp?issueid_=79).

## MINNESOTA INDEX

### Older Minnesotans

Estimated number of Minnesotans over age 65.....	600,000
Projected number 25 years from now, in millions .....	1.2
At that time, percent of all Minnesota residents .....	25
Estimated number of Minnesotans over age 85 in 2000 .....	90,000
Projected number in 2050 .....	250,000
Estimated number of children in Minnesota living under the primary care of a grandparent or some older relative.....	71,000
Percent increase since 1900 .....	100
Estimated number of Minnesotans over age 65 who need some kind of long-term care assistance with basic activities such as eating, dressing and bathing .....	95,000
Percent of care for older Minnesotans that is provided by family caregivers .....	90
In fiscal year 2010, average number of people served by the Alternative Care program, a state-funded cost-sharing program that supports certain home- and community-based services for eligible Minnesotans, 65 and over .....	5,279
Amount spent providing the care, in millions .....	\$31.3
In fiscal year 2010, people served by the state’s Elderly Waiver program that funds home- and community-based services for people 65 and over who are eligible for Medical Assistance and require the level of care provided in a nursing home , but choose to reside in the community .....	26,779
Dollars spent on waver services, in millions .....	\$302
Average monthly EW client population for fiscal year 2010 .....	21,500
Average in 2007 .....	17,284
In 2009, real median household income per Minnesotan age 65-plus .....	\$21,993
In 1999.....	\$22,210
In 1989.....	\$17,850
National average in 2009 .....	\$21,299
Percent of Minnesotans ages 65 or older who volunteered within the past year .....	39.6
State rank.....	2
National average, as percent .....	28
Phone number for Senior LinkAge Line, the Board on Aging’s free statewide information and assistance service.....	1-800-333-2433
Year that May was established by President Kennedy as Older American’s Month.....	1963

- M. Cook

Sources: Minnesota Board on Aging; Department of Human Services, Including Project 2030



# What is a Community?

A community is a geographical area where a variety of relationships exist: family, neighbors, friends, civic groups, clubs, churches, temples, ethnic associations, schools, local unions, local businesses, local government, and local media. The community often gives identity to the people.

Another term that reflects community characteristics is “neighborhood”. In neighborhoods, residents enrich community life and are themselves enriched by their participation in neighborhood activities. In urban areas, the geographic area is typically a neighborhood; in rural areas, the geographic area might be a town with its surrounding farms, a school district or a county.

Traditionally, community members were ethnocentric, had the same value system and frame of reference, similar educational preparation, and saw the world through the same glasses. Many communities are described as "blue collar", "Catholic", etc.

A community often has a formal communication system such as a newsletter, events or services they sponsor, committees and ad hoc task forces that deal with specific issues.

A strong sense of community exists where:

- 🏡 Residents recognize that interdependence is the character of their relationship - they depend upon each other.
- 🏡 Residents are committed to act in ways that benefit others and that may or may not benefit themselves - they care.
- 🏡 Collaboration and consensual decision making is the process of forming plans and Programs - everyone agrees and acts.
- 🏡 Quick and individualized responses to needs are characteristic - they know to whom and where to go.
- 🏡 People are encouraged to develop creative solutions to community problems - they solve their own problems.





## Why a Community Based Program?

Given a choice, most older adults will prefer to stay in their own homes as long as possible. Quality of life is the usual reason given for remaining there. Financial considerations are also important. Older adults realize that their life savings will be spent, often during the first six months, if they move to a nursing home. They will then need to apply for government assistance.

Professional care agencies have limitations of services they can provide. Older adults can have difficulties finding the right agency for their needs. Privacy issues often prohibit comprehensive, continual service delivery. The services agencies provide are often fragmented and focus on specific populations with specific needs. In some cases, there may be a nurse, home health aide, homemaker, and chore worker providing service to one individual. Each has specific tasks, based on funding regulations. It's conceivable that these four people may never talk to each other about the issues involved with this one participant. Services sometimes overlap each other or leave gaps. In addition, it is difficult for agencies to meet all the needs of the older adult because health and functional status keep changing and may alter the eligibility criteria for the participant. The availability of family caregivers can vary. Finally, the charges by agencies are sometimes more than the older adult is able to pay.

The community will benefit if older adults can remain in their own homes. They will continue to contribute to the tax base and the local economy. The most important reason for keeping older adults in their community is the human values. A multi-generational community enjoys the wisdom, experience, and roots of its elders.

The capacity to care is best expressed within neighborhoods and local communities where relationships and interdependencies naturally form. Our forebears used the term commonwealth for the value of the common good and saw its maintenance as the responsibility of everyone. Contemporary sociologists urge the reclaiming of this heritage as critically important to America's future.

Dealing with a Living At Home Program staff person can reduce stigma and increase the chances for coordinated care. The older person benefits when local people manage the program, and when care is provided by local volunteers and paid professionals who live in the community. The Living At Home model can often do what no other service or agency can do.

Using informal volunteer services a Living At Home Program can provide information and referral, participant education, caregiver support, respite care, friendly visiting, transportation, chore, and other services needed by the older adults living in the community. A new program will start small and grow into providing more services. Professional services will still be needed by some older adults but the Living At Home Program can coordinate these service providers .



## **Are We Ready For A Living At Home Program?**

A Living At Home Program can begin with a few committed, interested people. They know of others who are willing to commit time and energy to attend meetings, assemble facts and figures, converse with people, and do the detail work necessary to launch a new venture. This is the pooling of knowledge, experience, insight, and sensitivity from community minded people who are concerned about the status of the older adult in their community.

The community knows how to get things done. They know who their leaders are, who the movers are. They know who needs to be included in order to make things work. It may be a community resident who always seems to be leading causes such as the local banker, a county commissioner, a clergy person, etc. It may be the adult child of an older adult who needs assistance.

A community can use a Living At Home Program to organize volunteer services and coordinate them with professional care services for the community's older adults.

Private organizations and government agencies may suggest the formation of a Living At Home Program. The challenge for these people is to ask the right questions, stimulate constructive conversation, and facilitate the process so that the Living At Home Program belongs to the local community.

Evidence that the community and its leaders are committed to and have the resources for organizing a Living At Home Program will be determined through criteria that will make such a program a success. A group can use Attachment I to help make this decision.

Community people may be concerned because their older adults are being admitted to nursing homes that are miles away, and they cannot build a nursing home in their own community. It is also possible that the community desires to keep their older adults in their community because they are valued as contributors to the good of the community, or because they will spend their money in the community and pay taxes. They may recognize that there is a shortage of health care professionals, and have organized to do something about the issue.

Most important is the wish to enhance the quality of life for older adults, their families, and all who experience the intrinsic satisfaction of volunteering. When community volunteers care for their neighbors, a sense of community ownership elicits the contribution of time, talent, and even dollars from the citizens.



## Can Government and Private Agencies Help?

Many levels of government have agencies that deal with the problems of older adults. Private agencies or companies have been created to handle specific needs of people. Each of these government and private agencies have limitations on their responsibilities and ability to respond to the needs of people. Government funding is limited and private agencies can be expensive to use.

The growing numbers of older adults and their anticipated needs for assistance will overload the government and private agencies that deal with the care of older adults. Those agencies will need community support and participation to handle all of the needs. No single solution is the answer for all communities. Each community needs to develop its unique solution, integrating existing services and developing new services to meet specific needs.

The goal of Living At Home programs is for community driven help done by people in the community. The community invests in and operates the program. In order to assist the creation of a community based volunteer program, agency and government people need to support local decisions and function as facilitators. They build upon capacities, they empower, they mobilize, and they validate. Ultimately they convince community residents that they can solve their own problems.

Government and private agency people need to listen carefully and suggest ways to waive, modify, or eliminate unnecessary policies that prohibit the kind of services the community decides it wants to deliver. Compromise may be appropriate. A private agency may hesitate to use volunteers in the homes of the older adult because of liability issues. But the Living At Home Network offers liability insurance for the volunteers of a local Living At Home Program.

Building a community based Living At Home program is slow, but once invested, citizens participate because they become assured that what they do is valuable, and it affects their lives and their communities. They find that they can really do something about community problems.

Communities are built upon relationships. It is through community potential and relationships that things get done. This is seen when communities come together when tragedy hits. The challenge is to capture that community spirit to help the older adults.

Government and other agencies need to listen to communities, hear what they say and then clarify, facilitate, and "get out of the way". This takes lots of energy and requires skill and sensitivity.



# Starting a Living At Home Program

Step 1. Someone brings concerned people together to talk.

A new Living At Home program begins when a community resident is concerned enough about the needs of older adults to try to do something about it. This person begins by using the informal networks within the community to bring people together to talk. This leader may be encouraged and supported by agency and government people who remain in the background. From these informal conversations a steering committee is formed.

Step 2. The steering committee documents community demographics.

This steering committee might begin by assembling community specific demographic information and a local services inventory that will provide an idea of the number of older adults in the community in relation to other residents and what services are available to them. Public records from the municipality, county or state, the Area Agency on Aging and the library can give a picture of the local population and the service system in the community. Use Attachment II as a basis of this data gathering process. Groups and organizations in the community who might want to be involved can be identified. Use Attachment III for this step. Focus groups might be used to further document needs. At this point the Living At Home Network should be asked to help. Other resources might be available from the Living At Home Network.

It is critical to involve older adults in the community early. They are the key to developing trust and spreading the good word to their peers. Older adults can assist with program development.

Step 3. The steering committee engages community representatives and leaders.

Leaders and representatives of the community are presented with the information. This might include the mayor, council people, business owners and other influential people. Community people should do this so that the concept of community ownership is capitalized upon. If government or agency people are involved, they use their local networks so that community people are empowered. Sometimes chance, informal contacts suffice; sometimes appointments are necessary. By referring to community demographics and services, the gaps in the care for older adult area residents can be identified and the community can be involved in discussion and problem solving.

It is helpful to distinguish between neighborhood groups and structures and community wide groups and structures. For example, addressing local churches might be more effective than talking with staff from the area council of churches. In the planning groups such as a local government entity that has potential for becoming a fiscal agent for the initiative need to be considered. Some groups may simply need to be informed of the discussions and progress on a periodic basis. The steering committee membership should be flexible to incorporate other interested and influential people.

Step 4. Government and private agencies are included in the discussions.



Health care providers and human service agencies understand current access to services, the kinds of services available and how they are paid for. They may have ideas on how to adapt the systems. They can be a resource to communities who want to utilize what is available, but in perhaps a different way. For example, hiring staff from within the community provides opportunities for many kinds of networking and collaboration.

Step 5. Tentative plans need to be communicated to the community.

Identify those groups who might be the most likely to become partners. Arrangements are made to present the tentative plans to these groups. As requests for presentations arrive, a "speakers bureau" consisting of steering committee members can be set up. Records of these contacts and comments made can provide information that will be useful in the future.

In addition, records of all volunteer time should be kept. This data is very helpful for showing community commitment of the process to funders, government personnel, etc.

Step 6. The steering committee on behalf of the community decides to go ahead.

If the community response has been positive the steering committee makes some detailed decisions. What is the definition of the geographical area to be used? What is the scope of the starting mission? Keep in mind that a new Living At Home program should start with the most needed services and then expand as the program matures. A cost and benefit analysis should be done to decide if the community can support a program. A retreat may be held to concentrate the ideas. A list of local financial and in-kind commitments should be created.

Step 7. Formally apply to the Living At Home Network for membership.

An application would be made to the Living At Home Network Board. This will be reviewed by a committee and will either be submitted to the Board for approval or sent back with recommendations for changes.



# What Does A Steering Committee Need to Accomplish?

A chairperson and recorder for the steering committee should be appointed. The following questions should be addressed. This may take more than one meeting with research done between meetings.

“What needs are there in our community?”

- What do the demographics and local services inventories tell the community about the needs and capabilities of the community? See Attachment II.
- What are the needs of the older adult in the community as seen by community residents and what are the gaps that need to be filled so that the older adult can stay at home?

“How important is this in the community?”

- Reevaluate the data from Attachment II considering how important supporting the older adult needs are felt in the community.

“What geographical area will we serve?”

- Is this a city, a neighborhood, a county, a group of rural townships or some other definable area.

“Who will be our partners?”

- What are the community's common bonds, relationships, values and attitudes?
- Who currently provides health and long-term care in the wider community and how much are they used? See Attachment II.
- What are some of the informal linkages and networks in the community? Is the senior center in a specific church? Do the local pastors meet periodically? What service groups might assist?
- Who are the community leaders from whom support is essential for organizing the program?
- What communication systems in the community can be used: newspapers, radio and TV, church bulletins and newsletters?
- Are there community groups who, to date, have not been interested? What needs to be done to get their involvement?
- What civic and social groups might welcome a speaker regarding services for older adult persons? Who is the contact person in that organization?
- Is there an organization that represents the community that could be "home" for this program? Is it capable of becoming the "fiscal agent" for the program if money is involved?

“Is there a neighboring program that could expand?”

- What are the nearest Living At Home Programs? See Attachment IV.
- Would it make more sense to expand another program or start a new program?
- Have there been any discussions with other programs?



## Creating a Board of Directors of a LAH Program

As interest in the community increases, the steering committee determines to form a board of directors. If done well, a good board includes:

- ◆ Representatives of the older adults and their families who live within the community.
- ◆ Community leaders representing local government, churches, local businesses, and other community organizations.
- ◆ People from community education, public health nursing, social services agencies, the Area Agency on Aging, and private providers delivering services to the older adults in the community.
- ◆ Recognized local leaders who influence how things are accomplished in the community.

A majority of the board members should live within the community so that the board truly represents the people of that area. Certain people stand out as possibilities for membership on the board.

- ◆ People who served on the Steering Committee or been involved from the beginning.
- ◆ People who have knowledge, expertise, or community standing.
- ◆ People with a willingness and commitment to participate.

The size of the board is as important as its composition. Living At Home boards range from 8 to 13 members. A large board may be cumbersome, especially if it is expected to be a "working board". Careful planning, while considering many alternatives, will result in a board that covers a wide array of resources and expertise with a minimum number of people. A good rule of thumb in choosing board members who demonstrate 2 of the 3 following qualities:

- ◆ Has the ability to influence others to support the program.
- ◆ Has time to contribute.
- ◆ Has the capability of raising money.

Support for the local board by the representatives of community education, the public health nursing agency, the social service agency, the Area Agency on Aging, and other providers delivering services to older adult residents living in the community is critical. They can be ex officio and non-voting board members

Potential board members should be approached personally with an explanation of the potential for a Living At Home Program and the critical need it can serve. The specific value of each person's contribution to the board needs to be recognized.

It is critical that potential board members be willing to commit to attend board meetings regularly and assume task assignments. Without such a commitment, a significant amount of additional time may be needed to bring absent people up to date, to defer items which cannot be covered adequately in the absence of a key individual. Essential people who cannot commit time to attend regular meetings can be invited to specific meetings.



## How Does the Local Board Operate?

The board develops a plan with three parts:

- 🔺 Programming - direct services and referrals to private agencies
- 🔺 Financial - local contributions, grants and government programs
- 🔺 Promotional - newsletter, newspaper articles, advertisements, etc.

The programmatic section addresses community needs of the older adults. A formal needs assessment is expensive, and usually not necessary since the people in the community are aware of needs. The plan specifies how:

- 🔺 To informally determine the services necessary.
- 🔺 To list how existing services need to be modified or delivered differently so that the needs can be better addressed.
- 🔺 Additional "formal" services such as home health, foster care, adult day care, etc. might be used.
- 🔺 To include expertise of agencies and government organizations.
- 🔺 Find volunteer organizations that can work together.
- 🔺 What volunteer services can be developed to fill the gaps in service delivery.
- 🔺 To assess the expertise of community residents.
- 🔺 To recruit volunteers from all age groups.
- 🔺 Identify potential participants, contact and convince to receive services.

The financial plan includes a budget with both dollar and in-kind contributions. The budget is for administrative functions that are not volunteered. It also includes fund raising activities, events, grant applications, donations from the community, etc.

The board also must promote the program with brochures, TV and radio announcements, newsletters and news releases.

It will be the function of the board to monitor and evaluate implementation of their plan, and to adapt it to accommodate the changing circumstances and perceptions as they develop.

The Living At Home Network can assist organizing a board by providing:

- 🔺 Sample of Article of Incorporation and By-laws
- 🔺 Sample employment contracts for director and volunteer coordinator
- 🔺 Networking tips
- 🔺 How to build a volunteer base
- 🔺 Financial resources and expenses checklist
- 🔺 Incorporation procedures and sample forms





## Services Provided by Living At Home Programs

At the very heart of the Living At Home Program concept is volunteerism. Working within its community the program determines what support to provide those volunteer services necessary so that older adults can remain in the community. Creativity and innovation need to be encouraged.

The list below gives categories of volunteer services that could be provided. A new program must decide which are the most necessary. A new Living At Home Program would not want to exhaust the volunteers by trying to do too much right away. As the program develops, the community will recognize that new services are needed or that revision of existing services will better meet the needs of older adults living in the community

- ◆ Friendly visiting, transportation, chore services, etc.
- ◆ Caregiver support and respite care.
- ◆ Outreach to older adults who need minimal services to keep them healthy and independent.
- ◆ Outreach to frail older adults to encourage appropriate services to assist caregivers and to support health and independence.
- ◆ Monitoring other support services like Meals on Wheels.
- ◆ Follow up contacts for persons referred into the long-term care system to provide advocacy and support.
- ◆ Referral services to older adults to the private care system in the community.
- ◆ Educational programs that promotes understanding of:
  - The normal aging process
  - The types of services needed to maintain people at home
  - Ethical decisions for caregivers and families
  - Services that are available through the formal system
  - How to access the formal system
  - Eligibility for entitlement programs
  - Older adult nutrition, exercise, health habits
- ◆ Social contacts.
- ◆ Staffing the board: record keeping, accounting and bookkeeping of board funds, etc.
- ◆ Telephone reassurance.
- ◆ Peer counseling/friendly visiting.
- ◆ Simple home repairs.
- ◆ Lawn/garden services.
- ◆ Durable medical equipment storage and loan.
- ◆ Transportation.
- ◆ Socialization (luncheons, concerts, church, etc.).
- ◆ Paying bills
- ◆ Explaining Medicare.
- ◆ Respite for caregivers.
- ◆ Special projects



# Living At Home Network Support

The Living at Home Network (LAHN) is committed to establishing new Living At Home/Block Nurse Programs in communities that have a demonstrated capacity and desire for a program. LAHN will apply for startup funds on behalf new programs. If funds are available, LAHN will provide up to two years of startup support to help communities. The support will consist of seed funding from grant(s) received through LAHN and technical support. Grant money received by LAHN will be spent entirely for start-up programs as start-up benchmarks are reached. The benchmarks for programs will include:

- ▲ A community member obtains the “New Living At Home Program Handbook”.
- ▲ A steering committee is created with many community stakeholders.
- ▲ The steering committee meets and completes a step-by-step checklist of questions.
- ▲ The steering committee completes an application form/request for seed funds.
- ▲ LAHN committee reviews and sends the application to the board or returns it to the start-up group with recommendations for changes.
- ▲ LAHN board approves the new program.

Support services will be paid for by the new programs from the seed funding they receive. A process will be defined for a start-up that includes certain benchmarks that must be reached in order for them to continue to receive seed funding. The start-up will pay LAHN for their support as the benchmarks are reached and seed funding is provided to the program. Four types of support will be provided:

1. LAHN will provide some resources such as:

- ▲ Sample of steering committee meeting agenda
- ▲ Sample of Article of Incorporation and By-laws
- ▲ Sample employment contracts for director and volunteer coordinator
- ▲ Networking tips
- ▲ How to build a volunteer base
- ▲ Financial resources and expenses checklist
- ▲ Incorporation procedures and sample forms

2. Coaches will be assigned by the LAHN Board to each start-up program. The start-up program will pay the coaches a stipend and expenses from their local funds or seed funds. The coach will be available at agreed upon times at regular intervals during the process at the site of the start-up program and also by phone and email. The coach will guide the start-up program’s steering committee and certify to LAHN as each benchmark is reached. Experienced program directors, program board members and LAHN board members would be possible coaches.

3. Training sessions will be provided for start-up steering committee members on such topics as “Building a Board”, “Organizing Your Finances”, “Planning for Sustainability”, “Identifying Your Stakeholders”, and “Forming the Team: Your Volunteers.” These will be held at a convenient location.

4. The LAHN computer database will be provided along with initial training in its use.



## How to Staff the New Living at Home Program

A Living At Home program needs an administrator to carry out five different functions.

- ◆ Administration/Program Management: Administer and provide leadership to the program under direction of the Board of Directors.
- ◆ Social Support: Organize and administer comprehensive support services to meet the needs of older adults in the community at an individual participant level.
- ◆ Volunteer: organize, implement, monitor and evaluate all volunteer activities.
- ◆ Nursing: operationalize and maintain integrity of the Block Nurse Program model of care management and service delivery, in collaboration with the contract nursing service agency.
- ◆ Community Organization and Outreach: Facilitate development and implementation of LAH/BNP among community groups and citizens (Organizational level, not individual participant).

These functions may be combined according to community needs and the skills and qualifications of available personnel. For example, program administration might be combined with nursing. Volunteer and outreach functions might be appropriate for an individual who has the necessary experience and skills. In a smaller community, one person working full-time might perform all functions

The second category of staffing is nurses and home health aides/homemakers. Ideally, they are from the community, but are hired under an agreement by the board.

A high degree of flexibility is necessary from the vendor so that the program designed by the community can become operational. For example, the board may want to combine home health services paid by Medicare with homemaker services paid by Title XX so that one person does both. This saves on mileage and travel time and is less confusing to the older adult when only one person delivers both services.

Because the nurses and home health aides/homemakers are hired by a nursing agency, all entitlement programs are billed on behalf of eligible participants. This includes insurance, Medicare, Medicaid, HMOs, VA, the Alternative Care Program, etc. Services for which there is no reimbursement are billed to the participant on a sliding fee scale, which considers the ability of the participant to pay. Grants from foundations and state and federal government can support the difference between what the participant pays and the rest of the cost



## Community Criteria

1. What specific geographic boundaries are being considered? \_\_\_\_\_  
\_\_\_\_\_
2. What body represents the area? (District Council, Township Board, and City Council)  
\_\_\_\_\_
3. Are two or more community leaders strongly committed to an elder friendly community?  
\_\_\_\_\_
4. Does the neighborhood/community have a communication system such as a newspaper?  
\_\_\_\_\_
5. Do cumulative answers to the following questions suggest need, resources and interest?
  - a. What is the population over 65? \_\_\_\_\_ Percent over 65? \_\_\_\_\_% over 65 in poverty? \_\_\_\_\_ %
  - b. What services are provided for the older adult in the community?  
\_\_\_\_\_
  - c. Is there a Senior Center in the neighborhood? \_\_\_\_\_ Is it active? \_\_\_\_\_
  - d. What churches are in the community? How are they active in human service concerns?  
\_\_\_\_\_  
\_\_\_\_\_
  - e. What service agencies and clubs that might support building a local LAH Program?  
\_\_\_\_\_
  - f. What is the possibility of in-kind and financial help from residents and businesses?  
\_\_\_\_\_
  - g. Will the community support building a local LAH Program? \_\_\_\_\_



h. What are the formal and informal networks in the community? \_\_\_\_\_  
\_\_\_\_\_

i. What might be some of the problems with starting a local LAH Program \_\_\_\_\_  
\_\_\_\_\_

j. Will local government agencies such as the Area Agency on Aging, Public Health Dept.  
work with the community? \_\_\_\_\_ How do you know? \_\_\_\_\_

k. What are the options available for older adults?

Housing \_\_\_\_\_

Services \_\_\_\_\_

Transportation \_\_\_\_\_

Work \_\_\_\_\_

Shopping \_\_\_\_\_

Accessibility \_\_\_\_\_

Social/cultural \_\_\_\_\_

Are older adults generally viewed as assets in the community? \_\_\_\_\_

6. Is there support for:

Publicizing the program? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_

Recruiting volunteers? \_\_\_\_\_ How? \_\_\_\_\_  
\_\_\_\_\_

Providing space for meetings? \_\_\_\_\_ Where? \_\_\_\_\_  
\_\_\_\_\_



## Community Demographics

Population in targeted area \_\_\_\_\_

Number over age 65 ? \_\_\_\_\_ Number over age 85 ? \_\_\_\_\_

Predominant race \_\_\_\_\_

Minority population \_\_\_\_\_ % Largest minority(s) \_\_\_\_\_

Educational level (median) \_\_\_\_\_

Owner occupied homes \_\_\_\_\_ % Types of rental units \_\_\_\_\_

Employment \_\_\_\_\_ % Predominant occupations \_\_\_\_\_

Employed females \_\_\_\_\_ % Occupations \_\_\_\_\_

Median family income \_\_\_\_\_

Median household income \_\_\_\_\_

Persons below poverty \_\_\_\_\_ % Families below poverty \_\_\_\_\_ %

Approved for Public Assistance \_\_\_\_\_ %

## Community Services Inventory

Agency/Organization \_\_\_\_\_

Services provided to older adults \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Services provided older adults \_\_\_\_\_

Agency/Organization \_\_\_\_\_

Services provided to older adults \_\_\_\_\_

Unmet needs? \_\_\_\_\_

\_\_\_\_\_



## Community Organizations

Organization	Contact Person	Date Called
<b>Churches:</b> _____		
_____	_____	_____
_____	_____	_____
<b>Service Organizations:</b> (Lions Club, Rotary Club, Junior League, Boy Scouts, Red Cross ...)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Other Organizations:</b> (League of Women Voters, 4-H, Senior Citizens, Women's Groups)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Social Service Agencies:</b> (Aging/Health, Local Legislators, mayor)		
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Institutions:</b> (Hospital, Nursing Home, Senior Day Care)		
_____	_____	_____
_____	_____	_____
_____	_____	_____



## Living At Home Network Programs

Como Park LAH/BNP .....	St. Paul 55108
Conway-Battle Creek LAH/BNP .....	St. Paul 55106
Dayton's Bluff LAH/BNP.....	St. Paul 55106
Hamline-Midway Elders LAH/BNP.....	St. Paul 55104
Highland LAH/BNP.....	St. Paul 55116
Longfellow-Seward Healthy Seniors Program .....	Minneapolis 55406
Macalester-Summit Hill Seniors.....	St. Paul 55105
Merriam Park LAH/BNP .....	St. Paul 55104
Nokomis Healthy Seniors Program.....	Minneapolis 55407
North East Neighborhoods LAH/BNP.....	St. Paul 55119
North End-South Como LAH/BNP .....	St. Paul 55103
Payne-Phalen LAH/BNP.....	St. Paul 55106
St. Anthony Park Seniors .....	St. Paul 55108
SouthEast Seniors LAH/BNP .....	Minneapolis 55414
Summit University LAH/BNP .....	St. Paul 55104
West 7th LAH/BNP .....	St. Paul 55102
Argyle's H.O.P.E Program LAH/BNP.....	Argyle
Atwater LAH/BNP.....	Atwater
Barnesville Area LAH/BNP.....	Barnesville
Foley Area C.A.R.E. ....	Foley
Neighbor to Neighbor LAH/BNP for Frazee and Vergas Elders.....	Frazee
Granite Falls LAH/BNP .....	Granite Falls
Grove City Area - C.A.R.E. ....	Grove City
Helping Hands Outreach.....	Holdingford
Mankato Hilltop LAH/BNP .....	Mankato
ANGELS, McGregor .....	McGregor
Middle River/Thief Lake LAH/BNP .....	Middle River
Healthy Seniors Program of Steele County.....	Owatonna
Living at Home of the Park Rapids Area .....	Park Rapids
Paynesville Rose Center.....	Paynesville
Pelican Rapids LAH/BNP.....	Pelican Rapids
Pine Island Area Home Services LAH/BNP.....	Pine Island
Rothsay PARTNERS .....	Rothsay
Northshore Area Partners - Silver Bay.....	Silver Bay
Stephen LAH/BNP.....	Stephen
Tri-Community LAH/BNP .....	Newfolden
Two Harbors Community Partners LAH/BNP .....	Two Harbors
Warren LAH/BNP.....	Warren
Willmar Community Senior Network LAH/BNP.....	Willmar

