Nevada COVID-19 Aging Network (NV CAN) Rapid Response

Final Plan: March 26, 2020

Rationale:

Directly alongside the public health, health care and financial crises of the Coronavirus (COVID-19) pandemic sits an AGING SERVICES CRISIS that has the potential to negatively impact all elder Nevadans. However, the severity of its impact can be mitigated with an integrated, statewide rapid mobilization of state, county, academic, community-based and volunteer resources.

Elders are disproportionately affected by COVID-19 in terms of the impact of the virus on their health, with estimated mortality rates elevated for all Nevadans ages 50 and older, and mortality potentially reaching as high as 25% among people 80 years and older. Simply put, all elder Nevadans need to stay home for the foreseeable future. This means that the statewide Aging Services Network, led by the Nevada Aging and Disability Services Division (ADSD) and supported by county senior services agencies and numerous community-based aging services organizations, needs to immediately mobilize an integrated, well-coordinated effort to meet elders' life-sustaining and urgent physical, social and emotional needs. The Aging Services Network has historically served low-income and high-risk elders with multiple chronic conditions and cognitive impairment by offering a wide range of support and education services; doing so with a workforce already stretched thin. Today, in this present crisis, ALL elders are at-risk, homebound elders. Thus, all 454,221 elder Nevadans are at risk of death, serious illness, social isolation, food insecurity and lack of needed medications.

The entire Aging Services Network must be immediately mobilized for rapid action around a single goal with key, achievable objectives. Together, **Nevada CAN** and will sufficiently support elders in their homes to keep them safe, well-supplied and connected to needed social and health resources.

NV CAN Goal:

To mobilize all available resources and ensure that every elder Nevadan has access to medical, social and daily essentials in their home, and thus reduce COVID-19 exposure and impact, by ensuring all elders are safe, that their basic daily requirements and medical needs are met, and that they are free from social isolation during this time of physical separation.

NV CAN Objectives:

- 1) To communicate actively with all homebound, community-dwelling elders *and* aging service providers through widespread dissemination of credible information and resource availability.
- 2) To mobilize a core of volunteers to connect via telephone and internet with homebound, community-dwelling elders to check on basic, medical and social service needs, as well as to engage them in meaningful one-to-one social interactions and virtual small-group peer support opportunities.
- 3) To assess individual needs and deliver tele-social work as well as primary care, geriatrics, psychiatric and other available clinical services via telemedicine to homebound, community-dwelling elders.
- 4) To assess individual needs for support in basic daily requirements of homebound, community-dwelling elders (i.e., food, medication, transportation, etc.) and mobilize county senior service agencies, volunteers, and community aging services organizations in meeting elder needs through home delivery.

Major Activities:

- 1) **Mobilize statewide media campaign** to broadly advertise and direct elder Nevadans (60+), other concerned citizens, potential volunteers and donors to the **NV CAN website.** This effort will be led by Communications and Outreach Action Team (COAT).
- 2) Launch and maintain NV CAN website as an age- and dementia-friendly website to include:
 - a) Information and resource link: Connects to Nevada Health Response website, as well as state and federal websites for accurate information and updates
 - b) Online form to request needed services and resources (completed by, or on behalf of, an elder)
 - c) Program and resource page: Information regarding available statewide aging services and programs
 - d) Volunteer sign-up portal and donation button to contribute time and resources to NV CAN
 - e) Aging network provider link: Information, resources and funding opportunities for provider network
- 3) The **online form** links to a database accessed by ADSD / Aging and Disability Resource Center (ADSD) **case managers** who immediately triage and connect elders to service providers based on reported needs. Case managers use an easy-to-follow list of service providers in each county, as well as various statewide resources, to facilitate service connection in collaboration with three NV CAN Action Teams.
- 4) Elders connect with NV CAN services

<u>Essential Daily Needs</u>: The **Food and Medication Action Team** (FMAT) will work with county services in each of Nevada's 17 counties to deliver food and medications, bringing enhanced county capacity through mobilizing volunteers into a new *County Compassion Corps* to either grocery shop or pick-up packages at pre-determined locations and deliver to elders. The NV CAN Leadership Team will aim to establish relationships with grocery store chains statewide to pre-pack essential groceries for easy pick-up and delivery, with an account charged to ADSD. Food and medication recipients with means, or any community member, can donate to the fund, managed by ADSD.

<u>Virtual Social Support</u>: The **Social Support Action Team** (SSAT) will provide two types of social support, including regular checks of elder status and needs. Elders can opt for either or both options.

- A. One-to-One Check-in Calls: Will leverage service-learning students from NSHE institutions as well as other aging service and community volunteers who will receive training, a client list and reporting tools to support a group of specific individuals (10 elders per volunteer) on an ongoing basis, with calls at least twice per week, engaging in meaningful social interaction and utilizing the online form as a resource.
- B. Small-Group Peer Support: Will recruit and train a network of volunteers to create virtual 'NESTs' for all interested elders via Zoom and teleconference. [Note: NEST stands for Nevada Ensures Support Together.] NESTs provide facilitated small-group peer support. It's not just about what NV CAN do for elders, but also what elders can do for each other.

Telehealth Resources: The **Telehealth Action Team** (THAT) will manage two clinical services.

- A. Tele-Social Work: Licensed social workers from aging services organizations and NSHE student interns will deliver assessment and case management services.
- B. Telemedicine: Licensed health care professionals will use integrated clinical referral process to deliver primary care, psychiatry, geriatrics and other clinical services as available.

NV CAN Rapid Response Leadership Team:

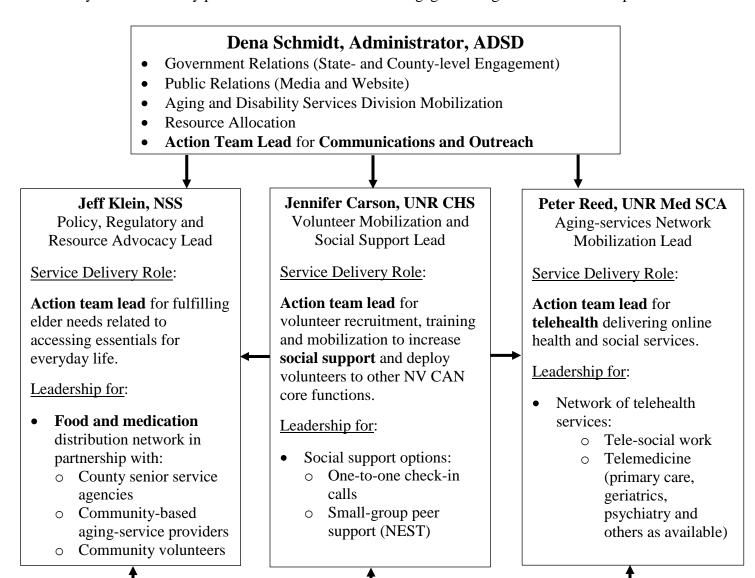
Director: Dena Schmidt, Administrator, NV Aging and Disability Services Division (ADSD), Carson City

Co-Director: Jeff Klein, CEO, Nevada Senior Services (NSS), Las Vegas

<u>Co-Director</u>: **Peter Reed**, PhD, MPH, Director, UNR Med Sanford Center for Aging (SCA) and Professor of Community Health Sciences (CHS), Reno

<u>Co-Director</u>: **Jennifer Carson**, PhD, Director, UNR CHS Dementia Engagement, Education and Research (DEER) Program / Dementia Friendly Nevada, Reno (works extensively with rural NV communities)

<u>Network Mobilization</u>: **Entire statewide network** of state- and local-government service agencies, community-based aging-services organizations and university-based resources will support an integrated response to the needs of homebound elders in Nevada during the COVID-19 aging-services crisis. Specific community-service delivery partners will be identified and engaged throughout launch and implementation.



<u>NV CAN Action Teams</u>: Communications and Outreach Action Team (COAT); Food and Medication Action Team (FMAT); Social Support Action Team (SSAT); and Telehealth Action Team (THAT)

Partners Mobilized:

- Nevada Aging and Disability Services Division
- County Senior Services / Social Service Agencies (in all 17 counties)
- 27 Nevada Tribal Governments and the Inter-Tribal Council of Nevada
- Community-based aging services organizations (current ADSD grantees and others)
- Nevada Geriatric Workforce Enhancement Programs (UNLV and UNR GWEPs)
- NSHE general undergraduate student volunteers
- NSHE medical, nursing, social work, public health and physician assistant programs, as available
- Existing community volunteers in the Aging Services Network
- New community volunteers
- Clinical social workers and social work student interns
- Telemedicine medical providers (primary care, geriatrics, psychiatry and others)
- Local and statewide media outlets

Key Activities, Proposed Timeline and Accountability for Rapid Mobilization:

Completion Date*	Key Activity	Accountable
Week 1	Announce NV CAN and recruit partners to participate in Action Teams and service delivery activities at state and local level	Leadership
Week 1	Orient all partners to the mobilization strategy as well as their unique roles on Action Teams and appropriate service delivery participation	Leadership
Week 1	Redirect <i>available</i> , non-essential aging services funding <i>within</i> each currently-funded organization to NV CAN statewide mobilization	ADSD
Week 1	Provide additional emergency funds to close gaps in infrastructure and capacity (amount TBD)	DHHS
Week 1	Launch NV CAN website and outreach campaign to raise awareness of statewide mobilization and alert elders to available resources	COAT
Week 2	Finalize volunteer service plan, tools, training programs and materials	All Teams
Week 2	Finalize 'check-in' tool and call-management functionality	SSAT
Week 2 (Ongoing**)	Recruit, enroll and train student and community volunteers	Leadership + SSAT
Week 3	Initiate statewide integrated NV CAN service delivery	All Teams
Ongoing**	Deliver social support services as requested by elders	SSAT
Ongoing**	Respond to elder service requests by triaging elders in need to: 1) available services coordinated by action teams and service agencies	ADRC + 211
Ongoing**	Connect elders with needed local services to meet urgent basic daily needs (i.e., food, medications, pet care, etc.)	FMAT
	Connect elders with needed tele-social work and telemedicine primary care, geriatrics, psychiatric and other needed health services	THAT
Ongoing**	Monitor and evaluate elder service utilization and key outcomes	Leadership
Ongoing**	Sustain integrated mobilization of aging services until COVID-19 crisis has abated and elders return to routine community activities	All Action Teams

^{*}Expected NV CAN launch by March 30, 2020. ** Anticipate 90 – 100 days of full implementation.

Integrated Aging Services Flow & Triage Strategy:

Media Campaign and Service Agency Outreach: Elders or Surrogates Complete Online Needs Form or Call for Service

Lead: COAT and Community-service Agencies

Case Manager Needs Assessment and Triage

Arrange immediate transport to nearest hospital or clinical site (if needed)

Lead: ADSD / ADRC and 211 Call Center

Daily Essentials Delivery Mobilization

All County Senior Center services in elders' geographic area made available as necessary (with additional capacity from local aging service partners). Mobilize:

- Food delivery
- Medication delivery
- Pet support
- Transportation

***Supported by County Compassion Corps (CCC)

Lead: FMAT

Needed: County agency volunteer manager increases capacity by coordinating activities of CCC

Social Support Services

Resource Options:

- One-to-one weekly checkin and support
- NEST group peer support and check-ins

Lead: SSAT

<u>Fulfilled by</u>: Core of student and community volunteers

General Online Program Offerings

Elders invited to participate in any online programs offered by community-based aging service providers:

- Education
- Wellness
- Social Engagement

Offered online by any aging services organizations.

<u>Needed</u>: Online menu of program offerings

Telehealth Services

Service Options:

- Tele-Social Work
 Services: Assessment,
 Case Management and
 Counseling
- Telemedicine Services:
 - Primary Care Geriatrics
 - o Psychiatry
 - Other clinical services as available

Lead: THAT

<u>Fulfilled by</u>: Integrated core of licensed social work and medical professionals with health professions students and interns.

<u>Needed</u>: Integrated referral system / IT support.