Attachment G

Indiana's 2019-2022 State Plan on Aging: Stakeholder Engagement Events Summary Report

June 15, 2018

CAC University of Indianapolis
Center for Aging & Community

netlogx

Acknowledgements

The Center for Aging & Community and netlogx teams would like to thank the many stakeholders, providers, and community members who shared their time, perspectives, and experiences for this project, both virtually and in person. Thanks to the Indiana Aging and Disability Resource Centers who helped with logistics of local events and the Indiana Division of Aging for their leadership, dedication, and guidance throughout the process. Thanks also to the internal staff members for their contributions to the project and to this report.

Contents

Acknowledgements ... 2
Introduction ... 4
Methodology ... 4
Summary of Findings ... 8
- Strengths of the Plan ... 8
- Challenges of the Plan ... 9
- Sections to Prioritize During Implementation ... 11
- Additional Objectives and Strategies to Consider ... 12
- Resources for Implementation ... 14

Final Comments ... 14

Introduction

In preparation for the submission of the 2019-2022 Indiana State Plan on Aging (the Plan) to the Administration on Community Living (ACL), Indiana Family and Social Services Administration (FSSA) Division of Aging (DA) has solicited input from stakeholders. Stakeholder views were gathered through an open comment period that ran mid-May 2018 – June 4, 2018. The open comment period included three (3) in-person stakeholder engagement events, one (1) virtual event, and the ability to comment via email. At the in-person and virtual events, DA staff gave an overview of the state plan and University of Indianapolis (UIndy) Center for Aging & Community (CAC) highlighted six (6) sections for stakeholder discussion. Open discussion was held at the end to discuss any part of the Plan and email comments were accepted through the comment period on any topic. This report, prepared by CAC, is a summary of the feedback received from the in-person events, virtual event, and email comments.

Methodology

Three (3) formats were used during this project for stakeholder engagement: in-person events, a virtual event, and emailed comments.

In-Person Listening Sessions

In-person events were held in three locations (Evansville, South Bend, and Indianapolis) between May 18 and May 31, 2018. Regional Aging and Disability Resource Centers (ADRCs) were asked via email to assist in selection of date, time, and location for the events as well as with advertising the events through their available channels (e.g., listserv, email lists) using communications developed specifically for these events. (See Appendix A to view copy of the suggested communications). The DA also sent out a notice with the accompanying information to all persons on their listserv.

At the beginning of each event, CAC and DA staff were introduced and encouraged all participants to be open and honest in their feedback. An overview of the Plan and the process for its creation and updating was given by DA staff. Next, the five (5) goals of the plan were presented for discussion. Under each goal, one or two objectives and the accompanying strategies for those objectives were presented. The highlighted objectives were:

1. **GOAL 1: Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.**
   a. Objective 1.4: Increase pathways to information and support to ensure people have choices and options to meet their long-term care needs.
      i. **Strategy**: Build partnership with 211 for community resources and Information and Assistance support.
      ii. **Strategy**: Continue to build and develop the INconnect Alliance website as a virtual ADRC.

        iii. **Strategy**: Establish guidelines and best practices for warm hand-offs between ADRCs and the provider network to ensure quality and consistency.
    b. Objective 1.8: Continue integration of person-centered thinking practices into care management.
        i. **Strategy**: Identify and integrate credentialed Person-Centered Thinking (PCT) trainers, coaches, and mentor certified PCT to support the care management network.
        ii. **Strategy**: Research population-specific certifications for specialized care management to include more specialized skills and knowledge (e.g. TBI, caregiver, dementia).

2. **GOAL 2: Support caregivers' ability to provide ongoing informal supports.**
    a. Objective 2.1: Expand, improve, and implement new supports for informal caregivers.
        i. **Strategy**: Assess the implementation and effectiveness of Title III-E programming throughout the state.
        ii. **Strategy**: Select and implement an evidence-based caregiver assessment tool.
        iii. **Strategy**: Explore collaborations with the Corporation for National and Community Service and other entities to leverage resources for caregiver support.
        iv. **Strategy**: Explore the possibility of implementing a Medicaid HCBS program focused on at-risk individuals not yet at nursing facility level of care.
        v. **Strategy**: Enhance Title III-E services for grandparents and older relatives caring for children of parents dealing with mental health and/or addiction issues.

3. **GOAL 3: Enhance the current dementia care or specialty care competencies.**
    a. Objective 3.1: Increase professionals' awareness of dementia-related issues and challenges.
        i. **Strategy**: Identify and pursue grant opportunities support training and education efforts.
        ii. **Strategy**: Explore opportunities to partner with organizations such as the Alzheimer's Association to provide training to professional groups (i.e. DHS).
        iii. **Strategy**: Utilize technology to provide person-centered trainings and resources to professionals to enhance understanding and capability of managing situations related to persons with dementia.
        iv. **Strategy**: Identify and share a basic assessment or screening tool to help emergency personnel and law enforcement recognize dementia.
        v. **Strategy**: Identify a competency standard required by case managers on dementia and other cognitive impairments.

4. **GOAL 4: Strengthen statewide systems for advocacy and protection of older adults.**
    a. Objective 4.3: Increase coordination between Adult Protective Services and other human service entities.
        i. **Strategy**: Partner with Indiana's Division of Disability and Rehabilitative Services, Division of Mental Health and Addiction, Office of Medicaid Policy and Planning, State Department of Health, and other stakeholders to create multi-disciplinary teams.
        ii. **Strategy**: Through education and communication, develop more effective referrals and hand-offs between the INconnect Alliance and APS.
        iii. **Strategy**: Explore opportunities for cooperation and collaboration with Indiana's Ombudsman program.
5. **GOAL 5: Institute policies and evidence-based programs to positively impact social determinants of health.**
    a. Objective 5.1: Support healthy, aging-friendly communities.
        i. **Strategy**: Develop and implement a plan to maximize Title III-D funding for health promotion activities.
        ii. **Strategy**: Maintain a presence "at the table" to ensure that the needs and preferences of older adults and persons with disabilities are considered in the state's response to the opioid crisis.
        iii. **Strategy**: Coordinate with community stakeholders to explore the development of aging-friendly communities throughout Indiana.
        iv. **Strategy**: Increase expectations regarding emergency response and disaster preparedness planning for the AAA and ADRC network.

CAC staff reviewed each objective and strategies and asked for feedback. Questions to stimulate discussion were:

1. Are these objectives and strategies well aligned?
2. Are there strengths you see?
3. Which do you think should be prioritized/would be most successful?
4. Are there additional strategies you would suggest?

Participants were encouraged to respond to the questions posed and provide additional feedback. At the end of each session, time was allotted for open discussion to allow for comments on other parts of the Plan, unmet needs, or other strengths and priorities participants wanted to highlight. At in-person events, comments were collected verbally and in writing. Copies of the discussion guide are included in Appendix B. A handout was also provided to participants, for ease of reference during the conversation. A copy of the handout is included in Appendix C.

Participants (In Person)

	Evansville	South Bend	Indianapolis	Total
State Organization	2	5	5	**12**
Volunteer	1	0	1	**2**
AAA	4	6	19	**29**
Provider	7	3	11	**21**
Trade Organization	1	0	3	**4**
Other	3	3	6	**12**
Total	**18**	**17**	**45**	**80**

Virtual Event

One virtual stakeholder engagement event was held on May 31, 2018. As part of the final in-person event, participants could also join by webinar. The discussion guide and audio of the in-person event were broadcast via webinar and virtual participants were able to submit comments via the chat function of the webinar. For each objective, at least one comment from webinar participants was read aloud to the entire group. The webinar and in-person events addressed the same components of the Plan in the same order, as detailed above. The same handout was available to virtual participants for download through the webinar software.

Participants (Webinar)

	Total
Registered	63
Attended	36

Written Comments

Stakeholders were able to submit comments in writing both during the live events and via email until June 4, 2016. Fourteen (14) written statements were submitted.

All comments from the live events, webinar, and written submissions were analyzed for core themes, grouped by common suggestions, and are summarized in the section below.

Comment Source	Number of Comments
Live Events	148
Webinar	20
Written Statement	112
Total	280

Summary of Findings

At each event, participants were asked to discuss strengths, challenges, priorities, and suggestions for additions to the plan. Throughout, participants also suggested resources for implementation, discussed unmet needs, and highlighted areas for clarification within the Plan. Below are the key themes identified from the comments submitted by stakeholders across all communication pathways (in-person, virtual, email).

Strengths of the Plan

Stakeholders were asked to identify any strengths they saw in the Plan, so that these could be built upon for future success and quality improvement.

Caregiver Assessment The Caregiver Assessment outlined in Objective 2.1 was identified by several stakeholders as a strength of the plan. Stakeholders commented that this kind of assessment would be useful for all settings, in early identification of caregivers who may not self-identify until much later, and will help service providers to plan for current and future needs.

"We see a great need for caregiver education and training. I appreciate your recognition of this need…"

Education Increasing the focus on and availability of education and training will be important for many roles in the long term services and supports (LTSS) system. Specifically mentioned were education for caregivers and consumers.

Standardization Standardization was highlighted across several areas - including the Aging and Disability Resource Center (ADRC) Network and for care management - as a benefit for the system. Standardization in these areas is seen as a way to support accountability and improve quality.

Partnerships Multiple stakeholders discussed a variety of partnerships included in the Plan as strengths. Specifically mentioned were collaborations with the Indiana Housing and Community Development Authority (IHCDA) in the effort to provide affordable, accessible housing, and plans to increase connections between the ADRC network and the medical field/local hospitals.

Additional strengths recorded were including timelines and measures in the plan (overall); the recognition of the importance of informal caregivers (Goal 2); the focus on protection in Goal 4; including emergency preparedness in Goal 5; the importance of nutrition programs for consumers; and Objective 1.8 – exploring specific certifications for care managers as they have a unique touchpoint with consumers.

Challenges of the Plan

The challenges of the Plan garnered the most comments. Two areas – unmet needs and areas for clarification – had a particularly high volume of comments. For the purpose of this summary, all comments about unmet needs from any section (objective-specific or open discussion) are included.

Unmet Needs Unmet needs were identified through the discussion of each goal and objective as well as at the end during open discussion. Common themes include:

- Better ways to meet consumer need – suggestions for easier and quicker access to services included presumptive eligibility; an online database of all formal and informal supports, organized by county with analytics shared with local providers to assist with planning and needs assessments; the ability for consumers to share services; increased support for the Medicaid application process; and strengthening person-centered thinking.
- Emergency services – there is a need for a streamlined and more flexible process to connect individuals to services in an emergency; an interim payer source was suggested as a potential solution. Additionally, there is an unmet need for emergency shelters for at-risk individuals.
- Housing – there is a significant unmet need for affordable, accessible, supportive housing.
- Public awareness – several aspects were highlighted as needing more public attention and awareness including about the LTSS system in general, opportunities to give feedback/input, and about specific programs such as Money Follows the Person or the Ombudsman program.
- Transportation – transportation, especially across county lines, is a large unmet need.
- Mental health – services and supports for mental health do not meet current needs.
- Evaluation – it was suggested that an overall evaluation of the Plan be added.
- Capacity – several areas of unmet needs are due to capacity issues. Needs include more funding, better integration/collaborative between services, and expanding the discussion of social supports beyond the traditional network.

Areas for Clarification Several areas were highlighted as needing additional clarification. These include:

- Clarification on what is meant by advanced planning in Objective 5.5 as this could be confused with Advanced Care Planning (there were concerns about implanting Advanced Care Planning in the comments, likely due to a misinterpretation of this objective).
- Clarify who is the target audience for the plan – higher visibility for adults with disabilities and specifying if the Baby Boom Generation is the target.

- Additional information on measurements and data for goal metrics was requested (definitions, source, how the data set is determined).
- Add clarity on which professionals will be targeted for training and education in Objective 3.2. Many comments suggested broadening this to as many types of providers as possible.
- Clarification on cost-reduction strategies was requested.
- What the caregiver assessment will assess/measure should be clarified.
- Several comments indicated that, the relationship between 211, ADRCs, and INconnect (as the brand for all ADRCs is not well understood by multiple stakeholder groups.
- Clarification on "transparency" was requested throughout.

System Challenges Many comments focused on the system aspects that will create challenges within the Plan.

- The regional variation in local resources and the abilities and use of 211 will be a challenge. It is important to understand and account for these regional variations so that equity can be achieved in the implementation of the Plan.
- The organization and perceived abilities of Adult Protective Services (APS) were noted as a challenge. The balance between law enforcement and providing social services can be challenging, suggestions included separating the functions into two offices or moving APS to social services and out of law enforcement. Another suggestion was to have one APS unit per county.
- The need for collaboration across agencies, divisions, and "silos" within the system and across state/county/city borders is a challenge that must be addressed.
- Systemic regulations can be challenging, include those that prohibit caregivers taking needed leave from work to care for family.
- The bias of the system toward the medical model was discussed, including suggestions to improve the hospital discharge process to encourage community placement and to make the virtual ADRC website less medical model focused and more holistic.
- Ensuring the system, policies, programs, and needs assessments are inclusive of not only older adults but also adults with disabilities.

"Pathways need to be accessible to seniors and match their preferences."

Access Pathways The challenge of access to information and services was a common comment in response to the discussion of enhancing internet access in the Plan. All discussions included that the Plan should include, use, and promote of all the pathways to ensure consumers can access the system by their preferred method – in-person, via phone, or via computer/internet. Commenters had concerns that many seniors do not utilize or have access to technology applications. Suggestions for improving access pathways include expanding internet access, ensuring 211 information is up to date, bolstering transportation as the lack of transportation

impacts access, streamlining access to Options Counseling, better integrating programs such as Community Living and information on dementia and cognitive issues.

Challenges with Services Several services were identified has having challenges that will impact implementation of the Plan. Overall, the lack of available services will be a challenge, specifically low Adult Day Service utilization was mentioned, as was the lack of emergency placements and the need for high quality guardianship programs. Additionally, lack of time for care managers may be a challenge for the implementation of person-centered thinking.

Funding Challenges Funding as a challenge was a common theme of comments, with several comments indicating the need for a comprehensive review of rates for services. In particular, a needed increase in funding for APS staffing and services was highlighted. Other funding suggestions included increased funding for Indiana Legal Services and more flexible funding for nutrition programs to meet the changing needs of older adults (i.e. "grab and go" options for grandparents who are raising grandchildren and thus do not want to eat at the meal site).

Workforce The capacity of the LTSS workforce was a commonly identified challenge. Lack of staff results in inability to receive services (e.g. with respite and home health). One commenter was concerned that the reliance on informal caregiving was too high and due to the lack of a sufficient workforce. Workforce challenges faced by APS result in high caseloads for APS staff creating time constraints that further complicate emergency placement situations.

Dementia Assessment Developing a dementia assessment tool for first responders and training for care managers was frequently cited as a strength of the plan, but is not without its challenges. Commenters urge that the assessment be fast, easy to use, and clearly be a means of determining how to handle an interaction, rather than as a diagnosis tool (i.e. first responders should not be diagnosing individuals with dementia or cognitive impairment). The training will need clear guidelines and requirements and should be made available in multiple formats for high accessibility.

Sections to Prioritize During Implementation

Participants were asked to identify areas of the Plan that should be prioritized in the implementation. Understanding that not every section can be implemented immediately, participants discussed those that would meet the largest need and/or have the highest impact and thus should be prioritized.

Recognizing Dementia and Cognitive Impairment Enhancing the ability of individuals in the LTSS network was a strong priority of stakeholders. This included both the identification of a basic assessment to be used by first responders and a competency standard for care managers. Partnering with organizations already working on this (i.e. the Alzheimer's Association) would help expedite the implementation of this priority.

Support Prior to Meeting Level of Care A frequently mentioned priority is Objective 2.1, Strategy 4 – Explore the possibility of implementing a Medicaid HCBS program focused on at-risk individuals not yet requiring nursing facility level of care. Stakeholders believe this will benefit multiple roles including caregivers and younger consumers as well as serving as an early intervention that will meet a large need.

Standardizing Warm Handoffs Establishing guidelines and best practices to ensure quality and consistency between the ADRC network, providers, and 211 is a strong priority of stakeholders.

"I would advocate for elevating the strategy to establish guidelines and best practices to a requirement for warm hand offs."

Person-Centered Thinking Training Increasing the state's capacity for providing person-centered thinking as part of the LTSS network is critical. Increasing training on how to use person-centered thinking is necessary to meet this need and should be prioritized.

Emergency Preparedness Increasing emergency preparedness planning was highlighted by multiple stakeholders as a priority.

Access to Housing and Transportation Across every platform, stakeholders commented that addressing the need for accessible, affordable housing and transportation has to be a priority of the Division of Aging as it is a critical need across the state.

Additional priorities were including older adults' needs in the response to the opioid crisis, the development of multidisciplinary teams, developing aging-friendly communities, aligning skilled and non-skilled services in long term care, and increasing external funding for training.

Additional Objectives and Strategies to Consider

Throughout, commenters gave suggestions on items and strategies that should be added to the plan, either new or to expand existing strategies. This was to ensure the most effective strategies were discussed.

Caregivers Several additions were suggested for supporting caregivers. These included using the assessment to identify caregivers earlier than they typically self-identify, utilizing the data collected for a statewide gap analysis, and engaging HCBS staff to help complete the assessment as caregivers frequently have established a trusting relationship with those individuals and will be more open with their responses. Stakeholders suggested adding a strategy of providing education and training for caregivers on many topics including dementia and cognitive issues, legal matters, and specific conditions. Additional funding to support caregivers, including the assessment as part of the care managers' scope of work, increasing

consumer-directed care options as part of Goal 2 to decrease caregiver burden, and engaging caregivers earlier were also suggested additions for the plan.

Dementia Assessment Tool This strategy was very well received and many stakeholders suggested expanding this objective to provide the early screening/assessment tool for multiple providers and communities, not just first responders. The perceived benefit was high and stakeholders felt it would have greater benefit with a broader audience. Participants also suggested expanding beyond recognizing signs of dementia and including recognizing a person in crisis (stroke, medical issue, mental health issues) as well.

Education Several additions were suggested about education opportunities including utilizing frontline experts to do education, education for providers on how to connect with 211, expansion of APS training, and education of consumers about available resources. Accessibility standards should be incorporated into training materials and audiences should be expanded for several of the training and education opportunities included in the Plan.

Health Promotion It was suggested Objective 5.1 be expanded to include all health promotion activities, not just Tier IV evidence-based programming covered under Title III-D.

Metrics and Tracking Throughout there were suggestions about data collection and management. Number of incidents, total care plan costs including the value of informal caregiver supports, and time from inquiry to evaluation were suggested as additional metrics. Sharing data and outcome measures with stakeholders was suggested as a way to show the impact of the Plan.

"How will we know if we've moved the needle?"

Multidisciplinary Teams Frequently, it was suggested that Objective 4.3 be expanded to include a significantly broader number of professionals and organizations in the multidisciplinary teams.

Opioid Response It was suggested this objective be broadened to include all needs of older adults and persons with disabilities. Suggested needs included older adults raising grandchildren due to opioid addiction and seniors and adults with disabilities struggling with opioid addiction. It was noted that many older adults and adults with disabilities rely on prescribed opioids for pain management, which should be considered in the response as well.

Utilize Existing Resources In several objectives, it was suggested the Plan and its implementation be broadened to include and build on existing partnerships, resources, and efforts. Suggested resources are included in the section below.

Resources for Implementation

Frequently, stakeholders expressed the desire that efforts be built upon and utilize existing knowledge, practices, and resources rather than "reinventing the wheel." The table below, summarizes resources that were specifically mentioned for engagement during various parts of the implementation of the Plan.

Area of Expertize	Resource
Aging Friendly Communities	Qsource
Consumer Access	Local Libraries Community Health Workers
Caregiver Support	AARP
Dementia	
Developing Training	Excellence in Memory Care Alzheimer's Association Dementia Friendly Communities
Implementing Training	Indiana Law Enforcement Academy Dementia Friendly Communities
Emergency Preparedness	American Red Cross County Emergency Management Services Homeland Security Fire Police Multiple Sclerosis Association
Financial Exploitation/Financial Management	Families First, Personal Affairs Management model
Legal Assistance	Indiana Legal Services Pro bono legal services
Person-Centered Thinking	Veterans Administration Independent Living Centers
Volunteers to Support Workforce	VISTA

Final Comments

Overall, stakeholder reactions to the Plan were positive. The most common themes of all stakeholder input were to ensure maximum access through all pathways available; expand suggested education, training, and collaboration opportunities to broader audiences for increased benefit; and to include and build on existing resources and efforts for the most efficient implementation.

Appendices

Appendix A: Sample Communications

First Contact to Send ASAP

Dear partner organization,

The Division of Aging is updating the Indiana State Plan on Aging and we would like your input! As you may already know, Indiana's 2019-2022 State Plan on Aging is available online for public comment and feedback. The plan will be posted here: bit.ly/INAgingPlan2018
In addition to the online option for feedback, we are hosting three regional events to connect with stakeholders for the State Plan and to allow people to come and share their experiences personally. We hope that you and your organization will be able to attend one of the regional events. We also hope we can lean on you and ask you to help us reach as many people as possible with news of this opportunity to participate.

This May, we celebrate Older Americans Month with the theme of "Engage at Every Age." Through these stakeholder events, we hope to engage and hear from everyone interest in Indiana's plans to support the older population over the next four years. Can we count on you to share the event schedule with your constituents in as many ways as you can: email, your website, social media, etc.?

A short explanation regarding the upcoming events, as well as the schedule of events is included below. Please feel free to use this announcement as is or modify to meet your constituents' needs.

Engage at Every Age: Help Improve Long Term Services and Supports in Indiana

Attend an Upcoming State Plan on Aging Stakeholder Event!

The Division of Aging is working to gather feedback on Indiana's 2019-2022 State Plan on Aging. The Plan will be posted here: bit.ly/INAgingPlan2018 We want to give everyone a chance to **Engage at Every Age**, be involved and share his or her experiences. Assuring we accommodate as many people as possible, we will be hosting regional events in various Indiana locations:

Location	Date/Time
SWIRCA & More 16 West Virginia Street Evansville, IN 47710 **RSVP Here:** http://bit.ly/INAgingEvansville	May 18, 2018 1-2:30CDT
Ivy Tech Community College – South Bend Cafeteria Room 109 – Ivy Cafe 220 Dean Johnson Blvd South Bend, IN 46601 **RSVP Here:** http://bit.ly/INAgingSouthBend	May 24, 2018 1-2:30pm

CICOA Aging & In-Home Solutions 4th Floor Conference Room 4755 Kingsway Drive, Suite 200 Indianapolis, IN 46205 **RSVP Here: http://bit.ly/INAgingIndianapolis** Or join this event on the web! http://bit.ly/INStatePlanWebinar2018	May 31, 2018 1-32:30pm

If you require accommodations, please contact Erin.Wright@fssa.in.gov no later than 72 hours in advance of the event you plan to attend. To assure your voice is heard, please join us and share your perspective!

Thank you in advance for your assistance. Please contact Erin.Wright@fssa.IN.gov with any questions.

Sincerely,
Sarah Renner
Director, Division of Aging

Second Contact to Send 5/9/18

Dear partner organization,

Most importantly, we want to thank you for your assistance with spreading the word about the upcoming Indiana State Plan Stakeholder Feedback events, an opportunity for Hoosiers to **Engage at Every Age.** As you may already know, Indiana's 2019-2022 State Plan on Aging has been live for the last few weeks and we are getting great feedback. The plan will be posted here: bit.ly/INAgingPlan2018

We hope we can lean on you one more time and ask you to share the in person event schedule with your constituents again in as many ways as you can: email, your website, social media, etc., now that the events are little more than two weeks away.

As you know, we are hosting three regional events to connect with stakeholders for the State Plan and to allow people to come and share their experiences personally. Thank you so much for all your efforts thus far to get the word out.

A short explanation regarding the upcoming events, as well as the schedule of events is included below. Please feel free to use this announcement as is or modify to meet your constituents' needs.

Engage at Every Age: Help Improve Long Term Services and Supports in Indiana

Attend an Upcoming State Plan on Aging Stakeholder Event!

The Division of Aging is working to gather feedback on Indiana's 2019-2022 State Plan on Aging. The Plan will be posted at bit.ly/INAgingPlan2018. We want to give everyone a chance to **Engage at Every Age**, be involved and share his or her experiences. Assuring we accommodate as many people as possible, we will be hosting regional events in various Indiana locations:

SWIRCA & More 16 West Virginia Street Evansville, IN 47710 **RSVP Here: http://bit.ly/INAgingEvansville**	May 18, 2018 1-2:30 CDT
Ivy Tech Community College – South Bend Cafeteria Room 109 – Ivy Cafe 220 Dean Johnson Blvd South Bend, IN 46601 **RSVP Here: http://bit.ly/INAgingSouthBend**	May 24, 2018 1-2:30pm
CICOA Aging & In-Home Solutions 4th Floor Conference Room 4755 Kingsway Drive, Suite 200 Indianapolis, IN 46205 **RSVP Here: http://bit.ly/INAgingIndianapolis** Or join this event on the web! http://bit.ly/INStatePlanWebinar2018	May 31, 2018 1-32:30pm

If you require accommodations, please contact Erin.Wright@fssa.in.gov no later than 72 hours in advance of the event you plan to attend. To assure your voice is heard, please join us and share your perspective!

Thank you in advance for your assistance. Please contact Erin.Wright@fssa.IN.gov with any questions.

Sincerely,
Sarah Renner
Director, Division of Aging

Targeted Regional Emails to be sent 1 week before the event (5/14 for Evansville; 5/21 for South Bend; 5/28)

Dear partner organization,

Your support in sharing information about the upcoming Indiana State Plan Stakeholder Feedback events has been invaluable. With one week to go before the regional event in your area, we wanted to send an updated announcement to help in your communications with constituents. Can we ask one

final favor that you share this with your networks? We hope to see you and many of your constituents next week!

Please feel free to use this announcement as is or modify to meet your constituents' needs.

Engage at Every Age: Help Improve Long Term Services and Supports in Indiana

Attend an Upcoming State Plan on Aging Stakeholder Event!

The Division of Aging is working to gather feedback on Indiana's 2019-2022 State Plan on Aging. The Plan is available at:

bit.ly/INAgingPlan2018

We want to give everyone a chance to **Engage at Every Age**, be involved and share his or her experiences. A stakeholder event is happening near you in the next week! Please join us to give feedback on Indiana's State Plan on Aging:

INSERT SPECIFIC EVENT INFO HERE

We look forward to hearing from everyone. If you are able please RSVP here.

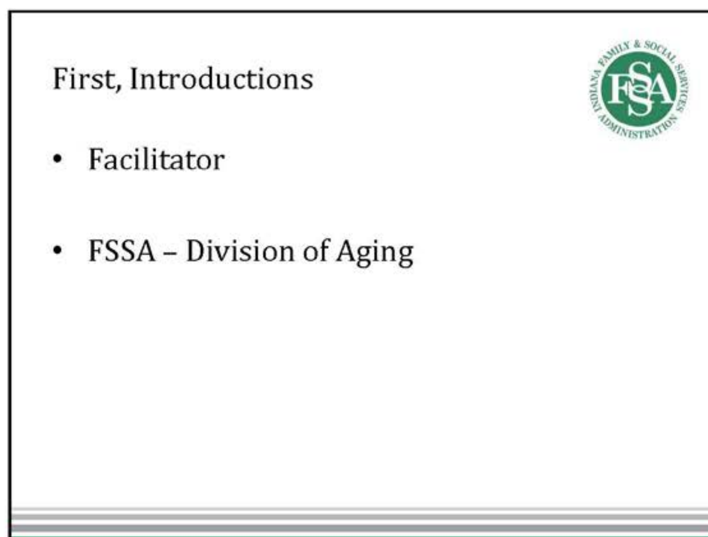
ENTER EVENTBRITE INFO HERE

If you require accommodations, please contact Erin.Wright@fssa.in.gov no later than 72 hours in advance of the event you plan to attend. To assure your voice is heard, please join us and share your perspective!

Thank you in advance for your assistance. Please contact Erin.Wright@fssa.IN.gov with any questions.

Sincerely,
Sarah Renner
Director, Division of Aging

Appendix B: In Person Event Discussion Guide



Agenda

- Overview of the 2019-2022 State Plan on Aging
- Deeper dive into the Goals and Objectives of the Plan
- Your reflection on the plan

2019-2022 State Plan on Aging

- Federal requirement of Older Americans Act
- Submitted every four years
- State Plan on Aging highlights Indiana's efforts on behalf of the older population

GOAL 1

Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.

Objective 1.4: Increase pathways to information and support to ensure people have choices and options to meet their long-term care needs.

Strategy: Build partnership with 211 for community resources and Information and Assistance support.

Strategy: Continue to build and develop the INconnect Alliance website as a virtual ADRC.

Strategy: Establish guidelines and best practices for warm hand-offs between ADRCs and the provider network to ensure quality and consistency.

Objective 1.8: Continue integration of person centered thinking practices into care management.

Strategy: Identify and integrate credentialed Person-Centered Thinking (PCT) trainers, coaches, and mentor certified PCT to support the care management network.

Strategy: Research population-specific certifications for specialized care management to include more specialized skills and knowledge (e.g. TBI, caregiver, dementia, etc).

GOAL 2

Support caregivers' ability to provide ongoing informal supports.

Objective 2.1: Expand, improve, and implement new supports for informal caregivers.

Strategy: Assess the implementation and effectiveness of Title III-E programming throughout the state.

Strategy: Select and implement an evidence-based caregiver assessment tool.

Strategy: Explore collaborations with the Corporation for National and Community Service and other entities to leverage resources for caregiver support.

Strategy: Explore the possibility of implementing a Medicaid HCBS program focused on at-risk individuals not yet at nursing facility level of care.

Strategy: Enhance Title III-E services for grandparents and older relatives caring for children of parents dealing with mental health and/or addiction issues.

GOAL 3

Enhance the current dementia care or specialty care competencies

Objective 3.1: Increase professionals' awareness of dementia-related issues and challenges.

Strategy: Identify and pursue grant opportunities support training and education efforts.

Strategy: Explore opportunities to partner with organizations such as the Alzheimer's Association to provide training to professional groups (i.e. DHS).

Strategy: Utilize technology to provide person-centered trainings and resources to professionals to enhance understanding and capability of managing situations related to persons with dementia.

Strategy: Identify and share a basic assessment or screening tool to help emergency personnel and law enforcement recognize dementia.

Strategy: Identify a competency standard required by case managers on dementia and other cognitive impairments

GOAL 4

Strengthen statewide systems for advocacy and protection of older adults.

Objective 4.3: Increase coordination between Adult Protective Services and other human service entities.

Strategy: Partner with Indiana's Division of Disability and Rehabilitative Services, Division of Mental Health and Addiction, Office of Medicaid Policy and Planning, State Department of Health, and other stakeholders to create multi-disciplinary teams.

Strategy: Through education and communication, develop more effective referrals and hand-offs between the INconnect Alliance and APS.

Strategy: Explore opportunities for cooperation and collaboration with Indiana's Ombudsman program.

GOAL 5

Institute policies and evidence-based programs to positively impact social determinants of health.

Objective 5.1: Support healthy, aging-friendly communities.

Strategy: Develop and implement a plan to maximize Title III-D funding for health promotion activities.

Strategy: Maintain a presence "at the table" to ensure that the needs and preferences of older adults and persons with disabilities are considered in the state's response to the opioid crisis.

Strategy: Coordinate with community stakeholders to explore the development of aging-friendly communities throughout Indiana.

Strategy: Increase expectations regarding emergency response and disaster preparedness planning for the AAA and ADRC network.

Open Discussion

- Strengths of the plan?
- Unmet needs?

Feedback

Date	Location	Time
May 24, 2018	**Ivy Tech Community College – South Bend** Cafeteria Room 109 – Ivy Cafe 220 Dean Johnson Blvd South Bend, IN 46601	1:00 pm - 2:30 EDT
May 31, 2018	**CICOA Aging & In-Home Solutions** 4755 Kingsway Dr. 4th Floor Conference Rm Indianapolis, IN 46205	1:00 pm - 2:30 EDT
May 31, 2018	**Webinar** http://bit.ly/INStatePlanWebinar2018	1:00 pm - 2:30 EDT

More feedback?

- Review the draft plan at: http://bit.ly/INAgingPlan2018
- Submit comments and offer suggestions no later than June 4, 2018 at DAComments@fssa.IN.gov
- Stay Informed–Sign up to receive plan update alerts:
  http://www.in.gov.fssa/2329.htm

Appendix C: In-Person Events Handout

2019-2022 Indiana State Plan on Aging
2018 Listening Sessions

GOAL 1: Improve the performance of Indiana's aging network to efficiently and effectively meet the needs of its growing senior population.

Objective 1.4: Increase pathways to information and support to ensure people have choices and options to meet their long-term care needs.

Objective 1.8: Continue integration of person centered thinking practices into care management.

GOAL 2: Support caregivers' ability to provide ongoing informal supports.

Objective 2.1: Expand, improve, and implement new supports for informal caregivers.

GOAL 3: Enhance the current dementia care or specialty care competencies.

Objective 3.1: Increase professionals' awareness of dementia-related issues and challenges.

GOAL 4: Strengthen statewide systems for advocacy and protection of older adults.

Objective 4.3: Increase coordination between Adult Protective Services and other human service entities.

GOAL 5: Institute policies and evidence-based programs to positively impact social determinants of health.

Objective 5.1: Support healthy, aging-friendly communities.

Objective 5.2: Provide access to information on a variety of housing options that support individuals with long-term care needs.

2019-2022 Indiana State Plan on Aging
2018 Listening Sessions

Date	Location	Time
May 24, 2018	**Ivy Tech Community College – South Bend** Cafeteria Room 109 – Ivy Cafe 220 Dean Johnson Blvd South Bend, IN 46601	1:00 pm - 2:30 EDT
May 31, 2018	**CICOA Aging & In-Home Solutions** 4755 Kingsway Dr. 4th Floor Conference Rm Indianapolis, IN 46205	1:00 pm - 2:30 EDT
May 31, 2018	**Webinar** http://bit.ly/INStatePlanWebinar2018	1:00 pm - 2:30 EDT

Additional Opportunities to Provide Feedback:

- Review the draft plan at: http://bit.ly/INAgingPlan2018
- Submit comments and offer suggestions no later than June 4, 2018 at DAComments@fssa.IN.gov
- Stay Informed–Sign up to receive plan update alerts: http://www.in.gov.fssa/2329.htm