WELCOME to the

Neighbors Helping Neighbors ECHO: Rural Communities Sharing Successes and Solving Common Problems

In Partnership with the Center for Advancing Rural Health Equity

Series Learning Objectives

- Effectively engage the abundance of human good will in our communities to support neighbors as helpful.
- Structure outreach efforts, and utilize tools and resources, to most effectively meet our neighbors' needs.
- Develop collaborative relationships between community members, community organizations, and health systems to nurture the health and well-being of our communities.

Series Sessions

Date	Session Title
1/14/2026	What is your purpose
1/28/2026	Planning for success
2/11/2026	Building your volunteer workforce
2/25/2026	Common challenges
3/11/2026	Building key partnerships for success
3/25/2026	Learning together to move forward

Building Caring Communities

Kate Hoepke, MBA – Founding Partner and Board Chair

www.villagemovementcalifornia.org

The Village Model

Villages are community-based organizations that connect older adults to the community, programming, and expertise they need to sustain independence and remain in charge of their lives as they age.

Building an Infrastructure

- Intentionality – Purpose – Know your WHY
- Rooted in Relationships
- Reciprocity and Pro-Social Values
- Shared Mission, Vision, Values
- Shared Leadership
- Group Agreements - Accountability

Relational Leadership

R= Respond by balancing giving and receiving

E = Empathize by connecting with heart

L = Listen by uncovering feelings and needs

A = Appreciate by welcoming different perspectives

T = Trust by speaking authentically

E = Equalize by valuing process with outcomes

Assess Need

- What need are you trying to fill?
- Who are your stakeholders?
- Know your demographics

Asset Mapping

- What already exists to meet the needs you've identified?
- Where are the gaps?
- What are the strengths and resources of your community? Potential partners?

Potential Pitfalls

- Misalignment of vision, values and implementation
- Poor communication
- Unaddressed conflict
- Lack of leadership/stewardship

WELCOME to the

Neighbors Helping Neighbors ECHO: Rural Communities Sharing Successes and Solving Common Problems

Session 2, Planning for Success
January 28, 2026

In Partnership with the Center for Advancing Rural Health Equity

Organizational Structures and Revenue Streams

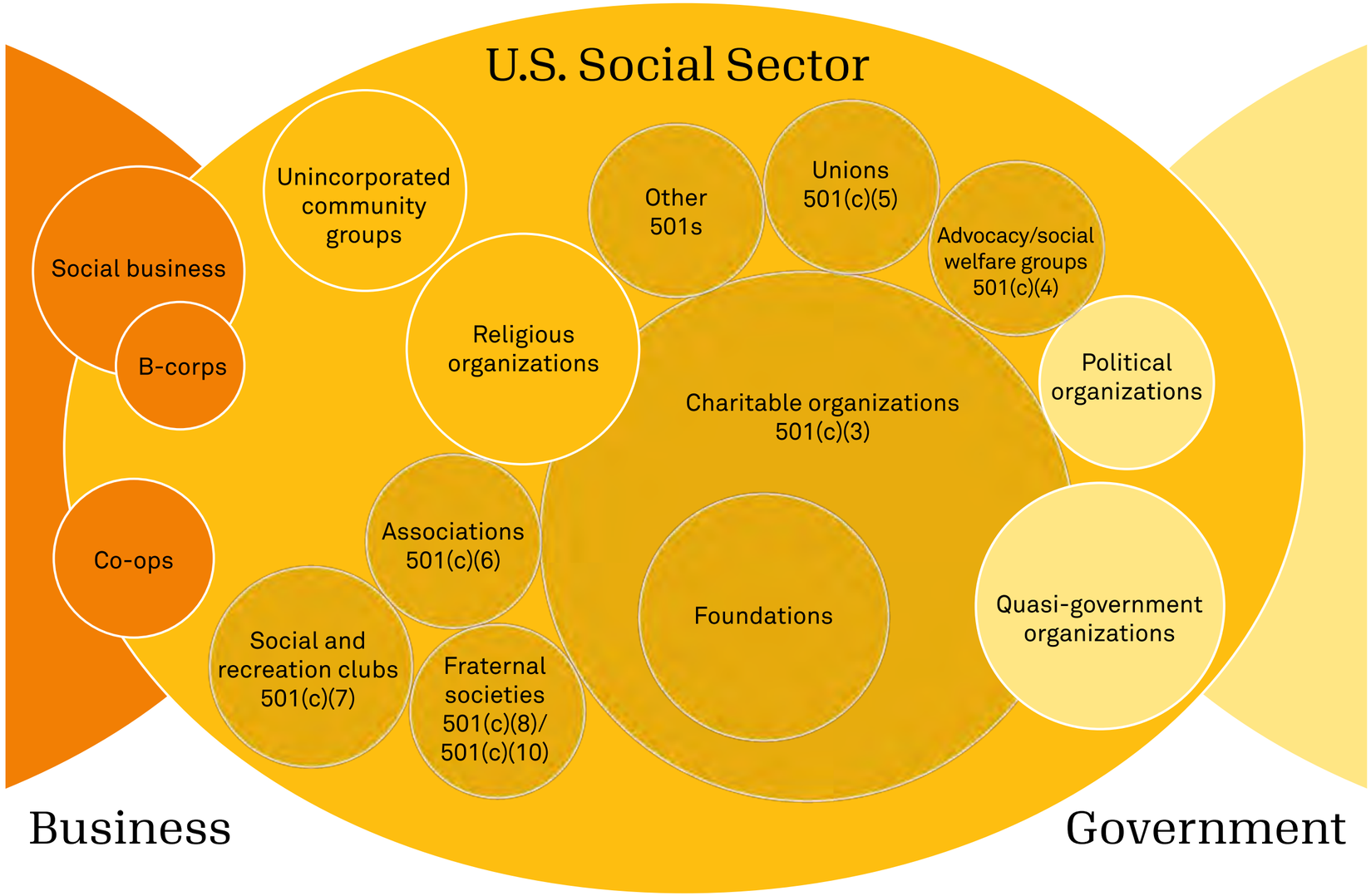
Keryn Kriegl, Project and Relationship Manager, NH Center for Nonprofits

Dartmouth Health

Project ECHO

NEW HAMPSHIRE

CENTER FOR NONPROFITS



https://candid.org/impact-insights/us-social-sector/

NH Nonprofit Sector

INDEPENDENT SECTOR

The Nonprofit Sector in

New Hampshire

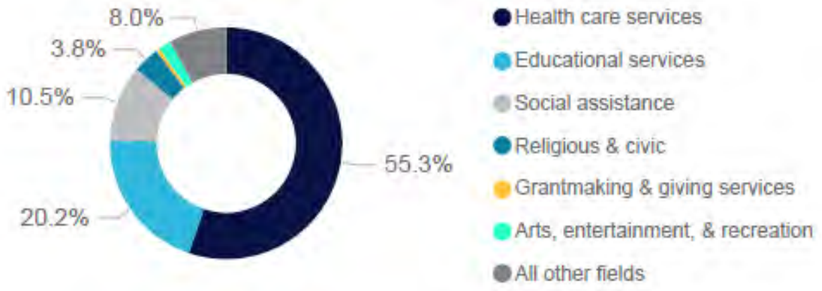
Access additional data and see sources at:

https://independentsector.org/nonprofit-state-profiles/

Nonprofit organizations in New Hampshire address pressing challenges every day and lift up people and communities in need. Whether they provide housing, nutrition, spiritual and artistic inspiration, disaster relief, or any other critical services, nonprofits are a powerful force for good.

9,069	734	$150.3 million	84,168	14.3%
Number of nonprofits	Number of foundations (990-PF return)	Contributions, gifts & grants paid by foundations	Jobs generated	Share of private workforce employed by nonprofits

Nonprofit employment by service area

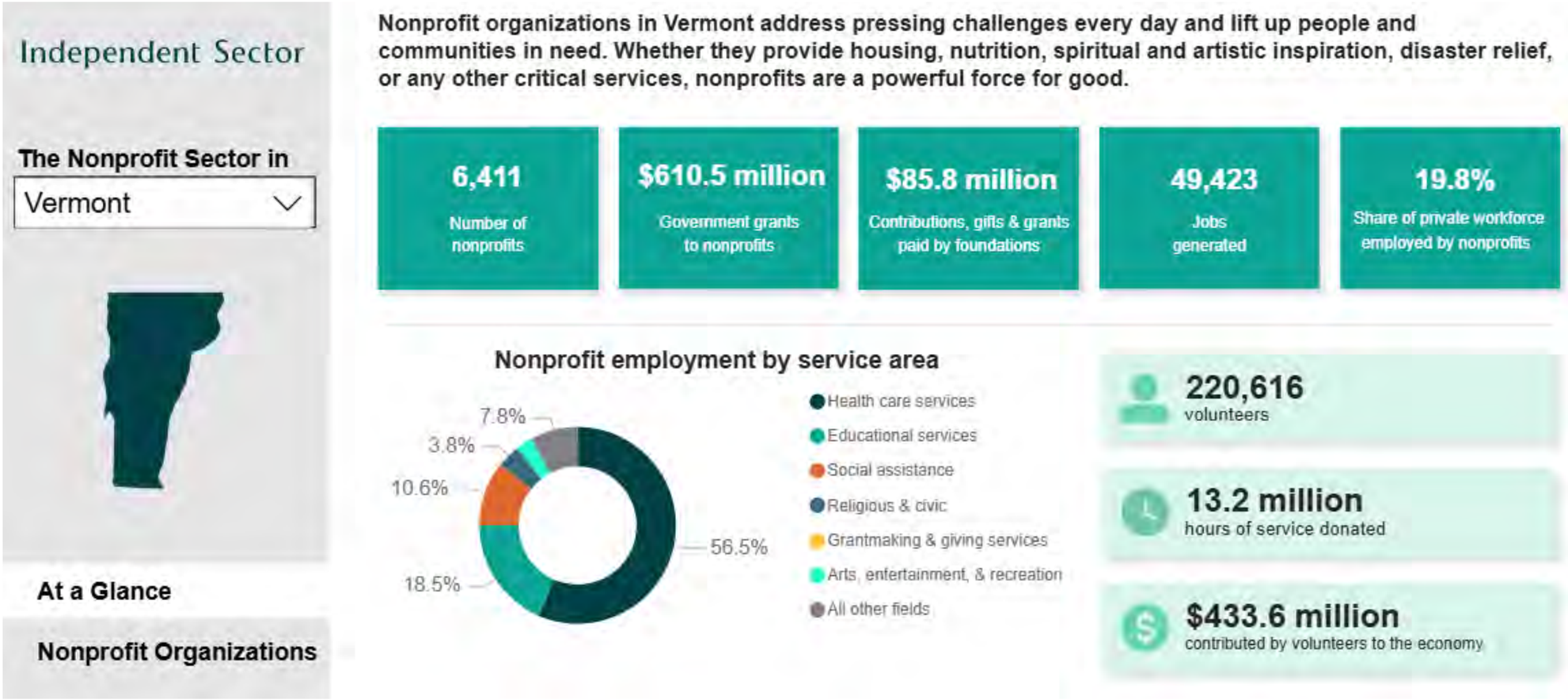


347,787
volunteers

32.0 million
hours of service donated

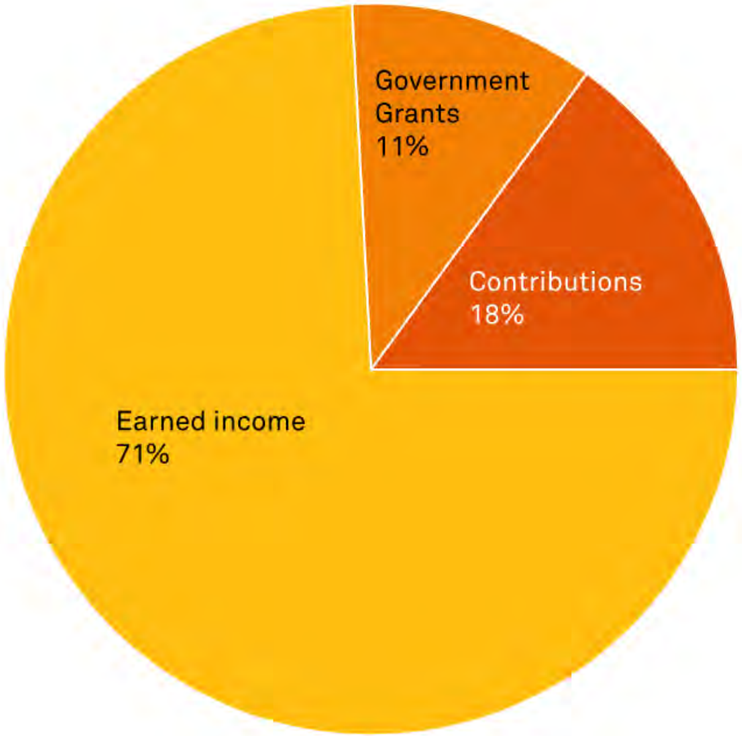
$1.1 billion
contributed by volunteers to the economy

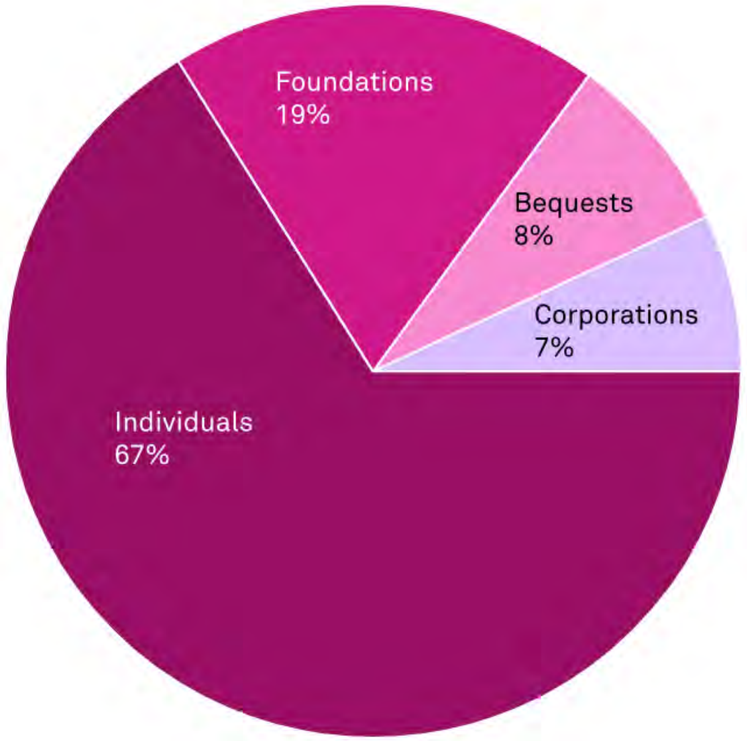
VT Nonprofit Sector



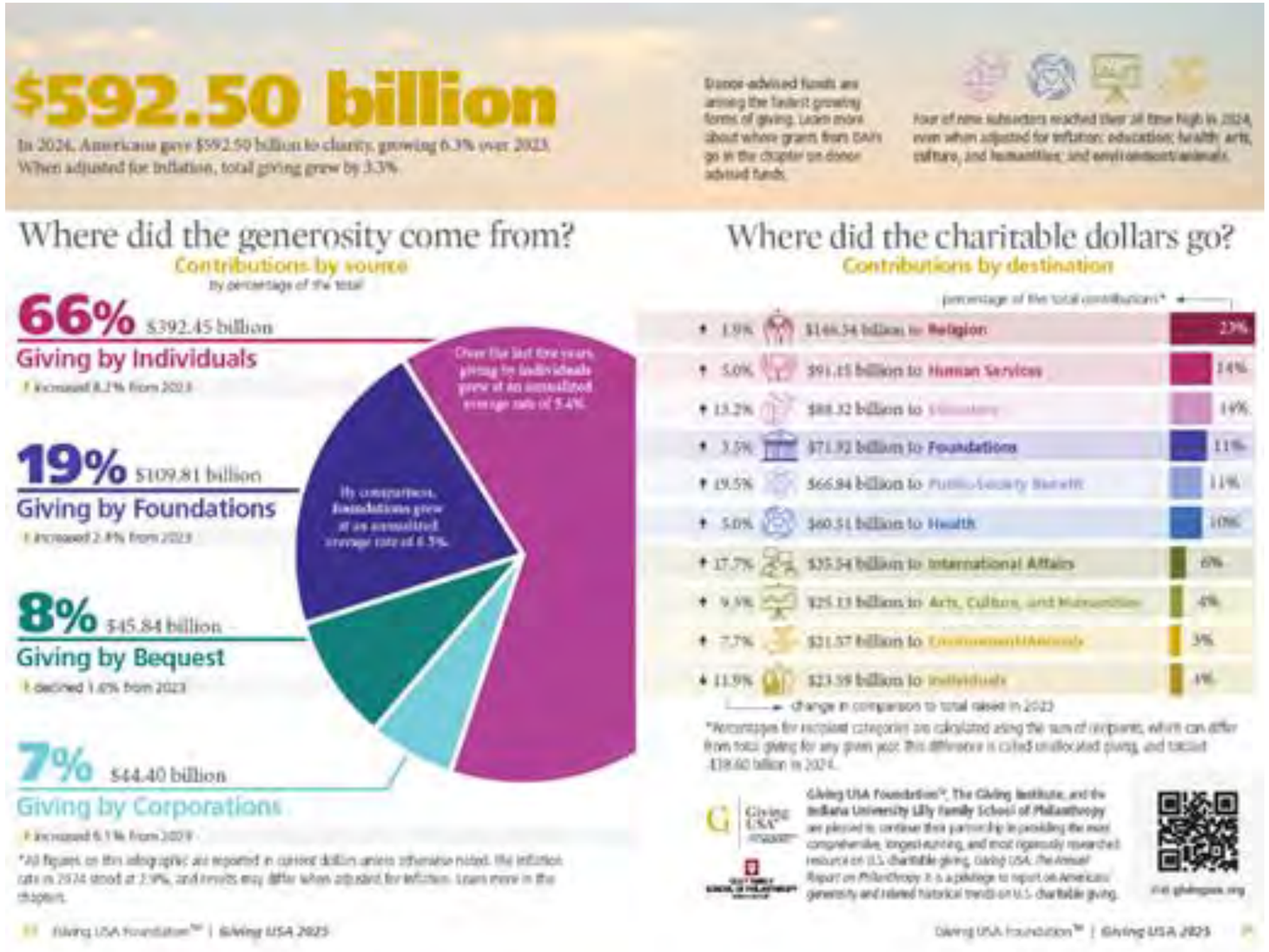
https://independentsector.org/nonprofit-state-profiles/

Revenue Streams





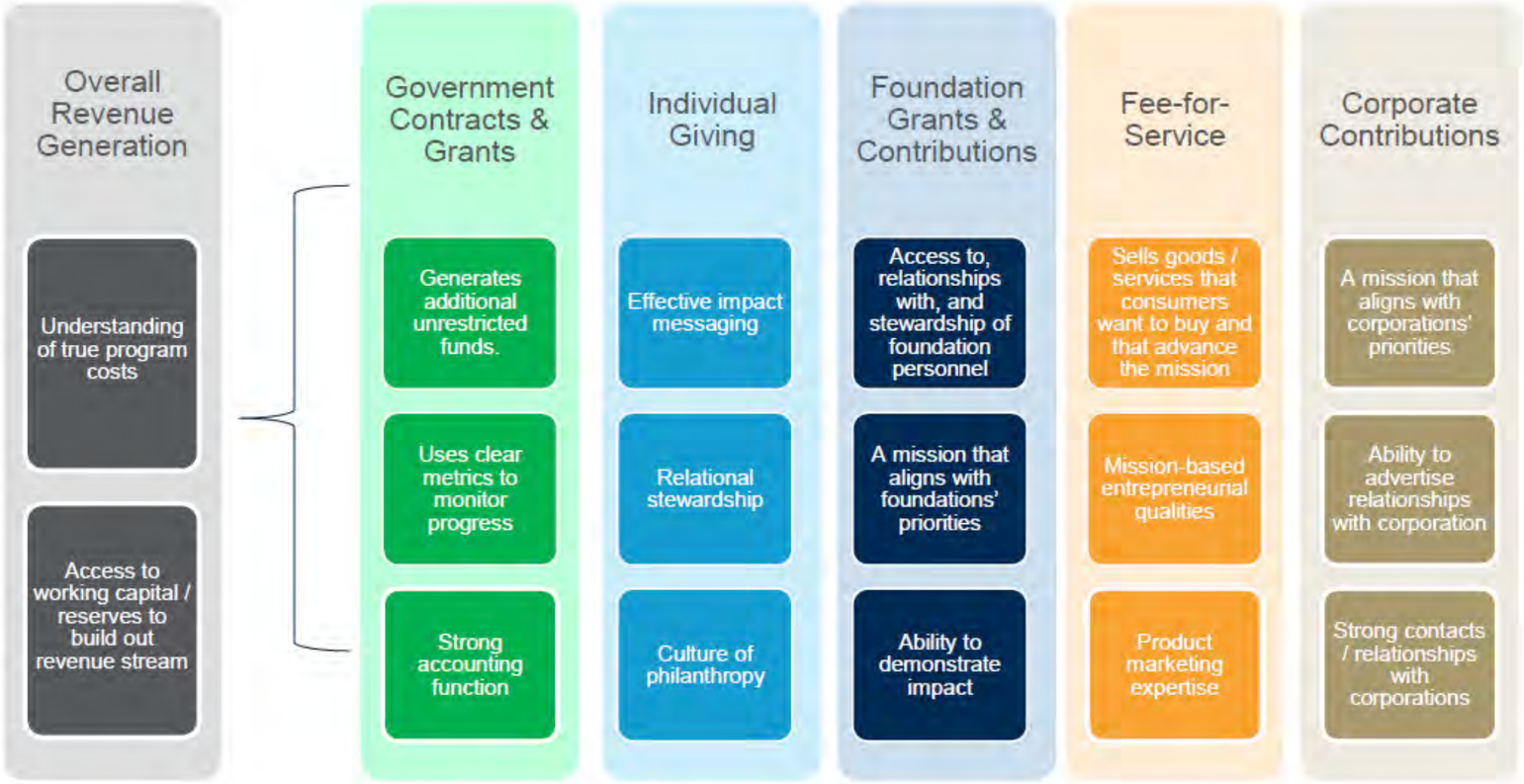
https://candid.org/impact-insights/us-social-sector/money/



https://givingusa.org/giving-usa-2025-u-s-charitable-giving-grew-to-592-50-billion-in-2024-lifted-by-stock-market-gains/

spectrum nonprofit services

REVENUE CAPACITIES



https://spectrumnonprofit.com/resource/revenue-capacities/

Key Takeaways

Over 5%

contributed by U.S. nonprofits to the economy in 2024.

U.S. Bureau of Economic Analysis, 2025

88%

of nonprofit organizations report receiving individual donations in 2024.

Nonprofit Finance Fund, 2025

32%

of nonprofit organizations report having less than three months of cash on hand.

Nonprofit Finance Fund, 2025

81%

of nonprofits report struggling to raise enough funds to cover all their costs.

Nonprofit Finance Fund, 2025

https://healthysector.org/economy-finance/ and https://nff.org/

12 Questions to answer before forming a charitable nonprofit

- What will the charitable purposes of the organization be?
- What core activities will it perform?
- Who will benefit from the activities of the organization?
- Have you considered alternatives to forming a new nonprofit, such as fiscal sponsorship or donor advised funds?
- Are there existing nonprofits with a similar mission, and, if so, have you discussed your ideas with them?
- Can your mission be furthered more effectively and efficiently by an existing nonprofit?
- Can you attract sufficient resources to start and operate a new nonprofit?
- What will your primary source of income be? (donations from individuals/foundations, generated earned income, etc.)
- Have you drafted a business plan, including a three-year projected budget?
- Are you familiar with what it takes to start and run a nonprofit in compliance with the laws and best practices?
- Whose help will you need to form the nonprofit and get it running?
- Do you have enough interested people to form a board of directors? Do you know the minimum size of a board in your state?

Advantages

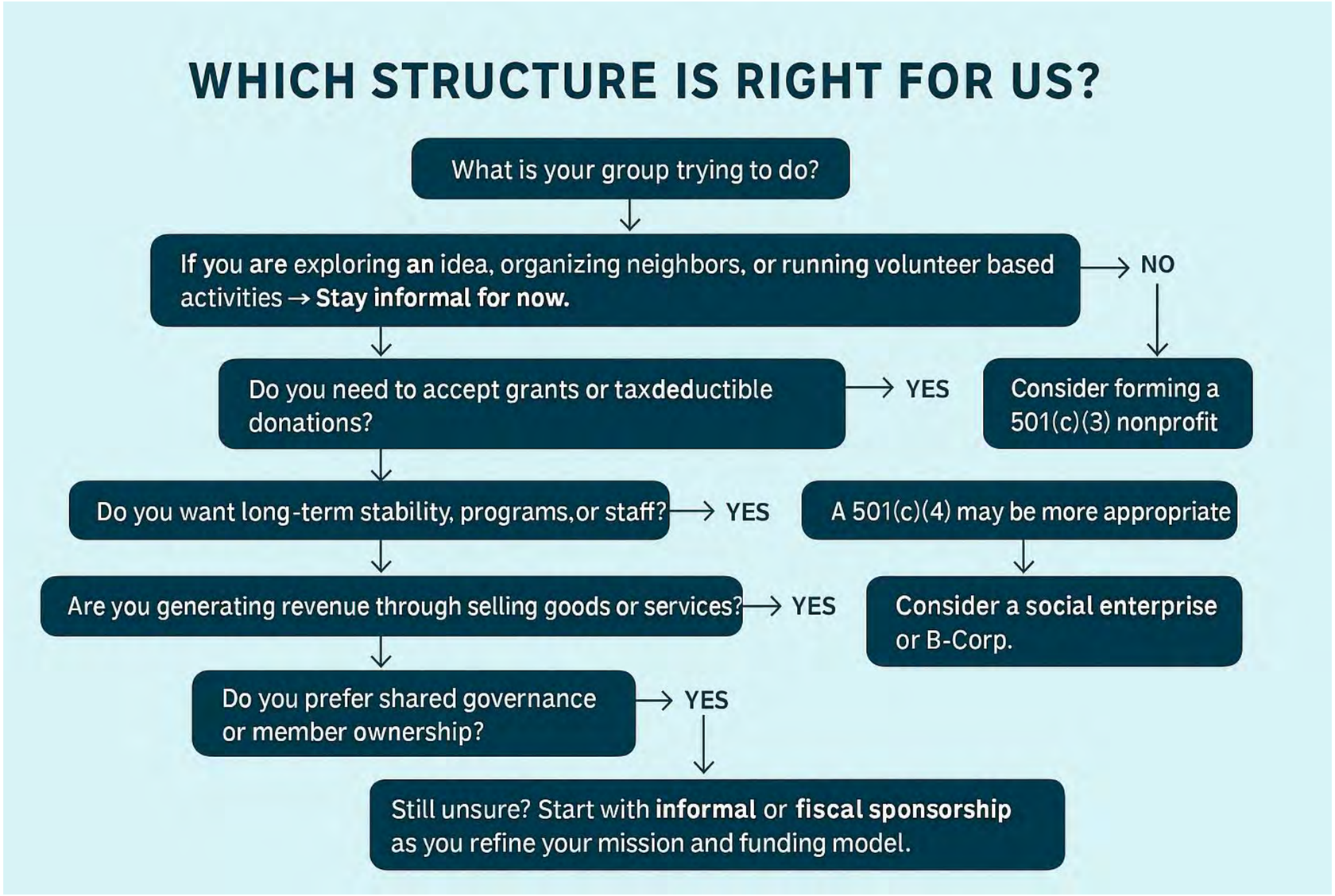
- Tax exemption or deduction
- Ability to offer Tax-deductible contributions
- Eligibility for public and private grants
- Formal structure
- Limited Liability Protections

Disadvantages

- Cost - financial and time
- Paperwork and compliance
- Shared control-must work with a board
- Transparency & Scrutiny by the public
- Competition for funding

Dartmouth Health

Project ECHO



Resources

- IRS Charities and nonprofits
- NHNonprofits.org and subscribe to Nonprofit Notes e-newsletters
- New Hampshire Nonprofits LinkedIn Group
- New Hampshire Charitable Trusts Unit and Free Training
- SBDC New Hampshire
- GoodWork
- CommonGood Vermont
- Vermont Consumer Protection Unit
- Social Impact Commons Fiscal Sponsorship 101

Thank you!

Keryn Kriegl
kkriegl@nhnonprofits.org

PLANNING FOR SUCCESS
CASE STUDY

Kearsarge Neighborhood Partners

STEVE ALLENBY, CHAIR
KEARSARGE NEIGHBORHOOD PARTNERS
KNPnh.org

KNP
Kearsarge Neighborhood Partners

Four Key Assumptions

- We are ALL neighbors
- People want to make a positive difference

  "Purpose is the place where your deep gladness meets the world's needs." – Frederick Buechner

- Catalyst to bring community partners together
- Flexible time expectations for volunteers

  "No guilt" organization

KNP
Kearsarge Neighborhood Partners

VISION

We envision a community where neighbors help each other flourish and everyone has the opportunity to experience material, spiritual, and relational wholeness.

KNP
Kearsarge Neighborhood Partners

MISSION

KNP collaborates with individuals and organizations to create a vital and resilient community, empowering people to achieve the lives they aspire to live.

KNP
Kearsarge Neighborhood Partners

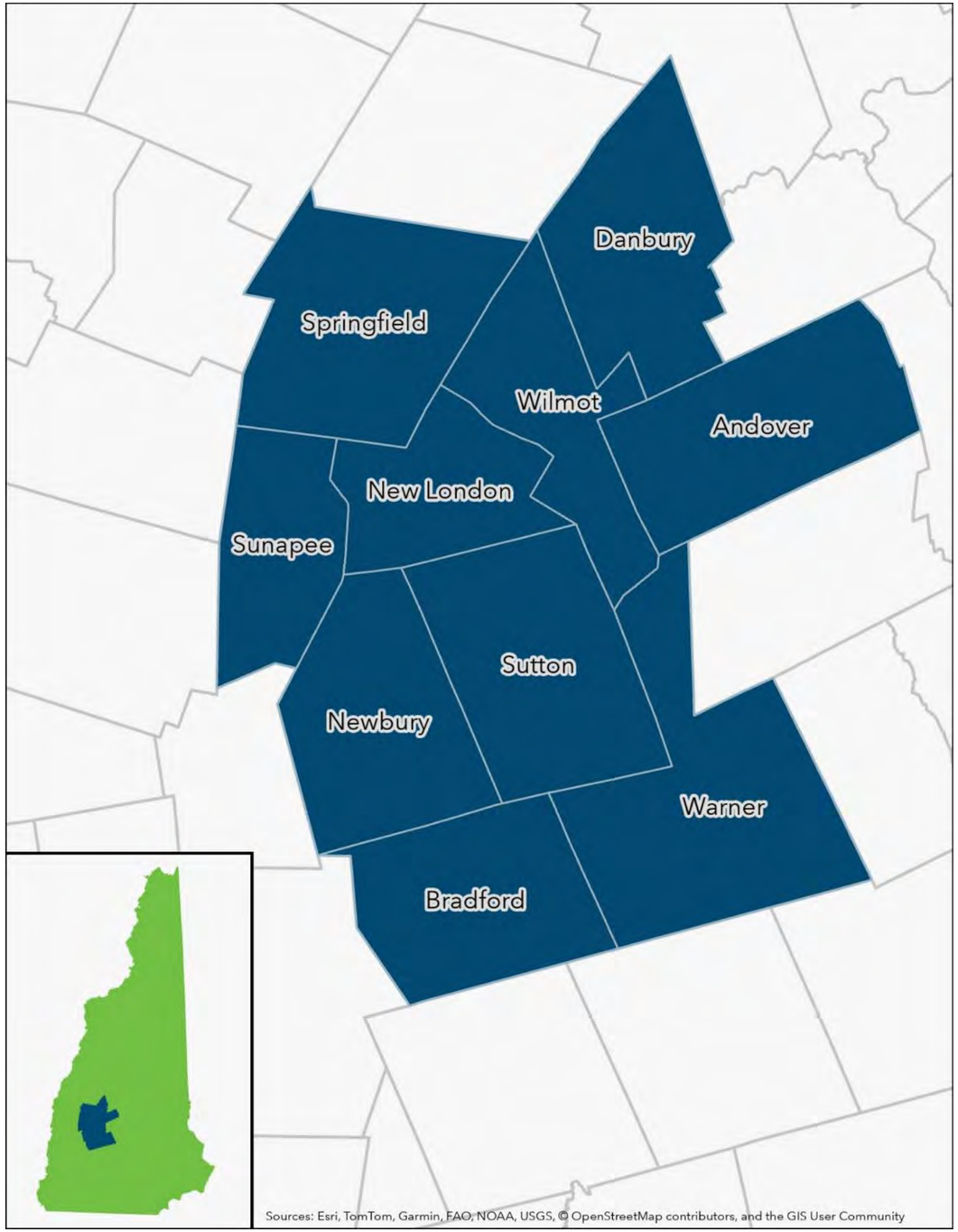
PRINCIPLES

- Respect human dignity and embrace the transforming power of love and compassion.
- Interpersonal relationships with individuals and families can empower our community.
- Do not do for others what they have the capacity to do for themselves.
- Recognize the value of reciprocity.
- Seek opportunities for those we serve to join us in building community.

KNP
Kearsarge Neighborhood Partners

GEOGRAPHIC FOCUS

12,000 +/- people



KNP
Kearsarge Neighborhood Partners

On Your Mark, Get Set, Go!

- Early 2019 - started discussions re improving community

- End of 2019, agreed on:
  - Vision, Mission, Principles,
  - Organization name
  - Articles, Bylaws, and Officers

- February 2020 - filed as NH nonprofit and 501(c)3

- Mid 2020 – established:
  - domain name
  - website
  - monthly newsletter
  - information system

KNP
Kearsarge Neighborhood Partners

Initial Focus: Advocacy and Flash Missions

- Advocacy
  - Teams of 2 work with households who could move out of crises with some help
- Flash Missions
  - One-time activity
  - Under 2 hours

KNP
Kearsarge Neighborhood Partners

Our Evolution

- Advocate program has had limited growth
  - Advocate referrals too complicated
  - Program needed more structure
- Flash missions have multiplied/expanded their scope
- Discovered the need to work with community partners to address systemic social issues
  - Kars for Kearsarge - 21
  - Tray it Forward – 400+ seedling trays
  - Window Dressers – 200+ storm windows
  - Seedling Program

KNP
Kearsarge Neighborhood Partners

Bumps in the Road

- Grew to 260 volunteers by the middle of 2021
  - COVID
  - Volunteer Coordinator burned out Dec. 2021
  - Hired a 15 hour/week volunteer coordinator
- 2024 realized that we did not adequately know our volunteers and community partners
  - Upgraded our information systems – more secure and better volunteer information
  - 2025 - Hired part-time Partnership Coordinator to improve partnerships and back up VC

KNP
Kearsarge Neighborhood Partners

Lessons Learned From Our Formation

- Agree on “what” you want to accomplish before discussing “how” to do it
- Look for the holes that need to be filled
- Establish a vision, mission and values for your group
- Develop structures/bureaucracy only when necessary
- Err on the side of action – act now and adjust later
- Start with a manageable scope – then be flexible to follow where you might expand

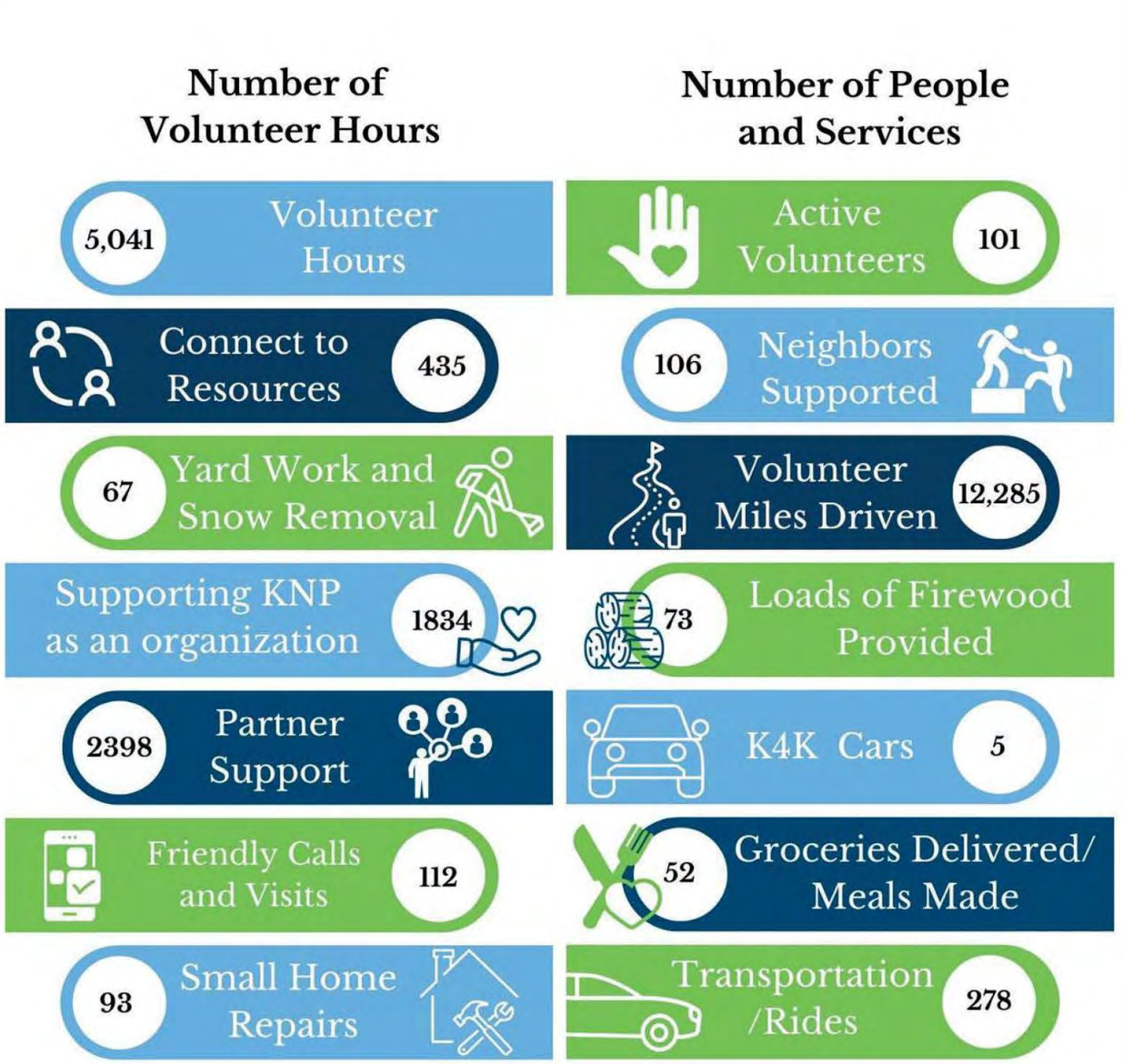
KNP
Kearsarge Neighborhood Partners

Lessons Learned From Our Operations

- Make it very easy for a volunteer to join/participate
- Give volunteers flexibility without micro-management
- Promote volunteer socialization
- Know your volunteers, neighbors and community partners well
- Clearly define and agree upon your volunteers' roles and expectations with neighbors and partners
- Know when to hire outside help, or slow down
- Board meetings focused on strategy
- Ratio of volunteer pool to the scope of activity is vital
- Be true to your Vision, Mission and Principles in all that you do

KNP
Kearsarge Neighborhood Partners

2024 PROGRAM BY THE NUMBERS



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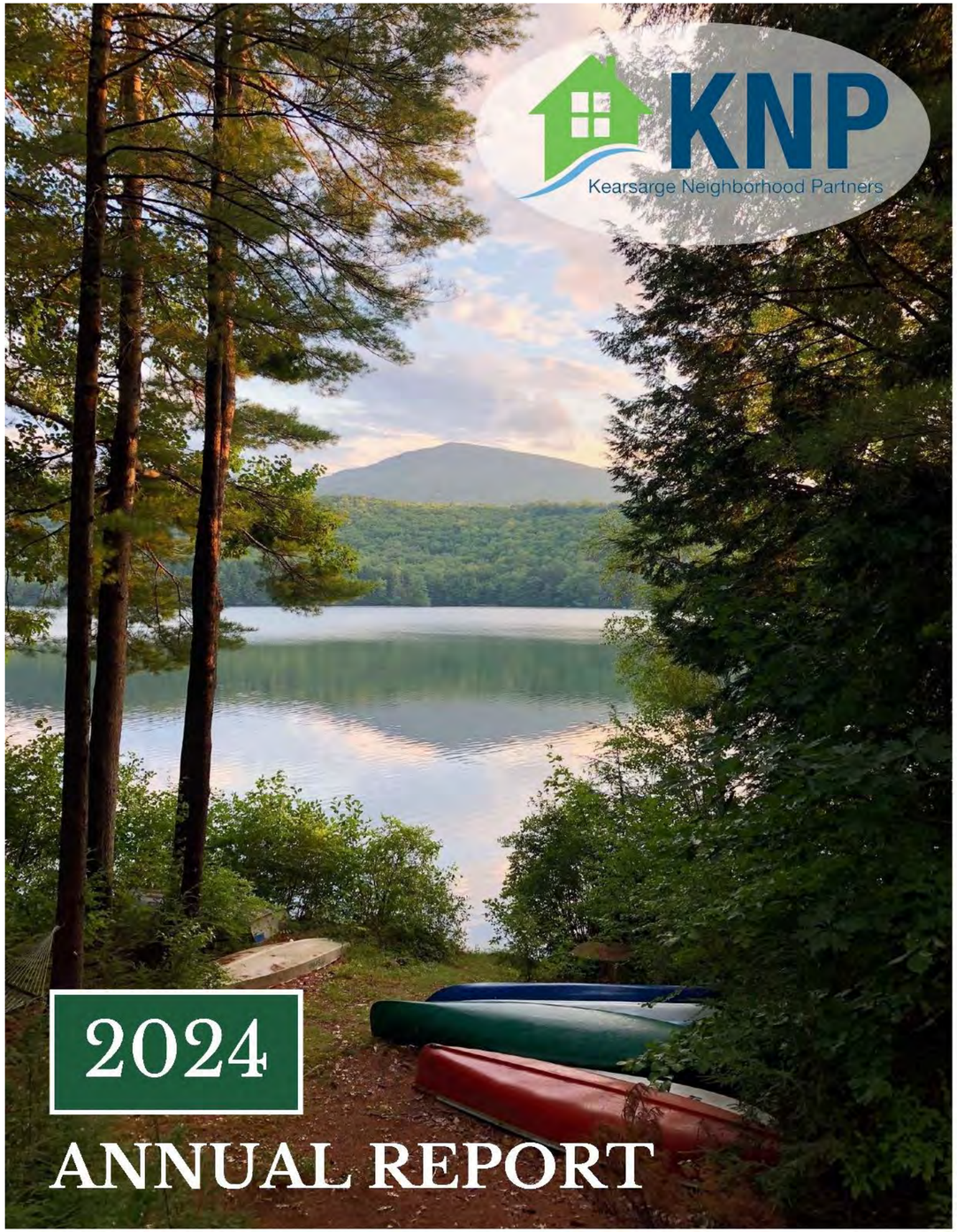
Kearsarge Neighborhood Partners



https://knpnh.org/wp-content/uploads/2025/02/KNP-Annual-Report-2024-v3-1-large.pdf

WELCOME to the

Neighbors Helping Neighbors ECHO: Rural Communities Sharing Successes and Solving Common Problems

Session 3, Building your volunteer workforce
February 11, 2026

In Partnership with the Center for Advancing Rural Health Equity

BUILDING YOUR VOLUNTEER WORKFORCE

GROWING CARING CAPACITY IN THE COMMUNITY

Martha Tecca
martha@sharevtnh.org

SHARe
Supporting and Helping Asylees and Refugees

GROWING CARING CAPACITY IN THE COMMUNITY

Volunteers	A Continuum	Neighbors
Organizational mission, Specific goals	Purpose	Shared community, culture of caring
Transactional; Service provider to client	Relationship	Personal connection; Peer to peer
Hierarchical, documented, vetted; Paid leaders	Structure	Trust–based, Informal, flexible; Leaders are also neighbors
Defined, specialized by area of need or large projects	Scope	Responsive to wide variety of needs or community projects
Scheduled, ongoing; or project based	Time Commitment	Occasional, spontaneous; OR 'All In'
Community–wide, regional	Location	Immediate neighborhood (or small community), affinity group.
Admin, documentation, systems	Coordination	Triage; trust– and network–building

IT IS A STRESS MESS OUT THERE

Still, we are resilient.

4 Enduring Leadership Lessons from Minnesota

by Christina Rosenberg, Forbes.com 2/9/26

1. Expansion Beats Contraction
2. Lead From Where You Are
3. Community Outperforms Silos
4. Real Leadership Happens When No One Is Watching

And it's not just Minnesota.

65% of adults feel personally responsible for helping to shape the nation's future.

From an 8/25 survey for the 2025 APA Report on Stress in America

COORDINATION IS EVERYTHING

Volunteer Programs

Highly Administrative, Documented, Systematized

- **Powering achievement of organizational goals**
- Defined services to deliver and tasks to complete
- Specified, documented roles and responsibilities
- Consistent screening, verifying for skills and fit
- Clear boundaries around service scope
- Consistent communication channels and protocols
- Solid management systems (many "flavors")
- Data capture for evaluation and demonstration
- **An evolving, improving system**

Neighbors Helping Neighbors

Highly Relational, Responsive, Flexible — HUMAN

- **Feeding a culture of caring, *w*ellbeing, and belonging**
- Broad and evolving scope of opportunities to help
- Everyone can ask, everyone can help
- Building *and accessing* kno*w*n, trusted net*w*orks
- Follo*w*ing the lead of those closest to the need
- Use ALL the communication channels, personal best
- Skilled triage "artists" and creative problem-solvers
- Capture stories, share testimonials
- **A 'mycelium net*w*ork'**

NEED BOTH capacities to reap all the abundance — and need a mixture in each environment

SOCIAL CHANGE MAP

UNDERSTANDING AND EMPOWERING AN ECOSYSTEM

Developed by Deepa Iyer in 2017, the framework helps individuals and organizations clarify values, identify roles, and support communities, networks, organizations, campaigns, and other goal-driven social change efforts.

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THE SHARe MISSION

SHARE A WARM WELCOME AND NECESSARY SUPPORT TO REBUILD LIVES AND BUILD THRIVING COMMUNITIES.

CORE PRINCIPLES DRIVE ROLES

SHARe
Supporting and Helping Asylees and Refugees

- **Welcoming and accompanying, not “serving”**
  SHARe our compassion, understanding, and patience
- **Meeting needs as a community**
  SHARe our abundance
- **Collaboration and partnerships**
  SHARe our missions
- **Opening doors, removing barriers**
  SHARe our “power”
- **Advocacy and awareness.**
  SHARe our voices

MATCHING RESOURCES WITH NEEDS

- Legal Support
- Housing
- Jobs, career direction
- Education
- English language learning
- Medical, dental, mental health
- NEW: Preparation and safety

- Physical and creative outlets
- Social Involvement
- Opportunities to share culture and identity

SHARe OUR ABUNDANCE

Together, We Have Enough

SHARe

SHARe 2026 ORGANIZATIONAL PRIORITIES

1. **Help newcomers' address needs, as they arise**
2. **Increase organizational and community capacity**
3. ***Respond to escalating immigration and humanitarian threats***

ORGANIZING TO GROW COMMUNITY CAPACITY

SHARe

Welcoming Operations
Volunteer and Partner Coordination

Infrastructure and Capacity Building

Newcomer Support Teams

SHARe Sponsorship

- Families
- Individuals

Partnering with family sponsors

- Families
- Individuals

Connections and support

- Private sponsors
- Independent newcomers
- Migrant farm workers
- Former clients, out of the UV

Resource Teams

- Health (CHANT)
- Legal
- Housing
- English
- Jobs
- Technology
- Education
- Driving

Infrastructure and Capacity Building

- Vision and Strategy
- Volunteer Engagement
- Partner Outreach and Engagement
- Fundraising
- Financial Management
- Communications
- Contact Management
- Event Planning
- Advocacy

CHANT Community Health Access and Navigation Team

Launched in 2023, Being reenergized now

Purpose: Resource to those accompanying refugee newcomers, so that all newcomers have access *and become connected to* the services and supports they need.

Team: "Coalition of the Willing" – committed, active collaborators across community and system health and wellness services and supports. *Primary care, mental and behavioral health, dental health, public health, community-based health and wellbeing supports, navigators, NH & VT state refugee health coordinators.*

HOW TO MOVE FORWARD? WITH HUMANITY.

- **First, do no harm.** And help reduce the harm by the system.
- **Remember who you are.** You're a neighbor, friend, family member, teammate …
- **Be alert** to unsafe, unhelpful individuals or situations and help others avoid them.
- **Take the lead from the community.** Respect their capacity. Grow shared power.
- **Take the time to build relationships.** You can only move at the speed of trust.
- **Find the bridges** between formal volunteer efforts and neighborhood capacity.
- **Delay any system improvement that doesn't reduce chaos** in the very short term.
- **ASK** for help. Take care of yourself. **SHARE** freely. It will lift you up.
- **Forgive the 'hustle fouls'*.** And anything else you possibly can.

*Thanks, Steve!

COMMUNITY CARE OF LYME (CCL)

THE POWER OF NEIGHBOR CARE

Kym Williams, MPH
2-11-2026

Formal care systems don't often fully recognize the power and importance of neighbor care networks.

Traditional community resilience frameworks often overlook the vital, culturally grounded assets, such as mutual aid networks, civic participation, and social trust."

Choi, 2022

CCL GOALS

1. Strengthening community support networks.
2. Unleashing volunteerism through a neighbor care structure.
3. Creating multiple on-ramps/opportunities for neighbors to engage.

CONTEXT

LYME DEMOGRAPHICS

1. Approx. population 1,720
   27% 65+
   10% 75+
2. 19% 65+ population live alone
3. 92% of households have access to the internet
4. 70% of residents have seen a physician in the past year
5. A rural and affluent community

COMMUNITY CARE OF LYME

1. CCL founded in 2014
2. Annual Budget $190,000, 2 part-time staff (1.5 FTE)
3. Catchment includes the towns of Orford, Thetford and Fairlee*
4. Programming focus on community connections and wellness
5. Strengthening existing community linkages and helping to fill need gaps

* Rural Perception Scale, Alford-Teaster, 2023

CCL APPROACH

BONDING AND BRIDGING*

building community cohesion and trust among neighbors and community groups

MULTIPLE ENTRY POINTS

facilitating multiple entry points for neighbors with different comfort levels, availability, and skills

AUTHENTIC RECIPROCITY

shifting from transactional, volunteer models toward authentic engagement

INFORMAL SYSTEMS

building on informal neighbor connections while working within semi-structured systems

* Community Capitals Framework, Flora 2008

ENGAGEMENT CONTINUUM

ONE-TIME OPPORTUNITIES ←→ DEEPER RELATIONSHIPS

LOW BARRIER ENTRY	SCAFFOLDED GROWTH	DEEPER ENGAGEMENT
Drop-off meal delivery	Weekly Food Pantry support	Care & Compassion team
Community lunch shift	Monthly friendly visitor	Regular transportation
Welcome New Neighbors	Neighborhood Captain	Board leadership role

Case: Crisis Support for a Lyme Family

- A Lyme family fell through the cracks during COVID.
- Private and prideful, the family of four were experiencing crisis related to mental health, chronic disease and/or cancer
- Little prior connection to health care, town, or community supports.
- Parents were in their 70s and two boys in their 50s.
- This proximity reinforced their sense of self sufficiency.
- An EMT call from the house and what was found triggered awareness
- What was thought a single family member event quickly emerged as a full-flung crisis involving all four family members.

Case: Crisis Support for a Lyme Family

- Once the problem was identified, there was need for support from numerous resources - human health to safety of the home.
- All this needing to be accomplished while acknowledging their strong desire for privacy and lack of trust.
- CCL was the point organization linking Lyme Parish Nurses, Lyme Fire/EMT/PD, neighbors, and other community volunteers.
- Examples of problems that had to be addressed rapidly – medical system navigation, emotional support, home safety and repairs, meals, transportation to appointments and companionship.

MAIN THEMES

1. Family fell through the cracks showing weakness in the formal care system
2. CCL had done the foundational work to build trust through small, focused actions
3. Crisis provided an opportunity to uplift and unlock neighbor skills and coordinate partners
4. A community muscle was exercised and ready for the next event

Result: This case exposed gaps, showed the power of a neighbor-to-neighbor network, and the existing support system was strengthened

TAKEAWAYS

EVERYONE HAS SOMETHING TO OFFER

ID meaningful opportunities that unlock unique skills and experiences.

CREATE MULTIPLE ON-RAMPS FOR ENGAGEMENT

design opportunities across a continuum

BALANCE FORMAL AND INFORMAL STRUCTURES

allowing neighbors to work between and around systems to meet community needs

CONNECTIONS BEYOUND THE TASK

weaving community connections, building trust, and creating reciprocal relationships

THANKS

Do you have questions?

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Dartmouth Health

Project ECHO®

WELCOME to the

Neighbors Helping Neighbors ECHO: Rural Communities Sharing Successes and Solving Common Problems

Session 4, Common challenges
February 25, 2026

In Partnership with the Center for Advancing Rural Health Equity

Good Practices
for
Not-for-Profit Governance

Bradford E. Cook Esq, Sheenan-Phinney

Staying in good corporate status

A. Have up-to-date articles of agreement and by-laws with qualifying provision for tax status.
B. Required number of directors for public charities and private foundations.
C. Make periodic filings with state Secretary of State to maintain corporate existence (5 year filing in New Hampshire).
D. File with charitable oversight body for registration (Charitable Trust Unit ln NH, Division of Public Charities in Mass.).
E. Annual reports to oversight body (NHCT-12 in NH) including list of all directors and officers and home addresses and daytime phone numbers, 990 or equivalent financial information, summary of pecuniary benefit transactions.

Obtaining and Maintaining Tax Status with IRS

A. File initial 1023 to obtain determination letter under tax identification number
B. File annual 990's or equivalent-failure for three years could forfeit status.
C. File appropriate amendments or changes.

Conflicts of Interest and Pecuniary Benefit Transaction- NH RSA 7:19-a

A. Distinction between conflicts of interest and pecuniary benefit transactions.
B. Outline of Statute.
C. Publishing or notice.
D. Annual list.
E. Vote of directors requirements and CTU interpretation. Practical considerations.

Desirable policies (and legally required ones)

A. Conflict of Interest Policy
B. Whistleblower Policy
C. Document Management and Retention Policy
D. Fiscal Policy
E. Employment Policy and Handbook
F. Volunteer Policy and Handbook
G. Insurance and Indemnification Policy

Best Risk-Management Practices of Proactive Nonprofits

Madeline Christie Hutchings, Esq.

Sheehan Phinney Bass & Green PA

Summary of Some Important Liability Protections for Nonprofits Working with Volunteers

- Release and waiver of liability agreement – and related agreements/consents/policies
- Statutory protections
- Insurance

Release and Waiver of Liability Agreement

- Purpose is for the volunteer to release the organization from liability for any injuries/damages the volunteer might sustain
- Who is most in need of a release?
- Will a release hold up in the event of injury and lawsuit?
- Qualities of a strong liability release
  - Inoffensive to public policy
  - Clear and unambiguous language
  - Chance to read and ask questions
  - Tailored to the circumstances
- Related on-boarding to-dos (e.g., background checks, verification of driver information, communications and promotion permission and release, confidentiality consent)

Statutory Protections - RSA Ch. 508, § 17

- Nonprofit volunteers are immune from civil liability for damages actions where (a) the nonprofit has a record of the person being a volunteer, (b) the volunteer was acting in "good faith" and "within the scope" of his volunteer duties, and (c) the volunteer's conduct wasn't willful, wanton, or grossly negligent.
  - NOT covered: (1) transportation and (2) care of premises
  - Only covers "volunteers"
- Suit for one person's injury caused by a negligent volunteer: nonprofit's liability is capped at $250K
- Suit(s) where several people are injured in connection with one incident, where a volunteer has been negligent: nonprofit's liability is capped at $1M

Statutory Protections - RSA Ch. 508, § 16

- Uncompensated directors and officers in NH not liable for injury or property damage if they acted “in good faith and without willful or wanton negligence in the course of an activity carried on to accomplish the [nonprofit’s] charitable purposes.”
  - Only covers “volunteers”

Insurance, e.g.:

- Comprehensive general liability policy
- Accidental medical insurance coverage for volunteers
- Directors and officers insurance

WELCOME to the

Neighbors Helping Neighbors ECHO: Rural Communities Sharing Successes and Solving Common Problems

Session 5, Building key partnerships for success
March 11, 2026

In Partnership with the Center for Advancing Rural Health Equity

Neighbors Helping Neighbors ECHO
Building Partnerships for Success

Jess Maurer, Executive Director
Maine Council on Aging

Harpswell Aging at Home
Gossip & Asset Mapping

Gossip Channels – More powerful than you think!

HAH's Survey of 286 people 60+ found:

- 66% of people get their information from only one or two sources
- 73% rely on the newspaper
- 14% rely on informal information from friends, family & church
- ***64% of those who rely on informal lines of communication said they didn't look for info from other sources***

Harpswell Aging at Home Resource Mapping

After assessment, but before planning, HAH engaged in a series of meetings to:

- Engage key stakeholders and providers about the results
- Find resources that could assist in meeting identified needs
- Identify opportunities for partnership to further our goals

Harpswell Aging at Home Action Plan 2016

The HAH mantra: Prioritize Partnerships and Projects! When considering objectives and action items, HAH members will consider the "Three P's" of action planning, as defined below:

Partnerships: HAH will focus on developing partnerships that carry out HAH objectives in cooperation with existing groups or organizations.

Projects: Rather than building long-term, time intensive programs, HAH will prioritize developing and implementing time-limited (even one time) projects or initiatives. Once completed, HAH will evaluate the effectiveness of the project. If it is decided the project is worth replicating, continuing or expanding—HAH will seek a partner to assist with or take over the effort.

Programs: For the purposes of HAH planning, programs are considered long-term, ongoing services provided by HAH. Programming ***will be a "last resort"*** activity for HAH, as aligned with the values and strategy of the organization.

MAINE COUNCIL ON AGING

Partnering for Success

- Aligned goals
- Shared measurement/outcomes
- Mutual benefit
- Communication
- Backbone support

Building Key Partnerships for Success

Looking at community care systems through the lens of geriatrics.

Presentation by

Kari Allen, RN-BSN, Geriatric Resource RN - DHMC ED

Katie Williams, RN-BSN, Community Nurse - Hartford, VT

Objectives

1. Appreciate the value in a diverse social service structure which works inter-dependently.
2. Discuss risk factors for seniors with complex health needs who do not qualify for in-home, reimbursable healthcare services.
3. Identify the integral role of a neighbor's helping neighbors like model supports within the context of service provision.
4. Celebrate the strength, power, and positive outcomes that inter-organizational referral processes and collaboration can achieve!

New & Emerging Collaborative Care Systems

GERIATRIC EMERGENCY DEPARTMENT IN RURAL HEALTHCARE

COMMUNITY/PARISH NURSE AND PARAMEDIC INITIATIVES

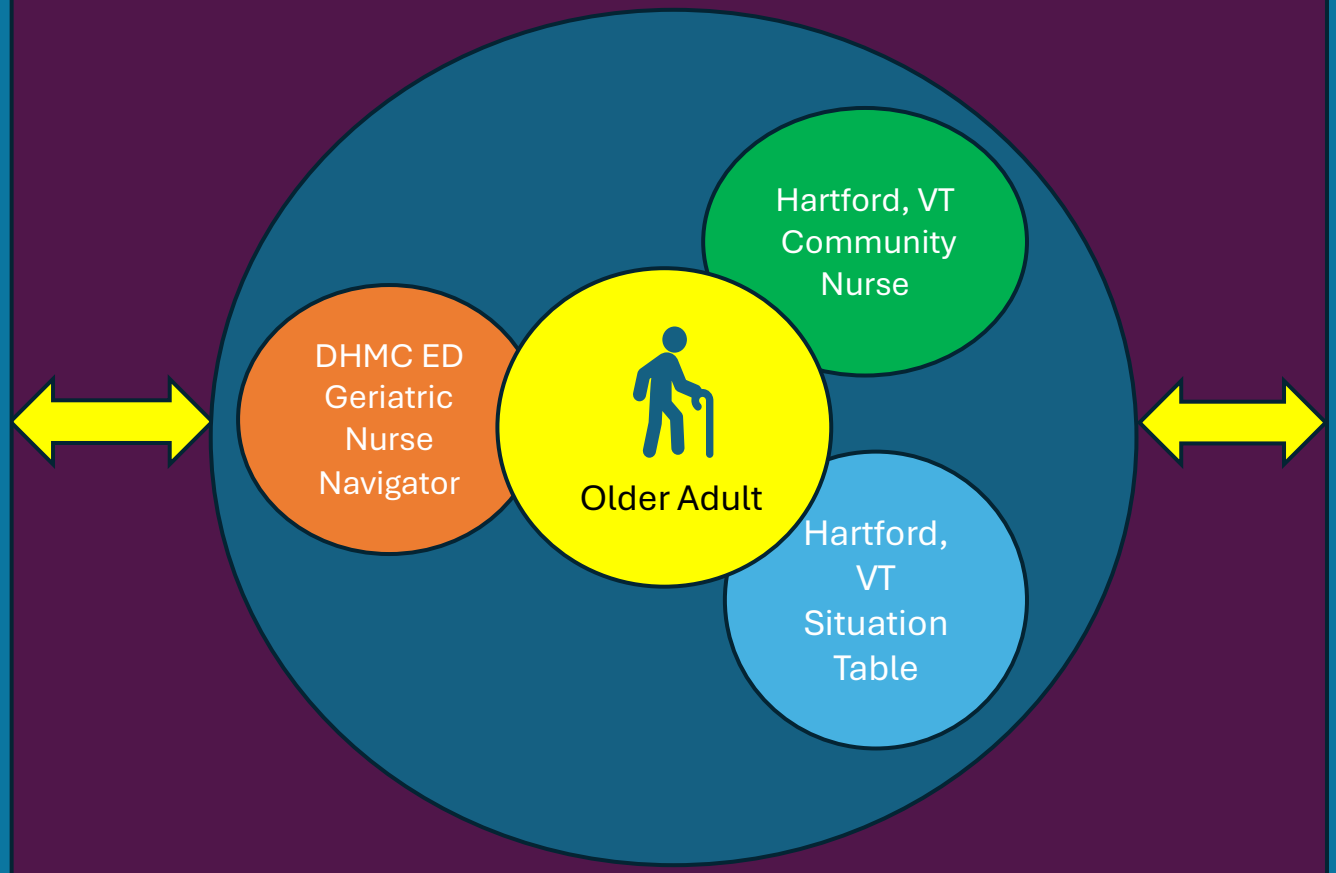
VERMONT SITUATION TABLE MODEL

NEIGHBORS HELPING NEIGHBORS

Working Together Across Care Systems

Healthcare Services

EMS – 911
Emergency Department
*Level 1 Geriatric Accredited
ED Based Services
*Providers / RNs / LPN
*PT / OT / SLP /
*ED Care Managers
Home Healthcare Agencies
*VNH/Bayada/Lake Sunapee
Inpatient Care Managers
Outpatient Care Managers
PCPs / Specialty Providers
PNO / Case Coordinators
HCRS: Mental Health Agency

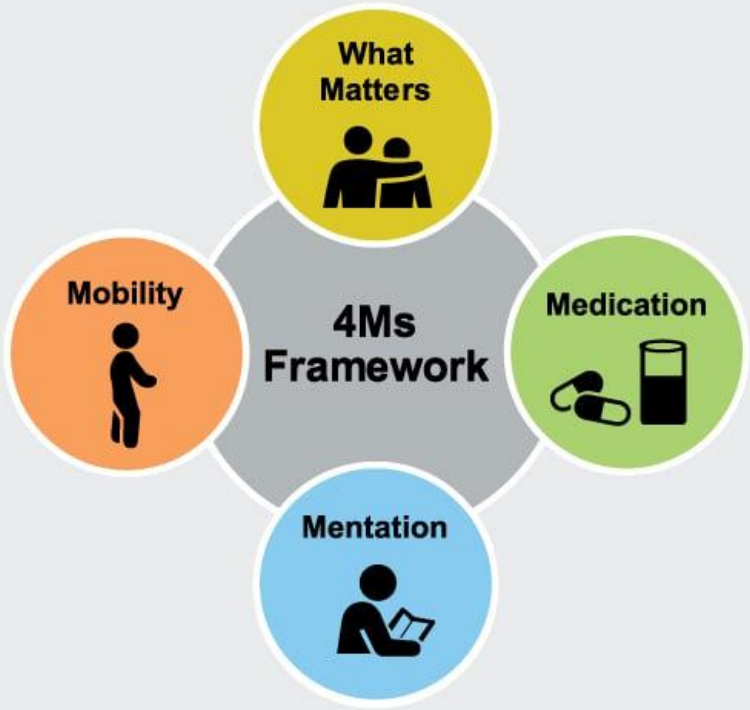


Community Services

Community / Parish Nurses – Town Centric
MIH – Paramedic / RN – Town Centric
VT Situation Table – Town Centric
Neighbors-Helping-Neighbors Organizations
SASH Social Worker
Good Neighbor Clinic
Public Health Officer
Private Caregiver Agencies
Vermont Chronic Care Initiative
Council on Aging
Senior Center
Meals on Wheels Drivers
Property Managers
Lions Club: DME Warehouse
The Haven

Objective #1. Appreciate the value in a diverse social services structure
which works inter-dependently.

Age Friendly Framework



A Rapidly Growing Nationwide Movement To Improve Health Care for Older Adults.

Age-Friendly Health Systems

An initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement (IHI) in partnership with the American Hospital Association (AHA) and the Catholic Health Association of the United States (CHA).

Dartmouth Hitchcock Medical Center

Level 1 Geriatric Emergency Department

DHH is an Age Friendly Healthcare System

Standardized best practice care developed for older adults > 70 years.

- **Once ED workup has been completed a patient next steps could include:**
  - Inpatient admission
  - Home with VNH r/t skilled care needs
  - Home
- **Our robust call back program – reaching pts by ensures that we have provided them with a 'safe hand off' is in place supporting a wrap-around care**
  - Additional referrals are made
    - MIH – Lebanon Paramedic Program
    - Community Nurse Connection RNs
    - Neighbor-helping-Neighbor Program as available

Community Nursing

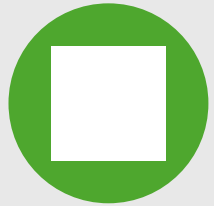
Community Nurse Connect

CARE MANAGEMENT AND COORDINATION WITH HEALTH CARE PROVIDERS.

REFERRALS AND COORDINATION.

HOME VISITS TO ASSESS HEALTH CARE NEEDS.

HEALTH EDUCATION, SYMPTOMS MANAGEMENT.



FALL AND SAFETY.

PATIENT ADVOCACY.

MEDICATION EDUCATION AND MONITORING.

SUPPORT FOR TELEHEALTH VISITS.

REVIEW 911 MEDICAL CALLS AND FOLLOW UP.

To receive care in the home, a need must be billable by Medicare guidelines.

Objective #2. Discuss risk factors for seniors with complex health needs who do not qualify for in home health care services.

Risk Factors

- Disability
- Fixed Income
- Communication Barriers
- Technology Limits
- Food Insecurity
- Isolation
- Lack of Transportation
- Home Safety
- Clutter and Hoarding
- Inability to perform ADL's

Situation Table

- Unique, risk-based, rapid triage model.
- Addresses the needs of individuals and/or families facing a specific Acutely Elevated Risk (AER).
- Those served are often facing highest level of composite risk in the community.
- Those served often fall through the cracks in the system.

Case Study

At 0300 the Volunteer EMT responds to 911 call in rural setting for two patients in need of urgent medical care. The two patients are elderly sisters who live together. They are both transferred to DHMC ED.

At 0900 their case is presented to Situation Table by EMS. Community Nurse is assigned team lead. CN calls Geriatric ED who coordinates with one of the siblings and obtains consent for community-based care coordination.

Case Study

By 10AM Community team updated that both residents are hospitalized. Local EMT coordinates with NHN group to ensure that dogs are taken care of and driveway is plowed.

By 11AM Hospital-based care management group is made aware of safety concerns in the home. Referrals placed for utilities assistance, caregiver support and mental health support.

Case Study

- 60-year-old female who lives with 35-year-old daughter, both disabled, in a two-bedroom subsidized apartment. Both adults have a fixed income and have not left their home since 2020, making them effectively homebound. They rely on door-dash, mail-out pharmacy and amazon deliveries to access all essential goods. Long standing history of homelessness.
- The older adult has not been able to get out of bed and go downstairs for six months.
- Public Health Officer notified by property manager for concern of clutter and trash build up. Health officer makes referral to Community Nurse.
- Family initially hesitant to engage with services because of fear for eviction. CN is able to engage slowly and build trust.

Outcomes: A 6-Month Timeline

Establish

- Establish healthcare management in partnership with Geriatric ED, Provider Network Organization (PNO) and Primary Care (PCP).

Build

- Build community support team and collaborate with property manager to prevent eviction.

Connect

- Connect family to local volunteer services to assist with:
  - Transportation to medical appointments
  - Trash removal
  - Pharmacy pick-ups
  - Running errands

Neighbors-helping-Neighbors – Integral Partner for Success

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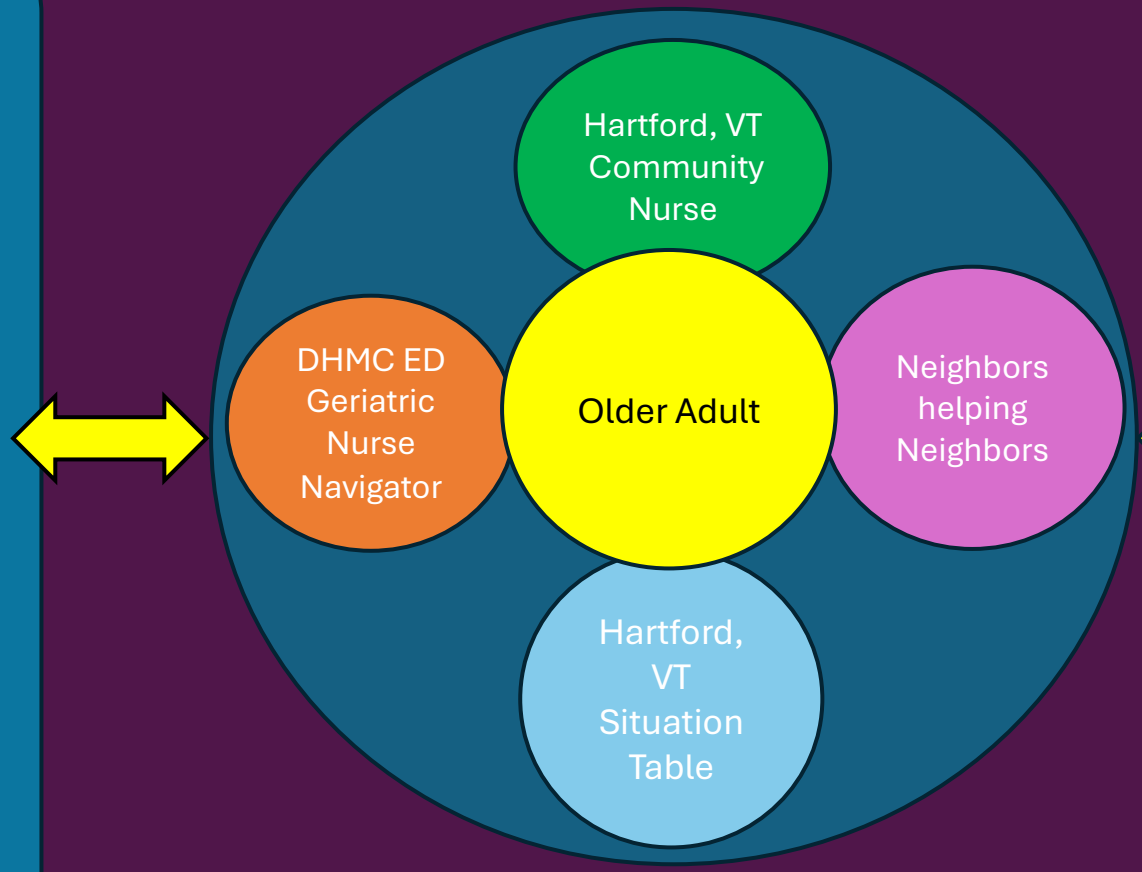

Objective #3. Identify the integral role of a neighbor's helping neighbors like model within the context of service provision.

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Physical health is dependent upon social and environmental health.

The individual is not separate from the community.

Objective #4 Celebrate the strength, power, and positive outcomes that inter-organizational referral processes and collaboration can achieve!

What Matters Most

'Aging in Place at Home' can be achieved through the caring 'warm hugs' from neighbors helping neighbors

- Activities of Daily Living – ADLs: while usually supported by private, family and/or caregiver, NHN check-in might notice something amiss
- Transportation to doctor's appointments
- Transportation to PT appointments
- Transportation to an outpatient procedure appointment
- Friendly visits
- Continue engagement with social situations (library, country store, ability to continue to visit other friends.
- Rides to church
- Shoveling snow
- Mowing the lawn
- Stacking wood
- Installing storm windows / de-installing them

Thank You!