

**DEPARTMENT OF MENTAL HEALTH,
MENTAL RETARDATION, AND
SUBSTANCE ABUSE SERVICES**

Report on Addressing the Impact of the Aging Population

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**

**COMMONWEALTH OF VIRGINIA
RICHMOND
2006**



COMMONWEALTH OF VIRGINIA

DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

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MEMORANDUM

TO: The Honorable Timothy M. Kaine, Governor of Virginia
Members of the General Assembly

FROM: James S. Reinhard, M.D.

A handwritten signature in blue ink that reads 'James Reinhard'.

**SUBJECT: REPORT ON ADDRESSING THE IMPACT OF THE AGING OF THE
POPULATION PURSUANT TO HOUSE BILL 110 OF THE
2006 GENERAL ASSEMBLY**

DATE: October 1, 2006

Pursuant to House Bill 110, passed by the Virginia General Assembly in the 2006 Session, the Department of Mental Health, Mental Retardation and Substance Abuse Services submits this report of its progress for addressing the impact of the aging of the population.

cc. The Honorable Marilyn B. Tavenner
Secretary of Health and Human Resources

PREFACE

House Bill 110 (2006) amended Code of Virginia §2.2-5510 to require all agencies to prepare annual reports that address the impact of the aging of the population. The statute requires an analysis of the agency's ability to deliver services and a description of how the agency is responding to these changes.

Guidance provided by Secretary of Health and Human Resources Marilyn B. Tavenner dated August 25, 2006 asked each agency to respond to the following questions.

1. To the extent such data is available, the number of persons who received services from the agency in the past fiscal year who fell into each of the following age ranges: 65-74; 75-84; and 85 and older. If the agency can provide data that compares such numbers to numbers of senior citizens served in the past, please do so. If the agency lacks specific information about the numbers of senior citizens it serves, but has other evidence indicating that it is serving more or fewer

2. Identify the agency services that are utilized by senior citizens 65 and older in significant numbers. Indicate whether the agency has the capacity at present to serve all interested seniors or whether the demand for certain services exceeds the agency's capacity. If so, does the agency maintain waiting lists for services?

3. Identify current agency programs, specifically designed to serve seniors 65 and older, that fall into any of the following six categories: Health Care/Wellness; Education; Public Safety; Recreation; Financial Security (including Housing); and Transportation.

4. Identify the extent to which your agency provides "consumer-oriented" publications and websites online that are designed to be "senior-friendly." If the information you currently provide is not readily accessible to seniors, identify any steps your agency is taking to improve accessibility.

5. Describe any other services or programs that the agency has implemented or plans to implement in the future to address the impact of the aging of Virginia's population.

The Department of Mental Health, Mental Retardation and Substance Abuse Services (Department) and the service system have initiated planning strategies and activities to address the accelerated growth of the older adult population in Virginia and their needs for a more accessible, integrated, and comprehensive mental health, mental retardation, and substance abuse treatment and support responses. As an important component of the planning process, the Department offers this annual report, which addresses the HB 110 reporting requirements.

TABLE OF CONTENTS

Letter from the Commissioner

Preface

Table of Contents

Executive Summary	i
1. Background	1
2. Number of Older Adults Served by State Facilities and Community Services Boards	2
3. Agency PASRR Program and State Facility and CSB Services Used by Older Adults	3
4. Geriatric Specialty Programs	6
5. Consumer-Oriented and Senior-Friendly Publications and Websites	7
6. Programs or Initiatives the Department Has or Proposes to Implement to Address the Impact of Virginia’s Aging Population	8
Reference Documents	11
Appendix: HB 110 (2006).....	12

EXECUTIVE SUMMARY

The Department of Mental Health, Mental Retardation and Substance Abuse Services operates 425 state hospital beds in geriatric treatment centers or units to treat older individuals who are in crisis, who present with acute or complex conditions, or both, and who require the highly intense and structured environments of care only available in the inpatient setting. Specialized inpatient geriatric mental health treatment centers or units are available at Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Catawba Hospital (CH) near Salem, and Piedmont Geriatric Hospital (PGH) in Burkeville. Inpatient mental health services include a variety of intensive treatment and supports, including, among others, inpatient psychiatric and medical assessment; psychology, medical, nursing, dental and other ancillary services, physical and occupational therapy; medication management, and discharge planning.

Each of the five training centers offers treatment programming for older individuals. State mental retardation training centers provide medical and psychiatric assessment, healthcare, medical stabilization, habilitation, and development of skills needed for successful community living. Training centers also provide short-term respite care and emergency care.

Community services boards (CSBs) also provide a range of services to the older adult population, including, in part, emergency services, outpatient services, such as therapy, counseling and medication management; rehabilitation services, a range of residential service options, and day support services.

State hospitals, training centers and CSBs are serving significant numbers of older adults. Collectively, the state hospital geriatric treatment centers have served, on average, 685 older adults annually from FY 2001-FY 2005 with a combined utilization rate of 92.6% for the month of June 2006. State training centers also served significant numbers of older adults during this same period, serving on average 135 residents annually. CSBs, during this same period, served over 1,300 older adults annually.

The Department and its service providers have implemented or have proposed to implement the following programs and initiatives to address the impact of the aging population in Virginia.

- Construction of a new, state-of-the-art Hancock Geriatric Treatment Center at Eastern State Hospital is underway.
- In the Tidewater Region, CSBs are using a portion of the Services System Transformation Initiative funds allocated to the region to expand their capacity to serve older adults in their communities.
- CSBs in the Tidewater and Northern Virginia regions have proposed model pilot projects designed to divert and discharge older adults from the Hancock Geriatric Treatment Center at ESH and to provide a continuum of mental health services and supports that would enable older adults with serious mental illnesses to age in place.

- A number of CSBs have developed, implemented or plan to implement highly innovative services and programming for older individuals.
- The state geriatric hospitals and units providing specialized geriatric services are using best practices and clinical practice guidelines and are applying evidence-based approaches in their care of older adults. They are providing geriatric education and outreach and consultation services to local healthcare facilities, including nursing homes and assisted living facilities.
- The State Mental Health, Mental Retardation and Substance Abuse Services Board is updating its policy on older adults to promote the thorough assessment of need, aging in place as opposed to institutional placements where this is appropriate, and coordination and integration of services in the community. The proposed policy also encourages continued education and training to enable direct care staff to develop competencies in the assessment and treatment of older adults. It is expected that the Board will complete its review of the document and will adopt an updated policy on older adults before the end of 2006.
- The Department recently reconvened its Geriatrics Special Population Workgroup to continue efforts to better prepare for and delivery specialized services for older adults. It plans to implement a career path for direct service associates, including those providing services to older adults, to improve recruitment and retention efforts and promote greater continuity of care. The Department will continue to implement the Pre-Admission Screening and Resident Review (PASRR) program and will promote the identification and dissemination of evidence-based or best practice models of geriatric care.

REPORT

1. Background

Mental illnesses and substance use disorders pose a serious and increasing risk to the health and well-being of many older adults, resulting in increased disability and impairment, compromised quality of life, reduced independence and community-based functioning, increased caregiver stress, increased mortality and increased risk of suicide. According to *Mental Health: A Report of the Surgeon General* (1999) almost 20 percent of the individuals who are 65 and older, an estimated 173,987 Virginians (2005 Population Estimate by Selected Age Groups, Weldon Cooper Center for Public Service) experience specific mental conditions that are not part of the “normal” aging process. Best estimate one-year prevalence rates for specific mental disorders for persons in Virginia who are 65 and older, based upon epidemiological catchment area information described in the *Surgeon General’s Report* follow.

Estimated One Year Prevalence Rates in Virginia Mental Disorders Among Older Adults That Are Not Associated with Aging

Disorder	Percent	Number	Disorder	Percent	Number
Any Anxiety Disorder	11.4	19,835	Somatization	0.3	522
Any Mood Disorder	4.4	7,655	Severe Cognitive Impairment	6.6	11,483
Schizophrenia	0.6	1,044	Any Disorder Age 65 and Over	19.8	34,449

Mental Health: A Report of the Surgeon General, Chapter 5 Older Adults and Mental Health (page336), Source of prevalence estimates: D. Regier and W. Narrow, personal communication, 1999.

In Virginia, an estimated 9,000 citizens with lifelong developmental disabilities have survived beyond age 60. (Janicki, 2000) Advances in assistive technology and improvements in institutional care and residential placements have increased average life expectancy for those with mental retardation to 66 years. (Fisher, 2005) While not all of these older individuals will seek services from the public sector, many of them may do so.

Services System Overview

Title 37.2 of the Code of Virginia establishes the Department as the state authority for mental health, mental retardation, and substance abuse services. The mission of the Department’s central office is to provide leadership and service to improve Virginia’s system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse). The central office seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals.

Virginia’s public services system is comprised of 16 state facilities operated by the Department and 39 community services boards and one behavioral health authority (hereafter referred to as CSBs). The 16 state facilities include nine state hospitals, five

training centers, one medical center, and a behavioral rehabilitation center for individuals committed to the Department as sexual violent predators. State facilities provide highly structured intensive inpatient treatment and habilitation services. Four state hospitals provide specialized inpatient geriatric mental health treatment centers or units: Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Catawba Hospital (CH) near Salem, and Piedmont Geriatric Hospital (PGH) in Burkeville. Each of the five training centers offers treatment programming for older individuals.

CSBs are established by local governments and are responsible for delivering community-based mental health, mental retardation, and substance abuse services, either directly or through contracts with private providers. They are the single points of entry into publicly funded mental health (MH), mental retardation (MR), and substance abuse (SA) services. CSBs assess an individual's service and support needs, facilitate his or her access to a comprehensive array of services and supports, and manage state-controlled and other funds for community-based services. CSBs perform preadmission screening for all requests for admission to a state hospital or training center. They also provide discharge planning prior to an individual's discharge from a state hospital or training center.

2. Number of Older Adults Served By State Facilities and Community Services Boards

The following tables depict the number of older adults in Virginia who received services provided by state facilities and CSBs from FY 2001 through FY 2005. The source of the state hospital and training center information is the Department's AVATAR information system. Community mental health, mental retardation, and substance abuse information is provided by CSBs through the CSB 4th Quarter Reports and the Community Consumer Submission (CCS).

Number of Older Adults Receiving State Hospital Services FY 2001-FY 2005

Number Served by Age Cohort	FY2001	FY 2002	FY 2003	FY 2004	FY 2005
Age 65-74	321	324	339	325	327
Age 75-84	282	273	277	266	270
Age 85+	91	79	78	78	85
Total	694	676	694	669	682

Number of Older Adults Receiving Training Center Services FY 2001-2005

Number Served by Age Cohort	FY2001	FY 2002	FY 2003	FY 2004	FY 2005
Age 65-74	84	89	84	95	97
Age 75-84	38	37	38	34	38
Age 85+	4	7	7	9	11
Total	126	133	129	138	146

Number of Older Adults Served at Hiram Davis Medical Center FY 2001-2005

Number Served by Age Cohort	FY2001	FY 2002	FY 2003	FY 2004	FY 2005
Age 65-74	25	30	30	23	22
Age 75-84	7	9	7	11	12
Age 85+	5	4	5	4	5
Total	37	43	42	38	39

Number of Older Adults Receiving Community MH Services FY 2001-2005

Number Served by Age Cohort	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
65-74	3,288	3,452	3,534	3,458	3,598
74+	2,229	2,485	2,434	2,315	2,410
Total	5,517	5,937	5,968	5,773	6,008

Number of Older Adults Receiving Community MR Services FY 2001-2005

Number Served by Age Cohort	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
65-74	405	348	444	389	424
74+	156	162	158	100	122
Total	561	510	602	489	546

Number of Older Adults Receiving Community SA Services FY 2001-2005

Number Served by Age Cohort	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
65-74	290	296	287	279	278
74+	109	292	111	101	85
Total	399	587	398	380	363

3. Agency PASRR Program and State Facility and CSB Services Used By Older Adults and Service Capacities

Central Office Pre-Admission and Resident Reviews

The Department is responsible for administering the Pre-Admission Screening and Resident Review (PASRR) program required by the 1987 OBRA legislation. Central office staff assure that all individuals 65 years and older who are seeking admission to a Medicaid certified nursing facility are screened for the presence of a mental illness, mental retardation, or a related condition prior to admission to the facility so that appropriate treatments for those conditions are provided, as needed, throughout the individual's stay in the nursing facility.

State Hospital Geriatric Care Services

The Department operates 425 state hospital beds in geriatric treatment centers or units to treat older individuals who are in crisis, who present with acute or complex conditions,

or both, and who require the highly intense and structured environments of care only available in the inpatient setting. Specialized inpatient geriatric care services are provided by Eastern State Hospital (210 geriatric beds), Southwestern Virginia Mental Health Institute (20 geriatric beds), Catawba Hospital (60 geriatric beds), and Piedmont Geriatric Hospital (135 geriatric beds). These services include:

- Inpatient psychiatric and medical assessment;
- Psychology, medical, nursing, dental, social work, and ancillary services;
- Recreational, physical, and occupational therapies;
- Individualized treatment planning;
- Medical and psychiatric medication management;
- Rehabilitation; and
- Collaboration with CSBs in discharge planning and coordination with the patient, family, and a host of local service providers serving older adults with mental illness to effect appropriate discharge and community placement.

Collectively, the geriatric treatment centers or units had a 92.62% utilization rate for the month of June 2006. By facility, these June utilization rates follow.

Catawba Hospital	91.94%
Eastern State Hospital	87.79%
Piedmont Geriatric Hospital	93.09%
Southwestern Virginia Mental Health Institute	97.67%

The Department also operates ten dedicated geriatric beds at the Hiram Davis Medical Center.

The following annual statistical summary captures geriatric census patterns over the past ten years for all state hospitals and the Hiram Davis Medical Center (with ten designated geriatric beds).

Fiscal Year	Total Older Adult Patient Days	Average Daily Older Adult Patient Days	% Change in Total Patient Days
2005	136,172	373	-3.4%
2004	141,354	386	0.5%
2003	140,195	384	-2.3%
2002	143,404	393	0.8%
2001	142,523	390	-5.8%
2000	151,414	414	-13.2%
1999	174,073	477	-12.6%
1998	199,207	546	-5.9%
1997	211,697	580	-4.4%
1996	222,162	607	-5.5%

Source: DMHMRSAS Finance and Administration, Cost Accounting Summary Report

As the Department invests in community services and rigorously screens and continually reviews the acuity and level of functioning of older patients in state hospitals to ensure that inpatient services continue to be needed, potential demand for and utilization of geriatric inpatient beds is expected to decrease. This decrease, however, could be offset by increased demands resulting from growth in the numbers of older Virginians, continued reductions in the number of local hospital inpatient psychiatric beds, insufficient Medicaid reimbursement rates for Virginia’s nursing homes, and lack of available housing, and residential, and other treatment options.

State Training Center Geriatric Services

State mental retardation training centers provide medical and psychiatric assessment, healthcare, medical stabilization, habilitation, and development of skills needed for successful community living. Training centers also provide short-term respite care and emergency care. All of the training centers meet federal requirements for designation as Intermediate Care Facilities (ICF/MR) and one training center, Central Virginia Training Center, operates skilled nursing and acute care beds. While the Department is able to identify numbers of individuals aged 65 and older being served in training centers, there are no specialized or discrete “geriatric” beds or units. Residents are grouped according to level of functioning rather than age. While current geriatric capacities at the training centers is generally sufficient, it is anticipated that training center services will change to reflect the aging of residents currently residing in training centers.

Community MH, MR, and SA Services

Older adults with mental illness seek and receive community mental health services in relatively large numbers as compared to those who seek and receive community mental retardation or community substance abuse services. While the majority of older adults who receive community services will not require the full array of services provided by CSBs, the following table identifies community services that would likely be received by older adults:

Service	MH	MR	SA
Emergency services, including crisis intervention, and preadmission screening	X	X	X
Local acute psychiatric inpatient services	X		X
Community-based SA medical detoxification inpatient services			X
Outpatient services, including therapy and counseling, medication services, MH intensive in-home services, MR behavioral management and consultation, SA intensive outpatient, opioid detoxification, and opioid treatment	X	X	X
Assertive community treatment (PACT teams and ICT programs)	X		X
Day treatment and partial hospitalization	X		X
Rehabilitation and habilitation services services, including psychosocial rehabilitation programs	X	X	X
Case management services	X	X	X

Service	MH	MR	SA
Highly intensive residential services, including crisis stabilization programs and residential treatment centers (MH), community ICF/MRs, and SA social detoxification services	X	X	X
Intensive residential services, such as group homes, SA primary care, and SA intermediate and long term habilitation	X	X	X
Jail-based habilitation services			X
Supervised residential services, such as supervised apartments, domiciliary care, sponsored placements, and SA domiciliary care	X	X	X
Supported residential services, such as supported living arrangements (MH), in-home respite (MR) and supported living arrangements (MH and MR)	X	X	X
Consumer monitoring	X	X	X
SA motivational treatment			X
MR Home and Community-Based Waiver services		X	

The 2006-2012 Comprehensive State Plan includes considerable data on CSB waiting lists for community mental health, mental retardation, or substance abuse services. Individuals included on those waiting lists had to have sought the service and been assessed by the CSB as needing that service. This point-in-time methodology includes individuals who are not receiving CSB services and individuals who have been identified by the CSB as not receiving all of the amounts or types of services that they need. As of April 15, 2005, the following numbers of individuals aged 60 and older were on waiting lists for services:

- 387 older adults were on waiting lists for mental health services;
- 150 older adults were on waiting lists for mental retardation services;
- 41 older adults were on waiting lists for substance abuse services.

Additionally, the 2006-2012 Comprehensive State Plan provides waiting list information on individuals with significant diagnostic indicators and those with special conditions and risk factors. Of these cohorts, the following waiting list information is presented:

- 68 individuals aged 65-74 were on waiting lists for mental retardation services with a special condition of “No Guardian or Legally Authorized Representative”;
- 16 individuals aged 75+ were on waiting lists for mental retardation services with a special condition of “No Guardian or Legally Authorized Representative”;
- 30 individuals aged 60 and over were on waiting lists for mental retardation services because of an aging caregiver; and
- 26 individuals aged 60 and over were on waiting lists for mental health services because of an aging caregiver.

4. Geriatric Specialty Programs

Inpatient geriatric treatment services provided by the four state hospitals are specifically designed, implemented, and funded to address the unique and complex treatment and support needs of older adults. In addition to the services described in the preceding section, these facilities provide psychosocial rehabilitation (PSR) or active treatment mall

services. PSR includes a range of interventions that are intended to promote optimal performance in areas of behavioral management, cognition, interpersonal skills, self-care, and leisure time development. PSR interventions for older adults include communication skills, reminiscing, physical fitness, leisure skills, relaxation skills, community outings, kitchen activities, music, money management, patient and family psychoeducation, and independent living skills. Examples of specific PSR health care/wellness, education, and recreation activities provided to older adults follow.

Health Care/Wellness

- Coping skills and problem skill development
- Stress management and relaxation therapy
- Spiritual activities
- Sensory stimulation
- Discharge planning and community preparation
- Range of motion therapy
- Leisure skill development
- Self-care skills, grooming, activities of daily living (ADL) retraining
- Occupational therapy
- Physical therapy

Education

- Medication management
- Patient and family education on medications, adverse side effects
- Symptom management skills
- Reality orientation
- Behavior management skills
- Conflict resolution
- Health education
- Community re-entry skills
- Symptoms of relapse
- Money management

Recreation

- Horticulture and gardening
- Arts and crafts
- Physical fitness, exercise
- Community outings
- Fine and gross motor skills
- Relaxation techniques
- Drama and dance
- Hobbies and social interest groups
- Group milieu (sharing, games)

5. Consumer-Oriented and Senior-Friendly Publications and Websites

The Department's web page is a State and Federal Agencies Health Link for No Wrong Door Related to Health Care, the Senior Navigator, which is Virginia's Resource for Health and Aging. In addition, the Department's web page meets Section 508 Accessibility requirements. In the future, the Department may explore development of a specific web page focused on services for older adults with mental illnesses, mental retardation, or substance use disorders.

6. Programs or Initiatives the Department Has or Proposes to Implement to Address the Impact of Virginia's Aging Population

- Construction of a new, state-of-the-art Hancock Geriatric Treatment Center at Eastern State Hospital (ESH) is underway. This center is projected have an operational capacity of 150 beds; however, the configuration of adult and geriatric beds may be changed when the ESH replacement project is complete. The Tidewater Region envisions that Hancock will become a regional Center of Excellence for gero-psychiatry services. The Center will serve as the site for center-based treatment and will house three expert clinical teams to provide non-facility-based psychiatric treatment.
- In the Tidewater Region, CSBs are using a portion of the Services System Transformation Initiative funds allocated to the region to expand their capacity to serve older adults in their communities. The Hampton-Newport News CSB is developing a residential program for older adults that will provide an alternative to admission to Eastern State Hospital. Two partnerships, between Colonial and Middle Peninsula-Northern Neck CSBs and between Virginia Beach and Chesapeake CSBs, are establishing sub-regional teams to screen the behavioral health needs of older adults in nursing homes and homes for adults and to provide consultation, training, and interventions as needed. Each team will be staffed by a psychiatrist and other licensed clinical professionals.
- CSBs in the Tidewater and Northern Virginia regions have proposed model pilot projects designed to divert and discharge older adults from the Hancock Geriatric Treatment Center at ESH and to provide a continuum of mental health services and supports that would enable older adults with serious mental illnesses to age in place.
 - The Tidewater proposal, the Geriatric Psychiatric Continuum Model, calls for a joint feasibility study with Sentara, Riverside, or Bon Secours Hospital to establish an inpatient psychiatric unit exclusively for older adults. A crisis stabilization center, a partial hospitalization program, and intensive outpatient services, including individual, group, and family therapy and medication management, are also being proposed. Further, development of outreach services to nursing homes, assisted living facilities, and other congregate living arrangements are under consideration, as well as developing a memory clinic and a skilled nursing center. Strategic decisions about which services to launch and when will be based, in part, on an ongoing prioritization of need and availability of funding.
 - The Northern Virginia proposal, the Specialized Geriatric Mental Health Services Model, would provide specialized geriatric mental health services that allow individuals to be served in their home communities. Major components of this program include (i) a regional specialized gero-psychiatric mental health team, (ii) a specialized nursing home team, (iii) discharge assistance funding, and (iv) regional private bed purchase funds.
- A number of CSBs have developed and implemented, or plan to implement highly innovative services and programming for older individuals. The Region Ten CSB, serving the Charlottesville area, has convened an Interagency Mental Health Support Team for Aging to improve communication and cooperation among community

agencies involved in providing and monitoring appropriate care and treatment for aging residents. Considered to be a best practice model for the provision of community services by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), this team coordinates multi-agency responses for older assisted living facility residents with histories of severe, enduring, and complex mental and often physical health conditions. Since its inception in 2002, the team has been working to (i) establish residential placements, thereby avoiding sudden, unnecessary, or unplanned discharges or transfers from assisted living facilities; (ii) regularly review and offer early interventions in order to avoid unwanted, unplanned, or unnecessary hospital admissions; and (iii) use available personnel and resources creatively. Team meetings are held monthly to devise integrated behavior support plans for agency consumers whose actions place them at “high risk” of losing their placement or who are signaling becoming imminently and acutely mentally disordered. Although a systematic service evaluation has not been undertaken, some outcomes appear substantive. The stability of residents’ placements has increased, the number of unnecessary hospital readmissions and incidents of deliberate self-harm have declined, and targeted residents’ levels of functioning (i.e. levels of disability) have stabilized or improved.

- The State Mental Health, Mental Retardation and Substance Abuse Services Board is updating its policy on older adults. Developed with the assistance of state facility and CSB staff, the proposed policy recognizes the significant growing population of older adults in the mental health, mental retardation, and substance abuse public service system and acknowledges their specialized needs. The proposed policy articulates basic principles to guide planning and program development related to services for older adults. It promotes the thorough assessment of need, aging in-place as opposed to institutional placements where this is appropriate, and coordination and integration of services in the community. The proposed policy also encourages continued education and training to enable direct care staff to develop competencies in the assessment and treatment of older adults. It is expected that the Board will complete its review of the document and will adopt an updated policy on older adults before the end of 2006.
- The Department recently reconvened the Geriatrics Special Population Workgroup to continue deliberations and actions that will enable the Department and services system to better prepare for the integrated delivery of specialized services and supports for older adults with behavioral health needs. Currently, the workgroup is comprised of a subset of CSB and state facility staff. Its charge is to advance the Department’s commitment to promote the specialized service needs of older Virginians, address issues relative to the impact of the aging population, and continue ongoing collaborative partnerships with key geriatric service providers such as the Virginia Department for the Aging, the Department of Social Services, the Department of Medical Assistance Services, the Virginia Department of Health, and others. The workgroup will (i) develop a Master Plan for Geriatric Services outlining a standard continuum of specialized services to meet the complex needs of older Virginians; (ii) develop strategies for implementing older adult centers of excellence for diagnostic, treatment, and system development activities through education and consultation; and (iii) promote development, expansion, and funding of community-based treatment and care, including specialized regional or sub-regional long term care (ICF/SN) units that provide highly structured, integrated treatment in the

community. The workgroup is guided by the following overarching values and principles:

- Aging-in-place is preferable to permanent institutional levels of care;
 - Consumer and family choice are at the center of service planning and care delivery;
 - Stewardship of resources is assured through the delivery of cost-effective, efficient services that are of the highest possible quality and based on best and promising practices;
 - Services and resources are available and accessible and reflect the multi-disciplinary, multi-dimensional treatment and support needs of the older individual and his family.
-
- Piedmont Geriatric Institute, a division of Piedmont Geriatric Hospital, has provided geriatric education programs to nearly 26,000 individuals since its inception in 1983. Full-time employees at Piedmont Geriatric Hospital who have considerable expertise in aging issues and in specialized training approaches to address problem situations usually conduct these trainings. Piedmont staff also works collaboratively with other organizations that have educational programs for older adults by hosting their programs. These organizations include the Alzheimer's Association, the Virginia Commonwealth University Medical Center and Parkinson's Disease Research Education and Clinic Center, and the Virginia Association of Hospices' Virginia Cancer Pain Initiative. Audiences include individuals involved in facets of the entire spectrum of care for older adults, from community care through institutional care, e.g. nursing home and assisted living facility staff. While most training participants are professional caregivers, approximately 25 percent of the audience is routinely comprised of older adult community members or caregivers to older adults.
 - Catawba Hospital completed a review of best practices and clinical practice guidelines and is applying evidence-based approaches to its care of older adults. For example, due to the serious risk of falls to the elderly, Catawba recently initiated a project to improve its Falls Management Program. This project compared best practices to the facility's current Falls Management Program and identified possible areas for improvement. A Falls Risk screening tool for nursing is in place. A Falls Risk Assessment tool for the physicians will be implemented to identify medical conditions that increase the falls risk for facility patients, particularly older adults.
 - Southwestern Virginia Mental Health Institute spent much of the last year in recruitment efforts for a geriatric psychiatrist for its second treatment team on the Institute's geriatric unit. This position was filled in June 2006. Since becoming fully staffed with psychiatrists, the unit is beginning to perform more outreach, meet with local healthcare facilities (nursing homes and assisted living facilities), and consult with physicians about medication adjustments, medication interactions, and other resident-specific issues in order to avoid readmission to the state hospital.
 - The Department plans to implement a career path for direct service associates to improve recruitment and retention efforts and to promote greater continuity of care within all inpatient settings, including hospitals and units providing specialized geriatric services and programming to older adults. The Department continues to have difficulty in recruiting and retaining quality direct care personnel. Current rates

of staff turnover are significantly higher than the state average and result in excessive overtime costs for state facilities. The career path program will provide training and salary increases to state employees and direct service associates (DSAs) who are providing services to older adults when these employees have fulfilled skill and competency requirements and have demonstrated higher-level competencies on the job. The training and education programs will utilize distance-learning techniques, such as the interactive web-based training of the College of Direct Support, traditional classroom/experiential learning, and coursework at local community colleges. The framework for the developmental path for DSAs will consist of levels and will be further developed with specific competency requirements and reward structure by a team consisting of representatives from each state facility.

- The Department will continue to implement the Pre-Admission Screening and Resident Review (PASRR) program.
- The Department will promote the identification and dissemination of evidence-based or best practice models of geriatric care.

Reference Documents

Janicki, M.P. and Ansello, E.F. (2000) *Community Supports for Aging Adults with Lifelong Disabilities*. Baltimore, MD: Brookes Publishing Co. in information prepared by the Virginia Center on Aging

U.S. Census Bureau 2000. *Projections of the resident population by age, sex, race, Hispanic origin: 1999-2010*) Population Projections Program. Washington, D.C.: U.S. Census Bureau.

United States Public Health Service Office of the Surgeon General (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, U.S. Public Health Services

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (2005) *Comprehensive State Plan 2006-2012*.

Appendix

CHAPTER 54

An Act to amend and reenact § 2.2-5510 of the Code of Virginia, relating to the effect of the aging population on state agencies.

[H 110]

Approved March 7, 2006

Be it enacted by the General Assembly of Virginia:

1. That § 2.2-5510 of the Code of Virginia is amended and reenacted as follows:
§ 2.2-5510. (Expires July 1, 2008) Strategic plan.

A. Each agency shall develop and maintain a strategic plan for its operations. The plan shall include:

1. A statement of the mission, goals, strategies, and performance measures of the agency that are linked into the performance management system directed by long-term objectives;
2. Identification of priority and other service populations under current law and how those populations are expected to change within the time period of the plan; ~~and~~
3. An analysis of any likely or expected changes in the services provided by the agency; ~~and~~
4. *An analysis of the impact that the aging of the population will have on its ability to deliver services and a description of how the agency is responding to these changes. Based on guidance from the Secretary of Health and Human Resources, each agency shall report by October 1 of each year to the Governor and to the General Assembly its progress for addressing the impact of the aging of the population in at least five specific actions.*

B. Strategic plans shall also include the following information:

1. Input, output, and outcome measures for the agency;
2. A description of the use of current agency resources in meeting current needs and expected future needs, and additional resources that may be necessary to meet future needs; and
3. A description of the activities of the agency that have received either a lesser priority or have been eliminated from the agency's mission or work plan over the previous year because of changing needs, conditions, focus, or mission.

C. The strategic plan shall cover a period of at least two years forward from the fiscal year in which it is submitted and shall be reviewed by the agency annually.

D. Each agency shall post its strategic plan on the Internet.