

Chairman Damschen and members of the Legislative Management's interim Human Services Committee, my name is Myrna Hanson. I am the Executive Director of Community of Care, a nonprofit serving older adults in rural Cass County. Thank you for the opportunity to speak with you today. We also want to thank you for the funding we have received through the Department of Human Services budget. Those dollars are assisting clients to remain in their rural Cass County homes. We recently surveyed our clients who receive volunteer transportation to medical appointments. Of those responding, 100% reported they agree or strongly agree that our services are helping them remain in their homes.

We are pleased your committee is exploring the options to provide care for seniors living throughout rural North Dakota. According to the Department of Human Services, the average cost of a nursing home in North Dakota in 2014 is \$87,216. We believe state funding for programs such as ours provide cost-savings and a return on investment for the state by keeping people in their rural homes. An example of how our services are providing return on investment is a couple we serve. He is 95 and she is 87 years old. They are both in failing health, but continue to live in their rural Cass County home. If one of them required nursing home care, they would both need to move. At that point, if they were able to sell their home, the proceeds from the sale would be depleted in approximately 6 ½ months and both would need to apply for Medicaid. Community of Care has been serving this couple for 6 years. The couple reports that without our services "it would have been very doubtful for them to remain in their rural home."

I would like to give you a brief description of Community of Care and the services we provide. We began as a pilot project of the Good Samaritan Society in 2003. We provide all of our services free-of-charge, regardless of a person's income. We describe our program as a 4-legged stool:

- The One Stop Service Center staffed by a licensed Social Worker who provides information, referrals, help with completing fuel/food assistance forms, Medicare Part D drug plan enrollment and care coordination
- The Volunteer Program facilitated by a part-time Volunteer Coordinator. The most utilized aspect of the Volunteer Program is transportation to medical appointments. In 2013, our volunteers drove 13,144 miles bringing clients to medical appointments.
- The Faith Community Nurse program staffed by a part-time licensed RN who focuses on preventative care through blood pressure screenings, exercise programs, health education and outreach visits
- Support and Education are provided through presentations, website, Wellness Fairs, Conferences, newsletters, etc.

Since we began, Community of Care has focused on the concept of “Aging in Place.” In order to “age in place,” individuals need access to medical care, adequate housing, transportation, a social support system and a supportive community. We believe those “Aging in Place” concepts are critical to establishing additional programs.

There are several reasons Community of Care has been successful. We believe those same reasons are critical to piloting additional programs.

- We had local champions with the skill set to organize community leaders and local efforts
- It was a grass roots effort involving local leaders such as health care professionals, local business people, clergy, etc.
- Our steering committee conducted focus groups with local community members to identify and then prioritize community needs
- We have staff and board members who are members of the local community and know the needs, as well as the available resources
- We have focused on filling the gaps. We are not trying to duplicate existing services

Our suggestions for possible expansion and/or replication of existing models would include the following:

- First, the Department of Human Services contract the services of a community organizer or community developer to work with local communities. Individuals with these skills are important to guiding and directing the process.
- The contract staff would work with the Department of Human Services to identify potential communities. We believe community might mean a county, area or region. Consideration should be given to community demographics, proximity to health care, available community leaders and local resources. Legislators in potential areas would be valuable resources in identifying community leaders, those LOCAL CHAMPIONS.
- Our suggestion would be to select 4 – 6 potential sites and then prioritize the sites to select the top 2 or 3 locations. I grew up on a farm in rural Grand Forks County. In my opinion, a potential site would be a community serving parts of Grand Forks, Trail, Nelson and Steele Counties.
- We suggest the consultant work with community leaders in the 2 or 3 sites selected
  - By focusing on 2 or 3 sites, we believe it increases the likelihood for success. More attention will be provided by the consultant to those 2 or 3 locations.

- Focus groups of community members in several locations within the site area would be used to identify community needs, strengths, challenges, barriers, available resources, etc.
- After the first year, if the selected sites have local champions willing to lead the grass roots efforts and individuals willing to serve on a steering committee, we suggest providing funding to hire part-time local staff to continue organizing the local efforts and begin providing services based on local needs. Possible service options might include:
  - Transportation to medical appointments and social service offices. This provides health, financial, socialization and supportive community benefits. Recruitment, background checks and training of volunteers is an essential element of this program area.
  - Exercise Programs which provide health and socialization benefits. The participants in our exercise class report socialization as their favorite part of the class.
  - Medicare Part D drug plan which provides health and financial benefits
  - In 2013, Community of Care staff served 246 individuals during Medicare Part D drug plan open enrollment. The total savings for these clients was \$101,370 or an average of \$412/client. Those savings provide dollars now available for other expenses, potentially reducing individuals' needs for fuel or food assistance.
- During the 2<sup>nd</sup> year of the biennium, we suggest the contract staff begin working with the additional locations identified and repeat the process. The consultant would continue to work with the first group as those locations begin providing services
- We suggest contracting the services of an organization with expertise in training nonprofits on critical issues such as board selection and training, governance, fundraising, marketing, grant writing, etc. Community of Care has benefited from the expertise of the Impact Foundation and the F-M Area Foundation, both of whom specialize in working with nonprofits.
- We suggest the state provide grant funding to assist organizations with the 501c3 process of developing bylaws, articles of incorporation, etc. With each organization having their own 501c3 status, it provides for local ownership
- The Department of Human Services contract a grant writer to submit applications to granting organizations such as the Otto Bremer Foundation and the Bush Foundation. The grant applications would be submitted in partnership with several locally sponsored organizations. Program directors from both the Bremer and Bush Foundations have told us they have grant money available for

Community Innovation projects. We believe this is an opportunity for start-up money for locally owned and sponsored organizations.

- During the 2017 – 2019 biennium, we recommend continued funding for these organizations and expansion to additional sites, as we believe the state will experience a return on their investment and North Dakota seniors will be assisted to remain safely in their rural homes.

We believe the most important element to launch and achieve success with additional programs is a LOCAL CHAMPION OR LEADER with the appropriate skill set. The need for a grass roots effort and identification of local needs is critical.

Margaret Mowery, the Vice President of our board of directors is joining me today. She will share a more specific example of how we see the process unfolding.

Good afternoon Chairman Damschen and members of the Legislative Management's interim Human Services Committee. My name is Margaret Mowery. I am a member of the board of directors for Community of Care. I am present today to give you an example of how this model could be implemented in communities in North Dakota.

Myrna has presented a plan with the Department of Human Services as the lead agency. Their efforts would be aided by collaboration with existing programs such as Community of Care, Senior Service agencies, and others. Here are four key steps to implementation.

1. Site selection is a key element in the creation of new community organizations. This would include a mapping system identifying North Dakota hospitals, care facilities, senior services available, population considerations, and distances traveled to services. DHS would inform community leaders that start-up funds are available to address the implementation of their community plan. These sites will be rural communities or regions where many services are not currently available.

2. Key stakeholders invited to participate. The interested parties would include, existing service agencies, county extension, medical providers, senior living providers, religious representatives, senior groups, schools, business leaders, any existing volunteer groups and legislative leaders. An introduction of the approach or model will be presented. All participants in the meeting will then identify the needs of their community, the strengths of their community, and the barriers that they may encounter, and give input to the model. This will strengthen the approach and create shared investment and commitment.

3. Creating solutions to the challenges would be the next step. Some of the challenges may include: How will we fund this organization, how will we staff it, where will our volunteers come from, where will we provide our services and how will we organize and grow to meet the needs of the seniors in our community? How will we address the importance of documenting and reporting our successes?

4. Shared ownership. The last critical element of success is to ensure all parties have shared ownership in the mission and approach to this new organization that will be created to serve critical needs in the community. The Board of Directors and the program director and staff should continue to collaborate with all existing resources, to organize a solid system of volunteers, and to implement new services that are essential to their clients well being. These may include transportation, education, visitation, socialization, and physical and mental exercise programs.

This approach has worked for our communities in the past. We believe this model works because it gives ownership to the rural community adopting it. We also realize that this model will appear different in each community according to their needs and the resources available.

Thank you