



Special Legislative Commission to Study and Provide Recommendations
Pertaining to Services and Coordination of State Programs Related to Older Adult
Rhode Islanders

Introduction and Overview of the Office of Healthy Aging,
Maria E. Cimini, Director

November 15, 2023

R.I. Gen. Laws § 42-66-1

The legislature finds and declares:

- (1) That *the state has an obligation to provide for the health, safety and welfare of its elderly citizens*;
- (2) That to *develop and implement innovative programs* to insure the *dignity and independence* of our elderly citizens is essential to insure and protect their rights;
- (3) That *upgrading and maintenance of services and programs* pertaining to our elderly citizens deserves priority consideration as a means of preventing ineffective responses to their health, safety and welfare needs;
- (4) That the establishment of a department of state government to provide for the health, safety, and welfare of elderly citizens is the most effective way to insure that they are better prepared and equipped to *lead productive and meaningful lives*; and
- (5) *The abuse of elderly persons is a social and moral problem* in our state and nationally and the state has a responsibility to provide protection to vulnerable elderly persons who were abused and/or neglected. The legislature recognizes that reports of elder abuse of grown significantly and are reaching alarming proportions and that there is an immediate need to clarify and strengthen the state's role and responsibilities in the prevention and alleviation of elder abuse.

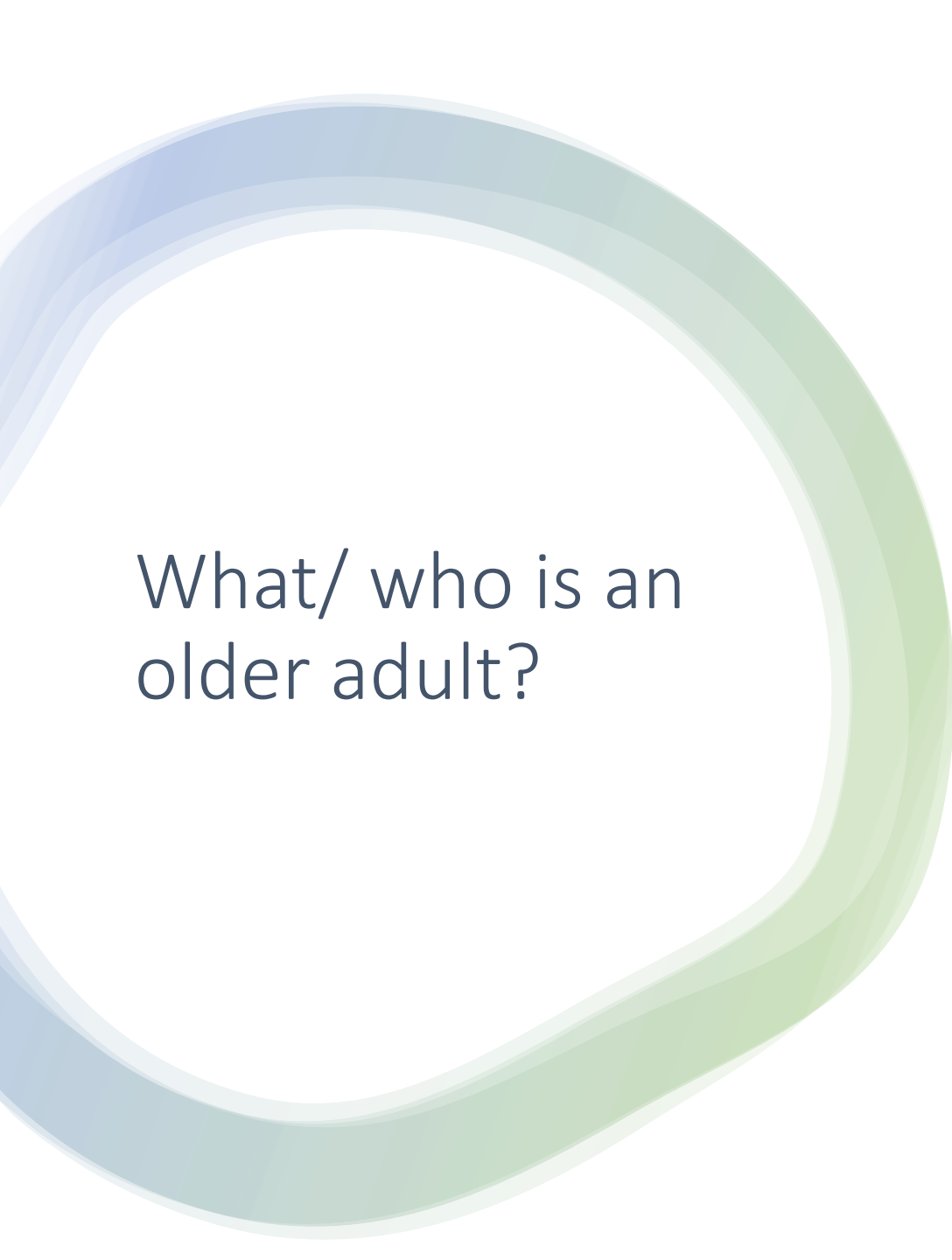


1977 – Department of Elderly Affairs Established

2011 – Division of Elderly Affairs within Department of Human Services

2019 – Office of Healthy Aging within the Department of Human Services

<https://oha.ri.gov/who-we-are/our-history>



What/ who is an older adult?

- Elder, senior, older adult, aged, elderly, mature adult, geriatric, boomer
- 50 - AARP
- 55 - OHA
- 60 – APS, SNAP
- 62 – Housing/HUD, Social Security minimum retirement
- 65 – RIPTA, Medicare, At Home Cost Share
- 67 – Social Security mandatory retirement
- 40 – Age Discrimination



Advocates for older adults, adults with disabilities, caregivers

Do * Convene * Inform * Amplify

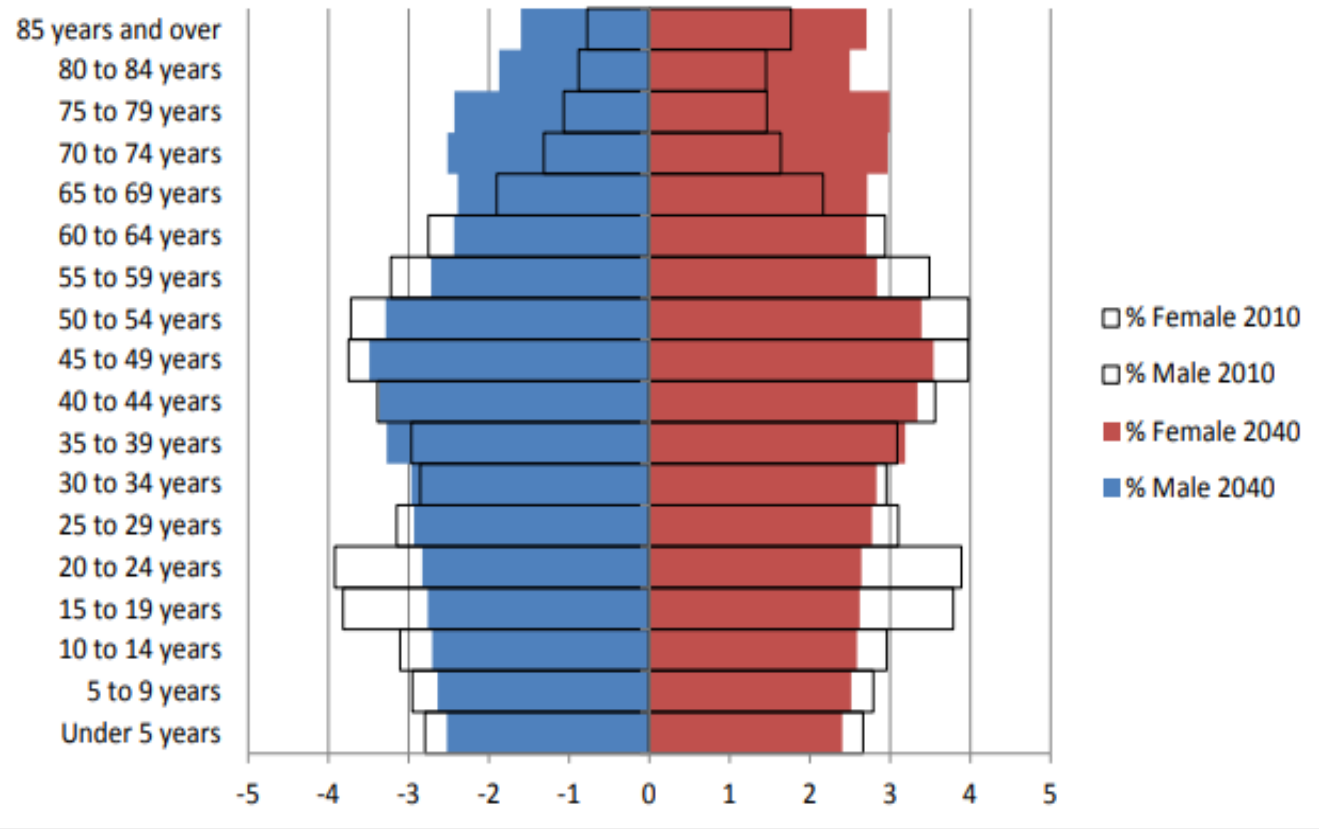
Investigate elder abuse, connect older adults to services, support community programs

Gather stakeholders to discuss challenges and improve services

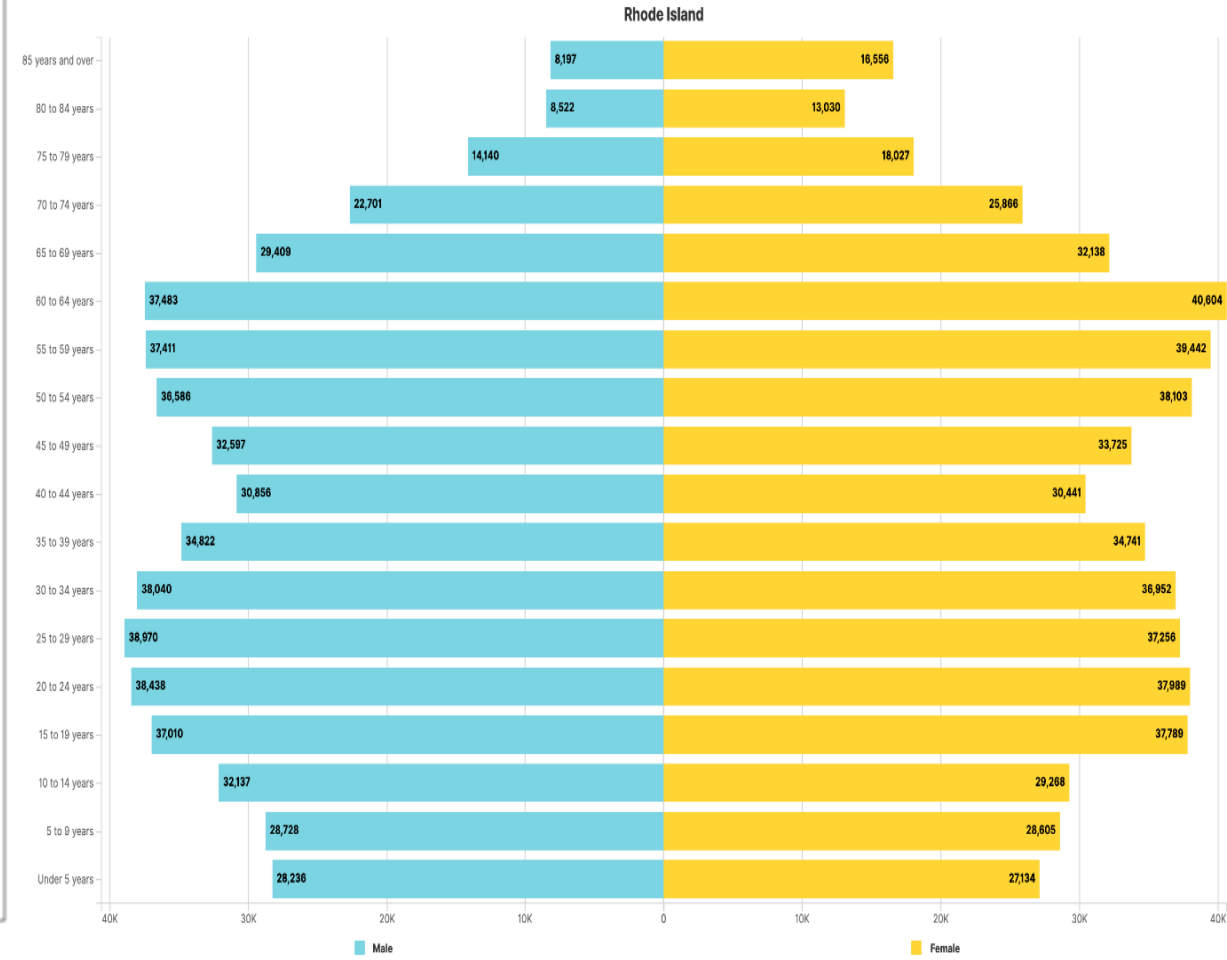
Raise needs and concerns of older adults in spaces of housing, behavioral health, transportation, nutrition, etc.

Promote the work of organizations and individuals working to support older adults and promote older adults themselves

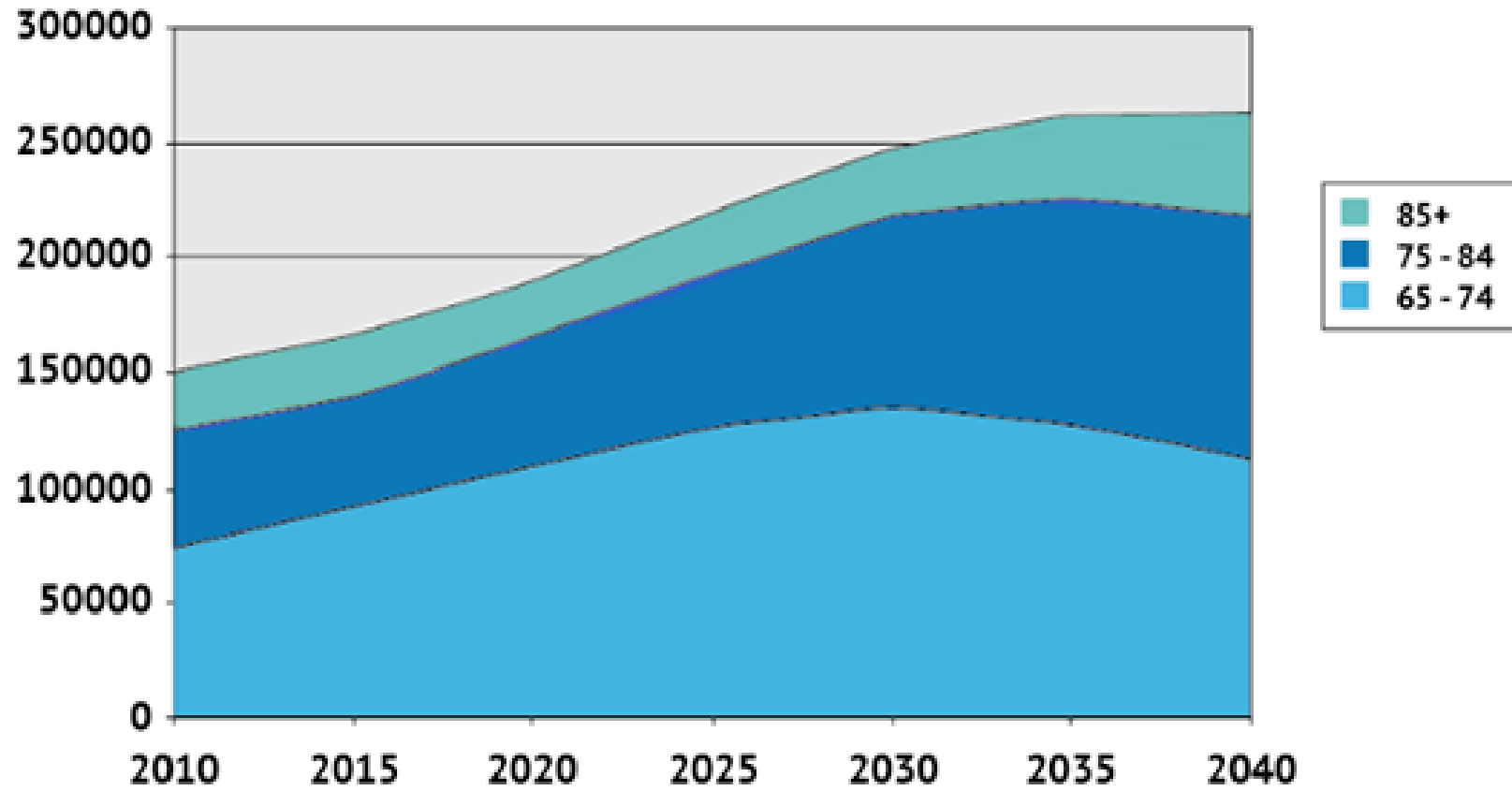
2040 (2010) R.I. Population Pyramids



Population Pyramid: Population by Age and Sex in Rhode Island



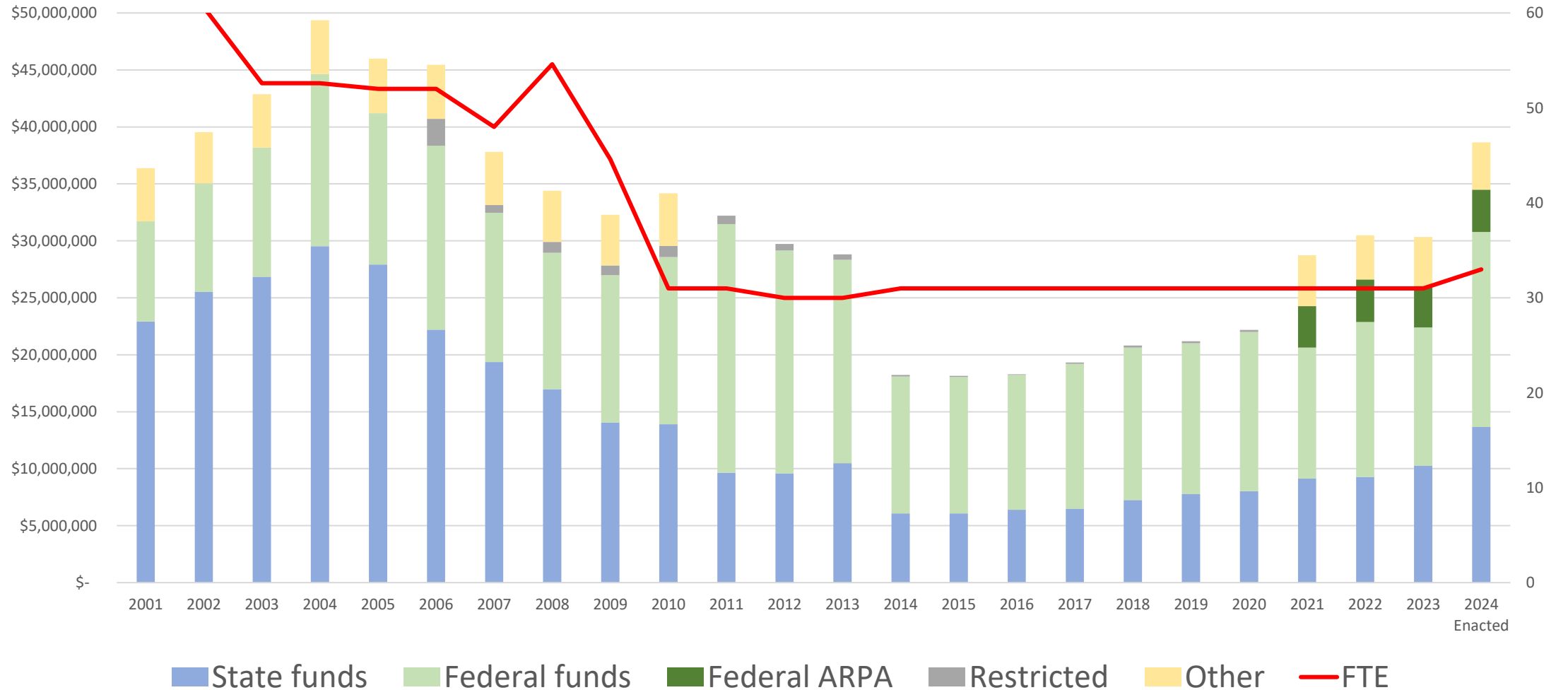
RI 65+ Age Projections: 2010-2040
source: Rhode Island Statewide Planning



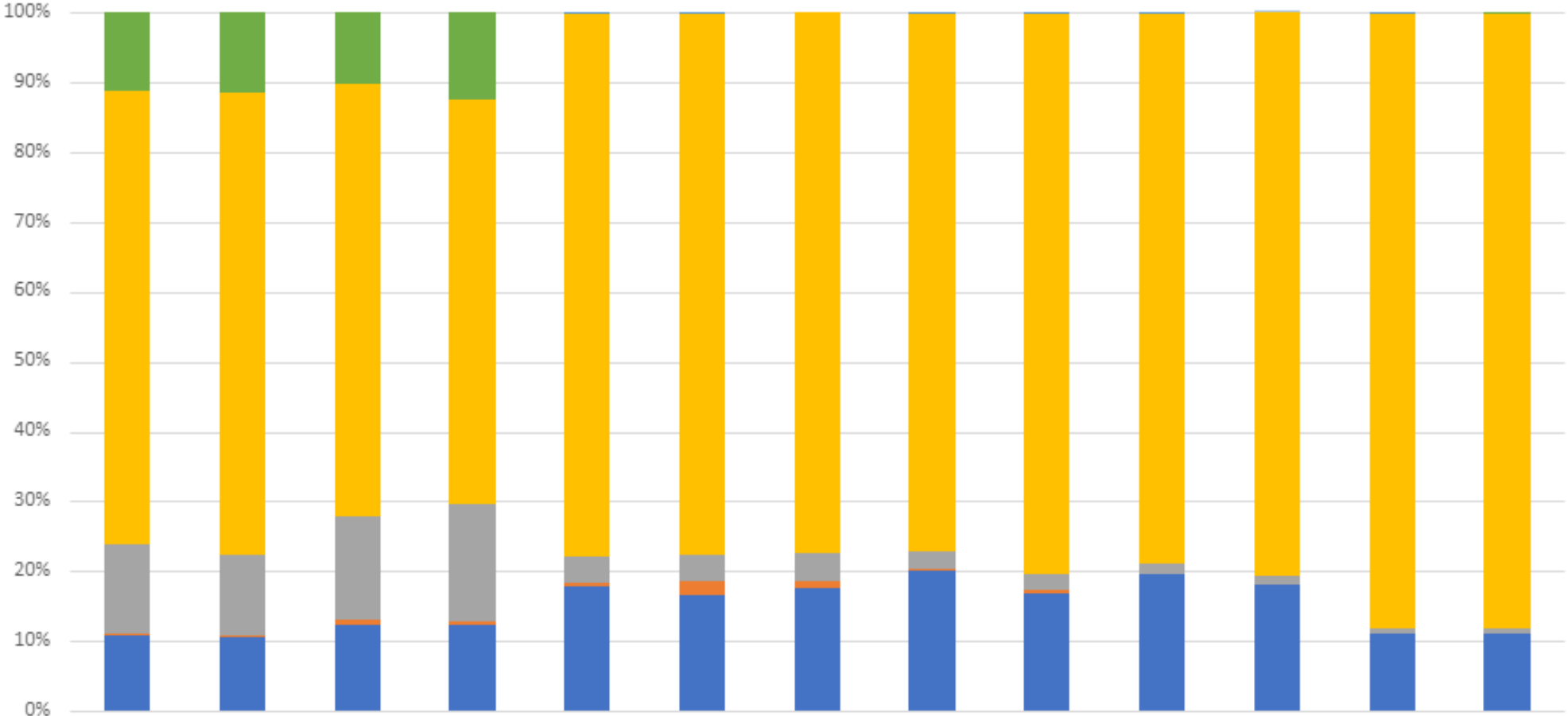


OHA Resources

RI Department of Elderly Affairs/Division of Elderly Affairs/Office of Healthy Aging Budgets and Staffing



Expenditures



■ Salary and Benefits ■ Contract Professional Services ■ Operating Supplies and Expenses
■ Assistance and Grants ■ Capital Purchases and Equipment ■ Operating Transfers

OHA Staffing (FTEs)

Adult Protective Services



Medicare Information Assistance and Awareness



At Home Supports



Caregivers Alliance, Grandparents as Caregivers, Respite, ADRC



Nutrition, Wellness, Legal, Evidence Based Programs, CSFP



Senior Companion



Reception, Administrative Support, Communications



Finance



Director, Assoc. Director, Unit Directors



OHA Interagency Support – Contract Staff

Data – DOIT assigned



Legal Counsel – DHS supported



Volunteer Guardian Legal
– BHDDH shared



Volunteer Guardian –
part time contractor



Systems Development and
Performance Manager –
1-yr contractor



Policy and Program
Development –
1 yr contractor



Support Older Rhode Islanders by Distributing Older American Act Funding to Local Agencies



3,604
Seniors received home delivered meals



2,081 older adults received legal assistance



14,426 caregivers supported



4,911 seniors had a meal at a congregate meal site



3,348 older adults received case management



29,520 seniors attended health and wellness classes

- Grandparents as Caregivers
- State Health Insurance Program
- Senior Medicare Patrol
- MIPPA
- Legal Assistance
- Congregate Meals

- Nutrition Counseling
- Transportation
- Evidence Based Programming (Matter of Balance, Diabetes management)
- digiAGE

- After Hours
- Case Management
- Home Modification
- Aging and Disability Resource Center

State Designated Grants



Home Delivered Meals:
Meals on Wheels RI



Long Term Care Ombudsman:
Alliance for Better Long-Term
Care



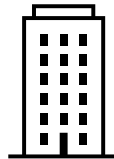
Nutrition Supports:
Meals on Wheels RI and
Congregate Meal Sites



Respite Services:
Catholic Social Services



Senior Services Supports:
Senior and Community Centers
in each municipality



Security for Housing for the
Elderly

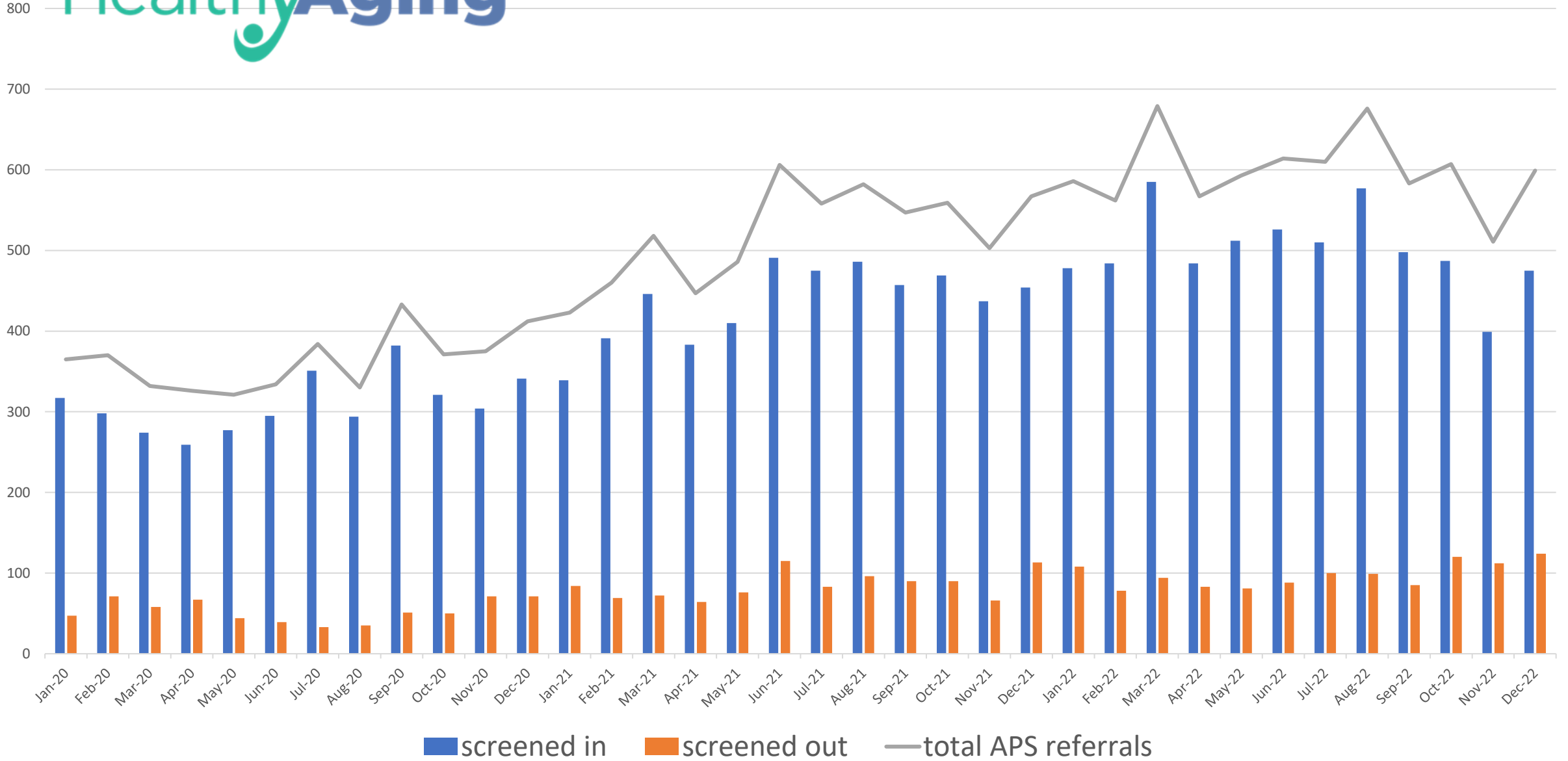


Adult Protective
Services

At Home Supports

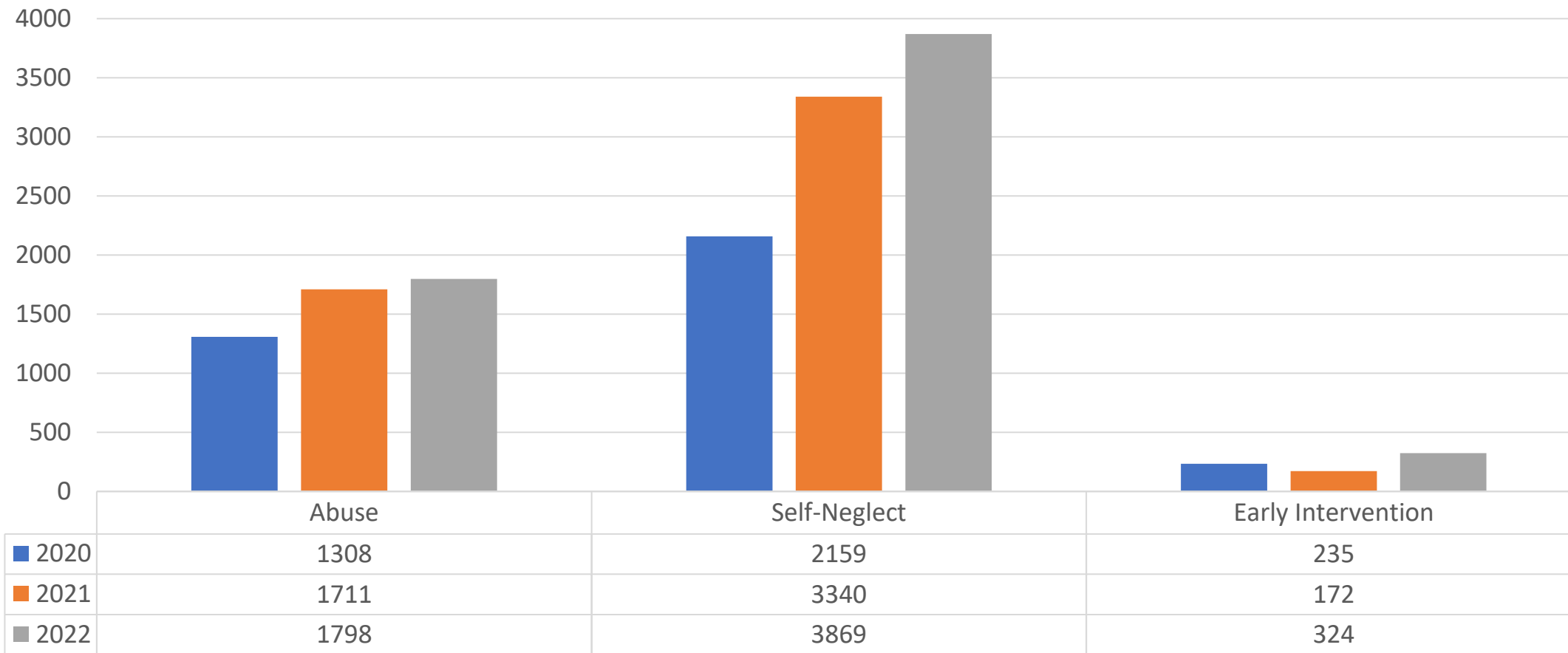
Data

APS referrals 2020-2022



Reports of Abuse and Self-Neglect 2020-2022

Number of APS Reports Annually by Type

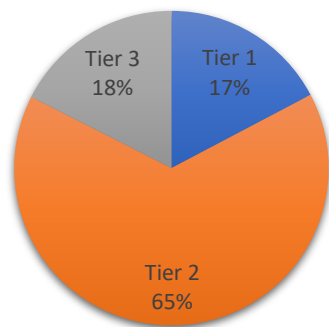


■ 2020 ■ 2021 ■ 2022

*classified as "other" 2020: 10, 2021: 10, 2022: 24

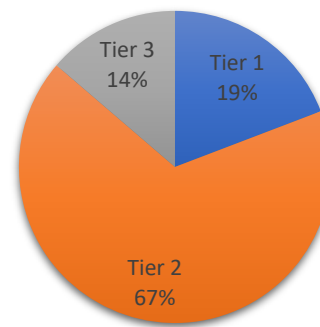
- Three tiers of co-share amount by income
 - Tier 1 <125% FPL
 - Tier 2 <200% FPL
 - Tier 3 <250% FPL (new, 2022)

Case Management Utilization SFY23



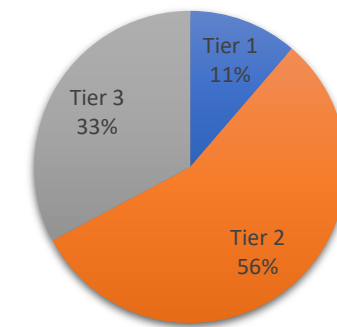
■ Tier 1 ■ Tier 2 ■ Tier 3

Home Care Utilization SFY23



■ Tier 1 ■ Tier 2 ■ Tier 3

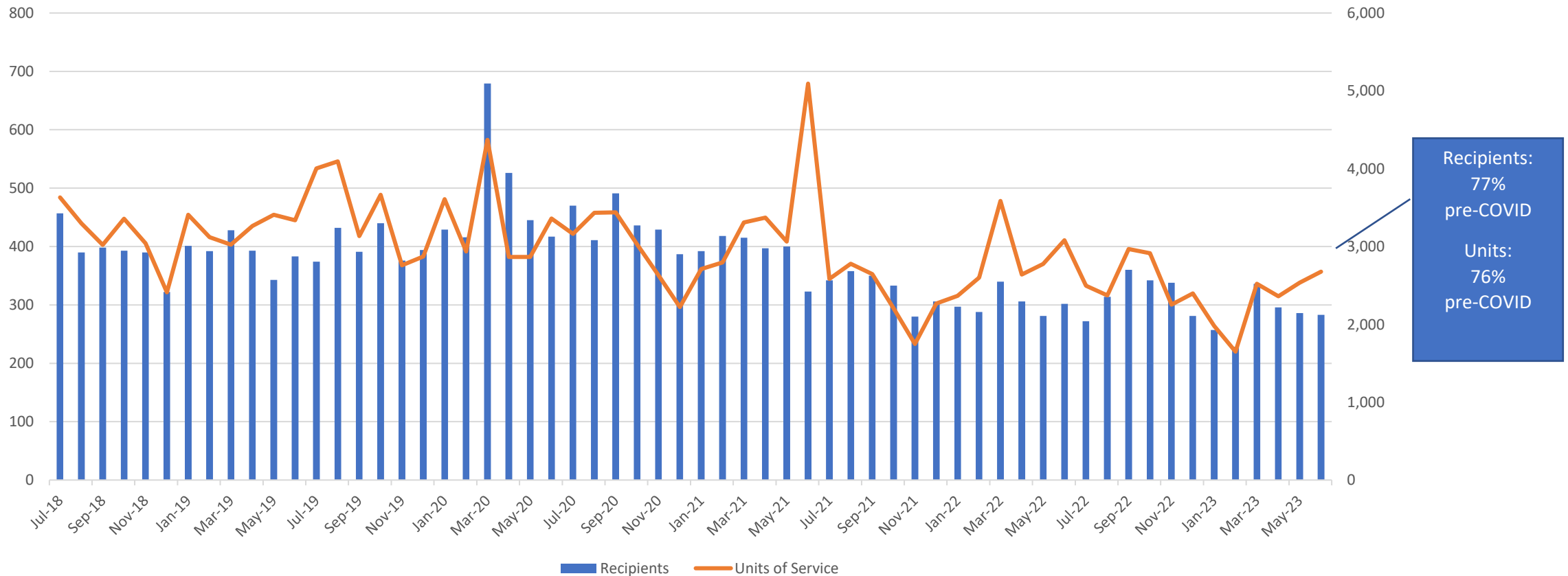
Adult Day Utilization SFY23



■ Tier 1 ■ Tier 2 ■ Tier 3

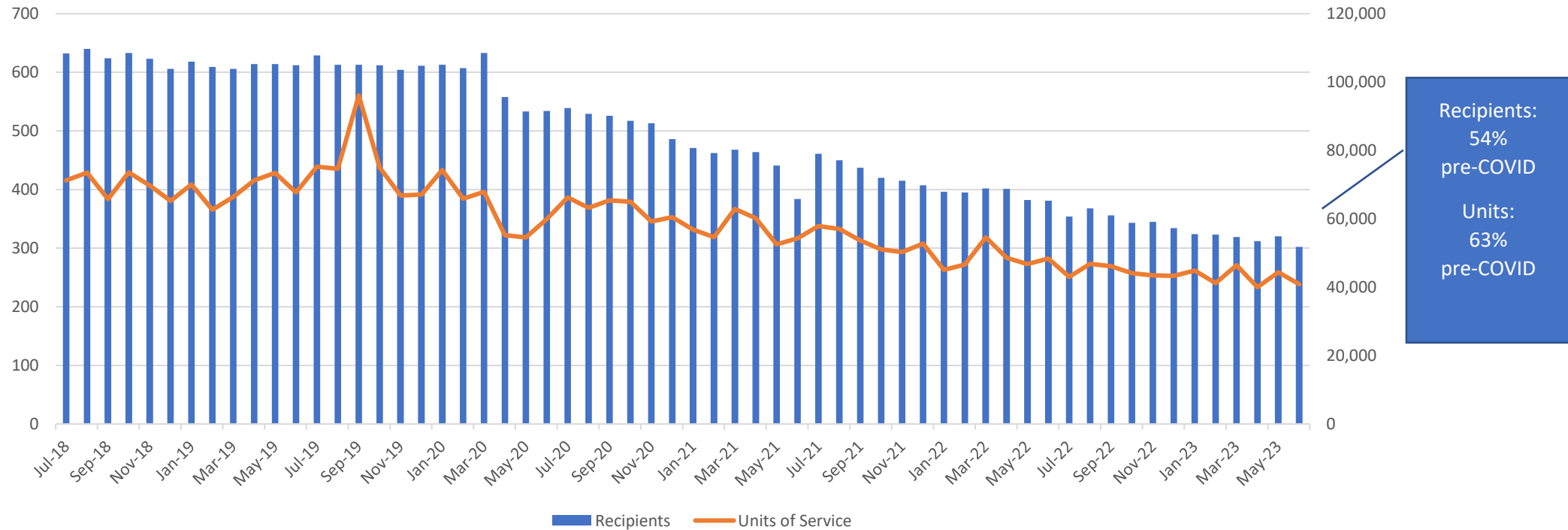
Coming back from COVID

At Home Cost Share Case Management
 Utilization SFY 19-23



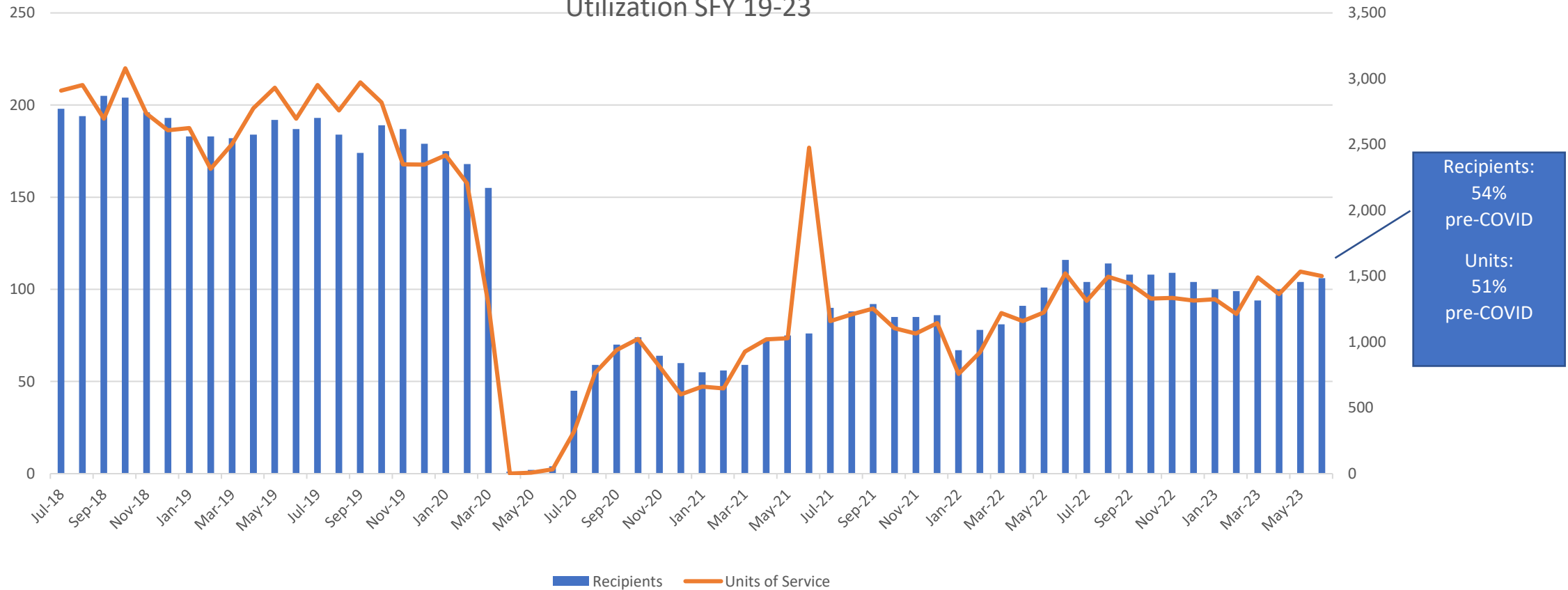
Coming back from COVID

At Home Cost Share Home Care
 Utilization SFY 19-23



Coming back from COVID

At Home Cost Share Adult Day
 Utilization SFY 19-23



2023 State Investments

- ✓ Additional funding for Senior Service Supports (senior centers and community centers)
- ✓ Additional funding for Meals on Wheels
- ✓ First time state funding of the ADRC, the Point
- ✓ Two new FTEs for OHA



RI State Plan on Aging



- The Administration for Community Living (ACL) is the federal agency charged with the implementation of the Older Americans Act (OAA)
- Each State Unit on Aging (SUA), in partnership with each Area Agency on Aging (AAA) must submit a State Plan every three years outlining how the SUA will accomplish the work of the OAA
- Rhode Island is a single-AAA state and the Office of Healthy Aging acts as the SUA

This State Plan on Aging does not include all policy and resource goals related to all areas of aging. It only includes those identified in the OAA

This Plan is not inclusive of all activities of OHA and its goals for the state



What we've heard from RI older adults

Feedback from 130 individuals participating in one of 11 focus groups and over 1,000 surveys completed

Key themes from the older adults included:

- Access and affordability of reliable transportation
- Access to affordable housing
- Feelings of social isolation and loneliness
- Value of health and wellness programs
- Desire for stronger supportive communities
- Awareness of and access to services

FY 2024-2026 Older Americans Act State Plan on Aging

1. Provide older adults, older adults with disabilities and their caregivers *access to the information* they need to make informed decisions about the supports they need to thrive.
2. Support older adults to *stay active and healthy physically and mentally*.
3. Enable older adults and older adults with disabilities to *remain in their own homes* with maximum independence and quality of life.
4. *Strengthen a caregiving infrastructure* that recognizes, builds, and supports both paid and unpaid caregivers
5. Ensure the rights, safety, independence, and dignity of older adults and *prevent their abuse, neglect, and exploitation*.
6. Build on lessons learned from COVID-19 about *social isolation risk* and the importance of *varied engagement strategies*.
7. *Ensure equity* – All Rhode Islanders should be able to participate fully in society and benefit from available programs and services.
8. Ensure OHA's programs and investments are in line with people's needs and *hold ourselves accountable* to achieving established goals.

GOAL 1: PROVIDE OLDER ADULTS, OLDER ADULTS WITH DISABILITIES AND THEIR CAREGIVERS ACCESS TO THE INFORMATION THEY NEED TO MAKE INFORMED DECISIONS ABOUT THE SUPPORTS THEY NEED TO THRIVE.

Objective 1.1

Strengthen and expand the Aging and Disability Resource (ADRC) by creating a centrally operated, coordinated system of information and referral and options counseling that enhances individual choice, fosters informed decision making, minimizes confusion, and promotes the states long-term system rebalancing goals

Objective 1.2

Develop and implement a robust marketing and communications plan to promote available services and increase utilization.

Objective 1.3

Increase community awareness of programs for older adults, their caregivers, older adults with disabilities, and professionals serving those communities.

Objective 1.4

Strengthen the provision of health information and assistance services and promote a greater understanding of Medicare and its programs.



GOAL 2: SUPPORT OLDER ADULTS TO STAY ACTIVE AND HEALTHY PHYSICALLY AND MENTALLY

Objective 2.1

Advance greater awareness and understanding of services and programs across the state of Rhode Island.

Objective 2.2

Reduce falls among older adults and partner with health promotion supports to connect for when falls occur.

Objective 2.3

Provide support to older adults with Traumatic Brain Injury (TBI) so they can access the services they need.

Objective 2.4

Encourage self- management of chronic disease

Objective 2.5

Strengthen food security and social supports for older adults through home delivered meals, congregate meals, supplemental foods and other nutrition supports.

Objective 2.6

Increase awareness of vaccination supports and benefits

Objective 2.7

Provide assistance to organizations addressing the behavioral health needs of older adults, including those with depression, anxiety issues and dementia illness.

Objective 2.8

Reduce stigma related to behavioral health, increase mental health supports, initiate suicide prevention awareness campaign.



GOAL 3: ENABLE OLDER ADULTS AND OLDER ADULTS WITH DISABILITIES TO REMAIN IN THEIR OWN HOMES WITH MAXIMUM INDEPENDENCE AND QUALITY OF LIFE.

Objective 3.1

Provide affordable home and community-based services and living options to prevent or delay institutionalization.

Objective 3.2

Help older adults achieve better quality of life in their community by ensuring those who seek assistance are connected to supportive programs and services.

Objective 3.3

Advance Age Friendly Communities



GOAL 4: STRENGTHEN A CAREGIVING INFRASTRUCTURE THAT RECOGNIZES, BUILDS AND SUPPORTS BOTH PAID AND UNPAID CAREGIVERS

Objective 4.1

Caregiver Supports: Embrace a whole-family approach, improving resources and the quality of resources available, connect caregivers to information and training opportunities and caregiver supports.

Objective 4.2

Create community-based caregiver support structures.

Objective 4.3

Utilize innovative models of respite



GOAL 5: ENSURE THE RIGHTS, SAFETY, INDEPENDENCE AND DIGNITY OF OLDER ADULTS AND PREVENT THEIR ABUSE, NEGLECT AND EXPLOITATION

Objective 5.1

Work with Rhode Island Legal Services and the Rhode Island Bar Association to promote and provide legal help to older adults with social and/or economic needs.

Objective 5.2

Create collaborations, policies and procedures that strengthen protections and increase safety for older adults

Objective 5.3

Raise awareness about elder abuse and neglect prevention, Rhode Island's mandatory reporting laws, and the Elder Abuse Hotline, 401.462.0555, and on-line reporting tool.

Objective 5.4

Support community awareness about scams targeting older adults.



GOAL 6: BUILD ON LESSONS LEARNED FROM COVID-19 ABOUT SOCIAL ISOLATION RISK AND THE IMPORTANCE OF VARIED ENGAGEMENT STRATEGIES.

Objective 6.1

Build and maintain relationships with older adult-serving facilities and organizations to ensure well-established engagement methods.

Objective 6.2

Build upon digiAGE initiative to bring technology resources and skill building to older adults.

Objective 6.3

Build relationships with trusted community partners who communicate with homebound older adults.



GOAL 7: ENSURE EQUITY – ALL RHODE ISLANDERS SHOULD BE ABLE TO PARTICIPATE FULLY IN SOCIETY AND BENEFIT FROM AVAILABLE PROGRAMS AND SERVICES.

Objective 7.1

Fully imbed values of equity in the work of the Office of Healthy Aging.

Objective 7.2

Strengthen partnerships with organizations representing linguistically, ethnically, culturally, faith, gender, sexuality and/or geographic diverse older adults, such as persons of color, members of religious minorities, LGBTQ and older adults living with HIV/AIDS to conduct more effective outreach in these communities.

Objective 7.3

Promote inclusion and well-being of all people across the network of aging services.



GOAL 8: ENSURE OHA PROGRAM AND INVESTMENTS ARE IN LINE WITH PEOPLES NEED AND HOLD OURSELVES ACCOUNTABLE TO ACHIEVING ESTABLISHED GOALS.

Objective 8.1

Improve collection and use of data to inform operations and policy-making by investing in technology and enhancing, streamlining, data collection, client management systems and processes.

Objective 8.2

Adopt active contract management principles to increase value, align investments with goals, track progress, engage partners, and maximize available resources.

Objective 8.3

Develop professional development opportunities for all OHA staff.

Objective 8.4

Be intentional about soliciting feedback from each other and those we serve on an ongoing basis and sharing insights with local and national partners.

Objective 8.5

Volunteerism: Continue to promote and increase volunteerism across core Older Americans Act programs.





Performance Measures

GOAL 1 PERFORMANCE MEASURES:

1. Procure performance-based contract for ADRC.
2. By the end of FFY24, publish annual ADRC data including but not limited to, number of referral contacts, person centered options counseling contacts, geographic and demographic information about older adults contacting the ADRC.
3. Participate in one outreach event monthly promoting the work of the ADRC and programs of OHA.
4. By the end of FFY 24 conduct a paid media campaign to bring awareness to the services of the ADRC.
5. At least fifty percent of Academy Training topics will be generated by training participants.
6. At least one Academy Training annually will include a training about engaging and serving diverse older adults, such as: BIPOC, LGBTQ+, deaf and hard of hearing, visually impaired seniors
7. Conduct first statewide conference on aging to bring awareness to issues facing older Rhode Islanders.
8. Increase by 5% the number of SHIP encounters.
9. Increase by 10% the number of SHIP volunteers.

GOAL 2: PERFORMANCE MEASURES:

1. Promote ACL programs at least 4x annually through podcasts, local access, local newspapers, etc.
2. In each year of the plan, survey seniors (through partnership with senior centers, Meals on Wheels, and community organizations) to understand their awareness of programs. Use first year's data as a benchmark and set goals for program promotion from those data.
3. At least once each month share public health information from our RIDOH, BHDDH, and/or OVS partners on our social media to promote awareness of 988, TBI supports, vaccinations, and other public health messaging important to older adults.
4. Increase by 5% the number of older adults receiving nutrition counseling.
5. In FFY24 Convene a *Talk Saves Lives for Seniors* suicide awareness training for case managers.

GOAL 3: PERFORMANCE MEASURES

1. In FFY24 collect impact statements from Senior Companion Program participants and use to promote the program in FFY25 to address isolation.
2. By the end of FFY24, present services identified as needed from self-neglect data at a meeting of the Governor's Commission on Aging to create a plan to address the needs.
3. Twice annually, support organizations such as, AARP or Age Friendly RI, by attending events advancing their efforts to create age friendly communities in Rhode Island.

GOAL 4: PERFORMANCE MEASURES

1. By the third quarter of FFY24, present survey findings to the groups surveyed about the FCARI plan.
2. Increase by 5% the number of people receiving Respite Nursing Student Program respite services.
3. Increase number of BIPOC families receiving respite services by 10%.
4. In FFY26 engage at least 4 HR departments at major state employers to promote caregiver supports within their organizations.

GOAL 5: PERFORMANCE MEASURES:

1. Offer an annual presentation about the Legal Assistance Development supports through RILS and RIBAR.
2. Host quarterly informational sessions about the Volunteer Guardianship Program.
3. Increase the number of volunteer guardians by 10% by FFY25.
4. Host quarterly community outreach trainings with community partners Adult Protective Services.
5. Post selected self-neglect APS data on the OHA website with resources available to address them.
6. On a quarterly basis, share information about current scams on our social media.

GOAL 6: PERFORMANCE MEASURES

1. Draft OHA newsletter updates to have published, at least twice a year, in the newsletters of community centers, such as senior centers, to maintain strong communication.
2. Connect Cyber Seniors to the Village Common and Senior Companions to build their peer network.
3. Join RI Emergency Management in at least four community presentations annually to promote emergency preparedness among older adults.
4. Distribute information about the Special Needs Registry through all home care/meal delivery services.

GOAL 7: PERFORMANCE MEASURES:

1. By end FFY24 meet with the City of Providence Director of Arts and Cultural Engagement and the Director of First Works Providence to identify and promote cultural activities including in the arts.
2. Promote Person Centered Planning program to ensure older adults and older adults with disabilities that need assistance in constructing and articulating a vision for their future receive the services they need.
3. By the end of FFY24, engage with individuals and partners of the racial minority groups, religious groups, LGBTQ+, and organizations serving HIV/AIDS older adult patients to conduct a needs analysis and develop a report by end of FFY25 with recommendations for increased coordination and supports.
4. Include a panel on diversity and inclusion in each annual conference hosted by OHA.

GOAL 8: PERFORMANCE MEASURES:

1. By end of FFY24 select point-in-time APS, AHS, and OAA program data will be posted on the OHA website and updated annually.
2. Host quarterly community engagement sessions each year.
3. By January 2024, and annually thereafter, staff trained in contract management.
4. Throughout the year quarterly trainings attended by at least 90% of staff.
5. Satisfaction surveys completed by all contracted partners in FFY26.

Commissions

- Governor's Advisory Commission on Aging
- Home and Community Care Advisory Commission
- Citizen Commission for Elder Safety

Plans and Reports

- State Plan on Aging
- State Plan for Family Caregivers
- Older Adult Factbook

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