A PROPOSED STATE PLAN

FOR SERVICES PROVIDED BY STATE AGENCIES

TO THE ELDERLY

FROM THE OFFICE ON AGING

TO

THE GOVERNOR

AND

THE GENERAL ASSEMBLY OF VIRGINIA

SENATE DOCUMENT NO. 6

COMMONWEALTH OF VIRGINIA
DIVISION OF PURCHASES AND SUPPLY
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TO THE GOVERNOR

AND

THE GENERAL ASSEMBLY OF VIRGINIA

This proposed plan for services by State agencies to the elderly for 1980 through 1982, has been prepared in accordance with Section 2.1-373 of the Code of Virginia.

Respectfully submitted,

Edwin L. Wood

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CHAPTER 1. INTRODUCTION AND SUMMARY

To develop, biennially, a proposed State Plan for the services provided by State Agencies to the elderly of the Commonwealth and to report on such plan to the Governor and General Assembly.[1]

Purpose of Plan. The 1977 General Assembly added the mandate above to the responsibilities of the Office on Aging in order to identify a focal point for comprehensive planning for aging services. While other mandates of the Office require a variety of studies, budget and program analyses, and responsibilities under the Federal Older Americans Act, this new mandate asked the Office to propose, in a single plan, services to be provided by the numerous State agencies which include the elderly in their respective target populations.

The plan which follows presents proposals developed by the Office on Aging. It often addresses the future activities of other State agencies and local agencies, but it is in no way binding on these agencies. Furthermore, while agencies were asked to comment on proposals affecting them, they do not necessarily endorse these proposals. In preparing the plan, however, Office on Aging staff has drawn heavily on the planning staff of other agencies and this assistance is gratefully acknowledged.

This two-year plan covers a period from July 1, 1980 to June 30, 1982—fully two years after the time when the plan was prepared. The recommendations, therefore, anticipate certain developments during the interim two years. An analysis of aging programs in the 1978-1980 budget preceded preparation of this plan (see Aging Budget, 1978- 1980) so that agency activites during the biennium could be estimated.

1980-1982 also represents the second biennium in a six-year planning period addressed by the Office on Aging in its long-range plan, Virginia's Direction in Aging. . .A Timely Matter. That document outlined goals, recommendations, priorities, costs, and a work schedule in a wide range of areas. The goals of the plan have been assumed in preparing this shorter range plan. In addition, many of the recommendations proposed here are adapted from the six-year plan recommendations—i.e., they represent that portion of the long-range objectives which should be addressed in 1980-1982.

Planning Process. The basic elements of this plan are discussions of needs and resources, the presentation of recommendations, and proposals for implementing the recommendations with cost estimates. Information on needs and resources was developed from numerous sources. Much of this information was collected in an ongoing series of Technical Reports prepared by the Office, including the following:

Characteristics of Older Virginians: Selected Statistics

Aging Budget of the Commonwealth of Virginia
An Extract of Budget Items Affecting the Elderly from the 1976-78 Biennium Budget-

Aging Budget: 1978-1980

Health Status of Elderly Virginians: 1976

Economic Status of Older Virginians: August, 1976

1976 General Assembly Legislation Affecting the Elderly: Final Report

1977 General Assembly Legislation Affecting the Elderly: Final Report

1978 General Assembly Legislation Affecting the Elderly: Final Report

Gerontology in Higher Education in Virginia: A Comprehensive Inventory

Property Tax Relief for the Elderly: March, 1978

Other needs and resource data were provided by State and local agencies and by a review of relevant literature.

The recommendations in the plan are, in large part, derived from the directions charted in the six-year plan mentioned above: That plan was reviewed by the Office, both for the areas it addressed and for the specific recommendations it made. An initial set of 1980-1982 recommendations was prepared and was changed or augmented by staff as each functional area (health, economics, etc.) was reviewed for recent developments and for additional perspective gained since the long-range plan was prepared. Drafts of all or portions of the plan were prepared and sent to Area Agencies on Aging, affected State agencies, and the Governor's Advisory Board on Aging for comment prior to preparation of the final draft. Public hearings were not held on the plan because of the extensive hearings held on the six-year plan and because of recent hearings on a one-year plan prepared by the Office for the Administration on Aging.

Aging Service Philosophy. In its six-year plan, the Office on Aging presented statements designed to summarize a philosophy which the Office intends to promote in its planning. With minor adaptation to the two-year framework, these statements are:

-Whenever feasible, older persons should be provided with the opportunity to receive services in their

[1] Chapter 271, §2.1-373 of the Code of Virginia.

home and/or community.

-Programs should emphasize the removal of barriers to independent living, whether economic, physical, psychological, or social.

-Wherever possible, existing service networks, including those serving younger age groups, should be utilized for service expansion.

-Services now available to all age groups should be reviewed to determine whether older persons are receiving appropriate attention in relation to their needs and in relation to other age groups.

-Whenever possible, decisions regarding service priorities should emanate from the local level, should be based upon thorough assessment of needs, and should be made with the advice of older people.

-Limited resources dictate the necessity to identify the most critical services and population subgroups for attention.

-Agencies charged with coordinating and planning responsibilities should be given concomitant authority necessary to carry out such responsibilities.

These statements should continue as subjective standards against which current and proposed programs should be measured.

Content and Format. The plan contains nine chapters. Chapters 3-8 deal with functional service areas including economic security, transportation, physical health, mental health, housing, and community services. Each of these chapters identifies relevant needs and resources and spells out recommendations, major action steps to implement the recommendations, responsible agencies, and cost estimates. Chapter 9 follows a similar format in addressing the organization of aging programs for planning, coordination, advocacy, and research. Chapter 1 presents a statement of priorities from Chapters 3-9. Chapter 2 presents data about the elderly and aging programs as a necessary background for the other Chapters.

Recommendations are made concerning changes in programs only. Changes may include increasing certain services, changing methods of service delivery, changes in service combinations, or new services. The plan does not indicate continued services or budgets for them. Continuation budgets for 1980-1982 have not been prepared by agencies as of this writing, and no experience factors from the 1978-1980 budget could have been developed. A summary of the adopted budget for 1978-1980 is presented in Chapter 2, however, to provide an indication of the current size of aging service budgets and the service areas receiving attention.

Priorities. Prioritizing such disparate recommendations as additional home health aides and dissemination of research findings is most difficult. It is even more difficult since each recommendation is a priority among the numerous recommendations which might have been made in each chapter.

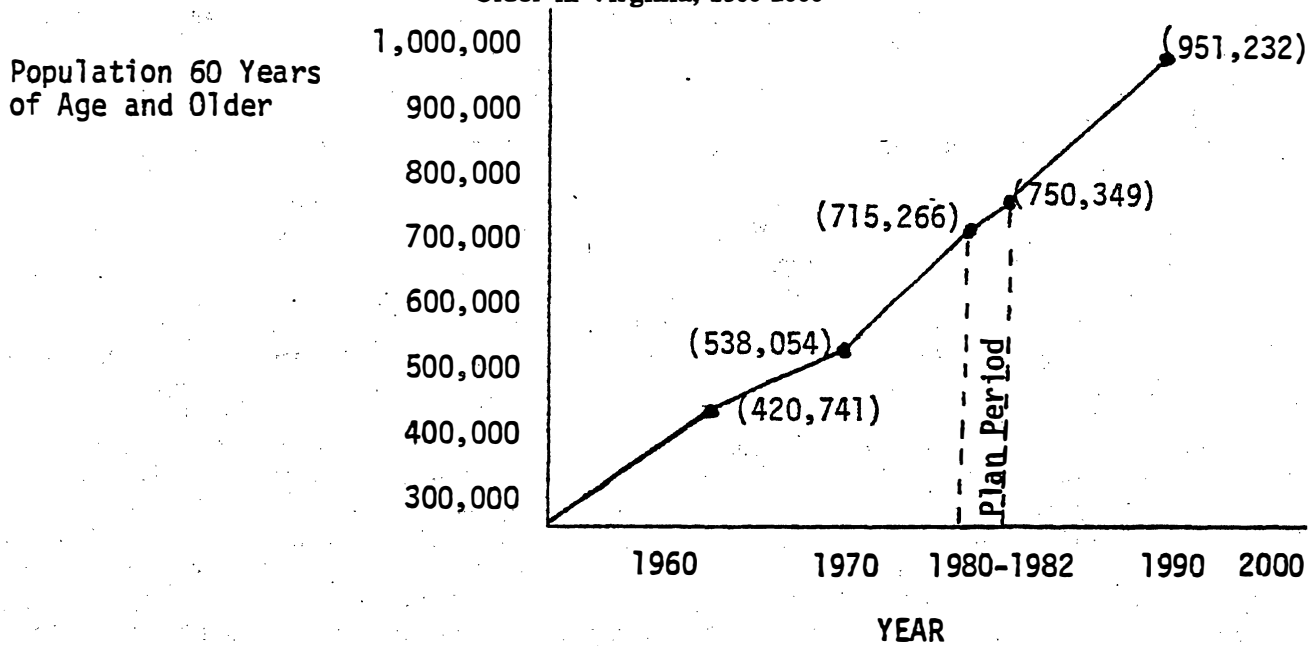
In keeping with our own philosophical statement recognizing the need to prioritize in the light of limited resources, the Office on Aging has identified the following recommendations as being of highest priority in the 1980-1982 biennium. These recommendations deal with services which are of immediate importance to the well-being, independence, and dignity of many older Virginians. It is our belief that positive responses to these recommendations in 1980-1982 would result in significant steps toward the goals identified in this plan:

- The Virginia Department of Health should double the home health program and staff during the 1980-1982 biennium to meet the health needs of Virginia's homebound elderly.
- Mandatory retirement should be eliminated for State employees.
- Each Area Agency on Aging should develop, with local health departments and other health service providers, opportunities for every participant in Older Americans Act funded programs to receive screening in detection clinics for chronic conditions which plague older adults, including appropriate follow-up efforts.
- A State-local transportation committee should be established, composed of representatives from the Office on Aging, State Departments of Highways and Transportation, Health, Welfare, local transportation planning bodies, and the Area Agencies on Aging, with the purpose being to provide recommendations and technical assistance to local transportation efforts so that a better-coordinated, statewide transportation network for Virginia's elderly can be developed.
- The Office on Aging should establish a citizen assistance section which will act as an advocate for older persons with problems, questions, or complaints concerning services and benefits of potential benefit to them from the public sector.
- Discharge planning and after care should provide for (1) a locus of case management for each discharged patient; and (2) adequate training of staff at nursing homes and homes for adults which provide care for discharged patients.
- Area Agencies on Aging and the Office on Aging should assist and foster innovative programs in service delivery and case management designed to improve services to older people in their Planning and Service Areas.
- Each Health Systems Agency should designate staff to plan and coordinate health services for the elderly. In addition, each Health Systems Agency should formalize its methods for obtaining advice and input from persons representing the health interests of older persons.

VIRGINIA'S ELDERLY POPULATION*

Size and Growth. The rapid growth of Virginia's elderly population is of great importance in considering program plans for 1980-1982. By 1980, the population 60 years of age and older will have grown to 715,266 people—an increase of 70% over the 1960 elderly population of 420,741. In the plan period alone, the aging population will increase to over 750,349. In another 20 years, the elderly population in Virginia will approach one million. Figure 2-1 depicts the rapid growth of this age group, an age group which is growing faster than the population as a whole.

Figure 2-1. Population 60 Years of Age and Older in Virginia, 1960-2000



SOURCES: U.S. Census of Population: 1960 General Population Characteristics, Virginia.
U.S. Census of Population: 1970 General Population Characteristics, Virginia.
Department of Planning and Budget (for 1980 to 2000 projections).

*For a detailed presentation of demographic data, consult Characteristics of Older Virginians: Selected Statistics published by the Office on Aging in July, 1976.

By 1982, the percentage of the total population which is over 60 will be 14%, up from 9.6% in 1950, 10.7% in 1960, and 12.3% in 1970.

Geographic Distribution. The elderly population is a predominantly urban one although slightly over 40% are classified as rural residents by the U.S. Census. As Table 2-1 indicates, certain rural areas of the State (e.g., Planning and Service Areas 17-18 and 22) have very high percentages of elderly persons (see Figure 2-2). At the same time, three Planning and Service Areas with major urban centers, Planning and Service Area 15 (Richmond), Planning and Service Area 8 (Northern Virginia), and Planning and Service Area 20 (Tidewater) account for 40% of the State's entire elderly population.

Population Subgroups. In recent years, gerontologists have begun to analyze age subgroups within the total elderly population. While age itself is not a predictor of individual circumstance, there are certain characteristics, which in general, are correlated with chronological age. These include health, economic status, and educational levels. The "young old," those 60 to 64, tend, as a group, to have fewer problems in these areas than their seniors. In 1980, an estimated 225,008 persons will fall into this category. The "frail elderly" is a term often applied to those persons 75 and over. This group will include an estimated 174,833 persons. The middle group, those 65-74, is the largest group totalling 315,425 people in 1980.

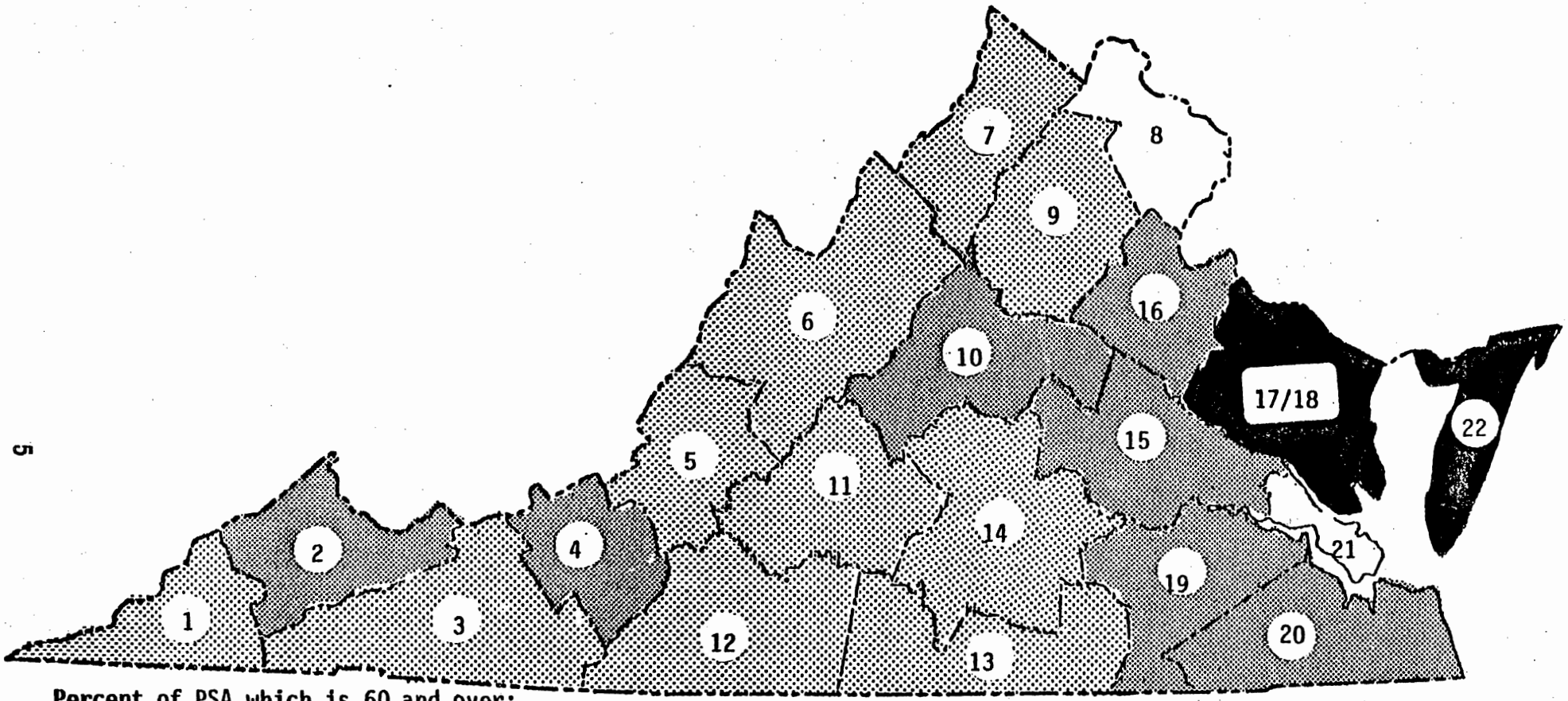
Table 2-2 presents summary data for the State's elderly population in terms of sex and racial composition. It is clear that women outnumber men in all age subgroups and that the ratio of women to men increases with age. At 60-64, the ratio is 1.5 women for each man, and at 85 and over, it is 2.3 women for each man.

Table 2-1. Population 60 Years of Age and Older in Virginia, 1980

PSA Number	Total Population	Total 60 and Over Population	Per Cent of Total Population 60 and Over in PSA	Per Cent of State's 60 and Over Population
1	102,800	18,454	17.9	2.6
2	130,900	18,510	14.1	2.6
3	173,500	31,725	18.3	4.4
4	142,300	18,839	13.3	2.6
5	255,300	42,609	16.7	6.0
6	212,600	34,028	16.0	4.8
7	132,100	22,417	16.9	3.1
8A-F	1,072,500	106,256	9.9	14.9
9	86,600	14,554	16.8	2.0
10	144,300	20,085	13.9	2.8
11	189,800	30,911	16.3	4.3
12	237,300	37,768	15.9	5.3
13	79,700	14,951	18.7	2.1
14	84,000	15,507	18.5	2.2
15	618,600	86,799	14.0	12.1
16	113,700	14,072	12.4	2.0
17-18	98,000	21,621	22.0	3.0
19	157,700	22,318	14.2	3.1
20	846,200	97,556	11.5	13.6
21	350,300	35,499	10.1	5.0
22	49,800	10,787	21.6	1.5
STATE	5,278,000	715,266	13.6	100%

SOURCE: Population projections prepared by the Department of Planning and Budget.

Figure 2-2. Percentage of the Total Planning and Service Area Population which is 60 Years of Age and Over, Virginia, 1980



SOURCE: Percentages calculated from data in U.S. Census of Population: 1970 General Population Characteristics, Virginia.

Table 2-2. Population 60 and Over by Sex and Race, 1980

Age	Males	Females	White	Non-White	Total
60-64	104,195	120,813	188,360	36,648	225,008
65-69	78,591	101,139	148,477	31,253	179,730
70-74	55,585	80,110	113,366	22,329	135,695
75-79	31,928	53,687	72,183	13,432	85,615
80-84	16,545	34,261	42,942	7,864	50,806
85+	11,677	26,735	31,061	7,351	38,412
TOTAL	298,521	416,745	596,389	118,877	715,266

The elderly non-white population is estimated at 118,877 or 16.6% of the total elderly population.

AGING PROGRAMS

Overview. The Commonwealth's involvement in aging programs has been increasing rapidly and will, barring major policy changes, increase further in the 1980-1982 biennium if only to allow maintenance of services already in place. An analysis of the State's budgetary involvement follows this subsection, but for the purposes of this overview, we should note that well over $200 million are spent each year by a relatively large number of State agencies to provide services to the elderly. In addition, some localities have identified several hundred agencies which offer some service to older persons.

With so many agencies involved in delivering services, it is natural that problems of coordinating services arise. These are addressed in Chapter 9. It is instructive at this point, however, to review the relative impact of Federal, State, and local policies on the current structure of aging programs and to review the implications of State and local discretionary areas for the 1980-1982 biennium.

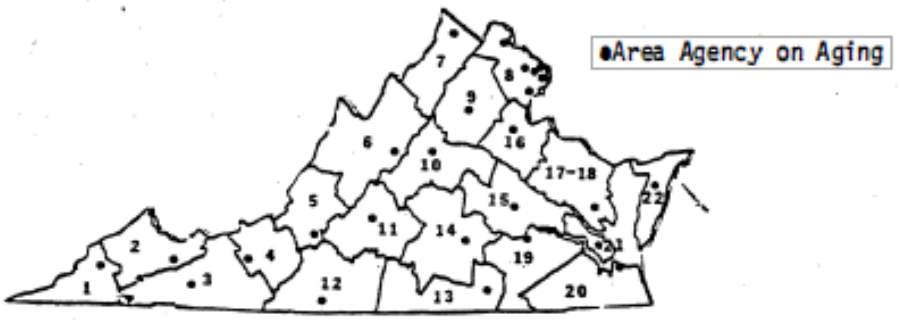
Though just over half of all aging service monies spent in the State are Federal dollars (excluding Social Security payments), it is safe to say that Federal policies prescribe the use of virtually the entire aging budget. Most State and local monies are used to match Federal dollars and, therefore, are restricted in their use to what Federal regulations allow. With few exceptions (e.g., mental health facility support and an allocation to the Office on Aging for distribution to Area Agencies on Aging), Virginia has not initiated aging services with sole or even primary support from the General Fund.

Major programs such as Medicaid and Title XX (Social Security Act) operate with strict Federal guidelines although there is some room for State and local decision-making. This plan is aimed at those areas of choice which are afforded the State, either within the Federal programs, or with State initiative outside Federally supported programs.

In general, we should note that discretion lies in two areas— program organization and priority setting. Program organization is the subject of Chapter 9 and the discussion is based on the premise that services can be made more efficient and accessible with only minor organizational changes. The question of service priorities is, in essence, the subject of this entire plan. It will be clear from the description of current spending priorities, the characteristics of the older population, and the current service offerings, that changes in priorities are in order and that the Office on Aging is committed to assisting in developing such responsible changes.

The Aging Network. The "aging network" is a term applied to the Federal-State-local planning and service system established by the Older Americans Act. Included are the Federal Administration on Aging (in the Department of Health, Education, and Welfare), the Office on Aging and its counterparts in the other 49 states, and over 500 Area Agencies on Aging throughout the country including 23 here in Virginia (see Figure 2-3).

Figure 2-3. Area Agencies on Aging, Virginia, 1978



Recommendations in Chapter 9 address the planning and coordinating capacities of these agencies and make some suggestions about advocacy activities.

Although not the largest agencies in terms of dollars spent on services, network agencies in Virginia now spend over $12 million dollars per year on aging services counting Federal dollars alone. Older Americans Act appropriations have increased each year and authorizations in the Act amendments now before Congress indicate that the 1980-1982 biennium will be years of further increases. Even more important than the service monies however, are the potential of aging network agencies for planning, coordination, and advocacy activities. State agencies, like the Office on Aging, and the local Area Agencies on Aging are legally charged with developing comprehensive plans for their respective service areas and, in that process, they are developing contacts with the wide variety of other agencies providing aging services.

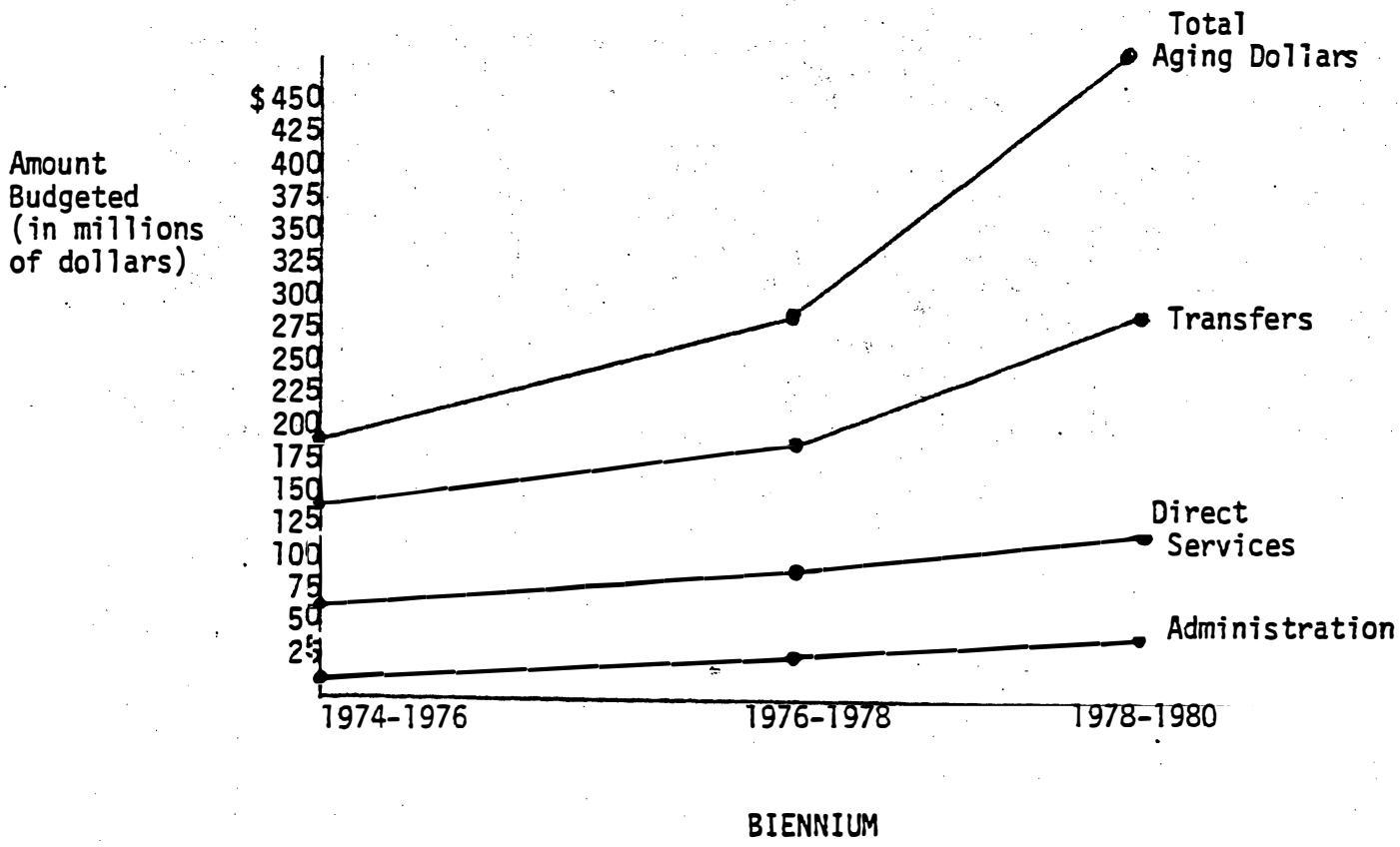
The Aging Budget. For the past two bienniums, the Office on Aging has analyzed the monies expended by various State agencies on aging services. This analysis has resulted in a financial priority statement with the following highlights:

1. Appropriations for aging services are rising dramatically. The 1978-1980 budget includes $451,328,644 for aging services—a 58% increase from 1976-1978 and a 136% increase from 1974-1976.
2. Federal funds account for just over half (52.5%) of the total.
3. Transfers (primarily the third party payments under Medicaid) are the largest budget items accounting for 64% of the total.
4. Medicaid expenditures (for the elderly) for nursing home care are estimated at $217,326,384 for the 1978-1980 biennium. Other Medicaid expenditures for the elderly are over $60 million.

Table 2-3 presents expenditures by spending category. Transfers are the largest expenditure items, followed by Direct Services, and finally, Administrative expenditures. All of these categories are increasing at increasing rates (see Figure 2-4).

Table 2-4 illustrates another finding basic to understanding current spending priorities. Over 70% of the total aging budget is spent on institutional care. Further, the primary "community" service is in the Medicaid program for medical goods and services not associated with long-term care.

Figure 2-4. Aging Budget by Major Categories 1974-1976, 1976-1978, 1978-1980



While all categories of aging service expenditures are rising, it is clear that the cost of long-term care is the dominant feature in the aging budget and that health costs receive the lion's share of both State and Federal aging dollars. Two legislative study commissions are currently reviewing health costs and it is the hope of the Office on Aging that the information presented in this plan in Chapter 5 will assist in those studies as they consider health costs germane to the needs of the elderly. Most important, the ratio of institutional health costs to community services in total needs to be reconsidered through possible increases in community health services and non-health services of a preventive or rehabilitative nature for the 96% of Virginia's elderly who are not living in institutional settings.

Table 2-3. Aging Budget, 1978-1980, by Type of Expenditure

Type of Expenditure	General Fund	Federal Trust	Total Amount	% of Total Amount
I. Direct Services				
Community Services	$12,268,388	$46,594,272	$58,862,660	13.0
Institutional Services	35,172,474	28,983,813	64,156,287	14.2
Capital Improvements and Outlays	1,988,214	0	1,988,214	.4
TOTAL DIRECT SERVICES	$49,429,076	$75,578,085	$125,007.171	27.6
II. Administration				
Full-Time on Aging Services	$31,778,516	$5,243,293	$37,021,809	8.2
Part-Time on Aging Services	1,196,547	989,275	2,185,822	.5
TOTAL ADMINISTRATION	$32,975,063	$6,232,568	$39,207,631	8.7
III. Transfers				
Transfers to Individuals - Community Services	$4,911,719	$1,153,773	$6,065,492	1.4
Transfers to Third Parties - Community Services	34,645,787	29,076,189	63,721,976	14.2
Transfers to Third Parties - Institutional Services	92,447,880	124,878,504	217,326,384	48.1
TOTAL TRANSFERS	$132,005,386	$155,108,466	$387,113,852	63.7
TOTAL AGING BUDGET	$214,409,525	$236,919,119	$451,328,644	100.0
% OF TOTAL AMOUNT	47.5%	52.5%	100.0%	

Table 2-4. Institutional and Community Services by Type of Expenditure

Type of Expenditure	Community Services*	Institutional Services*
I. Direct Services		
Community Services	$58,862,660	
Institutional Services		$64,156,287
Capital Improvements and Outlays		1,988,214
II. Administration		
Full-Time on Aging Services	1,328,697	35,693,112
Part-Time on Aging Services	2,185,822	
III. Transfers		
Transfers to Individuals - Community Services	6,065,492	
Transfers to Third Parties - Community Services	63,721,976	
Transfers to Third Parties - Institutional Services		217,326,384
TOTAL	$132,164,647	$319,163,997
% OF TOTAL BUDGET	29.3%	70.7%

*General Fund (State) and Federal Trust expenditures are combined.

CHAPTER 3. ECONOMIC SECURITY

GOAL: TO ASSURE THAT ALL OLDER VIRGINIANS HAVE THE ECONOMIC RESOURCES NECESSARY TO MEET BASIC NEEDS

This chapter deals with three categories of importance to the economic security of older people: income, expenditures, and employment. There is obvious inter-play between the categories but the current structure of programs suggests that this breakdown will facilitate our discussion of economic security issues which many feel are at the heart of most problems faced by the elderly.

INCOME

For retired persons on fixed incomes, the income situation combined with inflation has become an increasingly important concern. The median income of persons 65 and over is only slightly more than half that of younger age groups: $7,298 for an "elderly family" (2 or more related individuals with at least one person 65 or over) as opposed to $13,645 for a family in the age class of 55-64.[1] Income level alone makes it difficult for an elderly household to purchase even the basic necessities.

Almost one-third (29.9%) of all persons 65 and over in Virginia in 1970 had incomes below poverty. This compares with 14.9% of the population as a whole with incomes below poverty (in 1970).

The highest rates of elderly poor are found in Planning and Service Areas 1 and 2, the rural, non-farm areas; followed by the rural, farming areas; and lastly, the Planning and Service Areas with large urban population centers (19,20,21,5,15, and 8). (See Figure 3-1). In terms of actual numbers of older persons with incomes below poverty, however, the urban areas rank highest (see Table 3-1).

Resources. There are three major sources of income for older persons: earnings, assets, and Social Security. Social Security provides the major source of income for approximately five-sixths of the older population, as only a small percentage rely on earnings or assets as their primary income source.[2] Further, the average Social Security monthly payments are relatively low, compared to earnings from employment as the chart below indicates:

AVERAGE MONTHLY SOCIAL SECURITY BENEFITS

Beneficiary	Average Monthly Payment	Average Yearly Payment
Retired Worker	$239	$2,868
Retired Couple (both receiving benefits)	$407	$4,884
Aged Widow	$225	$2,700

SOURCE: Memorandum, Special Committee on Aging, U. S. Senate, Vol. X, No. 3, June 19, 1978.

We should note that the amounts for both the retired worker and the aged widow fall below the current Federal poverty level for a one-person, non-farm family, of $3,140.

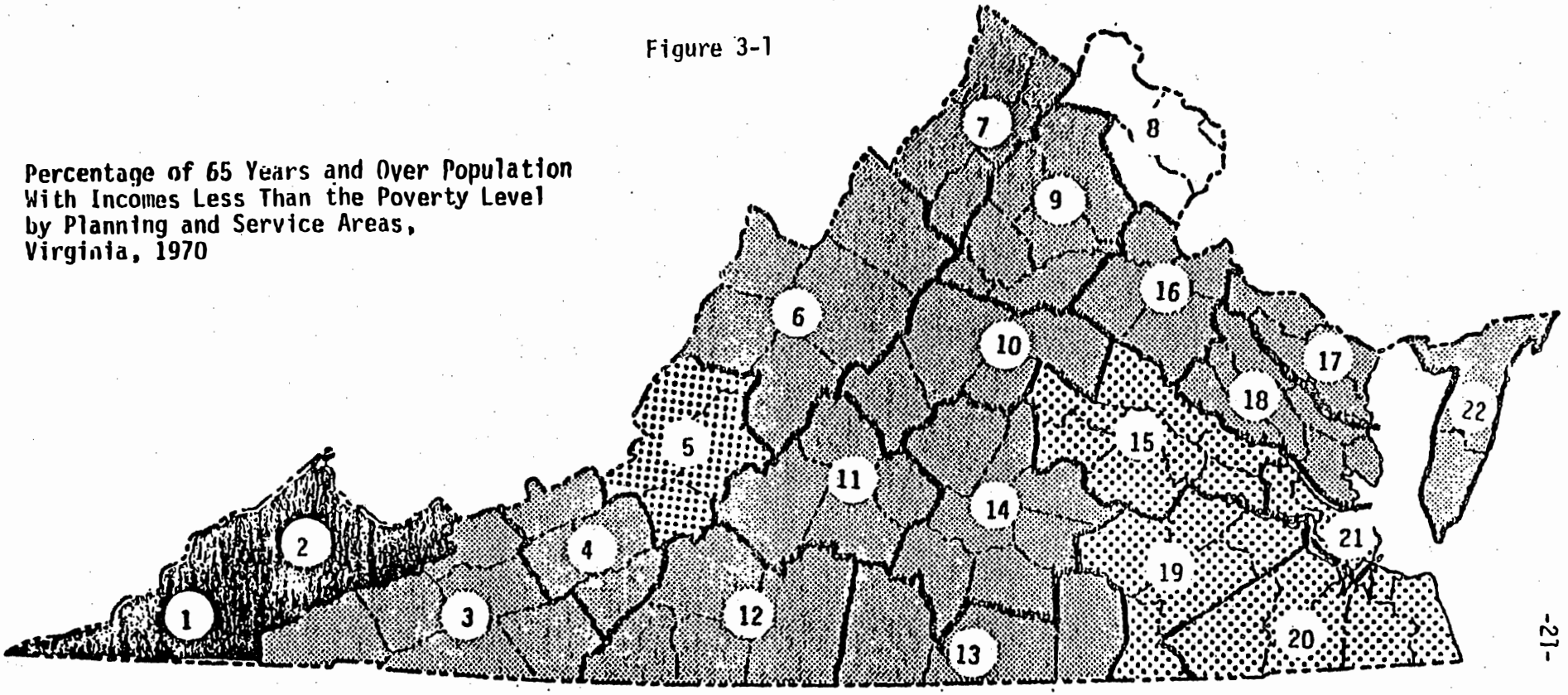
In addition to Social Security, there are several other retirement income programs for older Virginians. These include Supplemental Security Income (SSI), private pensions, Veterans Pension Program, Railroad Retirement, Civil Service Retirement, and the Virginia Supplemental Retirement System.

[1] Virginia's Direction in Aging . . . A Timely Matter, p. 44.

[2] The Economic Status of Older Virginians, Virginia Office on Aging, Technical Report (Richmond, Virginia, August, 1976), p. 33.

Figure 3-1

Percentage of 65 Years and Over Population With Incomes Less Than the Poverty Level by Planning and Service Areas, Virginia, 1970



Percentage of Elderly With Incomes Below Poverty

0%-15%
16%-30%
31%-45%
46%-60%

Note: Planning and Service Areas #17 and #18 are considered as a single area for all administrative, planning, and funding purposes of the Virginia Office on Aging.

SOURCE: VOA, Characteristics of Older Virginians: Selected Statistics, 1976.
*Elderly are those 65 years of age and over.

Table 3-1
Ranking of Virginia's Elderly Poor by PSA, Virginia, 1969

	Rank	PSA	% of Virginia's Elderly Poor	Number of Elderly Poor
High	1	20	11.9	13,034
	2	15	10.0	10,996
	3	12	6.4	7,050
	4	3	6.2	6,812
	5	5	5.9	6,411
	6	8	5.4	5,962
	7	6	5.2	5,641
	8	11	4.8	5,321
	9	1	4.5	4,981
	10	17-18	4.3	4,683
	11	2	3.9	4,288
	12	7	3.8	4,168
	13	10	3.6	3,980
	14	14	3.5	3,869
	15	19	3.5	3,825
	16	21	3.2	3,526
	17	13	3.2	3,523
	18	4	3.2	3,451
	19	9	2.6	2,874
	20	22	2.6	2,863
Low	21	16	2.1	2,247
			99.9*	109,505

*99.9 figure is due to the rounding off of percentages.

SOURCE: 1970 Census of Population, General Social and Economic Characteristics - Virginia, Table 124, "Income and Poverty Status in 1969 for Counties and Independent Cities: 1970."

At the end of September, 1977, there were 39,754 Virginians aged 65 and over receiving Federal upplemental Security Income (SSI) payments, with an average monthly payment of $75.[3] SSI was initiated in January, 1974, in order to provide a guaranteed income level for the aged, blind, and disabled, and to replace the earlier Old Age Assistance programs. SSI income levels are quite low, however, with maximum payment levels of $189.40 for an individual ($2,272.80/year) and $284.10 per couple ($3,409.20/year). These rates are effective as of July 1, 1978.

It is difficult to obtain specific data on the other retirement programs mentioned, but the following include some known facts about them:

-nationally, only one-third of all persons retiring today are covered by any type of private pension plan

-there are approximately 47,200 military retirees residing in Virginia

-approximately 10,795 Virginians 65 and over receive pensions from the Veterans Administration, with payments ranging from $5 to $196/month

-approximately 71,000 former employees and survivors living in Virginia receive annuities from the Civil Service Retirement Commission

-as of July 1, 1976, the Virginia Supplemental Retirement System was paying benefits to 191,383 retirees from State and covered local government positions[4]

As this discussion indicates, many of these resources are Federally administered, and there is little that the State can do to affect them.

[3] Social Security Administration, Richmond Office, September, 1977
ederal Payments in Virginia to SSI Recipients.

[4] Virginia's Direction in Aging . . . A Timely Matter, p. 49.

RECOMMENDATIONS

3-1 AS REVENUES PERMIT, THE COMMONWEALTH SHOULD SUPPLEMENT SSI PAYMENTS TO BRING TOTAL ANNUAL LEVELS OF RECIPIENTS ABOVE THE POVERTY LEVEL. AS AN INITIAL STEP, THE STATE SHOULD PROVIDE SUPPLEMENTATION TO ELDERLY SSI RECIPIENTS IN THE AMOUNT OF $10/MONTH OVER WHAT THE FEDERAL BENEFIT LEVELS WILL BE IN 1980-1982.

By 1984, the Office on Aging would like to see elderly SSI recipients receive a supplementation from the State which would raise their annual income levels to above the Census-defined poverty level. Realizing the fiscal burden that this would place on the State budget, as past estimates indicate that it would cost Virginia approximately $43 million per year to carry out this action,[5] the Office on Aging would recommend an initial increase of $10/month. This $10/month or $120/year, would increase SSI recipients' ability to purchase a few extra necessities each month. We might note that $10 represents a real increase, each month, of about 5% in purchasing power for a recipient living off SSI only.

The Department of Welfare, responding to HJR 29 passed by the 1978 General Assembly, currently has the status of SSI recipients under study. A recommendation from the Department regarding supplementation, may be made as a result of that study.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Prepare final cost estimates.	January 1, 1979	Welfare
2)	Prepare and submit budget through executive budgeting procedures.	June 30, 1979	Welfare
3)	Assuming positive action by the General Assembly, establish regulations, procedures for implementation, and begin implementation.	July 1, 1980	Welfare

Estimated Costs. The estimated cost for this recommendation, if based on projected aged SSI recipients, is summarized below.

TOTAL COST ESTIMATE FOR RECOMMENDED SSI STATE SUPPLEMENTATION 1980-1982

SSI Aged Recipients (Yearly Average)		Estimated Cost of Raising Payment Levels $10/Month or $120/Year
1980-1981	44,554	$5.3 million
1981-1982	49,354	$5.9 million
TOTAL		$11.2 million

*Projection based on assumption that SSI participation will increase 800 persons per month (taken from Stand Up for Aging, CONEVA, October, 1977, Richmond, Virginia).

EXPENDITURES

Characteristics. Older Americans spend proportionately more of their income on food, housing, and health and personal care, and less on other items in a pattern generally similar to that of other low-income groups as demonstrated by the following chart:

[5] Ibid., p. 50.

Category	Average annual			Distribution		
	Under 65	65 plus		Under 65	65 plus	
		Amount	Index*		Per cent	Index*
Total	$10,059	$5,400	54	100.0	100.0	100
Insurance and pension	874	176	20	8.7	3.3	38
Gifts and contributions	410	490	120	4.1	9.1	222
Other consumption	8,775	4,734	54	87.2	87.7	101
Food	1,821	1,155	63	18.2	21.4	118
Alcoholic beverages	85	30	35	0.9	0.6	67
Tobacco products	145	60	41	1.4	1.1	79
Housing	2,619	1,559	60	26.0	28.9	111
Housefurnishings and equipment	438	174	40	4.4	3.2	73
Clothing	737	290	39	7.3	5.4	74
Transportation (excl. trips)	1,801	689	38	17.9	12.8	72
Health care (out of pocket)	480	448	94	4.8	8.3	175
Personal care	105	82	78	1.0	1.5	150
Recreation	712	336	47	7.1	6.2	87

* Index: Under 65=100.

SOURCE: "The Graying of Every Tenth American or Every Ninth American," Herman B. Brotman, 1977, p. 5.

The essential goods and services so important to the low-income older person are the very same items which have increased more dramatically in recent years than have many of the other goods and services in the economy (see Table 3-2). Persons living on fixed incomes are hardest hit by inflation, and have very little hope for improving their income levels. Cost-of-living increases built into Social Security and other pensions are usually after-the-fact, do not recognize price rises of particular cost categories like housing, and do not keep up with the costs of inflation in any case.

Fuel is another major concern of older Virginians. The winter of 1976-1977 was particularly severe and according to Federal estimates, the elderly poor spent between 50-60% of their disposable income on fuel.[6]

Another expenditure of concern to older people in Virginia is that of property taxes, with the elderly spending 8.1% of their family income on property taxes as opposed to 4.1% for "non-elderly" households.

Resources. Many resources in this area are dependent on Federal mandates and programs: Medicare and Medicaid, food stamps, subsidized housing programs, and transportation subsidies, and are addressed in later Chapters of this plan. However, several resources do exist in Virginia to assist older Virginians with their expenditures. These include property tax relief, consumer education programs, and "Senior Discount" programs.

Table 3-2.
Bureau of Labor Cost-of-Living Index*
United States, 1975

	March				Percent Increase from 1972
	1972	1973	1974	1975	to 1975
All Items	121.1	126.4	137.6	154.2	33.0
Rent	117.8	120.3	127.6	132.7	15.0
Food	118.8	129.8	151.8	155.0	47.0
Transportation	115.9	120.7	132.1	145.8	30.0
Medical Costs	127.2	132.7	142.3	160.6	33.5
Homeownership (repairs, taxes, upkeep, etc.)	132.4	136.3	145.7	175.6	44.0
Utilities and Fuel (phone, trash, etc.)	121.6	129.0	139.9	153.3	31.5
Gas and Electric	127.6	136.2	156.1	175.2	47.5
Other Goods and Services	118.3	120.8	125.4	140.4	22.0

*100 equals 1967 cost of living

[6] Virginia's Direction in Aging . . . A Timely Matter, p. 57.

REPRINTED FROM: Future Directions in Social Security, Hearing before the Senate Special Committee on Aging, May 16, 1975, Los Angeles, California, p. 1307.

At the present, Virginia's localities are authorized by statute (Code of Virginia, Section 58-760.1) to provide either deferrals or exemptions on property taxes of persons 65 and over. The relief is optional for the locality, however, and the eligibility requirements, amounts of relief, and application procedures and deadlines vary from place to place. Per capita amounts received in 1976 ranged from a high of $528.38 in the city of Manassas to a low of $14.34 in the city of Buena Vista.[7] Some localities offer no property tax relief.

Consumer education programs are also available to the elderly and are provided through various State agencies, colleges and universities, Virginia Polytechnic Institute and State University Extension offices, and a variety of interested national, State, and local organizations. Local efforts are currently underway in some jurisdictions of Virginia to educate older consumers in areas of particular concern to them and one local Consumer Affairs Office in the State is currently operating a pilot program (with the use of CETA funds) addressing the consumer needs and problems of the elderly. It is hoped that this program can be expanded into other areas of Virginia.

In addition, the Senior Discount Program, which operates in 13 Planning and Service Areas in Virginia at this time, provides discounts to eligible participating seniors at stores and other establishments voluntarily enrolling in the program.

RECOMMENDATIONS

3-2 THE OFFICE OF CONSUMER AFFAIRS SHOULD HAVE FULL-TIME STAFF TO DEVELOP CONSUMER EDUCATION AND ADVOCACY PROGRAMS FOR OLDER VIRGINIANS.

Virginia's Office of Consumer Affairs is attempting to include consumer needs of older persons in its plans and programs. In order to facilitate this effort, appropriate staff and resources will be required. An approximate cost of $36,000 would be required for this recommendation.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Complete long-range consumer education plan.	January 1, 1980	Consumer Affairs
2)	Hire aging specialist in Office of Consumer Affairs.	July 1, 1980	Consumer Affairs
3)	Develop and implement plan recommendations.	ongoing	Consumer Affairs (with assistance from Office on Aging)

EMPLOYMENT

Characteristics. Nationally, during the first quarter of 1976, 20.2% of males 65 and over were in the labor force. This compares to 85.3% for males 16-44, 91.5% for males 45-54, and 74.4% for males 55-64.[8] Unemployment ratios were lower in 1977, but this was due partly to the fact that in a period of sizable unemployment, discouraged older workers quit looking for jobs and were, therefore, no longer counted in the labor force.[9] For those older workers remaining in the labor force, the average duration of unemployment was longer than for younger workers.[10]

Older persons who are not working cite a variety of reasons for not working—poor health and mandatory retirement being the major ones. In addition, the National Council on Aging maintains that 31% of all older persons not working would like jobs (see Table 3-3).

[7] Commonwealth of Virginia, Department of Taxation, Research Division, Survey of Real Estate Tax Relief for Virginia's Elderly, March, 1977.

[8] Virginia's Direction in Aging . . . A Timely Matter, p. 64.

[9] "The Graying of Every Tenth American or Every Ninth American" Herman B. Brotman, 1977, p. 13.

[10] Virginia's Direction in Aging . . . A Timely Matter, p. 64.

Table 3-3. Percentage of Persons 65 and Over Desiring to Work, by Income, United States, 1976

Income	Per Cent Desiring to Work Age 65 and Over
Under $3,000	43%
$3,000 - $6,999	31%
$7,000 - $14,999	20%
$15,000 and over	23%
TOTAL	31%

SOURCE: Meier, Elizabeth. Aging in America: Implications for Employment, National Council on Aging, Washington, D.C., 1976, p. 6.

With the prevalence of mandatory retirement practices (74% of Social Security beneficiaries aged 65 and over surveyed indicated that they retired for reasons other than voluntary ones with compulsory retirement cited by 21%), along with 31% desiring work, the United States Department of Labor has found additional evidence to support the case for retaining older workers: their dependability, productivity, good safety records, and better work attitudes than younger workers.[11]

Resources. In Virginia, there are several agencies and programs which either assist to place older workers in jobs or actually provide employment for older workers: Virginia Employment Commission, local placement programs, Title IX of the Older Americans Act, and CETA.

The Virginia Employment Commission has an Older Worker Specialist in each of its local employment offices, whose responsibility it is to find jobs for older workers. While the potential is there, placements for those persons 65 and over have been very low. There is also a pilot program now existing in Planning and Service Area 20, which is funded by the Department of Labor with the purpose of matching potential employees with job orders. As far as numbers of placements are concerned, this pilot is very successful. However, most of the jobs are of a one-time nature (e.g., roofing, painting, upholstering), and while there exists a need for this type of work, it is not equivalent to permanent full or part-time employment.

Several Planning and Service Areas also have local placement programs outside the Virginia Employment Commission. These are relatively few in numbers though, with limited impact on the total employment picture.

In addition to the placement programs, Title IX and CETA are the two most relevant employment programs for the elderly. Title IX provides part-time employment for persons 55 and over in community service work, and there are approximately 950 Title IX participants in the State at the present time.[12] As far as the CETA program is concerned, a recent survey conducted by the Office on Aging, showed that there were 182 full-time and 64 part-time CETA enrollees being utilized by Area Agencies on Aging in Virginia.[13] Most of these are not older workers, however, but they are providing services for the elderly. It has been documented that participation rates for the elderly in all CETA programs are extremely low: 14% for the emergency employment and public service employment titles for persons 45 and over,[14] with much lower rates for those 60 and over.

The recent passage of a Federal law to raise the mandatory retirement age from 65 to 70 for most jobs, along with the previous provisions of the Age Discrimination in Employment Act, should help to increase job options for older workers. In Virginia, at the present time, State agencies can establish an age between 65 and 70 for mandatory retirement, although agency directors may grant extensions up to age 70 when lower mandatory age limits are in place. In a survey conducted by the Department of Personnel and Training in April, 1977, seven out of 39 State agencies prescribed age 70 as their mandatory retirement age, while 32 prescribed age 65.

[11] Virginia's Direction in Aging . . . A Timely Matter, p. 70.

[12] Virginia Office on Aging, June, 1978.

[13] Survey of Utilization of CETA Among Area Agencies on Aging, June 1978, Virginia Office on Aging, June, 1978.

[14] Virginia's Direction in Aging . . . A Timely Matter, p. 72.

RECOMMENDATIONS

3-3 THE OFFICE ON AGING SHOULD INITIATE AND DEVELOP STRATEGIES AND PLANS CONTAINING SPECIFIC EMPLOYMENT OBJECTIVES RELATED TO INCREASED EMPLOYMENT OPPORTUNITIES FOR OLDER VIRGINIANS WITH THE VIRGINIA EMPLOYMENT COMMISSION OLDER WORKER SPECIALISTS, CETA PRIME SPONSORS, AND THE TITLE IX SPONSORS IN VIRGINIA.

Because of the very low participation of older workers in any of the State employment programs, resources must be applied to address this situation. Employers and the general public must be educated as to the needs, the potential, and the abilities of older workers, and people working with older persons seeking employment must also be educated and trained appropriately.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Establish joint planning task force with the Virginia Employment Commission, CETA, and Title IX sponsors in Virginia.	January 1, 1980	Office on Aging
2)	Orientation to all the employment programs.	March 1, 1980	Office on Aging
3)	Develop joint plans.	Dec. 31, 1980	Office on Aging
4)	Implement, evaluate, revise, and update plans.	ongoing	Office on Aging

Estimated Cost. This recommendation would not call for any additional financial appropriations. Any costs should be covered within existing agency budgets.

3-4 MANDATORY RETIREMENT SHOULD BE ELIMINATED FOR STATE EMPLOYEES.

The Office on Aging opposes any employment policy which discriminates solely on the basis of age, and firmly believes that retirement should be either voluntary for the employee or involuntary for workers of any age who cannot satisfactorily perform on their jobs. There is no one chronological age which automatically means that a person is incapable of doing the same job that he/she has been doing for some years.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Study and propose procedures for the elimination of mandatory retirement policies in State agencies.	December 31, 1979	Personnel and Training
2)	Present to General Assembly.	January 1, 1980	Personnel and Training
3)	Study implications of eliminating mandatory retirement on the State's retirement system.	December 31, 1979	Virginia Supplemental Retirement System
4)	Assuming positive action by the General Assembly, implement program.	July 1, 1980	Personnel and Training

Estimated Costs. This recommendation would not call for any additional financial appropriations. Any costs should be covered within existing agency budgets.

CHAPTER 4. TRANSPORTATION

GOAL: TO PROVIDE OLDER PERSONS WITH ADEQUATE TRANSPORTATION TO ESSENTIAL SERVICES AND TO IMPROVE THE SAFE MOBILITY OF THE ELDERLY PEDESTRIAN/DRIVER

Numerous attempts have been made to resolve the perplexing transportation problems facing older people. Dial-a-Ride systems, transportation stamps, reduced fares, and other approaches have all been tried or are underway. Still, this most perplexing problem continues to plague the elderly and those who offer services to them.

This Chapter offers recommendations for 1980-1982 in the areas of program-related transportation and individual transportation.

PROGRAM-RELATED TRANSPORTATION

Characteristics. In 1976, the Office on Aging surveyed Virginia's Area Agencies on Aging to ascertain their priorities and planning activities. Every Area Agency on Aging named transportation as one of its top three priority services, and more specifically, identified transportation to and from health services, shopping, and senior activity center services as those transportation items in most need of support.[1]

Although most of the transportation problems facing Virginia's elderly are well known, no statewide study on transportation problems of older Virginians has ever been conducted. National data, along with experiences of local transportation providers in Virginia, have indicated that the major problem areas are those of cost, geography, funding restrictions, and the present state of the arts in service delivery.

Transportation in itself is very expensive, and for many older persons on fixed incomes, it is especially hard to either obtain transportation or to own an automobile. When public transportation is not available, many elderly people must depend on friends, relatives, or volunteers for transportation.

Rural areas pose a particularly difficult situation for the elderly in getting to and from places: greater distances must be traveled in most situations, the roads are often in poorer condition than in more urbanized areas, neighbors and friends and relatives are often several miles away, and bus service is virtually non-existent.

There are many funding sources currently available which could be used for transporting the elderly to services, but for many reasons, these programs are not doing what they have the potential to do. For instance, many of the funding sources favor expenditures for equipment rather than for operating costs. In addition, many of these sources provide for transportation for all age groups and don't take into consideration the special needs of the elderly. Thus, the elderly cannot take full advantage of the service. Also, eligibility criteria varies among programs, making it difficult to fully utilize and obtain the greatest participation for each program.

Probably the greatest deterrent to the provision of adequate transportation is the fact that there is no agreement on the most efficient and appropriate transportation system. There have been many studies, pilot programs, and speculations on the issues, but no generally acceptable solutions. Meanwhile, the transportation components to aging service agency budgets continues to rise. It is clear that State and local resources will have to be combined to come up with appropriate answers.

[1] Virginia's Direction in Aging . . . A Timely Matter, p. 75.

Table 4-1

Potential Major Federal Funding Sources for Elderly Transportation Projects
August, 1975

Department Statute Title & Section	Description	Provides Transport For	Elderly Share	User Eligibility Restrictions: Age	Income Work Status	Health/ Educ./Other	Area Coverage	Capital Purchase
A. DEPARTMENT OF HEALTH, EDUCATION & WELFARE								
1. Older Americans Act of 1965 as Amended, Title III, All Sections except 308	State & Community Programs on Aging	Broad Social Services	Exclusive	60+	Priority: DOC		Planning and Service Areas	Prohibited
Title III, Section 308	Model Projects	Model Projects	Exclusive	60+	None		Varies	Prohibi
Title IV, Section 412	Transportation Study & Demonstration Projects	Demonstrations & Studies	Exclusive	60+	None		Rural Emphasis	Possible
Title VII	Elderly Nutrition	Nutrition Sites	Exclusive	60+	One Criterion DOC		Urban or Rural	Possible
Title IX	Elderly Community Service	Project Activities	Exclusive	55+	OMB/Unemployed		Community	Possible
2. Public Health Service Act of 1944 as Amended, Title III, Section 314(d)	Comprehensive Health Services	Broad Health Services	Moderate	None	None		Community	Allowable with Approval
Title III, Section 314(e)	Community Health Centers	Health Sites	Moderate	None	None		Community	
Title XII	Emergency Medical Services	Emergencies	Moderate	None	None	Critical Condition	Established Service Area	
3. Social Security Act of 1935 as Amended, Title XIX	Medicaid	Medical	Aged, Blind Disabled, AFDC		SSI eligibility criteria or more restrictive criteria at State option		State	Prohibited
Title XX	Services to individuals and families	Projects State elects	Varies	None	SSI Recipient, AFDC Recipient		Established areas within State	Prohibited
4. Vocational Rehabilitation Act of 1973	Vocational Rehabilitation	Any vocational rehabilitation services (incl. medical)	Small	None	Unemployed	Handicapped but Employable	State	Allowable
5. Appalachian Regional Development Act of 1965 as Amended Title II, Section 202	Health Demonstrations	Comprehensive Health Services	Large	None	None	None	Counties of 13 States in Appalachia	Allowable
Title III, Section 302(a)	Research, Demonstrations	Demonstrations Only		None	None	None		-
B. DEPARTMENT OF TRANSPORTATION								
1. Urban Mass Transportation Act of 1964 as Amended Section 3	Capital Grants						Urban	Allowable
Section 5*	Capital and Operating Assistance Formula Grants						Urban 200,000 plus & minus	Allow
Section 6	Research & Demos						Urban	Allow.
Section 9	Technical Studies						Urban	Allowable
Section 16(b)(2)	Grants to private non-profit bodies	Elderly and Handicapped					Urban	Allowable
2. Federal-Aid Highway Act of 1973 as Amended, Section 147	Rural Highway Demonstrations						Rural	Allowable except Rail
C. DEPARTMENT OF AGRICULTURE								
1. Consolidated Farm and Rural Development Act of 1972 Title III, Section 360(a)	Loans for essential community facilities		Moderate				Rural up to 10,000	Allowable
D. DEPARTMENT OF LABOR								
1. Comprehensive Employment and Training Act of 1973: Title III	National Older Workers Program	Work Duties	Exclusive	55+	CSA/"Chronically Unemployed"	None	Varies: primarily city or county wide	Prohibited
E. COMMUNITY SERVICES ADMINISTRATION (OEO)								
1. Community Services Act of 1974 as Amended Title II, Sections 212 and 221	Community Action Programs (CAP)	Broad Social Services	Moderate	None	CSA, but broad	None	Urban or Rural	Allowable with approval
Title II, Section 222(a)(5)	Emergency Food & Medical Serv.	Broad nutritional & medical services	Substantial	None	None	Suffering from hunger	Most are run by CAP's	Allowable
Title II, Section 222(a)(7)	Senior Opportunities & Services	Broad Social Services	Exclusive	61+	CSA, but flexible	None	Urban or Rural	Possible, use 221 monies
Title II, Sections 232(a) & (e)	Research and Pilot programs	Special Needs	Moderate	61+	CSA	None	Rural Focus	Allowable with approval
F. ACTION								
1. Domestic Volunteer Service Act of 1973, Title II, Section 201	Retired Senior Volunteer Program	Volunteer Stations	Exclusive	60+	None/Retired	Able to Work	Community	Allowable with prior approval
Title II, Section 211(a)	Foster Grandparents Program	Program Duties	Exclusive	60+	OEO/Retired	Able to help children	One or more Communities	Allowable with prior approval
G. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT								
1. Housing and Community Development Act of 1974, Title I	Community Development	Funds can be used for a range of purposes	Varies	None	None	None	States and local jurisdictions	All funds available from other federal sources.
H. REVENUE SHARING								
1. State and Local Fiscal Assistance Act of 1972	Revenue Sharing	Funds can be used for any purpose	Varies by State & Locality				States, and Local jurisdictions	Allowable

Resources. Table 4-1 identifies potential funding sources for providing transportation for the elderly. As you can see from this table, each source has its own restrictions, eligibility criteria, and coverage area. This presents obstacles to developing a comprehensive and coordinated system.

In addition to these funding sources, there are some local programs in Virginia which are attempting to integrate funding streams. These programs include RADAR in Roanoke, JAUNT in Charlottesville, and CORDET in Richmond. Each is attempting to provide a centralized system to reduce costs and increase the availablity of the service. No evaluations or recommendations have yet come from these pilots.

Mass transportation is available in urban areas in Virginia and serves 25 to 30 jurisdictions to some degree. These systems must provide reduced fares to elderly and handicapped citizens in order to receive Federal subsidies. This reduced rate is only provided in off-peak hours though, and considering the problems encountered by many older persons in boarding busses, in walking to and from the stops, and in getting escorts when needed, mass transit does not provide the services needed by many elderly.

RECOMMENDATIONS

4-1 A STATE-LOCAL TRANSPORTATION COMMITTEE SHOULD BE ESTABLISHED, COMPOSED OF REPRESENTATIVES FROM THE OFFICE ON AGING, STATE DEPARTMENTS OF HIGHWAYS AND TRANSPORTATION, HEALTH, WELFARE, LOCAL TRANSPORTATION PLANNING BODIES, AND THE AREA AGENCIES ON AGING, WITH THE PURPOSE BEING TO PROVIDE RECOMMENDATIONS AND TECHNICAL ASSISTANCE TO LOCAL TRANSPORTATION EFFORTS SO THAT A BETTER-COORDINATED, STATEWIDE TRANSPORTATION NETWORK FOR VIRGINIA'S ELDERLY CAN BE DEVELOPED.

There is a great need for State and local planners to review together Virginia's status in regard to its transportation efforts, programs currently in existence, needs currently unmet, sources being utilized, and monies currently untapped. From this data, a better transportation system for Virginia's elderly can be developed.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Designation of Committee members.	January 1, 1980	Virginia Department of Highways and Transportation
2)	Review of current status of Virginia's "transportation network" for the elderly.	April 1, 1980	Committee
3)	Make recommendations and develop appropriate plans.	July 1, 1980	Committee
4)	Implement plans.	October 1, 1980	Local transportation programs
5)	Evaluate, revise, and up-date systems accordingly.	ongoing	Committee

Estimated Costs. No additional resources are anticipated for this Committee. Staff time and expertise should come from the planners of the various groups involved in the Committee, with implementation costs being projected as the local transportation plans are developed.

4-2 THE OFFICE ON AGING, IN CONJUNCTION WITH OTHER STATE AGENCIES (STATE CORPORATION COMMISSION-BUREAU OF INSURANCE, VIRGINIA DEPARTMENT OF HIGHWAYS AND TRANSPORTATION, STATE POLICE, ETC.), SHOULD STUDY THE PROBLEM OF OBTAINING INSURANCE FOR LOCAL VEHICLES, AND SHOULD MAKE RECOMMENDATIONS AS TO THE SOLUTION OF THIS PROBLEM.

Some Area Agencies on Aging are experiencing problems in obtaining insurance for their vehicles. Many factors come into play when determining the appropriate insurance coverage for these vehicles, and a study presenting examples and alternatives would be most helpful.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Appropriate agencies be contacted and study initiated.	October 1, 1979	Office on Aging

2)	Study completed and draft distributed to the other agencies for comments.	January 1, 1980	Office on Aging
3)	Revisions made and final report made.	March 1, 1980	Office on Aging
4)	Recommendations and report disseminated to the Area Agencies on Aging.	May 1, 1980	Office on Aging

Estimated Costs. No additional costs are anticipated for this study.

4-3 AREA AGENCIES ON AGING SHOULD ASSURE THAT DEFENSIVE DRIVING TRAINING IS PROVIDED FOR VAN DRIVERS AND ANY OTHER DRIVERS WHO PROVIDE PROGRAM-RELATED TRANSPORTATION TO THE ELDERLY.

Because drivers involved with transporting the elderly have such an important responsibility, efforts need to be taken in order to make sure that they receive special training. Training should be provided in defensive driving, as well as in the special needs of some elderly riders, pedestrian safety, first aid training, updates concerning any new driving laws and regulations, and vehicle maintenance instruction. The Office on Aging can assist in making plans with the Division of Motor Vehicles at the State-level to facilitate local training, which would then take place at one of the statewide clinics that currently offer such training.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Office on Aging and Division of Motor Vehicles coordinate and exchange ideas at the State level.	July 1, 1980	Office on Aging and Division of Motor Vehicles
2)	Area Agencies on Aging designate someone to plan and make arrangements for the training.	September 30, 1980	Area Agencies on Aging
3)	Area Agencies on Aging work out specifics of the training with one of the local clinics.	December 31, 1980	Area Agencies on Aging
4)	Implement training.	January 1, 1981 and ongoing	Area Agencies on Aging and Division of Motor Vehicles

Estimated Costs. Since the Division of Motor Vehicles has extensive materials and experience in training in such areas, little money should be required for training preparation. An annual cost of $2,250 is estimated based on training for 150 drivers at $15 each. It is anticipated that 100% Federal monies will be available for this activity under the Older Americans Acts.

4-4 THE DEPARTMENT OF HIGHWAYS AND TRANSPORTATION SHOULD ASSIGN A FULL-TIME TRANSPORTATION PLANNER TO COORDINATE ELDERLY TRANSPORTATION ACTIVITIES IN THE STATE.

With all the different transportation funding sources and programs that Virginia's elderly could avail themselves of if properly coordinated, there needs to be one responsible individual in the State to keep abreast of new developments and changes, and advise the appropriate agencies accordingly. There is a great need in Virginia for better coordination among the transportation programs, and a State-level person needs to be in charge of developing this integrated concept. The Department of Highways and Transportation seems to be the appropriate State agency, given the nature of its responsibilities, its leadership position in transportation planning and funding, and its growing experience in the special problems of the transportation of the disadvantaged.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Propose additional position in agency budget.	June 30, 1979	Department of Highways and Transportation
2)	Assuming favorable budgetary action, establish position.	July 1, 1980	Department of Highways and Transportation

3)	Recruit and hire.	August 31, 1980	Department of Highways and Transportation

Estimated Costs. Anticipated costs of this recommendation would be approximately $24,000/year for salary, benefits, travel, etc. This would mean approximately $48,000 for the biennium.

INDIVIDUAL TRANSPORTATION

Characteristics. Several studies have been conducted concerning the capabilities and restrictions of older drivers and pedestrians. The following are findings from these studies:

-chronological age is only a rough indicator of driving ability and older drivers should be examined individually, rather than as an age group

-older drivers do have higher accident rates, but because they drive less, their actual contribution to the total number of accidents is not as great as that of other age groups

-the older driver tends to be involved in less serious accidents, with a lower incidence of excessive speed or drinking

-elderly persons do less driving during rush hours, night hours, winters, and hazardous driving conditions[2]

In Virginia, 221,598 licensed drivers are over the age of 65. In 1975, 8,461 drivers over the age of 65 were involved in auto accidents of any type; and 117 auto deaths were of persons 65 or over—11.4% of the total.[3]

The pedestrian death rate is of particular concern in both the nation and the State. Nationally, 25% of all motor vehicle-related deaths of older persons were deaths of older pedestrians. In 1975, the figure in Virginia was 36.8% (43 pedestrians).[4] The elderly are clearly over-represented in pedestrian deaths.

Resources. Some states have special requirements designed for older persons wishing to obtain or renew drivers' licenses. Virginia does not.

In Virginia, through a special program designed by the Office on Aging and the Highway Safety Division, a pedestrian safety campaign was initiated in 1978. Virginia's Area Agencies on Aging presented the materials locally. The goal of the campaign was to reduce pedestrian activities, but it is still too early to ascertain the full impact of the program.

RECOMMENDATIONS

4-5 A PEDESTRIAN SAFETY PILOT PROGRAM SHOULD BE INITIATED IN AT LEAST ONE AREA OF THE STATE TO DETERMINE SPECIFIC NEEDS OF THE AREA IN CHANGING VEHICULAR AND PEDESTRIAN TRAFFIC MANAGEMENT.

The elderly should be directly involved in this pilot to help determine the greatest concerns for the elderly pedestrian. As one example, in many urban areas of Virginia, the traffic lights are timed at intersections so that sufficient time is not allowed for an older person to make it across the intersection. If this was determined as a top issue to be corrected, and dangerous crossings specifically identified, a plan of action could then be developed to remedy this situation. Of course, this is only one of a possible many concerns. The Department of Transportation Safety is also planning to inaugurate and institute programs for all age groups, including the elderly, on transportation and pedestrian safety.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Determine Area Agency on Aging interest in such a program.	July 1, 1980	Office on Aging
2)	Select pilot area.	September 1, 1980	Office on Aging

[2] Virginia's Direction in Aging . . . A Timely Matter, p. 83.

[3] Ibid., p. 84.

[4] Ibid., p. 84.

3)	Develop plan.	March 31, 1981	Office on Aging, Area Agencies on Aging, local transportation officials
4)	Implement.	July 1, 1981	local transportation officials

Estimated Costs. Planning costs for this effort could be absorbed in Office on Aging and Area Agency on Aging planning budgets. Implementation costs must be determined as part of the local planning to be conducted before March 31, 1981.

CHAPTER 5. PHYSICAL HEALTH

GOAL: TO PROVIDE ACCESS TO APPROPRIATE HEALTH CARE OF HIGH QUALITY AT A REASONABLE COST FOR ALL ELDERLY VIRGINIANS

HEALTH CHARACTERISTICS OF OLDER VIRGINIANS

Lacking a statewide survey, to date, of the health status of older Virginians, we have applied national findings to the elderly Virginia population on the assumption that data for the nation will give us an approximation of health conditions in the State.

As a baseline for our figures, we have used the population projection of the Virginia Department of Planning and Budget: 490,258 persons 65 years and over, 715,266 persons 60 years and over, by July 1, 1980.

The following facts highlight the health characteristics of older Virginians:

-86% of persons 65 years and over experience chronic health problems requiring regular medical attention (421,600 persons); 41% of older people are limited in the major activity (e.g., working, keeping house) because of such conditions[1]

-6% of persons 65 and over have limited mobility;[2] this would be 29,415 older Virginians

-5% of persons 65 and over are homebound;[3] this would be 24,500 older Virginians

-in 1971 half of those 65 and over had no remaining natural teeth;[4] this would imply that 245,129 older Virginians would be edentulous in 1980

-in 1975, an estimated 6,900 elderly persons were legally blind, according to the Virginia Commission for the Visually Handicapped

-eyeglasses or contact lenses are worn by 92% of persons 65 and over[5]

-5% of the elderly use a hearing aid[6]

-there were approximately 15,000 elderly persons who were deaf in 1975

-the total chance of institutionalization before death for persons 60 and over may be estimated as one in four

-17% of the elderly are hospitalized each year (83,344 persons)[7]

-persons 65 years and over have 14.3 days of bed disability per year and an average of 38 days of restricted activity per person per year for an injury

-it has been estimated, nationally, that about two-thirds of persons 65 years and over in 1972 see a physician during a six-month period[8]

-leading causes of visits to general practitioners by older Virginians are hypertension, arteriosclerosis, diabetes, preventive and prophylactic procedures, and congestive heart failure. Hypertension, diabetes, arthritis, and rheumatism accounted for 19.2% of visits by persons 65 years and over in Virginia in 1975[9]

[1] DHEW, Facts About Older Americans, 1975, Washington, D.C., U.S. Government Printing Office, Publication No. (OHD) 78-20006.

[2] Ibid.

[3] Ibid.

[4] DHEW, Facts About Older Americans, 1975, Washington, D.C., U.S. Government Printing Office.

[5] Facts About Older Americians, 1977.

[6] Facts About Older Americians, 1977.

[7] Ibid.

[8] Social and Economic Characteristics of the Older Population: 1974, U.S. Department of Commerce, U.S. Government Printing Office, Washington, D.C., November, 1975.

[9] Marsland, David W., M.D.; Wood, Maurice, M.D.; Jrayo, Fitzhugh, M.D., "Content of Family Practice," Journal of Family Practice, III:1, 1976.

-the three leading causes of death for those 65 and over in Virginia are heart disease, malignant neoplasms, and cerebrovascular disease[10]

-about 5% of Virginians 60 years and over are institutionalized; this would represent approximately 35,705 people in 1980

-one out of every eight Virginians 65 years of age and over is receiving Medicaid

HEALTH RESOURCES IN VIRGINIA

Community Resources. In addition to the approximately 12,000 licensed physicians in Virginia serving the general public, older Virginians may look to the 136 local health departments in the five health service areas of Virginia for primary health care and laboratory services.

In addition to on-site services, all local health departments operate home health programs which made available to homebound persons the services of a visiting nurse, home health aide, and physical, occupational, or speech therapist. The Department of Health estimates that 67% of its home health clients are 65 years and over.

There are 30 outpatient clinics and seven satellite outpatient departments in general hospitals serving the community in the five health service areas, and 91 emergency rooms where emergency medical service is available to the public. Two long-term care hospitals have outpatient departments, and there are seven outpatient departments, five satellite outpatient departments, and six emergency rooms at Federal hospitals in Virginia.[11]

Dental care is available from the approximately 4,000 dentists[12] licensed to practice in Virginia and also, for the medically indigent, from more than 80 full-time and part-time dentists through local health departments.[13]

Health-related services are provided in the community from a variety of sources other than formal health agencies.

Title XX of the Social Security Act may be used to reimburse a wide range of services to homebound patients from home health agencies if homemaker aid is mandated in the treatment plan.

The Office on Aging administers the Title VII Program of the Older Americans Act which, through the medium of a daily nutritious, well-balanced meal, served in over 200 sites throughout Virginia, and a homebound meal delivery program, seeks to improve and maintain the daily diet of over 6,000 Virginians per day who participate in the program. In addition to meals, the Office on Aging and its network of 23 Area Agencies on Aging provide health counseling, information and referral, and nutrition education to elderly program participants.

Other community meal programs include Meals-on-Wheels programs, operated on a limited scale by various voluntary organizations, and the Community Services Administration's Community Food and Nutrition Program.

The Virginia Polytechnic Institute and the State University Extension Division has prepared and distributed materials on nutrition education which are used in group discussions of the importance of good nutrition as a basis of good health.

Institutional Resources. Institutional health care has two basic forms: acute care in any of Virginia's 109 general hospitals for surgical procedures and short-term illnesses and disabilities, and long-term care in nursing homes for chronic conditions and/or long-term disablement.

For persons too ill or too frail to maintain themselves in their own homes without family or friends willing or able to care for them, a nursing home serves as a residence providing board and room, health care, and some personal assistance in the activities of daily living. As of June 27, 1978, there were 15,839 licensed long-term care beds in Virginia—1,507 for skilled care and 14,332 for intermediate care. In spite of the increase in numbers of nursing homes in recent years, there still remains disparities in the distribution of facilities within health service areas. There are also wide variations in patient costs for essentially the same services among the homes. (See Long-Term Care in Virginia, Joint Legislative Audit and Review Commission, Virginia General Assembly.)

As has been pointed out by the State Department of Health, health resources in the State are unevenly distributed. Some rural areas such as the Eastern Shore are seriously underserved lacking in basic treatment components—clinics, dentists, skilled nursing homes. The Eastern Shore depends upon the Health Service Corps to maintain a minimal number of a physicians to serve their populations.

As of May 15, 1977, screening was required for all Medicaid applicants to nursing homes from the community prior to admission. Teams of physicians, nurses, and welfare workers visited prospective nursing home residents in homes to determine the appropriateness of nursing home placement for applicants. At the end of the first six months of operation, the program found alternative services or placements for 22.4% of the applicants, or 283

[10] Virginia Department of Health, 1975 Statistical Annual Report, p. 28 Chart F.

[11] Virginia Department of Health, 1975 Statistical Annual Report, p. 28 Chart F.

[12] State Board of Dentistry, Seaboard Building, Suite 454, 3600 West Broad Street, Richmond, Virginia.

[13] 1975 Statistical Annual Report, Virginia Department of Health, Dental Health, p. 247.

persons. The program has proven successful and plans are to extend the screening to Medicaid applicants from community hospitals. The chief flaws in the process, according to Health Department personnel, are the lack of community service alternatives to institutional care and the fact that some persons eligible for nursing home care under Medicaid do not satisfy eligibility requirements for community services provided under the Social Security Title XX program.

Payment for Health Services: Resources. Medicare, the Federal medical insurance program established under Title XVIII of the Social Security Act, is the primary source of payment for health costs of persons 65 years and over. It is estimated that Medicare covers about 39% of the average older person's medical bills. Medicare consists of two parts: Part A, available without charge to older persons, is a hospital costs insurance plan; Part B, for which a monthly premium is charged, provides supplemental protection against costs of physicians' services, supplies, outpatient services, and other services.

Medicaid is a Federal-State medical assistance program established under Title XIX of the Social Security Act and is available to all eligible medically indigent older persons. It covers most medical expenses except routine physical examination, non-prescription medicines, and dental care. As of June 1, 1978, 52,229 persons 65 years and over were eligible Medicaid recipients in Virginia—approximately 11% of the elderly.

Nationally, almost three-quarters of persons 65 years and over are covered by Blue Cross/Blue Shield or some other form of private health insurance. It has been found, however, that these companies cover only a very small percentage of the elderly's total health care cost.

Planning and Administration. State-level health planning and administration is the responsibility of the Virginia Department of Health. There is no division or bureau within the Department of Health designed to review health needs of older Virginians specifically and to plan and administer specific services to meet those needs; however, in 1978, a nurse practitioner specializing in geriatrics was added to the Department staff to identify health needs of older Virginians in the different regions of the State and to coordinate programs to help meet those needs. Responsibility for planning and administering services to older persons rests with a number of separate divisions. Principally involved are the Division of Health Planning and Resources Development, composed of the Bureau of Health Planning which has responsibility for overall planning of services and preparation of the statewide health plan, and the development of the five Health Systems Agencies in Virginia; the Bureau of Resources Development which administers the Certificate of Need Program; the Bureau of Home Health Services; the Bureau of Medical and Nursing Home Facilities Services, which issues licenses to hospitals and nursing homes; and the Virginia Medical Assistance Program (Medicaid).

There are five Health Systems Agencies in Virginia serving the five health service areas in the State. In addition, there exists one Interstate Health Systems Agency which serves the counties of Scott and Washington and the City of Bristol. Their responsibilities are to:

-assemble and analyze physical, mental, and environmental health data throughout Virginia;

-review and approve (or disapprove) proposed use of Federal funds in the physical, mental, or environmental health areas;

-assist in the Certificate of Need Program for hospital beds;

-make health-related recommendations and set health priorities for their area;

-review periodically area institutional health services and make recommendations to the State concerning appropriateness of each service;

-develop and implement necessary plans for action under P.L. 93-641; and

-coordinate health activities within their region among health-related organizations and groups.

RECOMMENDATIONS

5-1 EACH HEALTH SYSTEMS AGENCY SHOULD DESIGNATE STAFF TO PLAN AND COORDINATE HEALTH SERVICES FOR THE ELDERLY. IN ADDITION, EACH HEALTH SYSTEMS AGENCY SHOULD FORMALIZE ITS METHODS FOR OBTAINING ADVICE AND INPUT FROM PERSONS REPRESENTING THE HEALTH INTERESTS OF OLDER PERSONS.

Since Health Systems Agencies have primary responsibility for the provision of health services within their boundaries and since the elderly are major consumers of health services, it is important that each agency should have a member of its staff play a lead role in identifying and responding to the needs of older adults in the service area.

Further, adequate representation of the area's older population should be part of every Health Systems Agency board of directors.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	The Bureau of Health Planning and the Department of Health and Health Systems Agencies should determine whether the elderly are adequately represented on boards and councils of each Health Systems Agency.	July 31, 1980	Health Planning
2)	Health Systems Agencies which appear to have under-representation of the elderly should begin seeking appropriate representation as vacancies arise.	September 30, 1980	Health Systems Agencies
3)	In Health Systems Agencies which do not have geriatric specialists on their staffs, the executive director should be urged by the State Health Coordinating Council to make such a designation at the earliest opportune time.	September 30, 1980	State Health Coordinating Council

Estimated Costs. This activity can be conducted within existing agency budgets except in the areas where Health Systems Agencies wish to hire full-time additional aging services planners.

5-2 EACH HEALTH SYSTEMS AGENCY SHOULD DEVELOP A PLAN WHICH ADDRESSES IMPROVEMENTS IN THE DELIVERY OF DENTAL SERVICES TO OLDER PERSONS.

The Virginia Department of Health has identified a number of factors, such as lack of knowledge, fear, lack of money, or decreased availability, associated with "the premature loss of teeth, deficiencies and local or general infection" on the part of the adult low-income population.[14]

The Department of Health, Education, and Welfare has identified a number of areas in Virginia, primarily rural and impoverished, as critically short of dental services, and the State Health Department has determinec that a number of counties and cities have no public dental health services available to serve low-income persons.

A review of recent plans prepared by Health Systems Agencies indicate that they have not, by and large, formulated plans which address the critical dental needs of older adults.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Every Health Systems Agency should include dental services to older adults in comprehensive plans for their service areas.	July 1, 1980 and ongoing	Health Systems Agencies
2)	Annual implementation plans should incorporate steps toward the realization of such service goals.	July 1, 1980 and ongoing	Health Systems Agencies

Estimated Costs. This planning activity can be conducted within existing agency budgets. Costs of implementing individual Health Systems Agency's plans must be determined as part of the regional planning process.

5-3 EACH AREA AGENCY ON AGING SHOULD DEVELOP, WITH LOCAL HEALTH DEPARTMENTS AND OTHER HEALTH SERVICE PROVIDERS, OPPORTUNITIES FOR EVERY PARTICIPANT IN OLDER AMERICANS ACT FUNDED PROGRAMS TO RECEIVE SCREENING IN DETECTION CLINICS FOR CHRONIC CONDITIONS WHICH PLAGUE OLDER ADULTS, INCLUDING APPROPRIATE FOLLOW-UP EFFORTS.

[14] Department of Health Budget Exhibit, 1978-1980 Community Health Services, Dental Health Services, p. 122.

The first step in health care is diagnosis of a condition. Simple and relatively inexpensive screening procedures are available to detect leading cause of death and disability, such as hypertension, some forms of cancer, diabetes, glaucoma, and the like. Local health departments and local non-profit health agencies can provide medical personnel and equipment for screenings. Aging network agencies offer group settings, publicity, facilities, and transportation to older people. Appropriate follow-up efforts should also be made as essential elements to this screening program.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Identify a core of detection programs to be made available to all program participants in the Planning and Service Area.	September 30, 1980	local health providers
2)	Set up screening programs for all participants of Area Agency on Aging programs.	March 30, 1981	Area Agencies on Aging and local health providers
3)	Initiate screening.	June 1, 1981	local health providers
4)	Provide follow-up.	ongoing	Area Agencies on Aging and local health providers

Estimated Costs. Costs of this activity will vary with the amount and type of screening to be conducted. Voluntary agencies will be able to perform some activities at no cost.

5-4 PARTICIPATION IN CONGREGATE AND HOME-DELIVERED MEALS PROGRAMS FUNDED WITH TITLE VII OR OTHER PUBLIC MONIES SHOULD BE INCREASED TO 12,000 PERSONS PER DAY.

Congress has determined that many older Americans, for various reasons including low-income, limited mobility, and ignorance of nutritional requirements, have inadequate diets. Another common problem among the elderly, which the Title VII program seeks to address, is inadequate socialization and recreation opportunities.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Assess Planning and Service Area for distribution of needs.	July 1, 1980	Area Agencies on Aging
2)	Identify new meal sites.	August 1, 1980	Area Agencies on Aging
3)	Develop site service plan.	September 1, 1980	Area Agencies Aging
4)	Conduct outreach, open sites.	December 31, 1980	Area Agencies on Aging

Estimated Costs. $5,000,000-$6,000,000 additional cost annually (depending on inflation rate), will be required. Costs would be covered by increases in Title VII appropriations.

5-5 EXPERIMENTAL PROGRAMS SHOULD BE ENCOURAGED WITHIN THE CONTEXT OF THE TITLE VII PROGRAM, INCLUDING PROVISION OF MEALS ON A SEVEN DAYS PER WEEK AND/OR TWO MEALS PER DAY BASIS, AND A PROGRAM WHICH COORDINATES A NUTRITION PROGRAM WITH A GRADUAL "RE-ENTRY TO THE COMMUNITY" PROGRAM FOR NURSING HOME OR MENTAL HEALTH CLIENTS.

Local nutrition projects provide one-third of the recommended daily allowance of nutritional elements in a maximum of one meal per day, five days per week, per participant, at the nutrition sites or home-delivered. However, some older persons, particularly those who are at or below poverty level, isolated, or unable to prepare meals easily for themselves, may need dietary assistance on a seven days per week basis and/or may need increased supplementation in the form of two meals per day or two-thirds of the nutritional recommended daily allowance.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Research related experiments.	September 30, 1980	Office on Aging
2)	Announce set-aside of Title VII funds for experimental projects; solicit Area Agency on Aging proposals.	September 30, 1980	Office on Aging
3)	Select program operators.	December 31, 1980	Office on Aging
4)	Implement programs.	March 31, 1981	Area Agencies on Aging
5)	Evaluate programs.	March 31, 1982	Office on Aging

Estimated Costs. This activity can be conducted using a set-aside of Title VII funds (90% Federal, 10% local).

5-6 THE DEPARTMENT OF HEALTH SHOULD EXAMINE WAYS TO MEASURE AND ANALYZE DETERMINANTS OF QUALITY OF PATIENT CARE AND PLAY AN ACTIVE ROLE IN ENHANCING QUALITY OF CARE THROUGH PROGRAMS OF TRAINING AND TECHNICAL ASSISTANCE TO NURSING HOME ADMINISTRATORS AND PERSONNEL WORKING DIRECTLY WITH PATIENTS.

The State Bureau of Medical and Nursing Facilities Services inspects and licenses nursing homes throughout the State. A comprehensive range of safety, health, recordkeeping, and physical standards is regularly reviewed and applied to each home. At the same time, standards are not employed which adequately measure the quality of care offered in each nursing home.

The Joint Legislative Audit and Review Commission's report on long-term care in Virginia has pointed to a number of areas where quality of patient care could be monitored and strengthened.

The Joint Legislative Audit and Review Commission's findings show substantial differences among nursing homes in the State in regard to such matters as cost per patient day for relatively equivalent services, number of hours of nursing care per patient per day, and raw food costs.[15]

The State Health Department, through the Virginia Medical Assistance Program, which it administers, shares in the payment of approximately 75% of all nursing home patients' care.

Since the State, through Medicaid, contributes so heavily to patients' care in nursing homes, the State should see that quality of care levels are responsive to and properly reflect the taxpayers' investment.

Training and technical assistance to staff of nursing homes should be offered in order to improve the quality of services. Some emphasis should be placed on nursing aides who work closely with patients.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Examine data available from nursing homes and study other data to see whether improved standards for quality control could be instituted.	December 31, 1980	Bureau of Medical and Nursing Facilities Services

[15] Joint Legislative Audit and Review Commision, Long-Term Care in Virginia, Virginia General Assembly, 1978.

2)	Test new standards.	June 30, 1981	Bureau of Medical and Nursing Facilities Services
3)	Include revised standards in routine inspection procedures.	December 31, 1981	Bureau of Medical and Nursing Facilities Services
4)	Conduct periodic training programs and offer technical assistance to administrators of nursing homes.	ongoing	Department of Health
5)	Conduct regular training programs for nurses' aides.	ongoing	Department of Health

Estimated Costs. A full-time analyst working on Action Steps 1, 2, and 3 will cost an estimated $20,000 per year in 1980-1982. Training costs, which might be subsidized in whole or part by Federal funds, may be estimated at $75,000 per year (based on $500/facility).

5-7 THE VIRGINIA DEPARTMENT OF HEALTH SHOULD DOUBLE THE HOME HEALTH PROGRAM AND STAFF DURING THE 1980-1982 BIENNIUM TO MEET THE HEALTH NEEDS OF VIRGINIA'S HOMEBOUND ELDERLY.

The Department of Health, noting that currently 22,000 persons 65 years and over need assistance to move about and that 18,000 older people are homebound in Virginia, estimates that some 40,000 older people, in addition to those already being served, would utilize the services of home health personnel to remain in their own homes.[16]

The Department of Health reports that during the period July 1, 1975 through June 30, 1976, 3,903 patients under active care through the Home Health Program of local health departments were at least 65 years of age. These patients received an average of 23 visits per year or roughly two visits a month.[17]

It is clear from these data that the Home Health Program, in spite of recent sizable increases in budget and service, is a long way from providing service to all who need it.

Funding possibilities in connection with the adoption of a homemaker-health aide program should be fully explored.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Prepare budget estimates for program increases.	June 30, 1979	Department of Health
2)	Develop plan for appropriate geographic distribution of expanded service.	July 1, 1980	Department of Health
3)	Assuming favorable budgetary action; initiate expanded service.	July 1, 1980	Department of Health

Estimate Costs. See Action Step 1. Office on Aging recommends that the budget and service planning required by these action steps be accomplished with existing Medicaid planning resources.

[16] Department of Health Budget Exhibit, 1978-1980, Community Health Services, Dental Health Services, p. 122.

[17] Department of Health Budget Exhibit, 1978-1980, p. 120.

CHAPTER 6. MENTAL HEALTH

GOAL: TO ENSURE AVAILABILITY OF APPROPRIATE COMMUNITY SERVICES FOR ELDERLY PERSONS WITH MENTAL HEALTH PROBLEMS AND TO IMPROVE THE QUALITY OF CARE FOR THOSE ELDERLY WITH MENTAL HEALTH PROBLEMS FOR WHOM INSTITUTIONAL CARE IS APPROPRIATE

CHARACTERISTICS OF OLDER VIRGINIANS WITH MENTAL HEALTH PROBLEMS

Mental Illness. It is commonly acknowledged that the elderly, as a group, experience more mental health problems than younger persons.[1] Many of these problems are attributed to multiple losses and changes experienced by most older persons as they age. Losses such as income, family, friends, health, sensory perception, social status, and changes in physical appearance (real or perceived) are all common to people as they age. Added to these are the effects of social isolation which often accompany retirement, bereavement, and declining physical abilities.

Symptomatic of mental stress are the fears which often grip older people concerning safety and the comparatively high rate of suicide among persons 65 and over. Nationally, it is estimated that 25% of all suicides are committed by persons 65 and over. In Virginia, this percentage is 15%, with highest rates among white males between the ages of 65 and 74.[2]

The Virginia Department of Mental Health and Mental Retardation uses a 15% prevalence rate for mental illness among persons 65 and over.[3] Applying this rate to 1980 population estimates, some 73,539 persons 65 years and over could face mental health problems. The President's Commission on Mental Health in its 1978 Report to the President asserted that "up to 25% of older persons have been estimated to have significant mental health problems,"[4] an indication of the seriousness of the problem. In spite of these high rates of mental illness, only 6.5% of persons receiving treatment at public community mental health facilities in Virginia are 60 years and over.[5] By contrast, 46% of the population of State hospitals in 1977 was 60 years and over. We should note, however, that the number of elderly in State mental health hospitals has decreased markedly in the last few years due to an agressive deinstitutionalization program.

Mental Retardation. No precise figures are available as to the total number of elderly mentally retarded persons in Virginia. Many retarded persons live in the protected environment of the family home and do not come to public attention until parents or guardians die or can no longer care for them. It is estimated that as of July 1, 1979, 13,340 persons 55 years and over, or 1.4% of the population will be mentally retarded.[6] Additionally, as of March 13, 1978, there were 633 mentally retarded persons 51 years and over institutionalized in the five State training schools.[7]

Substance Abuse. A neglected, but apparently growing, problem among older Virginians is substance abu. which includes problem drinking and the abuse or misuse of both prescription and over-the-counter drugs.

Nationally, it has been estimated that anywhere from 2% to 10% of persons 65 and over have drinking problems,[8] and in a paper on the older problem drinker, scholars at the Rutgers Institute for Alcohol Studies suggested a prevalence rate of 7.5% for persons 55 years and over.[9] Older drinkers have been identified as tending to fall into two distinct groups: those who have been abusing alcohol for years and those persons who may have been social drinkers in earlier years, and who begin to overdrink in response to conditions associated with aging. The older drinker is sometimes screened from services to alleviate his problems: from alcoholism services because he is old and, therefore, difficult to rehabilitate, and from aging services because he is an alcoholic and,

[1] Report to the President from the President's Commission on Mental Health, Vol. I, p. 7, U.S. Government Printing Office, Washington, D.C., 1978.

[2] 1975 Statistical Annual Report, Virginia Department of Health, p. 32.

[3] Mental Health Services for Elderly Virginians: Interim Report, submitted to the State Mental Health and Mental Retardation Board by Task Force on Mental Health Needs of Elderly Virginians (Richmond, 1976), p. 3.

[4] Report to the President from the President's Commission Mental Health, Vol. I, p. 7, U.S. Government Printing Office, Washington, D.C., 1978.

[5] Mental Health Services for Elderly Virginians: Interim Report, op. cit, p. 3.

[6] Figures provided by the Developmental Disabilities Division. Department of Mental Health and Mental Retardation.

[7] Virginia Department of Mental Health and Mental Retardation.

[8] Schuckit, M. A., "Geriatric Alcoholism and Drug Abuse." Gerontologist, 17(2): 168-174. 1977.

[9] Carruth, Bruce; Williams, Erma Polly; Mysak, Patricia; and Boudreaux, Louis. "Community Care Providers and Older Problem Drinl Community Action, July, 1975, p. 2-3.

therefore, difficult to serve in some traditional service settings.[10] In addition, there is a problem involving the combination of drinking and the use of licit drugs.

The coordinates of drug abuse among the elderly have been identified as growing numbers of older people and an increasing use of drugs among persons of all ages. With chronic conditions, requiring regular medication, afflicting over three-quarters of the elderly, older people are purchasers of over 25% of all prescription medications sold[11] as well as heavy consumers of over-the-counter medicines. In addition to inadvertent overdosing, other types of abuse include mixing drugs, or drugs and alcohol, and over-reaction to dosage within normal limits because of physiological changes inherent in the aging process.

Resources. At the State level, planning and coordination of mental health, mental retardation, and substance abuse programs are conducted by the Department of Mental Health and Mental Retardation which includes divisions of mental health, mental retardation and developmental disabilities, and substance abuse. The Mental Health Division has an Office of Geriatric Services which plans and oversees mental health services in both institutions and the community for persons 60 years and over.

At the local level, 36 community services boards, known familiarly as Chapter 10 Boards, were established by the Virginia legislature to plan and coordinate mental health, mental retardation, and substance abuse programs in localities. These services are delivered at 41 mental health clinics and centers throughout Virginia, including 7 comprehensive community mental health centers. Alcoholism and drug abuse services in the State vary from comprehensive in-patient and out-patient detoxification and rehabilitation facilities to single individuals attached to Chapter 10 Boards who perform a coordination and referral function.

Primary community resources for persons with mental disturbances are Virginia's practicing private psychiatrists and psychologists. Guidance counseling is also performed by family physicians and the clergy who may be the first, and sometimes the only, point of contact for some troubled people.

Local health departments, along with mental health clinics and centers, are charged with providing follow-up care to deinstitutionalized mental patients. Follow-up care includes appropriate home health and other medical care, administration of required drugs, and referrals.

The Area Agencies on Aging provide an additional resource to isolated older persons, as these persons may be referred to local Title VII nutrition sites for programs of recreation and socialization as well as for the nutritious meal offered at the site. Several Area Agencies on Aging cooperate actively with local Chapter 10 Boards in discharge planning for their districts.

In addition to private psychiatric facilities and psychiatric wards in general hospitals, institutional care is available to mentally impaired elderly at geriatric treatment centers at four State hospitals, as well as at geriatric rehabilitation centers at Catawba Hospital and Piedmont Geriatric Hospital. In 1977, there were 2,205 persons 60 years of age and older in State mental hospitals in Virginia.

Nursing homes and homes for adults have become focal points of residence for many persons released from State hospitals in the deinstitutionalization effort. A number of older persons leaving institutions for the community find residence in one of the 134 nursing homes or 312 homes for adults in the State.

RECOMMENDATIONS

6-1 APPROPRIATE STEPS SHOULD BE TAKEN BY THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION, CHAPTER 10 BOARDS, AGING SERVICE AGENCIES, AND COMMUNITY MENTAL HEALTH SERVICE PROVIDERS TO INCREASE PARTICIPATION OF OLDER PERSONS IN COMMUNITY CLINICS TO A LEVEL COMMENSURATE WITH THEIR NEEDS.

Service data indicate that older persons are under-represented among community mental health service clientele, given the proportion of older persons in the total population and their estimated "at risk" rates. It is not accurate, however, to look only to Chapter 10 Boards to increase participation by the elderly. Obstacles such as program acceptance by the elderly, transportation problems, and the training of mental health professionals to work with older persons need to be addressed.

This objective is consistent with the priorities for community mental health services outlined in Virginia Comprehensive Mental Health Service Plan for Fiscal Years 1976-1981, Annual Progress Report and Update (July 15, 1978).

[10]Ibid.

[11]"A Narrative on Drugs and the Elderly," Ronald J. Gaetano and Michael Gaeta, Paper presented at Valley Forge, PA, Conference on Substance Abuse and the Older American, February 6, 1976.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Review program data to determine program areas with low participation by elderly and the reasons for the low participation.	September 31, 1980	Chapter 10 Boards
2)	Identify which of areas identified in step above are most critical for serving elderly.	December 31, 1980	Chapter 10 Boards, Department of Mental Health and Mental Retardation
3)	Conduct joint agency planning to increase participation in critical service areas with Area Agencies on Aging and other local agencies.	April 30, 1980	Chapter 10 Boards
4)	Initiate programs developed by planning.	June 1, 1981	Chapter 10 Boards and local agencies identified in previous action step

Estimated Costs. The first three steps should be high priority for Chapter 10 planning and should not require additional funds. The cost of additional education, outreach, transportation, or other services required in the fourth step cannot be estimated until the planning is completed.

6-2 DISCHARGE AND RELEASE PLANNING AND AFTER CARE SHOULD PROVIDE FOR (1) A LOCUS OF CASE MANAGEMENT FOR EACH DISCHARGED AND RELEASED PATIENT AND (2) ADEQUATE TRAINING OF STAFF AT NURSING HOMES AND HOMES FOR ADULTS WHICH PROVIDE CARE FOR DISCHARGED PATIENTS.

In the move from institution to community, deinstitutionalized patients may require one or more services from community agencies to replace those formerly provided by the institution. Former patients may need assistance in locating these services and availing themselves fully of their benefits. The Report to the President from the President's Commission on Mental Health notes, "Time and again we have learned. . .of people with chronic mental disabilities who have been released from hospitals but who do not have the basic necessities of life. They lack adequate food, clothing, or shelter. We have heard of woefully inadequate follow-up, mental health and general medical care."[12]

The mental health system in Virginia has done much to see that such situations do not befall discharged patients. Virginia's mental health hospitals develop release and discharge plans for patients prior to release from their facilities. Typically, hospital staff, in conjunction with other local service agencies, review income benefits available to the patient, housing alternatives which are available and which are appropriate for their new residence, and essential service needs. Local health departments, which share aftercare responsibilities, review patient health needs and provide for nurse visitations and other essential physical health services. Many other agencies offer services as well.

There is, however, a continuing problem with coordinating services for discharged persons. Health, mental health, housing, welfare and social services, are needed in combinations which vary on an individual basis. The Office on Aging suggests that discharge or release planning conferences be held for each patient, prior to release, with local departments of health and welfare, Chapter 10 Boards, and Area Agencies on Aging, at which time patient needs will be reviewed and a single agency identified as the primary case manager for the purposes of coordinating services needed by the individual to be released.

Many patients move directly from State institutions to nursing homes or homes for adults. Sometimes the facility staff lack skills in the care of older persons with mental health problems and could benefit from available contact with mental health professionals and training in the special needs of these residents. This training is underway now and should continue.

[12]Report to the President from the President's Commission on Mental Health, Vol. I, U.S. Government Printing Office, Washington, D.C., 1978, p. 5.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Develop suggested procedures for identifying case managers to be used by local agencies.	July 1, 1980	Department of Mental Health and Mental Retardation (with cooperaction from Welfare, Health, and Office on Aging)
2)	Orient local agencies to suggested procedures and assist them in adopting to local use.	September 30, 1980	Department of Mental Health and Mental Retardation (with cooperation from Welfare, Health, and Office on Aging)
3)	Initiate case management conferences for all discharged patients without such a service.	January 1, 1981	Department of Mental Health and Mental Retardation (with cooperation from Welfare, Health, and Office on Aging)
4)	Develop and expand mechanism for training for use with nursing homes and homes for adults which "receive" discharged patients.	Underway	Department of Mental Health and Mental Retardation (with cooperation from Welfare, Health, and Office on Aging)

Estimated Costs. Major cost for implementing these action steps will be in the additional staff needed by local agencies for new case management activities. Some agencies will be able to absorb additional responsibilities and others will need more staff. The Office on Aging suggests that the various involved State departments review (1) anticipated discharge rates for 1980-1982, and (2) likely case management responsibilities and estimate costs based on this review.

6-3 COMMUNITY MENTAL HEALTH CONSULTATION AND EDUCATION SERVICES SHOULD DEVELOP PRIMARY PREVENTION PROGRAMS FOR OLDER PEOPLE, BY INCREASING CONSUMER UNDERSTANDING OF THE PROCESS, AS WELL AS TRAINING PLANNERS, CAREGIVERS, COMMUNITY LEADERS, AND GOVERNMENT OFFICIALS IN THE MENTAL HEALTH NEEDS OF THE ELDERLY.

As people grow older, their mental health is increasingly jeopardized by the stresses which accompany aging. anticipation of, and preparation for, crises and stressful situations by both aging persons themselves and persons in the helping professions, as well as by local government officials and community leaders, should increase personal coping abilities and produce more effective intervention techniques and mechanisms when crises occur.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Conduct training for Consultation and Education Services regarding aging, mental health, and public education, and explore possible prevention/intervention strategies for professional and community leaders who render services to elderly during stressful situations (e.g., clergy, funeral home directors).	January 31, 1981	Department of Mental Health and Mental Retardation
2)	Design public education programs in-including such approaches as forums, workshops, training, credit and non-credit courses designed to meet intent or recommendation.	June 30, 1981	Chapter 10 Boards
3)	Initiate public education programs regarding mental health issues.	July 1, 1981	Chapter 10 Boards
4)	Prepare and distribute pre-retirement materials including psychological aspects of aging and retirement for use by local groups.	June 30, 1981	Office on Aging

Estimated Costs. The Department of Mental Health and Mental Retardation routinely offers training to local service professionals. Costs for these events, specifically on public education, might be "piggy-backed" on other training to reduce costs so that a modest budget estimated at $13,000 should be sufficient to support the first action step. The Office on Aging believes that the second action step should be conducted within Chapter 10 budgets, without special funds. Costs for eventual public education programs will vary, but the Office on Aging suggests that each Chapter 10 Board earmark $5,000 for the biennium to support its initial public education efforts in this area. Pre-retirement training materials should be available, at no cost, by 1980-1982 since several organizations are developing them during the current biennium.

6-4 THE DIVISION OF SUBSTANCE ABUSE OF THE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION SHOULD IMPLEMENT SERVICE INNOVATIONS AND CHANGES, BASED ON FINDINGS IN A STUDY OF THE OLDER VIRGINIAN WITH SUBSTANCE ABUSE PROBLEMS.

Growing concern over reported substance abuse problems among the elderly involving alcohol, prescription drugs, and over-the-counter medicines, prompted the Office on Aging and the Division of Substance Abuse of the Department of Mental Health and Mental Retardation to initiate a study of the nature and extent of such problems. Preliminary portions of the study, now underway, included a survey of Area Agencies on Aging direct service personnel, requesting first-hand observation of the situation from Area Agency on Aging perspective. The study, proposed for completion during the current biennium, will culminate in program planning which should guide efforts in the substance abuse area in the 1980-1982 biennium.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Steps for implementing this recommendation will be developed as part of the study during the 1978-1980 biennium.		

Estimated Costs. Costs cannot be determined until the program planning portion of the study is concluded.

CHAPTER 7. HOUSING

GOAL: TO PROVIDE OLDER VIRGINIANS WITH AN OPPORTUNITY TO SELECT HOUSING ARRANGEMENTS WHICH ARE ADEQUATE TO MEET PERSONAL NEEDS

Characteristics. Three-quarters of Virginia's population 60 years and over live with one or more members of their immediate family. Most of these households are husband/wife families. About 76,000 Virginians 60 years and over were relatives of the family household head where they lived or of his wife. In 1970, one out of every 10 older Virginians lived in the home of one of his children. Most of these older parents in the homes of children were women.

Of growing concern are the close to 96,000 Virginians 60 years and over who lived alone in 1970. Over three-quarters of these were women. Older people living alone tend to have lower incomes than other elderly and are often considered to be at greater risk of having certain health or mental health problems.

Most older Virginians live in the central areas of cities with a population of 50,000 or more, although 43% of persons 60 years and over lived in communities of less than 2,500 people in 1970.

The low incomes of many older people contribute to the difficulty they have in maintaining, and upgrading, if necessary, the quality of their present housing, or in moving from undesirable neighborhoods or unsuitable homes. Income often determines the type of living arrangements they have as well. For example, an elderly widow or widower, in frail condition with a low income, may be forced to move in with family or enter an institution while another such person in similar health but with sufficient economic resources could continue to maintain a separate household in a residence which offered the services (e.g., prepared meals, homemaker and personal service) he or she needed to live independently.

Two-thirds of the homes of older Virginians are owner-occupied, single-family detached dwellings. In 1970, the Census found that almost one-half of the homes of Virginians 65 and over had three or more bedrooms, although 78% of this age group lived in one- and two-person households.

Over half the homes occupied by older Virginians were built before 1940. Almost two-thirds of the homes of older black Virginians were built before 1940. Houses owned by Virginians 60 years and over have about two-thirds the value of houses owned by household heads under 60.

Gross rent (rent including utilities) paid by older Virginians runs about three-fourths of that paid by younger household heads in the State. However, one-third of elderly tenants in Virginia still paid at least 35% of their income in gross rent. This fact indicates a need for subsidized, low-rent units.

Inadequate plumbing facilities are most often found in the homes of the rural elderly, the black elderly, and to a lesser extent, in rented homes rather than owner-occupied homes.

According to studies by the Virginia Housing Development Authority and the former Virginia Division of State Planning and Community Affairs, South Central, Southeastern Virginia, and Southwestern Virginia show the largest numbers and largest percentages of substandard housing in the Commonwealth.

In September, 1977, there were 9,461 persons living in 299 homes for adults, licensed by the Department of Welfare. There is no current age or sex breakdown for this population, but in 1970, the Census Bureau found that 71% of the residents in homes for adults in Virginia were women; 90% of these women were white, and 83% of the male residents were white. Residents of homes for adults must be ambulatory and not incontinent. The homes, which range in size from family-sized businesses with fewer than 10 residents to large hotel-sized projects with over 500 beds, appear to vary widely in quality and number of services provided to residents, as well as in costs. State supplementation for SSI recipients residing in homes for adults have recently been raised from $230 per patient to $336 per patient to reflect more accurately actual operating costs within the homes.

Resources. The first choice of most older people, when asked, is usually to stay in their present home. All houses need regular maintenance; the older homes of many elderly may often need rehabilitation and, if proper insulation is lacking, winterization to reduce energy costs. Assistance in these expenditures is available to low-income elderly from a variety of sources:

-Title XX chore service is available to income-eligible elderly for minor household repairs.

-Rehabilitation of elderly homes in urban areas of Virginia has been mainly carried out under Community Development Block Grants distributed by the two area offices of the Department of Housing and Urban Development; and through the Department of Housing and Urban Development Section 312 in urban renewal areas.

-The Farmers Home Administration of the United States Department of Agriculture has two rehabilitation programs for dwellings in rural areas. One is a home-ownership loan program (Section 502) to bring homes up to minimum property standards, and another (Section 504) makes home improvement and repair loans. The latter contains a small senior citizen grant provision for persons 62 years and over unable to repay loans.

-The Virginia Association of Community Action Agencies operates a winterization program through local community action agencies, and other local, county, and regional agencies throughout the State.

Construction of new units for older people primarily takes the form of multi-family rental projects: hi-rise, mid-rise, townhouse and garden apartment residences, containing one-bedroom apartments, efficiencies, and some two-bedroom units. Most of the new low-rent multi-family housing built nationally and in Virginia is produced by local public housing authorities which finance construction of projects through the sale of tax-exempt bonds and usually also manage the completed projects.

The next largest source of assisted housing for the elderly in Virginia has been the State housing finance agency (the Virginia Housing Development Authority, created by the legislature in 1972 to finance housing for low- to moderate-income Virginians) which has financed construction and provided permanent financing for both elderly-only housing and family housing with one-bedroom units, many of which are occupied by elderly persons. Its financing of elderly housing is accompanied by the Department of Housing and Urban Development's Section 8 subsidies.

On the Federal level, the Department of Housing and Urban Development has financed a number of Section 202 direct loan projects for the elderly and handicapped in the State in tandem with the Section 8 rent subsidy program limiting rents to within 25% or less of the tenant's adjusted gross income. Section 202 is the Department of Housing and Urban Development's primary program for new housing for the elderly, although the Section 231 mortgage insurance program for elderly housing is still available. The major building programs in the 1970's for elderly housing were the 236 and 221(d)(3) and (d)(4) programs, and projects under these programs are still being completed. The 236 and 221(d)(3) projects carry rental assistance plans applicable to a percentage of the tenants, limiting rentals to the basic rent or 25% of the tenants' adjusted gross income, whichever is greater.

The Section 8 consumer subsidy may be applied to new, substantially rehabilitated, or existing housing and is the principal instrument in today's inflationary market for bringing rentals within range of low-income persons' budget. The Department of Housing and Urban Development distributes annual contracting authority for Section 8 to the Farmers Home Administration and to the Virginia Housing Development Authority and also to local housing authorities for application for rentals in approved existing housing. Some of the Section 8 contracting authority is allocated for elderly housing only.

The Farmers Home Administration also has a direct loan program, Section 515, for multi-family housing in rural areas unserved by the Department of Housing and Urban Development or private financing institutions. In addition to Section 8, Farmers Home Administration has its own rental supplement program, applicable to 100% of elderly housing, bringing rents to within 25% of eligible tenants' income.

The State Office of Housing, a division of the Department of Housing and Community Development, has two major program responsibilities: a Housing Programs Section and a Building Code Section. The Housing Programs Section prepares and distributes consumer education and training materials on housing matters and is responsible for research and evaluation of housing or housing-related programs in the State. The Building Code Section gives information and instruction on the application of the Uniform Statewide Building Code to local building officials, architects, engineers, and the building industry.

The office serves as staff to the State Board of Housing which establishes State housing policies and goals.

RECOMMENDATIONS

7-1 HOME REPAIR AND/OR WINTERIZATION PROGRAMS SHOULD BE INCORPORATED INTO AREA PLANS ON AGING IN EVERY PLANNING AND SERVICE AREA.

The Administration on Aging and the Community Services Administration have identified home repair services as priority services. In addition, data on structural problems in housing is evidence of widespread problems in Virginia. A variety of home repair programs, winterization efforts, and chore services has been initiated under the auspices of Title XX of the Social Security Act, Title III of the Older Americans Act, and monies from the Community Services Administration, as well as private sources. Each Area Agency on Aging should review local programs and needs in this area and should address new program priorities in its plan by the end of the plan period.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Provide information to each Area Agency on Aging of existing State allocation plans and Federal resources for home repair and winterization programs.	January, 1980	Office on Aging
2)	Contact local agencies with resources to conduct joint needs assessment and planning.	September 30, 1980	Area Agencies on Aging

3)	Develop additional resources appropriate and possible.	March 31, 1981	Area Agencies on Aging
4)	Prepare related component of Area Plan.	June 30, 1981	Area Agencies on Aging

Estimated Costs. Federal home repair and winterization program resources should meet the costs of this recommendation. Area Agencies on Aging should develop their local plans within these resources, focusing on best use of the resources to meet the needs of the elderly in their Planning and Service Area.

7-2 TRAINING, INCLUDING DISASTER PREPAREDNESS, SHOULD BE PROVIDED FOR HOMES FOR ADULTS OPERATORS, TO IMPROVE QUALITY OF CARE AND SERVICES IN SUCH RESIDENCES.

No regular training program has been established to assist operators of homes for adults in providing quality services to their residents. While some homes have provided their staff with training opportunities, and homes have sometimes cooperatively offered training in selected areas, systematic training is not in place.

Further, the Office on Aging, in offering training in disaster preparedness through the Office of Emergency Services, identified the need for ongoing training in this subject specifically. Training, as recommended in this recommendation, may be done with a small State staff (in either the Department of Welfare or the Office on Aging) and a voluntary training committee representing homes for adults. Costs estimates are based on this approach.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Identify agency to coordinate training.	June 30, 1979	Office on Aging and Department of Welfare
2)	Develop budget request.	August 30, 1979	Department of Welfare
3)	Hire coordinator, assuming favorable budgetary action.	July 1, 1980	Department of Welfare
4)	Develop training plan, seek training funds.	December 31, 1980	Selected agency from step above
5)	Initiate training.	January 1, 1981	Selected agency from step above

Estimated Costs. Costs for a single training coordinator and supportive services will be an estimated $20,000 per year. Acutal training costs must be defrayed by special training grants solicited by the coordinator and by contributed in-kind resources.

7-3 THE OFFICE ON AGING SHOULD ENCOURAGE AND FACILITATE THE CONSTRUCTION AND REHABILITATION OF HOUSING FOR LOW- AND MODERATE-INCOME OLDER VIRGINIANS THROUGH COOPERATIVE EFFORTS WITH APPROPRIATE STATE AND LOCAL AGENCIES.

As the elderly population and number of elderly households continues to grow, the pressures on the housing market by this segment of the population increase. An inadequate supply of housing stock plus inflation put much of the quality existing housing out of reach of the large numbers of elderly at or near poverty level. Public housing and assisted housing incorporating customer subsidy plans, plus low-cost loans and grants for rehabilitation of elderly occupied housing, are the major sources of improved housing for older persons. The Office on Aging should assist in every way possible persons and organizations attempting to improve and increase elderly housing stock in localities throughout Virginia.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Prepare or compile materials regarding housing assistance programs and distribute to Area Agencies on Aging.	July 30, 1980	Office on Aging
2)	Conduct statewide workshop on housing programs for Area Agencies on Aging and any interested housing sponsor.	November 31, 1980 and November 31, 1981	Office on Aging
3)	Provide technical assistance, as requested, to potential sponsors of housing projects.	As requested	Office on Aging

Estimated Costs. The Office on Aging has already budgeted staff time for housing-related activities. These action steps will provide guidance to the work program for 1980-1982, but will require no additional expenditures.

7-4 THE OFFICE ON AGING SHOULD RECOMMEND TO THE UNITED STATES BUREAU OF THE CENSUS CHANGES IN THE DATA PUBLISHED ON THE HOUSING OF OLDER PERSONS TO BE INCORPORATED IN THE 1985 CENSUS.

There is insufficient age-related data by state published on elderly housing by the Census, and age-related data by state when it is published is often inconsistent in switching from 5 to 10 or 20-year cohorts so that data from one table cannot be compared to data from another. For example, in such an important area as substandard housing, neither incomplete plumbing nor density per room data for housing occupied by older persons are available in the major subject matter report, the Housing of Senior Citizens, by state.

Much data on elderly living arrangements and housing is available by age in 5-year cohorts; yet key data on poverty status and urban/rural living arrangements, for example, are given in 10-year cohorts and numbers of family members in elderly households by 20-year cohorts.

The Office on Aging, working with the Administration on Aging, the Virginia Housing Development Aurhority, the Office of Housing, and local agencies, should identify data gaps and inconsistencies and recommend corrections to be presented to the Bureau of the Census for consideration in preparing its 1985 publication plans.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Review draft of 1985 Census questionnaires regarding housing items.	December 31, 1981 (if available)	Office on Aging
2)	Consult with Area Agencies on Aging, Administration on Aging, Office of Housing, Virginia Housing Development Authority, regarding most beneficial data.	March 31, 1982	Office on Aging
3)	Prepare and submit recommendations to Bureau of the Census.	June 30, 1982	Office on Aging

Estimated Costs. This activity can be conducted within existing agency budgets.

CHAPTER 8. COMMUNITY SERVICES

GOAL: TO PROVIDE OLDER PERSONS WITH SERVICES IN THEIR HOMES OR COMMUNITIES WHICH ALLOW THEM TO LEAD PRODUCTIVE NON-INSTITUTIONALIZED LIVES TO THE MAXIMUM EXTENT POSSIBLE

Most older persons want to stay in their own homes and communities and receive needed services there, rather than be moved into institutions. Even if moving is not a consideration, there are certain services which could be made available in the community, so that elderly persons could be more independent and self-sufficient.

Community services have been divided into three major categories for discussion here. These include services related to life enrichment, special groups, and the law.

LIFE ENRICHMENT

Characteristics. For the purposes of the plan, life enrichment activities include recreation, volunteerism, and educational opportunities, including pre-retirement and retirement training. All of these areas involve activities which can enhance and add to the quality of life for Virginia's elderly citizens.

Recreation includes activities in which people engage voluntarily during leisure time for enjoyment. Recreational activities of older persons will vary with each individual, too. Some prefer sports and others arts and crafts, but the need for some type of recreation is as strong for older persons as for younger.

In a survey conducted for the long-range plan, none of Virginia's Area Agencies on Aging placed recreation as a top priority in their Planning and Service Areas. However, most of them did consider recreation to be "important." In a report prepared by what is now the Recreation Services Section of the Commission of Outdoor Recreation for the Office on Aging, a number of factors were identified which should be considered when developing recreational programs for the elderly. These include:

-transportation for participants

-knowledge of local characteristics

-staff training

-knowledge of potential funding sources

-improved information flow among different programs

-improved evaluation techniques

-development of multi-service centers for seniors where recreational activities could be provided[1]

Therapeutic recreation is also an important need for the ill, disabled, or handicapped, and is usually offered in facilities which provide some type of health. In Virginia, this type of recreation could benefit the 4.6% of the aging population which is institutionalized, the 5% which is homebound, and others with mobility problems.

Volunteer activities can also contribute to the enrichment of an older person's life. Not only can older volunteers provide a needed service to their community, but they can also receive personal satisfaction from helping others.

Virginia's Area Agencies on Aging utilize volunteers in many of their programs, and expect to increase volunteer use in the future. A national study conducted by the National Council on the Aging in 1976 concerning volunteerism among those 65 and over, came up with some interesting findings:

-22% of persons 65 and over do volunteer work

-an additional 10% would like to serve as volunteers—in Virginia, this would include an estimated 37,000 persons 65 and over

-volunteerism is higher among the younger elderly, the more affluent, the college-educated, women, and the employed

[1] Virginia's Direction in Aging . . . A Timely Matter, p. 209.

-areas with the greatest older volunteer involvement include: health and mental health, transportation, friendly visiting, emergency relief programs, and family or youth-oriented programs[2]

Educational opportunities are also important to people of all ages, and education for and about aging is an indirect method for improving the quality of life of older people. A comprehensive educational program could help to reduce the negative attitudes that many hold toward aging and the aged. Educational opportunities can be separated into two main categories: education for older people and education for the general public.

The educational needs of older people include the following:

-basic skills—reading, writing, etc.

-specific areas of importance which will assist older persons in maintaining their independence—financial management, nutrition education, pre-retirement and retirement training, etc.

-personal development activities—use of leisure time, development of second careers, entertainment, etc.

-learning about the aging process—biological, psychological, and social changes

The elderly have the lowest average level of formal education of any adult age group. In 1970, 4% of Virginians 60 and older had had no formal schooling, 57% had an eighth grade education or less, and only 28% had graduated from high school.[3] The average level of schooling for older persons will continue to increase, however, as education has expanded to larger segments of the population over the last 75 years. In addition, more opportunities are becoming available for older persons to return to the classroom.

Education for the general public in the area of aging also needs to be conducted so that negative stereotypes can be dispelled and apprehensions associated with growing older can be better understood. This education needs to take place at all levels of the formal educational system: elementary, middle, high schools, community colleges, and colleges and universities, as well as on a more informal, broader-based program, involving the media and the Office on Aging.

Resources. Recreational services do not receive specific State or Federal funds, but there are community resources available for senior recreation programs in Virginia. These include:

-Local recreation departments (out of 98 departments, 39 sponsor senior recreation programs, 16 co-sponsor such programs, and 15 expressed an interest[4]).

-Recreation Services Section of the Commission of Outdoor Recreation—although there is no one staff person assigned to senior recreation, the office provides technical assistance to new senior programs, aids in evaluating established programs, and provides information on model programs. The office does have a Therapeutic Recreation Consultant who provides technical assistance to nursing homes, homes for adults, general hospitals, or any other program requesting aid.

-Office of Commerce and Resources—is concerned with recreation areas and opportunities for all Virginians, including the elderly.

-Aging network—through the Older Americans Act, recreational services can be provided, particularly through the Area Agencies on Aging (Title III), senior centers (Title V), and the nutrition sites (Title VII).

-Virginia Recreation and Park Society—has a Senior Citizens Special Committee which advocates recreation services for senior programs.

-Federal funds—in addition to the Older Americans Act, the following can be used for recreational activities: Revenue Sharing, Land and Water Conservation, Public Works, Community Development funds, and Title XX of the Social Security Act. No analysis of their use for senior recreation has been conducted.

[2] Ibid., p. 214-216.

[3] Virginia's Direction in Aging . . . A Timely Matter, p. 163.

[4] Virginia's Direction in Aging . . . A Timely Matter, p. 210.

-Nursing homes—97% of nursing homes in Virginia provide recreation activities for their residents.[5]

-General hospitals—provide therapy and some provide threapeutic recreation.

-Homes for adults—most lack staff to provide therapeutic recreation, but several have activities directors who include recreation activities in their programs.

-Home health—delivered by local health departments, various types of therapy are offered to clients.[6]

Resources available for the main purpose of recruiting and placing older volunteers include:

-RSVP—a Federal program funded by ACTION whose purpose is to "match" older volunteers with appropriate "jobs" in the community. Currently, in Virginia there are 19 local RSVP Projects with approximately 5,000 RSVP volunteers in such volunteer stations as hospitals, day care centers, nutrition sites, and health clinics.

-Virginia Office on Volunteerism—established in 1974, the purpose of this office is to promote volunteerism in Virginia. It has participated and sponsored several training workshops on the older volunteer.

-Local voluntary action centers—funded by local monies, these centers also match volunteers with volunteer service opportunities. They are not designed specifically for older volunteers, but do serve the elderly.[7]

Educational resources available for the older person in Virginia are varied. The major ones include:

-Colleges and universities—these institutions were encouraged to include older persons in their courses by passage of the Senior Citizens Higher Education Act. This Act allows persons 60 and over to take either credit or non-credit courses free of charge, providing that there is space and that the older person meets income and residency requirements.

In a survey conducted in 1976 by the Office on Aging of Virginia's institutions of higher education (65 responded), it was found that 2,089 persons 60 years of age and over took courses during the 1975-1976 academic year. Also, it was found that more seniors took non-credit than credit courses, that community colleges had the highest enrollment of older students, and that some of the institutions could not answer questions concerning their senior enrollment. In addition, the majority of colleges and universities had less than 25 older students enrolled, almost half of the institutions had no special recruitment techniques for older persons, and only 19 of Virginia's institutions offered any special courses (recreation, nutrition, health, pre-retirement and retirement, and defensive driving) for older students.

-Public schools—primarily deal with children and adolescents, but have come to recognize the need for programming for the community as a whole. They have the potential to include courses which will assist in overcoming prejudices and apprehensions with regard to aging for all age groups, plus they could also provide basic education courses, like reading and writing, to older persons.

-State library system—libraries exist in virtually every community in the State, and are important sources of information for older Virginians. Special services are also available for the elderly through the system: large print books and talking books, mobile libraries, specific books and texts on aging-related topics.

RECOMMENDATIONS

8-1 THE RECREATION SERVICES SECTION OF THE COMMISSION OF OUTDOOR RECREATION SHOULD CREATE A PERMANENT STAFF POSITION FOR A SENIOR RECREATION SPECIALIST WHO WOULD PROVIDE TRAINING AND TECHNICAL ASSISTANCE TO RECREATION SERVICE PROVIDERS AND PLANNERS FOR THE ELDERLY IN THE STATE.

There is a great demand from local recreation departments and aging services agencies for assistance in starting or improving recreational programs for older adults. In addition, there is a need for a clearinghouse for senior recreation information. A State-level staff person, assigned full-time to these responsibilities is quite appropriate.

[5] Ibid., p. 212.

[6] Ibid., pp. 210-214.

[7] Virginia's Direction in Aging . . . A Timely Matter, pp. 216-218.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Determine proper organizational location in the agency for position.	June, 1979	Recreation Services Section
2)	Request money in agency budget for position.	June, 1979	Recreation Services Section
3)	Recruit for position, assuming favorable budgetary action.	July 1, 1980	Recreation Services Section
4)	Hire position.	August 31, 1980	Recreation Services Section

Estimated Costs. The projected cost of this recommendation would be approximately $40,000 for the biennium: $20,000/year for salary, fringe, travel, and other support.

8-2 LOCAL VOLUNTEER PROGRAMS SHOULD BE ESTABLISHED AND/OR MAINTAINED IN ALL OF VIRGINIA'S PLANNING AND SERVICE AREAS.

Most Planning and Service Areas are currently served by Retired Senior Volunteer Programs or some other type of volunteer agency. Area Agencies on Aging should strive to maintain and improve these efforts. In the Planning and Service Areas where there are no volunteer programs, however, the Area Agencies on Aging should work with the Office on Aging to develop volunteer opportunities for older people. By the end of the biennium, all Planning and Service Areas should be served.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Office on Aging designate staff to assist Area Agencies in developing appropriate volunteer programs.	July 1, 1980	Office on Aging Aging
2)	Determine best way to develop and/or change current volunteers capabilities in each Planning and Service Area.	September 30, 1980	Area Agencies on Aging and Office on Aging
3)	Implement needed changes.	June 30, 1981	Area Agencies on Aging
4)	Evaluate, review, and update plans and volunteer opportunites.	ongoing	Area Agencies on Aging and Office Aging

Estimated Costs. No additional costs are anticipated for the technical assistance or planning action steps. Developing new programs will require financial support which can be estimated during the planning. The Office on Aging will assist the Area Agencies on Aging in identifying and securing such support.

8-3 EDUCATIONAL OPPORTUNITIES FOR ADULTS SHOULD BE EXPANDED, BOTH IN VIRGINIA'S INSTITUTIONS OF HIGHER EDUCATION, AND IN THE PUBLIC SCHOOL SYSTEM.

Institutions of higher education and Virginia's local school systems should develop models for including olde persons in their educational planning. The Office on Aging and Office of Education should assist in the development of these models. Items to be considered could include:

-the educational needs of older persons

-possible methods of scheduling in order to offer courses at convenient times and locations

-coordination between the institutions of higher education with the public school system to prevent duplication or conflict of efforts.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Office on Aging designate staff to initiate effort.	July 1, 1980	Office on Aging
2)	Office on Aging staff contact the Center on Aging and Office of Education for assistance in developing plan of action through a planning committee.	August 1, 1980	Office on Aging
3)	Develop plans.	March 31, 1981	Office on Aging, Center on Aging, Office of Education
4)	Present plans to the institutions and public school systems.	May 1, 1981	Committee
5)	Revise plans.	July 1, 1981	Committee
6)	Implement plans.	Sept. 1, 1981	Institutions and public schools
7)	Evaluate, update, and revise plans.	June 30, 1981	Institutions and public schools

Estimated Costs. Additional costs will be incurred within the participating schools' budgets for this recommendation for curriculum development and staff time. Federal or private funds should be solicited to support models so that State and local monies need not be tapped.

8-4 A PILOT PROGRAM SHOULD BE DEVELOPED IN ONE OF VIRGINIA'S PUBLIC SCHOOL SYSTEMS WHEREBY AGING CURRICULA WOULD BE INCORPORATED INTO REGULAR CURRICULA.

To acquaint Virginia's youth to the consequences of aging and to familiarize them with the aging process, courses in aging should be taught in the public schools. These courses would help to alleviate unwarranted fears and would reverse some of the current negative attitudes that are prevalent. To determine costs for such a program, a pilot is recommended.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Designate staff person to initiate steps with Office of Education.	July 1, 1980	Office on Aging
2)	Determine interest of the public schools.	December, 1980	Office on Aging and Office of Education

3)	Develop plan, and present to school systems.	March 31, 1981	Office on Aging, Office of Education, public school representatives
4)	Select location for pilot.	April 30, 1981	Office on Aging and Office of Education
5)	Develop curricula and materials.	August 1, 1981	Local school system
6)	Begin program.	Sept. 1, 1981	Local school system
7)	Evaluate.	June 30, 1982	Office on Aging and Office of Education and school system

Estimated Cost. Anticipated costs for this recommendation would include the salary of one teacher (even though it is possible that more than one teacher would teach the courses) and the cost of materials. In total, this would amount to approximately $13,000 for the school year 1981-1982. The costs involved with initiating and planning should not require additional funds from any budgets.

8-5 GERONTOLOGY OFFERINGS FOR PERSONS NOT NECESSARILY PURSUING A CAREER IN GERONTOLOGY SHOULD BE INCREASED IN VIRGINIA'S COLLEGES AND UNIVERSITIES.

Many colleges and universities currently offer gerontology courses. These courses should be reviewed and evaluated and it should then be determined whether or not these offerings are sufficient to reach as much of the student population, both young and old alike, as possible. If not, a plan to improve the situation should be developed. These "offerings" to which this recommendation refers pertains to elective and personal-enrichment courses rather than degree-related courses.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Develop procedures which institutions can use to review gerontology course status and adequacy.	September 30, 1980	Office on Aging
2)	Present to institutions, receive their in-put and suggestions.	October 31, 1980	Office on Aging, Center on Aging
3)	Revise and distribute.	Dec. 31, 1980	Office on Aging, Center on Aging, and institutions
4)	Institutional "in-house" reviews and planning.	March 31, 1981	Institutions
5)	Initiate changes within institutions.	Sept. 1, 1978	Institutions

Estimated Costs. Additional costs are not anticipated for the institutions to be able to fulfill this recommendation unless additional courses are offered. In some cases, existing courses, through wider "advertising," can fulfill the intention of the recommendation.

8-6 THE DEPARTMENT OF PERSONNEL AND TRAINING SHOULD PROVIDE PRE-RETIREMENT AND RETIREMENT TRAINING FOR STATE EMPLOYEES.

As of July 1, 1976, the State employed some 71,000 persons.[8] The department of Personnel and Training currently provides training on many different topics for State employees. Pre-retirement and retirement training should be added to the list. With the assistance of the Office on Aging and other interested agencies, Personnel and Training should provide training, much like it does on orientation to State employment. Subjects to be addressed could include such things as financial management, health-related topics, psychological adjustments, legal considerations, possible employment after retirement, etc.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Appoint staff to work on pre-retirement and retirement training.	July 1, 1980	Office on Aging and Personnel and Training
2)	Develop plan and materials.	Dec. 31, 1980	Office on Aging and Personnel and Training
3)	Implement.	January 1, 1981 and ongoing	Personnel and Training
4)	Evaluate, revise, and update	ongoing	Personnel and Training

Estimated Costs. Approximate cost to the State for this recommendation would be $20,000/year or $40,000/biennium. These costs would include money for materials, facilities, travel, and the salary of a full-time training coordinator.

8-7 THE OFFICE ON AGING SHOULD INITIATE A PUBLIC EDUCATION PROGRAM IN THE STATE TO PROVIDE VIRGINIANS OF ALL AGES WITH A REALISTIC AND GENERALLY POSITIVE PICTURE OF AGING, AND ALSO TO INFORM OLDER PERSONS ABOUT RIGHTS AND SERVICES AVAILABLE TO THEM.

Heretofore, there has been no major effort in the State to "promote" aging. A public education program should include such things as TV and radio spots, to acquaint older persons on specific laws (i.e., Mandatory Retirement legislation), regular news releases, documentaries on the aging process, and the like.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Office on Aging's Public Education Specialist finalize work program.	July 1, 1980	Office on Aging
2)	Implement program.	ongoing	Office on Aging
3)	Evaluate, revise, and update.	ongoing	Office on Aging

[8] Virginia's Direction in Aging . . . A Timely Matter, p. 176.

Estimated Costs. Anticipated costs for the biennium for this recommendation include:

Salary for Public Education Specialist	$36,000
	(18,000/yr.)
Part-Time Assistant/Secretary	$10,000
	(5,000/yr.)
Educational Materials	$3,200
	(1,600/yr.)
Printing, Art Work, Etc.	$20,000
	(10,000/yr.)
Office Rent	$2,600
	(1,300/yr.)
Travel	$2,400
	(1,200/yr.)
TOTAL	$74,200

SPECIAL GROUPS

Characteristics. Three special groups of Virginia's elderly—the blind, the deaf, and clients of Virginia's Department of Rehabilitative Services—deserve special attention.

According to estimates provided by the Virginia Commission for the Visually Handicapped (VCVH), there are approximately 6,900 Virginians 55 and over who are "legally blind." This is over 50% of the total clientele of the Virginia Commission for the Visually Handicapped.[9] Older blind persons, especially those who lose their sight late in life, face special problems in mobility and functioning on a day-to-day basis.

Deafness is sometimes called a hidden handicap and workers are generally not trained in how to deal with it. Hearing loss is as much of a handicap to the older person as any other handicap, however. In Virginia, it has been estimated that there are over 14,000 persons 55 and older who are deaf, 1,700 of the total being persons who had become deaf prior to age 19 ("prevocationally deaf"). So, the great majority of older deaf persons need education about their loss, services available, and special devices for deaf persons.

Up until July 1, 1978, the Department of Rehabilitative Services was known as the Department of Vocational Rehabilitation (DVR). The Department of Vocational Rehabilitation's main goal was to rehabilitate persons so that they could enter into appropriate jobs. While there was no law stating that the Department of Vocational Rehabilitation couldn't serve elderly clients, since most elderly weren't to be rehabilitated for jobs, older persons were not served for the most part. The 1978 General Assembly changed the Department of Vocational Rehabilitation's name to the Department of Rehabilitative Services, and charged it with broader rehabilitative duties. In one position paper presented to the General Assembly, prior to the name change, it was stated that they would work to include the elderly in their new plans. Signs, therefore, point toward expansion of the Department's offerings to the elderly.

Resources. The Virginia Commission for the Visually Handicapped was established in 1922 to provide services for blind or visually handicapped Virginians, operating as a direct service agency. In 1977, the Virginia Commission for the Visually Handicapped, recognizing the advanced age of many of its clients, initiated a pilot program in the Richmond area providing special services to the elderly blind. These services include counseling, chore, and transportation services. The pilot served over 200 elderly persons in the area.[10]

There are several agencies or groups which provide services for the deaf, although there is no one agency, like the Virginia Commission for the Visually Handicapped for the blind, providing a range of direct services for Virginia's deaf. Existing agencies include:

-Virginia Council for the Deaf (VCD)—which acts as a "bureau of information" for the deaf; informing the deaf of available services, assisting State agencies in serving the deaf, and studying the problems of the deaf. The Virginia Council for the Deaf and the Office on Aging did a study to locate older deaf Virginians, to determine their most pressing needs, and to alert Virginia's Area Agencies on Aging to these needs. The Virginia Council for the Deaf recently initiated an interpreter service to persons dealing with service agencies.

-Interpreter services—interpreters are available throughout the State and with the passage of Section 504 of the Rehabilitation Act, any agency which receives Department of Health, Education, and Welfare funds, is now mandated to provide services for deaf clients. Interpreter services are included as services to be paid for with State funds. This means that if an interpreter is required for a client, the agency must pay for the interpreter. For agencies which cannot pay, $100,000 was appropriated in the 1978-1980 biennium budget for

[9] Virginia's Direction in Aging . . . A Timely Matter, p. 229.

[10] Virginia's Direction in Aging . . . A Timely Matter, p. 229.

the Virginia Council for the Deaf to pay for interpreter services. There is no toll-free TTY number to call on a 24-hour basis to receive an interpreter for an emergency situation, however.

-Financial assistance for hearing-related expenses—Medicare will not pay for hearing tests, exams, or hearing aids, and Medicaid will only pay for an exam when it has been prescribed by a doctor during a routine medical exam. There are a few, non-profit organizations which provide hearing aids to persons who can't afford them.

-TTY's—this is another service that can be paid for according to Section 504 of the Rehabilitation Act. There are a growing number of groups which are purchasing TTY's ("telephones" for the deaf). The following State offices have them now: the Virginia Council for the Deaf, Office on Aging, Department of Rehabilitative Services, Department of Public Safety, J. Sergeant Reynolds Community College, Woodrow Wilson Rehabilitation Center, the Virginia Commission for the Visually Handicapped, Western State Hospital, Virginia School at Hampton, Virginia School for the Deaf and Blind in Staunton, and the Office of the Secretary for Human Resources.

-Hearing clinics—there are eight major speech and hearing clinics in Virginia, with several satellite clinics at colleges and universities. Most charge, on a sliding scale, for exams and tests, and do not provide hearing aids.

-Organizations for the deaf—there are 10 organizations for the deaf. All but one are located in urban areas.

-Information—in addition to the Virginia Council for the Deaf, there are six newsletters which provide Virginia's deaf citizens with current information.

The Department of Rehabilitative Services is the main resource available to older persons in need of rehabilitative services. As stated previously, however, the elderly in Virginia were not being adequately served when the Department was known as Vocational Rehabilitation. The home health program, offered through the Department of Health, offers several therapeutic services.

RECOMMENDATIONS

8-8 THE VIRGINIA COMMISSION FOR THE VISUALLY HANDICAPPED PILOT PROGRAM, NOW AN ONGOING SERVICE IN PLANNING AND SERVICE AREA 15, SHOULD BE APPROPRIATELY EXPANDED TO OTHER PARTS OF THE STATE.

Evaluation of the Richmond area pilot program showed that it has been very effective in locating the area's elderly blind and has delayed or avoided institutionalization for many of its clients. Learning from the experience of this program, the Virginia Commission for the Visually Handicapped should take the positive components from the Richmond pilot and use these to design expansion to other areas in Virginia.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	The Virginia Commission for the Visually Handicapped do final evaluation of pilot.	January 1, 1979	Virginia Commission for the Visually Handicapped
2)	Determine in which areas to expand programs.	April 1, 1979	Virginia Commission for the Visually Handicapped and Office on Aging
3.	Develop plans for expansion.	June 1, 1979	Virginia Commission for the Visually Handicapped and Office on Aging
4)	Begin expansion programs.	July 1, 1980	Virginia Commission for the Visually Handicapped and Office on Aging

5)	Evaluate and revise programs accordingly.	ongoing	Virginia Commission for the Visually Handicapped and Office on Aging

Estimated Costs. Estimated costs for this expansion would be approximately $250,000 for the biennium.

8-9 TTY'S SHOULD BE AVAILABLE IN ALL APPROPRIATE STATE AGENCIES, INCLUDING THE STATEWIDE INFORMATION AND REFERRAL CENTERS.

Presently, there are only about 10 State agencies which have TTY's. According to Section 504 of the Rehabilitation Act, any agency receiving Department of Health, Education, and Welfare funds is now able to purchase a TTY as a service provided to deaf clients. By the end of 1982, the Office on Aging would like to see at least those agencies in the Human Resources secretariat, as well as proposed Information and Referral Centers, have TTY's, or easy access to them.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Order and receive TTY's.	June 30, 1982	All Human Resources Agencies

Estimated Costs. This would mean an approximate cost of $600 (cost of TTY for each agency. Total costs to the State would be $21,600 for 36 TTY's at $600 each.

8-10 THE DEPARTMENT OF REHABILITATIVE SERVICES SHOULD REDEFINE ITS PLANS, POLICIES, AND PROCEDURES TO INCLUDE THE ELDERLY IN ITS PROGRAMS.

Because the elderly have been underserved in the Department for so long, plans should be made to correct this situation immediately. The Department of Rehabilitative Services has already presented some draft recommendations to make this change.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Complete plan for inclusion of elderly in Rehabilitative Services programs, including budget.	June 30, 1979	Department of Rehabilitative Services
2)	Implement plan.	July 1, 1980	Department of Rehabilitative Services
3)	Revise and change plan according to success of initial plan.	ongoing	Department of Rehabilitative Services

Estimated Costs. Additional costs cannot be estimated for this recommendation until planning is conducted.

LAW

This section deals with two topic areas: crime and the elderly and legal services.

Characteristics. Emphasis on elderly crime victims has been of increasing concern in recent years. When statistics on the incidence of crimes against the elderly is compared with that of younger age groups, however, it is found to be much lower—31.6 crimes/1,000 for persons 65 and over in 1973 versus 156.6 crimes/1,000 for persons 12-64. Of all the crimes committed against the elderly, 70% were larceny offenses with assault being the second most frequent. [11] Elderly households are also victimized less than younger ones.

[11] Virginia's Direction in Aging . . . A Timely Matter, p. 152.

It appears that the major problem with the elderly is their fear of crime and not the actual crime itself. This fear prevents many elderly persons from doing some normal everyday activities, like taking a walk. Many are afraid they might be attacked or robbed while they are out so they stay at home. It is a self-imposed type of isolation.

There are particular crimes that the elderly seem more prone to, however, and these include such things as consumer fraud, swindling, misleading ads, and flim flams. Presently, there are no studies or statistics on the incidence of these types of crimes against older people.

Legal services of particular concern to the elderly seem to focus in certain general areas: - income maintenance, health and medical services, housing, community services, and legal protection.[12] However, the elderly need access to all legal services, just like persons of all ages.

Resources. There are few special crime prevention programs for older persons in Virginia other than when senior groups invite a policeman or other guest lecturer to come and speak at a meeting or something concerning crime prevention. This may be partly due to lack of data. The U. S. Department of Justice, Law Enforcement Assistance Administration (LEAA) collects crime statistics by age, but has nothing for States or localities. Also, there exists a Memorandum of Understanding between the Law Enforcement Assistance Administration and the Administration on Aging, but little direction has been passed along to states or to Area Agencies on Aging concerning the objectives of this memo.

Two pilot programs on crime prevention programs for the elderly were initiated by the Department of Justice and Crime Prevention and the Virginia Office on Aging in 1978, but it is too early to determine their results at this time.

There are 17 legal aid programs for low-income persons in Virginia now, and it has been estimated that they serve geographic areas housing 65% of the State's total elderly populations.[13]

In 1975, 90% of legal aid programs responding to an Office on Aging survey said that older clients were under-represented in their caseloads: 8.7% being the average of persons 60 and over being served. There were no special staff for elderly clients.

The situation is changing, however. In Fiscal Year 1979, Title XX funds will support 11 paralegals and one attorney to work in 11 Area Agencies on Aging or legal aid offices specifically to serve low-income elderly. The Legal Services Corporation of Virginia, sponsored by the Virginia State Bar and funded by the Office on Aging, has a full-time elderly specialist who assists in program development and training related to legal services for older persons.

Adult protective services is another area of particular concern for Virginia's elderly. The current protective services law does not mandate this service, but it does define protective services, makes provisions for voluntary and involuntary protective services, outlines reporting procedures, describes emergency situations, and designates local welfare department directors as the ones to receive reports and initiate further action.

For the quarter ending March 31, 1978, 440 potential service complaints were found to have substance—most concerning people 60 or over, but most involving cases of alleged neglect.

RECOMMENDATIONS

8-11 THE TWO PILOT CRIME PREVENTION PROGRAMS SHOULD BE EVALUATED AND, IF FOUND SUCCESSFUL, SHOULD BE ATTEMPTED IN OTHER PARTS OF THE STATE.

If the programs in Richmond and Arlington are successful, then similar programs should definitely be initiated in other areas of the State. The experience of the pilots can be used to improve any new programs which might be established. Law enforcement agencies, Area Agencies on Aging, and the elderly themselves should all be involved in the evaluations and future plans of these programs.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Evaluate two pilots.	June 30, 1979	Office on Aging
2)	Decide if and where to expand.	July 31, 1979	Office on Aging and Area Agencies on Aging

[12] Virginia's Direction in Aging . . . A Timely Matter, p. 157.

[13] Ibid., p. 158.

3)	Develop programs for expansion.	December 1, 1979	Office on Aging and Area Agencies on Aging
4)	Implement.	July 1, 1980	Office on Aging
5)	Evaluate and revise accordingly.	ongoing	Office on Aging and Area Agencies on Aging

Estimated Costs. Anticipated costs for this recommendation are approximately $25,000 per project. The number of projects chosen for expansion will determine the costs for the biennium.

8-12 EVERY AREA AGENCY ON AGING SHOULD HAVE A PROGRAM FOR THE PROVISION OF LEGAL SERVICES IN THEIR AREA PLANS.

Some Area Agencies on Aging already provide for legal services in their areas. But, for those that do not, Area Agencies on Aging and the local legal services providers should determine the most critical legal service needs of the elderly, which can realistically be addressed, then proceed with appropriate program development. Regardless of which strategies are chosen, and which services are chosen as top priority, each Planning and Service Area should have made legal services available by the end of the biennium.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Assess local needs and determine priority legal services to be provided	January 1, 1980	Area Agencies on Aging and legal service providers
2)	Develop plan to meet these needs.	March 1, 1980	Area Agencies on Aging and legal service providers
3)	Implement.	July 1, 1980 and ongoing	legal service providers

Estimated Costs. Costs will vary by locality. Current annual expenditures in this area are approximately $180,000 with an average cost of $16,000 per participating Planning and Service Area. At $20,000 per Planning and Service Area, and an additional 10 Planning and Services Areas to be involved, some $400,000 per year would be required. Proposed changes in the Older Americans Act would provide most of the required funds.

8-13 THE CURRENT PROTECTIVE SERVICES LEGISLATION SHOULD BE AMENDED TO MAKE THE SERVICE MANDATED THROUGHOUT THE STATE.

Virginia has a comprehensive protective services statute. It provides for local option for participation and all but a very few localities currently participate. Current study by the Department of Welfare pursuant to HJR # 106 will determine the costs of implementing the program on a mandatory basis. Because we believe that all older persons should be protected by law, from abuse, neglect, or exploitation, we recommend that the service be mandated.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Cost study presented to General Assembly.	January 1, 1979	Department of Welfare
2)	Assuming positive action by the General Assembly, implement mandatory legislation.	July 1, 1980	Department of Welfare

Estimated Costs. The Department of Welfare study pursuant to HJR # 106, is being conducted to determine costs for implementing this recommendation.

CHAPTER 9. ORGANIZATION OF AGING PROGRAMS

GOAL: TO ADMINISTER, PLAN, AND COORDINATE AGING PROGRAMS IN VIRGINIA IN SUCH A MANNER AS TO INSURE EFFICIENT, EFFECTIVE SERVICES, WHICH BEST REFLECTS THE INTEREST OF OLDER PERSONS

PLANNING, COORDINATION, AND ADVOCACY—STATE LEVEL

Characteristics and Resources. Thirty State agencies in six secretariats, are involved in some way in planning, coordinating, delivering, or advocating services to older Virginians. (See Table 9-1) Organizational location and the sheer number of agencies present an obvious challenge when trying to develop comprehensive plans for aging services and strategies to meet major problems of the elderly. The situation is mitigated somewhat by the fact that most agencies are concerned with specific services and the planning for them (e.g., transportation, manpower, corrections) and that the majority of funds expended on aging services are in the budgets of agencies under the Secretary of Human Resources (see Chapter 2 for a discussion of the Aging Budget).

There are four organizational points which permit opportunities for joint planning, budgeting, and reviews. The A-95 Clearinghouse, located within the Division of Intergovernmental Affairs, provides agencies with the opportunity to comment on proposals of other agencies, State and local. Typically, major plans such as state health or substance abuse plans are circulated among agencies for comment prior to, or coincidental to A-95 reviews. The Department of Planning and Budget provides each agency with budget targets for upcoming bienniums and conducts reviews of agency budgets for the Governor. Its reviews can identify areas of potential overlap. With the implementation of program budgeting, the Department has the new capacity to identify program expenditures which may appear in several agencies.

The third coordination point is the Office of the Secretary of Human Resources. The Secretary coordinates the activities of the agencies most critical to the provision of human services to the elderly including the Departments of Health, Mental Health and Mental Retardation, Welfare, Rehabilitation, and the Office on Aging. Her Office has the capacity to initiate joint planning among agencies as well as to convene special interagency task forces to deal with specific issues such as facility licensing, homemaker services, or case management.

The Office on Aging is the fourth coordination point. Its legislative mandate has recently been revised so that it will "receive, from the Department of Planning and Budget, copies of the proposed programs and budgets of State agencies delivering services to the aging and...make recommendations to the General Assembly, the appropriate agencies and Secretaries of the Governor, and to the Governor concerning those items which affect the aging." This new mandate provides the Commonwealth with an opportunity to have potential programs and expenditures reviewed specifically for the purpose of determining their impact on older Virginians.

The Office on Aging is also the only agency charged with comprehensive planning for the aged as a target group. The State enabling legislation and the Older Americans Act, which the Office administers in Virginia, identify a number of study and recommendation areas which the Office must address. This plan, in fact, is a response to a 1977 mandate from the General Assembly to report to it and the Governor "a proposed State plan for the services provided by State agencies." The planning strategy employed by the Office since its creation has been, a process of identifying needs and documenting those needs, reviewing available resources in functional areas such as health or housing, identifying alternative programs and recommending those which appear to be most feasible and productive. A long-range plan (Virginia's Direction in Aging. . . A Timely Matter) was prepared to cover the 1976-1984 period and to recommend actions in a variety of areas. This two-year plan, like the long-range plan, represents a similar effort by the Office to review the status of the elderly and aging programs and to propose changes to appropriate decision makers. The recommendation on planning below (Recommendation 9-1) is an attempt to augment this approach with more intensive interagency planning.

The area of advocacy deserves attention because of its special importance to the elderly and its impact on aging programs. While the Office on Aging is not charged with advocacy per se in the State law or the Older Americans Act, it has become generally recognized as an advocate for the elderly within the executive branch. The Office has been called upon, frequently, to present viewpoints on bills, regulations, and proposed programs "from the perspective of the aging" and Federal monitoring of agency activities includes a review of Office on Aging advocacy activities such a resource pooling, input into the plans of other agencies, and advocacy on behalf of individual citizens. This last activity, advocacy to assist individual older persons, needs clarification (particularly as it concerns residents of institutions) and is addressed in the recommendations which follow.

In summary, the general problems which the current organizational structure of aging programs pose, and which the recommendations in this chapter address are:

(1) Difficulty in coordinating certain services which are operated by more than one agency, with different funding, eligibility requirements, planning cycles, and delivery agencies.

(2) Absence of mechanisms to promote interagency planning and issue resolution.

Table 9-1

Services Provided Through State Agencies
Virginia, 1978

Agency	INDIRECT SERVICES	Budget Review	Planning - Multiple Services for all Elderly	Planning - Specific Services for all Elderly	Planning - Specific Services for Selected Elderly	Program Review	Research
A-95 Clearinghouse						x	
Colleges and Universities				x			x
Commission of Game and Inland Fisheries				x			
Commission for the Visually Handicapped					x		x
Council for the Deaf					x		
Council of Higher Education				x			x
Department of Community Colleges				x			
Department of Corrections					x		
Department of Education				x			
Department of Health				x	x		x
Department of Highways and Transportation				x			
Department of Mental Health and Mental Retardation				x	x		x
Department of Personnel and Training							
Department of Rehabilitation					x		
Department of Welfare				x	x		
Division of Justice and Crime Prevention				x			
Division of Planning and Budget		x				x	
Employment Commission (VEC)				x	x		
Governor's Council on Transportation				x			
Governor's Manpower Services Council					x		
Highway Safety Division				x		x	
Office on Aging		X	x	x	x	x	x
Office of Consumer Affairs				x			
Office of Housing				x			x
Office of Human Resources					x		
Commission of Outdoor Recreation				x			x
Office of Volunteerism				x			
Secretary of Human Resources		x				x	
Virginia Housing Development Authority					x		
Virginia Supplemental Retirement System					x		

Agency	DIRECT SERVICES	Adult Education and College Courses	Auxiliary Income Payment	Chore	Community Clinics	Companion	Congregate Meals	Counselling	Day Care	Day Hospitalization	Dental Clinics	Education for Professionals	Emergency Services	Employment Services	Home-delivered meals	Home Health	Homemaker
A-95 Clearinghouse												x					
Colleges and Universities		x															
Commission of Game and Inland Fisheries																	
Commission for the Visually Handicapped			x	x		x		x									x
Council for the Deaf																	
Council of Higher Education		x										x					
Department of Community Colleges												x					
Department of Corrections																	
Department of Education		x										x					
Department of Health					x			x								x	
Department of Highways and Transportation																	
Department of Mental Health and Mental Retardation					x			x		x		x	x				
Department of Personnel and Training												x					
Department of Rehabilitation								x						x			
Department of Welfare			x	x		x	x	x	x				x		x	x	x
Division of Justice and Crime Prevention																	
Division of Planning and Budget																	
Employment Commission (VEC)														x			
Governor's Council on Transportation																	
Governor's Manpower Services Council													x				
Highway Safety Division																	
Office on Aging		x					x	x	x		x	x	x	x	x	x	x
Office of Consumer Affairs																	
Office of Housing																	
Office of Human Resources																	
Commission of Outdoor Recreation																	
Office of Volunteerism																	
Secretary of Human Resources																	
Virginia Housing Development Authority																	
Virginia Supplemental Retirement System																	

Agency	Home Management	Housing Improvement/Repair	Information & Referral	Interpreter Services	Legal Services	Licensure - Fishing & Hunting	Licensure - Homes for Adults	Licensure - Mental Health Hospitals	Licensure - Nursing Homes	Mass Transit	Medicaid	Mental Health Hospitals	Mental Health Treatment	Nutrition Services	Protective Services
A-95 Clearinghouse															
Colleges and Universities															
Commission of Game and Inland Fisheries						x									
Commission for the Visually Handicapped	x		x												x
Council for the Deaf			x	x											
Council of Higher Education															
Department of Community Colleges															
Department of Corrections															
Department of Education															
Department of Health			x					x	x		x			x	
Department of Highways and Transportation										x					
Department of Mental Health and Mental Retardation			x					x				x	x		
Department of Personnel and Training															
Department of Rehabilitation				x											
Department of Welfare	x		x	x	x		x				x			x	x
Division of Justice and Crime Prevention															
Division of Planning and Budget															
Employment Commission (VEC)															
Governor's Council on Transportation															
Governor's Manpower Services Council															
Highway Safety Division															
Office on Aging		x	x		x									x	
Office of Consumer Affairs															
Office of Housing															
Office of Human Resources		x													
Commission of Outdoor Recreation															
Office of Volunteerism			x												
Secretary of Human Resources															
Virginia Housing Development Authority															
Virginia Supplemental Retirement System															

Agency	Public Health Services	Recreation/socialization	Retirement Benefits	Sheltered Workshops	Shopping Assistance	Special Services to Disabled	Special Services to Visually Handicapped	Telephone Reassurance	Training to Maximize Independence	Transportation	Volunteer Services
A-95 Clearinghouse											
Colleges and Universities											
Commission of Game and Inland Fisheries											
Commission for the Visually Handicapped				x	x	x	x		x	x	
Council for the Deaf											
Council of Higher Education											
Department of Community Colleges											
Department of Corrections											
Department of Education											
Department of Health	x								x	x	
Department of Highways and Transportation										x	
Department of Mental Health and Mental Retardation				x					x		
Department of Personnel and Training											
Department of Rehabilitation				x		x			x		
Department of Welfare		x		x		x			x	x	
Division of Justice and Crime Prevention											
Division of Planning and Budget											
Employment Commission (VEC)											
Governor's Council on Transportation											
Governor's Manpower Services Council											
Highway Safety Division											
Office on Aging		x		x	x			x		x	x
Office of Consumer Affairs											
Office of Housing											
Office of Human Resources											
Commission of Outdoor Recreation		X									
Office of Volunteerism											x
Secretary of Human Resources											
Virginia Housing Development Authority											
Virginia Supplemental Retirement System			x								

(3) Lack of a reporting system to monitor and report on State progress toward goals and objective outlined in comprehensive aging plans.

(4) Unclear placement of responsibility for citizen advocacy functions.

RECOMMENDATIONS

9-1 THE INFORMATION AND REFERRAL SYSTEM TO BE ADMINISTERED BY THE DEPARTMENT OF WELFARE SHOULD REGULARLY PROVIDE A RESOURCE INVENTORY ON SELECTED AGING PROGRAMS INCLUDING SERVICE IDENTIFICATION, GEOGRAPHIC SERVICE AREA, FUNDING SOURCE, ELIGIBILITY REQUIREMENTS, AND PLANNING/OPERATING AGENCIES.

A major problem in planning programs for older persons and in recognizing potential situations of overlapping service, is the absence of current service resource data. There are literally thousands of service agencies throughout the State and surveying them is impossible for economic and time-related reasons. The Information and Referral System currently proposed by the Human Services Information and Referral Council to the Department of Welfare would create computerized resource data bases in five substate regions. The data in each region would be collected in a form compatible with other regions so that aggregate data could easily be prepared. The Office on Aging, together with Area Agencies on Aging can prepare resource listings it can use regularly in planning as well as in providing services to individual citizens.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Prepare regular resource listings to be prepared by Information & Referral Service.	July 1, 1980	Office on Aging Area Agencies on Aging
2)	Write program to prepare listings.	July 31, 1980	Department of Welfare and/or Regional Information & Referral Offices
3)	Print resource listings.	January 31, 1981	Department of Welfare and/or Regional Information & Referral Offices

Estimated Costs. Assuming that the Virginia Office on Aging requested twenty (20) reports per year and each Area Agency on Aging requested ten (10), at $10.00 per listing, the annual cost would be $2,500. Costs would be borne by Title III of the Older Americans Act at a 75% rate or $1,875 per year with the balance ($625.00) coming from State and local monies.

9-2 THE OFFICE ON AGING SHOULD ORGANIZE AND STAFF INTERAGENCY WORK GROUPS TO ADDRESS AGING ISSUES OF HIGHEST PRIORITY.

There are numerous interagency committees, task forces, advisory groups, and work groups now in operation, to address issues of several types. Many of these deal with specific funding sources, however, and their perspective is limited to the particulars of allocating and administering these individual funding sources.

There is a need for joint planning dealing with major issues like deinstitutionalization and community response to it, eligibility determination where more than one agency is involved, the need for in-home services, and the coordination of transportation programs.

While joint planning is difficult and time consuming, several such efforts—notably the Human Services Information and Referral Council and the Resource Allocation Panels established by former Secretary of Human Resources Otis Brown—have shown great promise. One important factor for success seems to be adequate staff support. In implementing this recommendation, the Office on Aging would shift some of its planning resources (and hence its planning approach) to staffing interagency planning. While this would mean that the planning-related research now conducted by the Office would be reduced, this would be justified since the new Center on Aging will be able to conduct some of this research and a great deal of background data already has been collected and organized into publishable, usable form.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Identification of major issues to be addressed by interagency task forces.	January 1, 1980	Office on Aging
2)	Approval of major issues by Secretary of Human Resources.	March 1, 1980	Secretary of Human Resources
3)	Preparation of background materials for task forces.	June 30, 1980	Office on Aging
4)	Initiation of joint planning.	July 1, 1980	Office on Aging

Estimated Costs. Costs associated with this recommendation are staff costs of the Office on Aging and participating agencies. The Office on Aging staff time, estimated as three man-years during the biennium, may be estimated at $60,000 (75% Federal, 25% State). These are not "additional" planning monies, but rather represent a reallocation of current planning efforts to this new activity.

9-3 THE OFFICE ON AGING SHOULD REGULARLY REPORT ON THE PROGRESS OF THE COMMONWEALTH IN MEETING GOALS IDENTIFIED IN ITS SIX-YEAR AND TWO-YEAR PLANS AND ON THE RESULTS OF ITS ANALYSIS OF AGENCY BUDGETS.

Although the Office on Aging does not prepare an Annual Report on its activities, or on activities of other agencies which serve the elderly, it does prepare a biennial analysis of the budget as it affects the elderly and a summary of relevant legislation passed by each session of the legislature. However, with its new budget and program receipt authority and with long- and short-range plans prepared, the Office is in a position to measure the Commonwealth's progress toward specific objectives. The results of such measurement should be documented for the public and should be used in subsequent planning.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Review progress toward meeting objectives of six-year plan.	January 1, 1980 and January 1, 1982	Office on Aging
2)	Report on progress and update plan.	June 30, 1980 and June 30, 1982	Office on Aging
3)	Review programs and budgets of State agencies.	June 30,1979 and June 30, 1981	Office on Aging
4)	Report on review of programs and budgets of State agencies.	June 30, 1980 and June 30, 1982	Office on Aging

Estimated Costs. An estimated one-half man-year will be spent by the Office on Aging in implementing the Action Steps above. An estimated cost, therefore, is $10,000 (75% Federal and 25% State). Additional staff funds will not be required, however, since the steps should become a part of the planning work program. Publication expenses are estimated as an additional $6,000.

9-4 THE OFFICE ON AGING SHOULD ESTABLISH A CITIZEN ASSISTANCE SECTION WHICH WILL ACT AS AN ADVOCATE FOR OLDER PERSONS WITH PROBLEMS, QUESTIONS, OR COMPLAINTS CONCERNING SERVICES AND BENEFITS OF POTENTIAL BENEFIT TO THEM FROM THE PUBLIC SECTOR.

Older people, or friends and relatives concerned about older people, often have questions about program and services. Many have questions about the level or quality of service to which they feel they are entitled. Some have complaints about services or service providers. At the local level, a growing number of workers are being trained as "general aging service workers " who can assist individuals with preparing applications for services or

benefits and with administrative matters. At the State level, however, and particularly in the long-term care area, there is no single agency with a clear mandate to assist individuals with specific problems, conerns, or complaints. The Office Aging, through its Nursing Home Ombudsman Program, its pending "Advocacy Assistance Program," and through national advertising about the presence of state offices on aging, has received a growing number of citizen inquiries, complaints, and questions on a variety of matters. Designation of a special citizen assistance unit would enable the Office to offer better responses to such citizen communication and would provide citizens with a recognized State agency for the lodging of complaints and for requesting information. A section of three persons, one of whom will work exclusively with residents of nursing homes and other institutions (or their friends and relatives), is recommended.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Establish agreements with Secretary of Human Resources and other State agencies for cooperative relationships.	July 1, 1980	Office on Aging
2)	Identify procedures for handling citizen assistance requests.	August 1, 1980	Office on Aging
3)	Prioritize assistance requests, hire and train staff.	August 1, 1980	Office on Aging
4)	Initiate full service.	Oct. 1, 1980	Office on Aging

Estimated Costs. Costs for two professionals and one clerical staff are estimated at $50,000 per year. Federal funding in this area have been increasing in recent years and have been at 100% of total costs in the long-term care area. Pending revisions in the Older Americans Act indicate continued and increased Federal support.

PLANNING, COORDINATION, AND ADVOCACY—LOCAL LEVEL

Characteristics and Resources. The configuration of local agencies serving the elderly in a given area has been changing in recent years. There are a large and growing number of agencies (well over 100 in some urban areas) in communities which provide aging services as a part of their service offerings. These agencies deal with such services including mental health, education, recreation, physical health, protective services, and dozens of others. In addition, there are numerous planning agencies which have added the elderly to the list of target groups to which they address their plans. Examples are Health Systems Agencies, planning district commissions, manpower planning agencies working under the Comprehensive Employment and Training Act, and United Way planning agencies.

Local governments have also become more involved with aging programs. Some have appointed Advisory Commissions on Aging. Others have special senior citizen units within individual departments such as departments of parks and recreation. Three local governments, Alexandria, Arlington, and Fairfax, have been designated Area Agencies on Aging. Other cities and counties participate through line agencies and/or by financial participation in the aging programs of non-government local agencies.

However, the biggest change in the pattern of local service and planning has been the firm establishment of the Area Agencies on Aging as focal points for aging planning, coordination, advocacy, and, to some extent, direct services. There are now twenty-three Area Agencies on Aging in Virginia (see Figure 2-3). These agencies are designated by the Office on Aging and, by law, have responsibility for administering the Older Americans Act in their respective service areas. Their duties include comprehensive planning of aging services, pooling of resources for aging programs, program monitoring and evaluation, coordination, and advocacy. Each agency is assisted by an Advisory Board composed of a majority of senior citizens.

Some of the Area Agencies on Aging are private non-profit agencies, others have been set up as public agencies under the "joint exercise of powers" provision in State law, and others are public agencies under other provisions. Table 9-2 provides a current listing.

While Area Agencies on Aging are not "in control" of all aging service monies in their localities by any means, they do have responsibilities for joint planning and for recommending appropriate service priorities and delivery mechanisms. The Office on Aging, in turn, has taken the posture that as much decision making as is possible should be afforded the Area Agencies on Aging and other local agencies and that the role of the Office is to facilitate such decision making with information, technical assistance, training, funding, monitoring of planning procedures, and guidance. It is in the spirit of this State role that the following recommendations are presented to the Area Agencies on Aging for consideration in the 1980-1982 biennium.

TABLE 9-2. AREA AGENCIES ON AGING

Mountain Empire Older Citizens
330 Norton Road
P. O. Box 1097
Wise, VA 24293
(703) 328-2302

PSA 2

Appalachian Agency for Senior Citizens
Box S.V.C.C.
Richlands, VA 24641
(703) 964-4915

PSA 3

Senior Citizens Services Division
110 Strother Street
Marion, VA 24354
(703) 783-8158

New River Valley Agency on Aging
143 Third Street, N.W.
Pulaski, VA 24301
(703) 980-8888

PSA 5

League of Older Americans, Inc.
401 W. Campbell Avenue
Roanoke, VA 24016
(703) 345-0451

PSA 6

Valley Program for Aging Services, Inc.
P. O. Box 817
Waynesboro, VA 22980
(703) 942-7141

PSA 7

Shenandoah Area Agency on Aging, Inc.
Rt. 1, Box 329-A
Winchester, VA 22601
(703) 869-4100

PSA 8A

Alexandria Area Agency on Aging
115 N. Patrick Street
Alexandria, VA 22314
(703) 750-6609

PSA 8B

Arlington Area Agency on Aging
Arlington Court House, Rm. 204
Arlington, VA 22201
(703) 558-2401

PSA 8C

Fairfax County Area Agency on Aging
4100 Chain Bridge Road
Fairfax, VA 22030
(703) 691-3384

PSA 8D

18 North King Street
Leesburg, VA 22075
(703) 777-0257

PSA 8E

Prince William County Parks and Recreation
9300 Peabody Street
Manassas, VA 22110

PSA 8F

City Hall
300 Park Avenue
Falls Church, VA 22046
(703) 241-5100

PSA 9

Area Agency on Aging
401 South Main Street
Culpeper, VA 22701
(703) 825-6494

PSA 10

Jefferson Area Board for Aging
415 8th Street, N.E.
Charlottesville, VA 22901
(804) 977-3444

PSA 11

Central Virginia Commission on Aging
Forest Hill Center
Linkhorne Drive
Lynchburg, VA 24503
(804) 384-0372

PSA 12

Piedmont Seniors of Virginia, Inc.
29 Broad Street
Martinsville, VA 24112
(703) 632-6442

PSA 13

Southside Office on Aging, Inc.
P. O. Box 726
Lawrenceville, VA 23868
(804)848-4433

PSA 14

Piedmont Senior Resources, Inc.
P. O. Box 398
Burkeville, VA 23922
(804) 767-5588

PSA 15

Capital Area Agency on Aging
6 North 6th Street
Richmond, VA 23219
(804) 648-8381

PSA 16

Rappahannock Area Agency on Aging, Inc.
601 Caroline Street, 3rd Floor
Fredericksburg, VA 22401
(703) 371-3375

PSA 17/18

Northern Neck-Middle Peninsula Area Agency on Aging, Inc.
P. O. Box 387
Saluda, VA 23149
(804) 758-2386

PSA 19

Crater District Area Agency on Aging
P.O. Box 1808
Petersburg, VA 23803
(804) 732-7020

PSA 20

Southeastern Virginia Areawide Model Program (SEVAMP)
16 Koger Executive Center, Suite 145
Norfolk, VA 23502
(804) 461-9481

PSA 21

Peninsula Agency on Aging, Inc.
944 Denbigh Boulevard
Newport News, VA 23602
(804) 874-2495

PSA 22

Eastern Shore Community Development Group, Inc.
P. O. Box 316
Accomac, VA 23301
(804) 787-3532

RECOMMENDATIONS

9-5 AREA AGENCIES ON AGING AND THE OFFICE ON AGING SHOULD ASSIST AND FOSTER INNOVATIVE PROGRAMS IN SERVICE DELIVERY AND CASE MANAGEMENT DESIGNED TO IMPROVE SERVICES TO OLDER PEOPLE IN THEIR PLANNING AND SERVICE AREAS.

The service delivery pattern in communities throughout Virginia is essentially the same in that there are, in any given locality, a number of direct service providers each offering a discrete service or set of services to older people. A person seeking service may "enter" the service system through a health department of welfare, nutrition program, Area Agency on Aging intake unit, or any number of other points. Once he is working with a specific agency, his needs will be assessed from that agency's viewpoint. Services will be offered or referrals made based on the assessment of the agency staff's knowledge of other community resources.

The problems with this current system are that assessment is sometimes incomplete, referrals may be incorrectly made or not made because of inadequate information about community services, older people may be shuttled from agency to agency, and follow-up is a hit or miss proposition.

Multipurpose senior centers, assisted financially through the Older Americans Act, provide one possible solution to these proplems by centralizing intake and some services into a single facility. The proposed information and referral system, which includes follow-up, may be a second possible solution.

The 1978 General Assembly passed legislation making it easier for local governments to organize human services. The possibilities inherent in this legislation should be considered in developing service redesign projects. The Office on Aging recommends that Area Agencies on Aging take the lead in their area to see that alternative service delivery and case management approaches be attempted in order to address current problems in the areas of intake, assessment, referral, and follow-up. Further, the Area Agencies on Aging should identify approaches which guarantee older persons a reasonable choice of services appropriate to their current or anticipated needs, including services in the home, community, or in more protective settings.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Develop, with other local agencies, an overview of local service system.	December 31, 1980	Area Agency on Aging
2)	Agree on major system problems.	March 31, 1981	Area Agency on Aging
3)	Identify and review possible innovative responses to problems.	September 30, 1981	Area Agency on Aging
4)	Design programs.	Dec. 31, 1981	Area Agency on Aging
5)	Initiate action on programs.	March 31, 1982	To be determined

Estimated Costs. The planning and technical assistance parts of the proposed action steps should be conducted as part of Area Agencies on Aging and Office on Aging work programs, and therefore, should require no additional staff. If each Area Agency on Aging assigned a staff person to work 1/4 time on this effort for two years, the estimated cost would be $8,000 per Area Agency in staff time. Costs for the innovative programs themselves must be determined, and funds sought, as part of the local planning process.

9-6 EACH AREA AGENCY ON AGING SHOULD DEVELOP A TRAINING AND EDUCATION PROGRAM FOR AGING SERVICE WORKERS IN ITS PLANNING AND SERVICE AREA.

Area Agencies on Aging have been quite active in organizing and supporting local training efforts. Using funds from the Older Americans Act, they have supported numerous gerontology courses offered through community colleges, four-year colleges, and universities. In addition, they have supported workshops, conferences, and the participation of their staff and staff of other agencies in a variety of job-related training activities.

Much of this training has been conducted within guidelines established by the Federal funding agency. Training has also been partly a function of available training "events"—i.e., as workshops or conferences become known, Area Agencies make decisions on whether to participate. Few Area Agencies have been able to review training opportunities and needs for the wide range of aging service workers in advance and in a comprehensive manner. In fact, there has probably been little value in developing such a training plan since discretionary funds to support such training have not been available.

This recommendation is made with two assumptions: (1) discretionary training monies will be available (an assumption based on new flexibility permitted in the use of Older Americans Act training funds and Office on Aging policy of allocating a large portion of these funds to Area Agencies on Aging for their use), and (2) growing interest among aging service agencies in cooperative training efforts for their workers. Two State-level developments should provide Area Agencies on Aging with possible technical assistance in developing their training plans. The Center on Aging at Virginia Commonwealth University has organized an education and training unit in response to its legislative mandate. In addition, the Office on Aging anticipates designating a unit within its Operations Section which will be responsible for training and technical assistance to Area Agencies on Aging.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Develop suggested approaches to local training needs assessment.	March 30, 1980	Center on Aging and Area Agency on Aging
2)	Conduct training needs assessment.	June 30, 1980	Area Agency on Aging
3)	Plan FY '81 training.	September 30, 1980	Area Agency on Aging
4)	Implement FY '81 training.	September 30, 1981	Area Agency on Aging

5)	Plan FY '82 training.	September 30, 1981	Area Agency on Aging
6)	Implement FY '82 training.	September 30, 1982	Area Agency on Aging

Estimated Costs. Major costs of this recommendation during the 1980-1982 biennium will be actual training costs. Support should continue to be available entirely from Federal sources (primarily the training title of the Older Americans Act) although training institutions and other organizations often donate time, space, equipment, and facilities. Federal costs, projected from current levels of training support, should average about $7,000 per Area Agency on Aging for the biennium for a total of $161,000.

9-7 EACH AREA AGENCY ON AGING SHOULD MAINTAIN A CITIZEN ASSISTANCE SERVICE WHICH INCLUDES (1) BENEFITS ASSISTANCE, (2) PUBLIC INFORMATION, AND (3) ASSISTANCE RESOLVING COMPLAINTS.

Most Area Agencies on Aging are making progress in at least one of the three areas emphasized in this recommendation. Many Area Agencies on Aging have identified general aging services workers, outreach staff, or paralegals on their own payroll or on the staffs of other agencies who are responsible for assisting older people with obtaining such benefits as Social Security and Medicaid. Some Area Agencies on Aging have extensive public information programs underway including public lectures, newsletters, public service announcements, and community events. All Area Agencies on Aging receive complaints of various types and at least one agency, the League of Older Americans, has established a full-time "advocate" whose responsibilities include receiving and handling complaints.

The intention of this recommendation is to strengthen Area Agency on Aging activities in these areas. In 1980-1982, every Area Agency on Aging should have identified and trained personnel whose job responsibilities include assisting older persons to receive services and transfer payments to which they are entitled. In addition, each Area Agency on Aging should design and implement a public information program appropriate to their Planning and Service Area which will acquaint the public with aging programs, acquaint the elderly with their rights and responsibilities, and which will increase public awareness about the aging process. Finally, a procedure for receiving and handling citizen concerns and complaints should be in place in each Area Agency on Aging as well as at the State level. This procedure should eventually extend to both institutionalized and non-institutionalized elderly, but should focus initially on residents of nursing homes, homes for adults, mental health facilities, and other institutional facilities. The system to be instituted for receipt and resolution of complaints should be developed through cooperative efforts among the various agencies which are now involved in institutional services.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Identify and train staff to be assigned benefits assistance responsibilities	Dec. 31, 1980 (with regular training thereafter)	Area Agency on Aging
2)	Evaluate benefits assistance program.	Sept. 30, 1981 and Sept. 30, 1982	Area Agency on Aging
3)	Design public information program.	Sept. 30, 1981	Area Agency on Aging
4)	Initiate public information program based on design.	Oct. 1, 1981	Area Agency on Aging
5)	Identify staff (including volunteers as appropriate) for receiving complaints.	Aug. 1, 1980	Area Agency on Aging
6)	Establish complaint handling procedures for various types of complaints including those related to institutionalized elderly.	Sept. 30, 1980	Area Agency on Aging

7)	Initiate complaint handling service in Area Agency.	Dec. 31, 1980	Area Agency on Aging

Estimated Cost. While the services to be offered in response to this recommendation are certainly not "free," it should be possible to change current activities and job responsibilities to allow current resources to provide some of the services. Cost estimates, therefore, do not represent new costs entirely.

Training in benefits assistance should be available outside the Area Agency on Aging budget or using training monies identified in the previous recommendation. Annual training costs for 200 benefits assistance workers throughout the State may be estimated at $12,000. The workers themselves will be paid from a variety of sources since they will carry such titles as nutrition site supervisors, paralegals, senior center staff, or outreach workers. If an additional 50 workers are hired to be full-time benefits assistance workers, the annual cost would be an estimated $400,000. (Assuming Federal support of 75%, the local cost would be $100,000.)

RESEARCH

While the field of gerontology has progressed rapidly in recent years, and the pace of research efforts in such fields as medicine, psychology, and sociology has increased, a need to address certain applied research areas still exists. In its six-year plan, the Office on Aging recommended the establishment of a gerontological research center, the identification of critical research areas by State agencies, and the initiation of research in three priority areas. Progress has been made in all of these areas.

The 1978 General Assembly passed Senate Bill 534 creating the Virginia Center on Aging. The Center, located at Virginia Commonwealth University, was charged with several education and research responsibilities which are as follows:

> "To conduct research in the field of gerontology and to make available the findings of such research to interested public and private agencies.
>
> To collect and maintain data on the characteristics and conditions of persons over the age of 60 on a statewide and regional basis, and to make such data available to the State Office on Aging and to all organizations and State agencies involved in the planning for, and delivery of, services to such persons.
>
> To coordinate the functions and services of the Center with those of the State Office on Aging in such a manner that the knowledge, education, and research programs in the Center shall constitute a readily available resource for the planning and service implementation responsibilities of the State Office on Aging, and to do so in such a manner as to prevent any duplication of effort."

The Center on Aging is now in place, and with the assistance of State and Federal funds, has begun to identify and address education and research priorities. The Center is organized with a core staff and numerous technical advisory committees. The latter are made up of academicians and professionals working in aging services and planning—a mixture purposefully established to keep an applied focus to Center research. During the 1978-1980 biennium, initial research priorities will be identified, state-of-the-arts papers will be developed and discussed, and high priority research activities will be the subject of funding proposals developed by the Center or with Center assistance.

One pressing need for State-level planning is the absence of a state-wide needs assessment conducted through survey. The Office on Aging recommended such an assessment in its six-year plan as a research priority. The Office and the Center prepared a joint proposal to the Department of Welfare to conduct such an assessment using administrative funds from Title XX of the Social Security Act. The Department of Welfare approved the proposal and agreed to participate in the statewide needs assessment—an 18-month survey and analysis program which would be completed in December, 1979. One of the recommendations in this chapter anticipates the completion of that activity. Two other research priorities recommended for early attention are the subject of a second recommendation.

With the establishment of the Virginia Center on Aging, and with growing research activity at colleges and universities throughout the State, the possibilities for learning more about the elderly and about our efforts to provide appropriate services have increased greatly. The continual challenge facing researchers in the 1980-1982 biennium and following years is to ask research questions and provide research findings in such a way as to provide information to planners and decision-makers who need such data to evaluate their own activities and alternatives before them. Conversely, practitioners must be willing to explore research issues and to consider research findings in their decision making.

RECOMMENDATIONS

9-8 RESULTS OF THE STATEWIDE NEEDS ASSESSMENT TO BE CONDUCTED IN 1978-1980 SHOULD BE DOCUMENTED AND PRESENTED TO THE PUBLIC AND TO AGING SERVICE WORKERS AND PLANNERS.

The needs assessment should tell us much more about Virginia's elderly population than we know now. What are current levels of functioning? How many people are at each level? What physical conditions are most problematic? What role do the family and friends play in provision of services? What are the needs of older persons as they perceive them? What do the data tell us about service gaps? These are all questions which aging service professionals need help in answering. It is quite possible that the findings will call into question some of our current program approaches and it is the intention of this recommendation that full consideration and debate be fostered by the research and the sharing of its results.

Other major research activities conducted or fostered by the Center should be similarly shared with potential research users.

ACTION STEPS

Step		Proposed Completion Date	Responsible Agency
1)	Publication and dissemination of results of needs assessment.	July 1, 1980	Center on Aging and Office on Aging
2)	Public forum(s) to announce major findings and discuss implications.	December 31, 1980	Center on Aging
3)	State agencies discussion of implications.	December 31, 1980	Office on Aging
4)	Area agency on aging and local agencies discussion of implications.	June 30, 1981	Area Agencies on Aging

Estimated Costs. Publication and dissemination of results (or summaries of results) will cost an estimated $10,000. Seventy-five per cent (75%) of this expense should be borne by Federal funds (Titles XX, Social Security Act, and III, Older Americans Act) and 25% with State matching funds from the Center on Aging. The costs of public forums and agency discussion sessions should be relatively small. Five thousand dollars ($5,000) should cover travel and preparation of conference materials and presentations. Staff time should be contributed by lead agencies as part of regularly assigned responsibilities.

9-9 TWO TYPES OF RESEARCH SHOULD MERIT HIGHEST PRIORITY DURING THE 1980-1982 PERIOD: (1) A STUDY OF ALTERNATIVES TO INSTITUTIONALIZATION, AND (2) A STUDY OF AGING RELATED MANPOWER TRAINING AND CAREER EDUCATION NEEDS.

The perplexing problem of how to provide home and community services to older persons who do not need the intensive and expensive care offered in nursing homes and other institutions will still be with us in 1980. We are making some progress with new programs such as day care and nutritional programs. Other programs such as home health services should receive more funding for needed expansion. However, there is still the need to estimate the costs to the public of these and other approaches to community services. We also need to know more about attitudes toward institutionalization vis-a-vis community living. The relative role of the public sector and the so-called "informal support system" of friends and family should be explored and attention given to the inter-relationship between these two service systems. These are the types of research areas which the Office on Aging recommends be addressed under the broad category of alternatives to institutionalization.

The second research priority recommended involves the need for appropriately trained personnel to work with the elderly. Chapter 2 outlines the growth in the aging population. Other chapters recommend new or expanded services for the elderly of 1980-1982. What career training or continuing education will be needed by persons working with the elderly in future years? What will be the demand for geriatric nurses, paralegals, planners, housing specialists, homemakers, or geriatric social workers? How can colleges and universities adapt current programs to meet future needs in gerontology? These are the types of research questions anticipated by the recommendation.

ACTION STEPS

		Proposed Completion Date	Responsible Agency
1)	Design initial research proposal in alternatives to institutionalization.	December 31, 1979	Center on Aging

2)	Seek funding support for research in alternatives to institutionalization.	June 30, 1980	Center on Aging
3)	Initiate research in alternatives to institutionalization.	July 1, 1980	Center on Aging
4)	Design manpower needs research.	Dec. 31, 1980	Center on Aging
5)	Conduct and document research on manpower needs.	June 30, 1982	Center on Aging

Estimated Costs. Costs of research into alternatives to institutionalization must be borne by Federal funding or other non-State sources. Costs cannot be estimated until a research proposal is prepared (during 1978-1980 biennium). The manpower needs research will presumably involve population forecasting, a survey of current manpower and training levels, and a survey of educational programs. Part of the costs for such activities may be appropriately contributed by the Center on Aging core budget (an estimated $20,000) and additional funds for surveying, data processing, and analysis must be secured from other sources. A rough estimate of additional required research funds is $55,000.

APPENDIX

SUMMARIES OF GOALS AND OBJECTIVES

		COST ESTIMATES FOR THE BIENNIUM
CHAPTER 3. ECONOMIC SECURITY		
GOAL:	**TO ASSURE THAT ALL OLDER VIRGINIANS HAVE THE ECONOMIC RESOURCES NECESSARY TO MEET BASIC NEEDS**	
Recommendation:	As revenues permit, the Commonwealth should supplement SSI payments to bring total annual levels of recipients above the poverty level. As an initial step, the State should provide supplementation to elderly SSI recipients in the amount of $10/month over what the Federal benefit levels will be in 1980-1982.	$11.2 million
Recommendation:	The Office of Consumer Affairs should have full-time staff to develop consumer education and advocacy programs for older Virginians.	$36,000
Recommendation:	The Office on Aging should initiate and develop strategies and plans containing specific employment objectives related to increased employment opportunities for older Virginians with the Virginia Employment Commission Older Worker Specialists, CETA Prime Sponsors, and Title IX sponsors in Virginia.	No additional costs
Recommendation:	Mandatory retirement should be eliminated for State employees.	No additional costs
CHAPTER 4. TRANSPORTATION		
GOAL:	**TO PROVIDE OLDER PERSONS WITH ADEQUATE TRANSPORTATION TO ESSENTIAL SERVICES AND TO IMPROVE THE SAFE MOBILITY OF THE ELDERLY PEDESTRIAN/ DRIVER**	
Recommendation:	A State-local transportation committee should be established, composed of representatives from the Office on Aging, State Departments of Highways and Transportation, Health, Welfare, local transportation planning bodies, and the Area Agencies on Aging, with the purposes being to provide recommendations and technical assistance to local transportation efforts so that a better-coordinated, statewide transportation network for Virginia's elderly can be developed.	No additional costs
Recommendation:	The Office on Aging, in conjunction with other State agencies, (State Corporation Commission-Bureau of Insurance, Virginia Department of Highways and Transportation, State Police, etc.), should study the problem of obtaining insurance for local vehicles, and should make recommendations as to the solution of this problem.	No additional costs
Recommendation:	Area Agencies on Aging should assure that defensive driving training is provided for van drivers and any other drivers who provide program-related transportation to the elderly.	No additional State funds

Recommendation:	The Department of Highways and Transportation should assign a full-time transportation planner to coordinate elderly transportation activities in the State.	$48,000
Recommendation:	A pedestrian safety pilot program should be initiated in at least one area of the State to determine specific needs of the area in changing vehicular and pedestrian traffic management.	No additional State funds

CHAPTER 5. PHYSICAL HEALTH

GOAL:TO PROVIDE ACCESS TO APPROPRIATE HEALTH CARE OF HIGH QUALITY AT A REASONABLE COST FOR ALL ELDERLY VIRGINIANS

Recommendation:	Each Health Systems Agency should designate staff to plan and coordinate health services for the elderly. In addition, each Health Systems Agency should formalize its methods for obtaining advice and input from persons representing the health interests of older persons.	To be done with current budgets
Recommendation:	Each Health Systems Agency should develop a plan which addresses improvements in the delivery of dental services to older persons.	No additional costs
Recommendation:	Each Area Agency on Aging should develop, with local health departments and other health service providers, opportunities for every participant in Older Americans Act funded programs to receive screening in detection clinics for chronic conditions which plague older adults, including appropriate follow-up efforts.	Costs will vary (see text)
Recommendation:	Participation in congregate and home-delivered meals programs funded with Title VII or other public monies should be increased to 12,000 persons per day.	$5-6 million
Recommendation:	Experimental programs should be encouraged within the context of the Title VII program, including provision of meals on a seven days per week and/or two meals per day basis, and a program which coordinates a nutrition program with a gradual "re-entry to the community" program for nursing home or mental health clients.	No additional State funds
Recommendation:	The Department of Health should examine ways to measure and analyze determinants of quality of patient care and play an active role in enhancing quality of care through programs of training and technical assistance to nursing home administrators and personnel working directly with patients.	Costs will vary (see text)
Recommendation:	The Virginia Department of Health should double the home health program and staff during the 1980-1982 biennium to meet the health needs of Virginia's homebound elderly.	No estimate

CHAPTER 6. MENTAL HEALTH

GOAL: TO ENSURE AVAILABILITY OF APPROPRIATE COMMUNITY SERVICES FOR ELDERLY PERSONS WITH MENTAL HEALTH PROBLEMS AND TO IMPROVE THE QUALITY OF CARE FOR THOSE ELDERLY WITH MENTAL HEALTH PROBLEMS FOR WHOM INSTITUTIONAL CARE IS APPROPRIATE

Recommendation:	Appropriate steps should be taken by the Department of Mental Health and Mental Retardation, Chapter 10 Boards, aging service agencies, and community mental health service providers to increase participation of older persons in community clinics to a level commensurate with their needs.	No estimate
Recommendation:	Discharge and release planning and after care should provide for (1) a locus of case management for each discharged and released patient; and (2) adequate training of staff at nursing homes and homes for adults which provide care for discharged patients.	No estimate
Recommendation:	Community mental health consultation and education services should develop primary prevention programs regarding the process of aging within the normal life cycle, as well as training of planners, care-givers, community leaders, and government officials in the mental health needs of the elderly.	$193,000
Recommendation:	The Division of Substance Abuse of the Department of Mental Health and Mental Retardation should implement service innovations ad changes, based on findings in a study of the older Virginian with substance abuse problems.	No estimate

CHAPTER 7. HOUSING

GOAL: TO PROVIDE OLDER VIRGINIANS WITH AN OPPORTUNITY TO SELECT HOUSING ARRANGEMENTS WHICH ARE ADEQUATE TO MEET PERSONAL NEEDS

Recommendation:	Home repair and/or winterization program should be incorporated into area plans on aging in every Planning and Service Area.	No additional State funds
Recommendation:	Training, including disaster preparedness, should be provided for homes for adults operators, to improve quality of care and services in such residences.	$40,000
Recommendation:	The Office on Aging should encourage and facilitate the construction and rehabilitation of housing for low- and moderate-income older Virginians through cooperative efforts with appropriate State and local agencies.	No additional costs
Recommendation:	The Office on Aging should recommend to the United States Bureau of the Census changes in the data published on the housing of older persons to be incorporated in the 1985 Census.	No additional costs

CHAPTER 8. COMMUNITY SERVICES

GOAL: TO PROVIDE OLDER PERSONS WITH SERVICES IN THEIR HOMES OR COMMUNITIES WHICH ALLOW THEM TO LEAD PRODUCTIVE NON-INSTITUTIONALIZED LIVES TO THE MAXIMUM EXTENT POSSIBLE

Recommendation:	The Recreation Services Section of the Commission of Outdoor Recreation should create a permanent staff position for a senior recreation specialist who would provide training and technical assistance to recreation providers and planners for the elderly in the State.	$40,000
Recommendation:	Local volunteer programs should be established and/or maintained in all of Virginia's Planning and Service Areas.	No estimate
Recommendation:	Educational opportunities for adults should be expanded, both in Virginia's institutions of higher education, and in the public school system.	No additional State funds
Recommendation:	A pilot program should be developed in one of Virginia's public school systems whereby aging curricula would be incorporated into regular curricula.	$13,000
Recommendation:	Gerontology offerings for persons not necessarily pursuing a career in gerontology should be increased in Virginia's colleges and universities.	No additional costs
Recommendation:	The Department of Personnel and Training should provide pre-retirement and retirement training for State employees.	$40,000
Recommendation:	The Office on Aging should initiate a public education program in the State to provide Virginians of all ages with a realistic and generally positive picture of aging, and also to inform older persons about rights and services available to them.	$74,200
Recommendation:	The Virginia Commission for the Visually Handicapped pilot program, now an ongoing service in Planning and Service Area 15, should be appropriately expanded to other parts of the State.	$250,000
Recommendation:	TTY's should be available in all appropriate State agencies, including the statewide Information and Referral Centers.	$21,600
Recommendation:	The Department of Rehabilitative Services should redefine its plans, policies, and procedures to include the elderly in its programs.	No estimate
Recommendation:	The two pilot crime prevention programs should be evaluated and, if found successful, should be attempted in other parts of the State.	No estimate
Recommendation:	Every Area Agency on Aging should have a program for the provision of legal services in their area plans.	No estimate
Recommendation:	The current protective services legislation should be amended to make the service mandated throughout the State.	No estimate

CHAPTER 9. ORGANIZATION OF AGING PROGRAMS

GOAL: TO ADMINISTER, PLAN, AND COORDINATE AGING PROGRAMS IN VIRGINIA IN SUCH A MANNER AS TO INSURE EFFICIENT, EFFECTIVE SERVICES, WHICH BEST REFLECTS THE INTEREST OF OLDER PERSONS

Recommendation:	The information and referral system to be administered by the Department of Welfare should regularly provide a resource inventory on selected aging programs, including service identification, geographic service area, funding source, eligibility requirements, and planning/ operation agencies.	$1,250
Recommendation:	The Office on Aging should organize and staff interagency work groups to address aging issues of highest priority.	No additional State funds
Recommendation:	The Office on Aging should regularly report on the progress of the Commonwealth in meeting goals identified in its six-year and two-year plans and on the results of its analysis of agency budgets.	$6,000
Recommendation:	The Office on Aging should establish a citizen assistance section which will act as an advocate for older persons with problems, questions, or complaints concerning services and benefits of potential benefit to them from the public sector.	$100,000 (Federal funds anticipated)
Recommendation:	Area Agencies on Aging and the Office on Aging should assist and foster innovative programs in service delivery and case management designed to improve services to older people in their Planning and Service Areas.	No additional State funds
Recommendation:	Each Area Agency on Aging should develop a training and education program for aging service workers in its Planning and Service Areas.	No additional State funds
Recommendation:	Each Area Agency on Aging should maintain a citizen assistance service which includes (1) benefits assistance, (2) public information, and (3) assistance resolving complaints.	No additional State funds
Recommendation:	Results of the statewide needs assessment to be conducted in 1978-1980 should be documented and presented to the public and to aging service workers and planners.	Negligible No estimate
Recommendation:	Two types of research should merit highest priority during the 1980-1982 period: (1) a study of alternatives to institutionalization, and (2) a study of aging related manpower training and career education needs.	$55,000