

REPORT OF THE VIRGINIA DEPARTMENT FOR THE AGING IN
COMPLIANCE WITH THE CODE OF VIRGINIA § 2.2-703.1 (D.)

Biennial Progress Report on Virginia's Four-Year Plan for Aging Services

Across the Continuum — Across the Commonwealth

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



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Background on the Four-Year Plan

Two years ago, a workgroup of aging advocates, educators, service providers, and state agency representatives developed *Virginia's Four-Year Plan for Aging Services* (available at <http://vda.virginia.gov/pdfdocs/FourYearPlanForAgingServices-RD461-2009.pdf>) to address the needs and leverage the strengths of a rapidly aging population. The plan recognized the great variability among older adults, a continuum that ranges from those most in need of assistance to those representing natural resources, with time and talents largely untapped.

Although the *Four-Year Plan* painted a comprehensive picture of current services and future needs, it was merely a first-step and served more as a foundational report than a plan. Since then, great strides have been made, using the initial report as the framework, developing strategies, actions steps, and evaluative measures. Additionally, four areas of focus with related recommendations were designated as priority by the workgroup: Mental Healthcare; Gerontological Education—Workforce Development/Preparedness; Virginia's "No Wrong Door" Initiative; and the Virginia Insurance Counseling and Assistance Program (VICAP). Recommendations specific to these areas were elevated and adopted by champion teams, accountable for advancing the strategies and tracking progress. Individual champions were identified for each of the remaining recommendations, which were then categorized by ones that could be accomplished administratively and those that required policy changes and/or funding. Additionally, there have been diligent efforts to collaborate with existing groups whenever possible and consolidate efforts to pursue common solutions.

The workgroup also solicited public comment on the *Four-Year Plan*, which provided overwhelming support for the content and recommendations. The 224 survey respondents also answered questions related to responsibility. Overall, they agreed that it should be shared but the majority considered government to bear the greatest responsibility in preparing for the impact of the aging population.

Public Input: 224 respondents

- 57% were age 51-65
- 20% were age 66 and over
- 34% were aging advocates or interested citizens
- 12% were a family caregiver

This *Biennial Progress Report* is designed to serve as an addendum to the original *Four-Year Plan* and to reflect the steps that have been taken to move forward with the workgroup's recommendations. To begin, it is important to understand how the landscape has changed and any additional influences that may expedite or hinder progress (pages 2-3). Details are shared on the four priorities (pages 4-7) and "Progress at a Glance" (page 8) provides a current snapshot of the recommendations from the original *Four-Year Plan*.

The Changing Landscape

The 2010 Census confirms nationally and statewide, the predicted yet unprecedented, growth of the older adult population – 1,419,306 Virginians over the age of sixty, an increase of more than 33 percent since 2000. The escalation is even more dramatic with the number of older adults over the age of eighty-five, jumping more than 40 percent in just ten years, currently numbering 122,403. The Census is also a contributing factor for how federal monies are allocated for aging services and may prompt a significant shift, resulting in reduced funding for some Area Agencies on Aging (AAAs), despite the fact that every AAA has and will continue to experience an increase in the older adult population within the region they serve.

The critical need to support more with less has reinforced a growing trend emphasizing strategies to integrate Long-term Services and Supports (LTSS) into the community. Such strategies not only improve the cost-efficiency of LTSS, but also reflect the majority choice among older adults, who prefer to remain in their home and community as they age. Research supports this decision as well, indicating that supporting individuals at home can lead to better health outcomes.

As noted in the *Four-Year Plan*, successful strategies for supporting individuals at home must go beyond the older adult to support the network of family and friends providing unpaid direct care and assistance. Through a statewide collaboration led by the Virginia Caregiver Coalition, the

Virginia Department for the Aging has recently secured valuable grant funding to develop a Lifespan Respite Care Program. Funding from this grant will expand efforts to build a statewide network of respite services for caregivers to assist older adults and individuals with disabilities. Additionally, in five rural counties in central Virginia, a separate federal grant is supporting a collaborative partnership to implement an innovative Alzheimer's Disease and Supportive Services Program known as *Connections*, designed to provide evidence-based in-home training for family caregivers of individuals with Alzheimer's Disease or other dementias. Another evidence-based program, the *Chronic Disease Self-Management Program* (CDSMP) has been brought to Virginia through grant funding to help adults with chronic illnesses learn ways to manage their conditions and minimize negative effects. Also, Senior Centers as a statewide group are focusing on wellness and optimal aging and have partnered with the Virginia Parks and Recreation Society's Senior Resource Group to share best-practices for supporting the independence of older adults.

Other opportunities have emerged as well, thanks to the administration's emphasis on government reform. The Governor's Commission on Government Reform and Restructuring is currently considering a recommendation to consolidate the state level agencies responsible for the oversight of and planning for aging, disability, and adult services. Although these provider groups have a history of collaboration, such a merger could enhance communication between providers, streamline access and increase opportunities to coordinate home and community-based supports for older adults and adults with disabilities.

Several recommendations in the *Four-Year Plan* underscore the importance of affordable and accessible housing options. *Virginia's Blueprint for Livable Communities* provides a toolkit for local leaders and community planners. Developed by the Department of Rehabilitative Services and the Virginia Department for the Aging with support from an advisory group that includes several members of the *Four-Year Plan* Workgroup, the *Blueprint* offers diverse and useful best practices, planning resources, policy information and research. It outlines an existing foundation of current opportunities for building livable communities that span the Commonwealth; and it is composed with the confidence that Virginians are motivated to build upon this robust foundation to make their communities livable in their own way.

The Way Forward

Despite a challenging economic climate and a rapidly growing aging population, Virginia is making considerable progress toward improving efficiencies and transforming the system of long-term services and supports, according to a recent national scorecard developed by AARP's Public Policy Institute, The Commonwealth Fund, and The SCAN Foundation. Nevertheless, there remains much work to be done and the way forward, as described in the original *Four-Year Plan*, is one of shared responsibility. Individuals must continue to take steps to maintain their physical and cognitive health, engage in meaningful civic and social life of their communities, and plan financially for a secure future. Federal, State, and Local Government, in partnership with corporate and non-profit partners, can provide educational information, promote and design livable communities, and work to ensure that affordable, accessible services are available to support older adults and family caregivers.

Consistent with this responsibility, state agencies are required to report on the impact of the aging population on their agency and its services. These reports, as well as recent data collected through a statewide aging survey (the first in 30 years) by the Older Dominion Partnership, will be used to inform further efforts by the workgroup and future updates of *Virginia's Four-Plan for Aging Services*.

For Virginia to be efficient in the use of resources and comprehensive in approach, efforts must be consolidated among governmental agencies, private and non-profit organizations, and advocacy groups. Additionally, such efforts must be evaluated, at least in part by the benchmarks suggested in the next four pages. Finally, evidence-based practices will be embedded into communities across the Commonwealth to provide strong networks of support that foster optimal aging for all older Virginians.

Mental Healthcare Champion Team

Priority Recommendation: *Develop a full continuum of collaborative care for older adults who have mental health needs, intellectual disabilities, and substance abuse issues.*

Strategies and Progress:

1. Support the Geriatric Mental Health Partnership in developing a conceptual framework for a continuum of care for older adults.
 - Finalized conceptual framework for an 11-item continuum of care model that can be modified to meet regional community needs
2. Survey Community Services Boards, Behavioral Health Authority, and private service providers regarding the range of services corresponding to the continuum of care model.
 - Exploring survey development similar to the 2011 Emergency Response Service Survey
3. Expand current state and community-based partnerships focused on reversing the escalation of issues which can lead to expensive and preventable institutionalization.
 - Identified best practices within each of the seven planning regions covering the state
 - Exploring telemedicine for long-term care facilities and other primary healthcare locations
 - Developed a report on the challenges to serving individuals in their home communities and strategies to prevent institutionalization
4. Provide collaborative care education and training for physicians, RNs, CNAs, pharmacists, and other direct care workers, as well as facility administrators and discharge planners.
 - Submitted a funding proposal, titled “Mental Health and Aging Training Initiative,” to the Geriatric Training and Education Initiative for web-based training designed to reach at least 600 participants across many disciplines and long-term care settings.

Progress on Related Recommendation:

Develop a comprehensive suicide prevention plan for older adults and integrate into current plans.

- Conducted a statewide series of “Regional Suicide Prevention Summits” on the most current data, training resources, veteran supports, and strategies across the life span
- Revising the current plan, “Suicide Prevention Across The Life Span Plan for the Commonwealth of Virginia,” published in 2004

Opportunities to Consolidate Efforts to Improve Mental Healthcare for Older Adults:

- Geriatric Mental Health Partnership to support implementation of continuum of care model
- 39 Community Services Boards and Behavioral Health Authority to implement the model
- Many other institutes, schools and programs, such as the VCU Department of Gerontology and the Virginia Healthcare Association, to educate and train mental health professionals

Mental Healthcare Benchmarks:

1. Percent of population with access to services consistent with the continuum of care model
2. Number of professionals participating in collaborative care training and education
3. Percent of older adults who commit suicide

Gerontological Education—Workforce Development/Preparedness Champion Team

Priority Recommendation: *Implement the capacity taskforce recommendations of the Virginia Health Reform Initiative to build the workforce of direct support and health care professionals and to improve preventative care and wellness programs for adults, especially high risk populations.*

Strategies and Progress:

1. Explore the development of a Center for Aging Science, using the model partnership between the Virginia Commonwealth University Center for Rehabilitation Science and Engineering (VCU-CERSE) and the Department of Rehabilitative Services.
 - Evolving discussions with current CERSE members to explore the potential for current programming to be expanded to provide cross-training in aging and disabilities
 - Discussed potential to host a statewide conference with Gerontology/Aging-related academic programs, highlighting a theme such as prevention or care coordination
 - Solicited feedback on conference development from CERSE members

Progress on Related Recommendations:

Develop a comprehensive strategy to raise awareness about the positive aspects of careers related to eldercare and recruit direct care workers such as paid caregivers, certified nursing assistants (CNAs), and personal and home health aides. Build capacity of the healthcare workforce to address the severe lack of professionals trained in geriatrics.

- Implemented CNA eldercare training at Woodrow Wilson Rehabilitation Center
- Secured funding through the Geriatric Training and Education initiative to deliver dementia-capable web-based training through the VCU Department of Gerontology and the Alzheimer's Disease and Related Disorders Commission
- Supported the development of the Virginia Geriatric Education Center (VGEC) to improve the training of health professionals in geriatrics, particularly the professional disciplines of nursing, medicine, pharmacy, social work, and physical therapy

Opportunities to Consolidate Efforts for Workforce Development and Preparedness:

- Centers or Institutes on Aging at member institutions of the Association for Gerontology in Higher Education (Radford University, VCU, James Madison University, George Mason, and Virginia Polytechnic Institute and State University) or otherwise committed to gerontological education (e.g., the Beard Center on Aging, the Glennan Center for Geriatrics and Gerontology, and the Center for Excellence in Aging and Geriatric Health)
- Alzheimer's Disease and Related Disorders Commission's future initiatives around workforce development, as indicated by the *Dementia State Plan: Virginia's Response to the Needs of Individuals with Dementia and their Caregivers*, to be finalized this winter
- The Department of Health Professions, to track the number of licenses issued

Workforce Development and Preparedness Benchmark:

1. The number of licensed providers throughout the state and by region
2. The number of allied health professionals earning continuing education credits in Gerontology

No Wrong Door Champion Team

Priority Recommendation: *Expand the “No Wrong Door” (NWD) initiative to all regions of Virginia, enhance the technology, and develop best practices.*

Strategies and Progress:

1. Establish new NWD/ADRC Communities.
 - Trained and supported eight additional planning districts within the NWD system raising the total to 22 out of 25 regions capable of automating and tracking referrals and sharing assessment data between participating providers
 - Developed an off-line Universal Assessment Instrument (UAI) to enable screening teams of social workers and nurses to enter real-time data while conducting assessments in the home
2. Cultivate a statewide collaborative approach between health care professionals and social service providers to foster education about and support for person-centered supports.
 - Designed a pilot process with a hospital and Area Agency on Aging (AAA) to export discharge instructions from E-Medical Records and attach them to the NWD system to enhance patient outcomes during transition from hospital to home
 - Developing federal grant applications between AAAs and hospitals to implement “Care Transition” programs to reduce institutionalization and unnecessary rehospitalizations
3. Support older adults and adults with disabilities in the home and community
 - Developed, adopted, and integrated a statewide protocol into No Wrong Door to support individuals who want to move from a nursing facility back to the community
 - Developed and currently implementing statewide standards to provide Options Counseling to older adults, caregivers and adults with disabilities

Progress on Related Recommendation:

Support and adopt federal and national initiatives to transform Virginia’s system of LTC through coordinated efforts to streamline access to information and services.

- Secured federal grants to develop or expand the following initiatives: Section Q; Money Follows the Person (MFP); Options Counseling (OC); Lifespan Respite

Opportunities to Consolidate Efforts through No Wrong Door:

- The Secretary of HHR has made a recommendation to the Governor’s Commission on Government Reform and Restructuring to consolidate the Virginia Department for the Aging (VDA), Department of Rehabilitative Services (DRS), and Adult Services.
- A statewide leadership team, SILAS (Strengthening Independent Living and Aging Supports) has convened to identify opportunities/address challenges of consolidation.

No Wrong Door Benchmarks:

1. Percent of individuals living in the community 6 and 12 months after provided support through No Wrong Door
2. Percent of individuals maintaining or increasing quality of life due to supports provided through No Wrong Door

Virginia Insurance Counseling and Assistance Program Champion Team

Priority Recommendation: *Expand the capacity of the Virginia Insurance Counseling and Assistance Program (VICAP) to assist Medicare beneficiaries in understanding and accessing their benefits and managing their costs.*

Strategies and Progress:

2. Improve volunteer recruitment/retention strategies to increase the number of volunteers who are certified to provide insurance counseling.
 - Secured a collaborative grant from the Health Assistance Partnership to develop the VICAP COMPASS Team recruitment strategy, defining volunteer roles within the program using the COMPASS acronym: Counselors, Outreach assistants, Marketers, Part D specialists, Aministrative assistants, Specialized counselors, and Site managers
 - Conducted comprehensive training on volunteer engagement, leadership, recruitment and retention during the 2011 Annual VICAP Coordinators' Conference
 - Trained 40 new VICAP counselors in the past six months, a 24 percent increase leading to 210 current certified volunteers throughout the network of Area Agencies on Aging
3. Increase the number of client contacts with Medicare beneficiaries through face-to-face interviews, telephone calls, mailings and email interactions.
 - Conducted monthly teleconferences among VICAP Coordinators to train on local partnership development, community outreach and education, and reporting methodologies
 - Secured funding for Low Income Subsidies to target clients below 150 percent of the federal poverty guidelines
 - Increased client contacts 26 percent in the past year, reaching 48,018 individuals and raising Virginia's national ranking from 50th to 38th
4. Conduct public and media events to improve outreach to Medicare beneficiaries who need assistance with their Medicare plan decisions.
 - Provided technical assistance and training to local VICAP programs which conducted 876 events collectively covering every planning district in the state, a 664 percent increase compared to 132 events the previous year

Progress on Related Recommendation:

Advocate for funding flexibility through reauthorization of the Older Americans Act (OAA).

- Submitted comments to the Administration on Aging encouraging flexibility in funding in the reauthorization of the OAA, which is scheduled in 2011

Opportunities to Consolidate Efforts to assist Medicare Beneficiaries in Understanding and Accessing Benefits:

- Coordinate with the Department of Motor Vehicles (DMV) to include notices about VICAP assistance in driver registration mailings sent to drivers turning age 65 and new to Medicare
- Explore the feasibility of a HIPAA-compliant data-sharing agreement with the Department of Medical Assistance Services (DMAS) to gain access to Low Income Subsidy application data transmitted to DMAS by the Social Security Administration

Virginia Insurance Counseling and Assistance Program Benchmarks:

1. Number of certified VICAP counselors
2. Number of client contacts
3. Number of public and media events conducted

Progress at a Glance

Virginia's Four-Year Plan for Aging Services originally supported 46 recommendations. Over the past two years, the workgroup has reduced this set to 40, as a result of consolidation of efforts, collaboration, and changes such as expirations to related consortiums/commissions. The progress on these 40 recommendations is summarized below with the four priorities noted by an asterisk (*).

Making Progress on Action Strategies

- 2 Maximize the Use of Existing Resources to Empower Virginians to Age Optimally
- 3 Plan for Special Populations When Developing Supports for *Aging in Place*
- 4 Identify and Replicate Partnership Models to Serve Individuals under the Age of 60 with Lifelong Disabilities
- 5 Support Recommendations Intended to Strengthen Outreach and Educate Kinship Care Families
- 6 Provide Communities with Data, Tools and Assistance to Address the Aging of the Population
- 10 Expand TRIAD Partnerships to Train and Educate about Senior Safety, Crime Prevention, Domestic Violence
- 11 Continue Leadership and Coordination of Legal Resources by Building upon the Project 2025 Initiative
- 12 Ensure that Older Adults with Disabilities are Represented in Disaster Preparedness Planning and Testing
- 14 Enhance Virginia's Ability to Monitor and Report the Impact of the Recession on Older Home Owners
- 16 Promote the Concept of Universal Design
- 17 Improve Coordinated Financing to Create a Rental Assistance Program
- 18 Support the Goals and Recommendations of the *Virginia Pressure Ulcer Resource Team*
- 19 Support the Expansion of the *Virginia Culture Change Coalition*
- 20 Strengthen the Role of the *Interagency Coordinated Transportation Council*
- 22 *Expand the Capacity of the Virginia Insurance Counseling and Assistance Program
- 24 Pursue Federal and National Opportunities to Transform Long-Term Care
- 25 Encourage and Support Area Agencies on Aging to Adopt the Aging and Disability Resource Center Model
- 26 *Expand the *No Wrong Door* Initiative to All Regions of the Commonwealth
- 27 Strengthen Service Coordination between Area Agencies on Aging and Centers for Independent Living
- 28 *Implement the Capacity Taskforce Recommendations of the Virginia Health Reform Initiative
- 30 Develop a Strategy to Raise Awareness and Recruit for Direct Care Workers
- 32 Build Capacity of the Healthcare Workforce in Geriatrics
- 35 *Develop a Continuum of Collaborative Care for Older Adults with Mental Health Needs, Intellectual Disabilities and/or Substance Use Disorders
- 36 Develop a Suicide Prevention Plan for Older Adults and Integrate into Current Plans
- 38 Support the Goals of the 2010-2013 Virginia State Service Plan for Volunteerism and National Service
- 39 Eliminate Duplication and Encourage Efficiencies by Consolidating Planning Requirements Specific to Aging
- 40 Continue Leadership by the Department for the Aging to Refine and Update the *Four-Year Plan*

Require Funding and/or Legislative Action

- 8 Strengthen Adult Protective Services and Provide Additional Local Funding to Meet Current Needs
- 9 Standardize Elder Abuse Curriculum for First Responders and Incorporate into Basic Academies
- 15 Support the Development of a *Virginia Housing Trust Fund* to Address the Rising Cost of Housing
- 21 Increase the Capacity and Flexibility of Funding of Area Agencies on Aging
- 23 Provide Necessary Funding to the Ombudsman Program for Home and Community-Based Long-Term Care
- 29 Continue and Expand Appropriations for the Geriatric Training and Education Initiative
- 33 Restore Funding to the Caregivers Grant and Respite Care Grant and Develop New Funding for Caregivers
- 37 Continue Alzheimer's-Related Training through the Department of Criminal Justice Services

To Be Addressed

- 1 Develop Mechanisms to Educate about the Differences among Financing Options for Long-Term Services
- 7 Explore Standards for Certifying Communities as 'Aging-Friendly' or 'Livable'
- 13 Leverage *No Wrong Door* to Create a Statewide Emergency Response Registry for Older Adults
- 31 Recruit Retiring and Retired Military Health Care Personnel to Enter a Second Career and Address Barriers
- 34 Develop a Standardized Training Program for Family Caregivers