



RHODE ISLAND
Hoarding Task Force

April 12, 2024

The Rhode Island Hoarding Taskforce is eager to support the work of the Senate Special Committee on Aging in addressing the needs of Individuals with Disabilities and Older Adults with Hoarding Disorders. We appreciate the opportunity to provide comments and are looking forward to the Committee's efforts to assist individuals with hoarding disorders. Additionally, our statewide Rhode Island Task Force is encouraging members to provide their perspectives for continued advocacy to highlight unique community service needs impacting our Rhode Island communities.

1. How has hoarding disorder (HD) impacted your community, particularly older adults and people with disabilities?

The prolonged workforce shortage and financial strains of the healthcare industry has intensified the unmet needs of the behavioral health provider and social service support community servicing individuals with HD. Particularly, the lack of resources for sufficient specialized HD training and HD program development has further impacted the ability to address the emotional health and safety needs of individuals with HD, particularly for older adults. The needs of individuals with late life hoarding associated with cognitive deficits including decision making and executive functioning has been further exacerbated by the increased incidences of loneliness and social isolation of older adults living in the community.

Hoarding disorder can meet criteria for serious mental illness (SMI) and often requires access to intensive long-term community support services. The housing shortages, the lack of behavioral health, levels of care beds, and nursing facility financial and staffing challenges has resulted in an increased in evictions and homelessness for individuals with hoarding issues. The state agencies that operate Protective Services Case Management programs have seen a substantial increase in those facing hoarding challenges. The cases that are being reported are exceeding the resources the state has available. With every case being so unique we have realized there is no one size fits all model that can be implemented. Within these programs our community has seen an increase in home hazards that have led to hospitalizations, isolation, and evictions. These challenges and the lack of funding make it difficult for individuals with hoarding disorders to access the full continuum of supports and care across living settings.

2. How has hoarding disorder impacted your organization, particular in its ability to carry out its mission?

The diminished workforce has resulted in expanded caseloads and reduced access to prevention services. An increase in the demand for acute and crisis management services, thereby reduces availability to engage in non-direct care work, such as participating in Hoarding Task Force activities. The State Task Force is also receiving an increase in request for individual case assistance, further reducing the ability to carry out its mission to engage in activities to support community program development.

3. How has your organization responded to hoarding disorder, including through establishing any new or unique initiatives? What, if any, challenges has your organization faced while implementing that response?

Our community engagement activities repeatedly highlight local needs for behavioral health, social service, legal and clean out workforce program development to address the needs of older adults and the community impacted by hoarding. Across Rhode Island the behavioral health workforce has recognized this gap and requested expanded HD training resources.

Furthermore, our State Aging Department's Protective service program's members have seen an increase in the demand for services resulting in an underfunded mandate. Requests for prevention services, case management, home care, Long-Term Services and Support (LTSS) services, behavioral health treatment and crisis services targeting older adults have increased and are not sufficient to meet the HD population needs. When specialized HD long term services are not available to address the long-term needs for individuals with HD and related conditions, Adult Protective Services cases get closed due to lack of engagement support through access to supplemental HD services. Sometimes both new and these closed cases, ultimately result in the protective service worker getting called into crisis management for extreme safety issues where the financial and legal resources may not be able to mitigate extreme situations that have developed over a long period of time.

Providing opportunities for funding that increases State resources for HD program development can help reduce the need for protective services and help keep individuals with HD and related conditions stay in their homes. Combining clinical and social supports with a range of outreach and early intervention services, home stabilization services, housing eviction prevention services that address mild to moderate safety issues; can prevent eviction, housing displacement, and improve the quality of life for individuals with HD.

Presently, the RI Hoarding Task Force, convened under the RI Elder Mental Health and Addiction Coalition, has attempted to address the needs of Rhode Islander's impacted by HD and related conditions through a focusing on:

- Website Resource Development.
- HD Workforce Training in areas such as (a) Buried in Treasures (BIT) program development (b) Eviction, Safety and Harm Reduction Training and (c) Subsidized Housing outreach, and (d) Community Collaboration in Hoarding Services.
- Workforce Support Sessions.
- Community Engagement and Partnership Development.

More effort is needed. With additional supports, Rhode Island can better address the needs of individuals with HD.

4. How can the federal government help your organization assist older adults and others with hoarding disorder?

The federal government could assist older adults and others with hoarding disorder through:

- Further Medicare reform to expand the scope of Peer Support Specialist (PSS) and Community Health Workers (CHW) services to include "light home clean-out services and trash removal" for individuals with HD.
- In February 2024, Medicare announced new opportunity for Medicare funding Peer Support Specialist and Community Health Workers Services to Medicare Recipients. (See: <https://www.cms.gov/newsroom/fact-sheets/calendar-year-cy-2024-medicare-physician-fee-schedule-final-rule>; <https://www.commonwealthfund.org/blog/2024/medicare-reforms-support-behavioral-health-expanding-access-peer-support-specialists-and>).
 - However, federal government assistance is needed for states to build this workforce for the older adult population, particularly for individuals with HD.
 - The Federal Government's assistance for PSS and CHW Specialized Workforce Training for HD provides opportunity for sustainability of a workforce development initiative to address gaps in HD services for Older Adults and individuals with disabilities, where a majority are on Medicare.

- Federal state grants to states for PSS and CHW servicing older adults & individuals with disabilities for expanding:
 - Peer Support Specialist (PSS) workforce servicing older adults & individuals with disabilities.
 - Community Health Worker (CHW) workforce servicing older adults & individuals with disabilities.
 - PSS & CHW trained in HD support services.
 - PSS & CHW trained in “specialized light clean-out assistance and trash removal services”.
 - Streamlined state PRS and CHW Certification Process and Co-Certification Career ladder funding.

- Funding development of a national repository of nonproprietary, and editable HD training in service topic areas such as:
 - First responders
 - Specialized BH counselors in areas such as:
 - Medications treatment
 - Safety and Harm Reduction
 - Motivational Interviewing (MI)
 - Cognitive Behavioral Therapy (CBT)
 - Exposure Therapy with Response Prevention (ERP) for reducing acquisitions.
 - Compassion Focused Therapy (CFT)
 - Acceptance and Commitment Therapy (ACT)
 - Integration with Peer Support Groups
 - Support service workforce.
 - Light and heavy clean-out workforce.
 - Legal system advocacy and services to supports rights to accommodation plans for disabilities.
 - Housing & public safety
 - Certified Community Behavioral Health Clinics (CCBHC) guidance in clinical services and integrating Peer Support Groups and PSS and CHW specialized services for older adults and individuals with disabilities, particularly for treatment of HD.
 - Integrated and wrap around Collaborative Agreement Models such as:
 - Behavioral Health, Home Care, Adult Protective Service Agencies Interagency agreement models for integrated or wrap around PSS & CHW services.
 - Certified Community Behavioral Health Clinics (CCBHC) guidance on interdisciplinary HD treatment including PSS and CHW services.
 - CCBHC model development that engages Designative Collaborating Organizations (DCO) currently providing older adult and individuals with disabilities support service such as Adult Protective Service Community Providers, Long Term Services and Support (LTSS) Agencies and Home Care Agencies to fill service gaps for older adults and individuals with disabilities, particularly for treatment of HD.

- Funding grants to state for the development of State or Regional Hoarding Taskforce Advisory and Planning Committees to support state program development to include task such as:
 - Person-centered programing tailored to state specific strengths and needs.
 - Identify issues that drive/impede service access.
 - Propose solutions to increase service capacity.
 - Define roadmap for program implementation including steps to follow.
 - Define data points that can measure progress.

- Funding grants for the development of state or regional HD first response and early intervention interdisciplinary team services incorporating key state stakeholders such as State fire Marshall, State police, State Departments of Behavioral Health and State Department of Aging Crisis and Protective Services, State building inspector, State public housing office and Community behavioral health crisis and outreach staff.
- Funding to State grants for State Program Development that supports program development in areas such as:
 - Streamlining co-certification for Peer Support Specialist Certification and Community Health Worker Certification
 - Support workforce career ladder such as funding increase for PSS and CHW co-certification(s) and delivery of specialty HD services.
 - Development of HD training for (a) Peer Support Specialists and Community Health Workers, (b) BH clinicians (c) Police, Fire, behavioral health, and community first responders.
 - Streamlining Medicaid provider application process
 - Education, Outreach and Training Development
- Incentive state grant funding targeting HD services for older adult population such as for:
 - Free Peer Support Specialist training and certification support to individuals who commit to work with older adults with HD on Medicaid and Medicare Insurance
 - Free Community Health Workers training and certification support to individuals who commit to working with older adults with HD on Medicare and Medicaid Insurance.

Once again thank you for the opportunity to respond to these important questions. Please let us know if you have any questions or request additional information.

Sincerely,



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