



COMMONWEALTH of VIRGINIA

Office of the Governor

Vanessa Walker Harris

Secretary of Health and Human Resources

December 1, 2021

To:

The Honorable Ralph Northam
Governor of Virginia

The Honorable Luke Torian
Chairman, House Appropriations Committee

The Honorable Janet Howell
Chairwoman, Senate Finance Committee

Director Dan Timberlake
The Department of Planning and Budget

RE: Virginia Aging Services Work Group Report

Dear Governor Northam, Chairwoman Howell, Chairman Torian, and Director Timberlake,

The attached report of the Virginia Aging Services Work Group is submitted pursuant Chapter 552, 2021 Acts of Assembly.

Please feel free to contact me if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Vanessa Walker Harris".

Vanessa Walker Harris, MD

Report of the Virginia Aging Services Work Group

**To the Governor, the Department of Planning and
Budget, and Chairs of the House Appropriations and
Senate Finance and Appropriations Committees**

December 1, 2021

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SECTION I: Summary of the Workgroup & Stakeholder Engagement

Workgroup Background

The General Assembly directed the Secretary of Health and Human Resources (HHR) to convene a workgroup to review and develop an optimal organizational structure for aging services within state government. Pursuant to the language in Item 291(F) of the 2021 Acts of Assembly, the intent of the General Assembly is to ensure “that aging services be elevated in importance within state government.” The workgroup was directed to “include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources” as well as the appropriate placement for aging services, adult services, adult protective services, and auxiliary grant. Guided by the budget language, workgroup members were the Commissioner of the Department for Aging and Rehabilitative Services (DARS), representatives from Virginia’s Area Agencies on Aging (AAA), and staff from the House Appropriations Committee, Senate Finance and Appropriations Committee, Division of Legislative Services, and Department of Planning and Budget (DPB). The complete budget language and workgroup membership are listed in the Appendix (Exhibit A).

The Secretary of HHR, with the concurrence of other workgroup members, conducted a stakeholder engagement process focused on elevating aging. The process was overseen by HHR and facilitated by ADvancing States, an association representing the nation’s 56 state and territorial agencies on aging, disabilities, and long term services and supports (LTSS) directors. The Executive Director of ADvancing States, Martha Roherty, also co-facilitated the workgroup with HHR by providing national trends, a panel of aging directors in other states, and her observations from a national perspective.

Overview of Workgroup Process & Discussions

The work plan was premised on the importance of clearly defining the goals of elevating aging, so that options for structural changes could be evaluated against those objectives. As Secretary Carey stated, “When looking at organizational change, you often start with a problem or a current state that is unacceptable for various reasons, you have actions that need to occur, and then you develop a structure that needs to support those actions.” Similarly, Ms. Massart pointed out that form should follow function. The workgroup began with a presentation from ADvancing States on national patterns in state aging services structures. In the second meeting, DARS presented on their current aging structure and programs. The group discussed the current state of aging services, established the problem that the workgroup was seeking to solve, and approved the stakeholder plan. In September and October, the group heard from aging directors in three other states – Florida, Ohio, and Minnesota – and the report out from stakeholder engagement in Virginia. In the last meeting, the group reviewed and discussed considerations for several potential structural changes for aging services.

A common theme of both workgroup and stakeholder discussions was that aging services are not sufficiently elevated in the Commonwealth. A focus on healthy aging is especially critical given the growing aging population in Virginia and nationwide. By 2040, nearly one in every five

Virginians is expected to be older than 65.¹ The aging population impacts Virginians at the state, community, family, and individual level. Therefore, aging and older Virginians should be considered in all aspects of government. That includes Virginia's HHR agencies – such as DARS, the Department of Health, the Department of Medical Assistance Services (DMAS), the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Social Services (DSS) – and agencies in other Secretaries such as the Department of Housing and Community Development (DHCD), the Department of Transportation (VDOT) and the Department of Agriculture and Consumer Services (VDACS).

All workgroup members agreed that elevation and success depend on strong, strategic leadership and advocacy spanning multiple actors both in and out of government. Among other core responsibilities, the federally-designated State Unit on Aging (SUA), which in Virginia is DARS, is charged with “promot[ing] the development and implementation of a comprehensive, coordinated system of long-term care that promotes home- and community-based services and is responsive to the needs and preferences of older adults.”² Key objectives for elevation include increased visibility for aging services programs, institutionalized collaboration across agencies and sectors, fostering and sharing innovative practices, supporting dedicated leadership, increasing focus on healthy aging, and advancing aging policy proposals. The full list of desired objectives is found at the beginning of Section IV.

While there was generally a consensus on high-level objectives, workgroups members and stakeholders differed on the best structures and strategies for achieving those goals. One viewpoint was that a well-funded, single standalone aging agency would change the status quo and foster much needed dedicated leadership and clout. The Virginia Association of Area Agencies on Aging (V4A), which represents organizations designated to address the needs of older Virginians at the local level, is one of the entities that supports such a vision. However, some believed that creating a standalone aging agency would result in lowering the visibility of aging services. Others believed it may be a “neutral” change but would take resources and time that could be used towards applying more effective strategies to elevate aging services, such as an Aging Cabinet (or similar entity) or a Master Plan on Aging.

Many stakeholders asserted that additional funding for DARS and other aging services is the best way to elevate aging services. However, a workgroup member posited that elevation - including innovation and advocacy - often breeds funding, as opposed to the other way around. There was also debate about whether the new agency would be inherently smaller and weaker. One perspective is that a standalone aging agency would more easily get lost in the shuffle in the large HHR Secretariat, since the number of programs it administered would decline as compared to the current consolidated agency. However, others believed a standalone agency would demand HHR focus because of the large population that the agency head would represent.

Given the differing viewpoints, the workgroup did not settle on one optimal structure. Instead, section III provides a list of potential strategies and associated considerations. Section IV

¹ <https://www.vpap.org/visuals/visual/aging-population-2017/>

² Slide 7 minutes 7/13

provides a preliminary transition assessment to provide a starting point for any future actions on a standalone agency,

Stakeholder Engagement Process & Findings

The stakeholder engagement was focused on the current state of aging services and potential strategies to elevate aging. One prong of the stakeholder engagement specifically asked whether interviewees supported reestablishing a standalone agency on aging and why (or why not). Both the workgroup's work plan and the stakeholder engagement process were developed by ADvancing States, in close consultation with HHR. Workgroup members received first drafts of the stakeholder engagement plan, including the draft survey questions, and had the opportunity to provide input. HHR also worked with workgroup members to develop the list of stakeholders for interviews, workgroup meeting notifications, and community forums (see Appendix, Exhibit A). ADvancing States staff conducted forty-three oral interviews with ADvancing States included DARS staff, staff from other HHR state agencies, policy makers, and service providers (including the V4A and local department of social services representatives), and advocacy organizations. Additionally, more than 200 individuals participated through open community forums and using a public dedicated email address.

The final version of ADvancing States' stakeholder engagement report is included in the Appendix, Exhibit B. Note that the report is solely a compilation of feedback from stakeholders. It does not represent endorsement (or lack of endorsement) from workgroup members, but instead informed workgroup discussions. Additionally, ADvancing States was acting in the role of "reporter" and did not generally verify stakeholder statements for accuracy. High-level general impressions from the stakeholder engagement portion were (in no particular order):

- Aging is not elevated in Virginia.
- Area Agencies on Aging (AAA) concerns differ from broader stakeholder concerns.
- There exists some lack of understanding of the programs and services that DARS is responsible for administering.
- There are numerous examples of synergies within DARS.
- Concern was expressed about the bifurcated mission of DARS.
- There is strong support for DARS staff, but a desire for more resources and staff for aging programs.
- DARS needs additional resources to support a culture of innovation.
- The Commonwealth lacks a visible high-level official with sole responsibility for aging and the ability to pull interagency groups together within DARS.
- Overall [of those who provided an opinion]*, minimal support for a single state agency emerged.
- Communication from DARS could improve.
- Several aging issues of concern were brought up throughout interviews: the workforce crisis; the need for affordable housing; funding, regulation, and treatment of assisted living facilities, nursing homes, and adult day centers, and adult day programs; public guardianship slots, access to services in rural areas, and lack of transportation options.

Please see the full report in the Appendix. Subsequent to completion of the stakeholder engagement report, V4A unanimously adopted a position endorsing the creation of a single standalone agency (see Appendix Exhibit H for their presentation). After the last meeting of the Aging Services Workgroup, the League of Social Services Executives (VLSSE) sent a position paper recommending that aging services remain under DARS oversight and DARS be provided with several targeted investments, stating “as Adult Protective Services and Adult Services cases serve older adults and adults with disabilities ages 18-59, having coordinated resources available from one state agency streamlines the services offered by LDSS to eligible clients.”³

* *Important Note:* In the last meetings, some workgroup members expressed concern that not all three prongs of stakeholder engagement were specifically asked whether they supported establishing a standalone agency. Participants in the forty-three oral interviews were asked directly whether they believed reestablishing a single state aging agency would improve support for aging services and advocacy within state government.⁴ However, the written survey to AAAs and LDSS instead asked: “what are the advantages and disadvantages you have seen from the integration of Aging and Rehabilitative Services” and a couple questions about factors and strategies for elevation in state government. Community forum participants were provided the budget language and asked broadly about strategies for elevating aging services, with a few proactively offering their opinions on a standalone aging agency. The intention behind those differing questions was to allow for context and nuance through smaller interviews, as opposed to conducting a wider opinion poll. The conclusion of “minimal overall support” was drawn because a majority of those offering an opinion did not support a standalone aging agency. AAA staff that offered an opinion did express strong (but not unanimous) support for a standalone agency through the stakeholder engagement, and subsequently unanimously endorsed that position through the V4A Board. After the surveys were conducted, some workgroup members stated that standard questions for all stakeholder prongs would have provided more comprehensive, accurate feedback.

The report also listed stakeholders’ suggested ways to elevate aging. The workgroup categorized those suggestions and discussed them in further detail in its final meeting. The full list and considerations for those options are provided in Section IV of this report.

SECTION II: Background on Aging Services in Virginia

DARS was formed in 2012 pursuant to § 51.5-117 of the Code of Virginia. DARS is the lead agency in coordinating the work of state agencies on meeting the needs of older adults. DARS is home to several divisions and programs that provide and advocate for essential services to older adults, individuals with disabilities, and caregivers. The agency’s mission is as follows:

“The Virginia Department for Aging and Rehabilitative Services, in collaboration with community partners, provides and advocates for resources and services to improve the

³ League of Social Services Executives, Adult Services Committee, Aging Services Workgroup Recommendations, November 2021

⁴ Stakeholder Engagement Report, p. 18, Appendix Exhibit B

employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.”

With respect to the specific services provided to older Virginians and their caregivers, DARS administers aging-related programs and services funded by the Older Americans Act (OAA; 42 U.S.C. § 3001 et seq., as amended), federal grants, and state general funds.

DARS also provides information to the general public and ensures the development of a continuum of LTSS programs and services to enable older Virginians to remain in their own homes and communities for as long as appropriate and avoid unnecessary institutionalization. OAA services are targeted to older Virginians with greatest economic and social need and their families, especially caregivers, and form a critical part of the Commonwealth’s continuum of LTSS, including adult day center, chore services, homemaker services, nutrition services, personal care, transportation, and many other invaluable services and programs. DARS also evaluates and monitors the aging services provided to older Virginians by the aging network.

In addition, the agency supervises the delivery of the Auxiliary Grant (AG) Program as well as APS and AS, which are delivered through local departments of social services LDSS. Local services provided to eligible individuals include the receipt and investigation of reports of abuse, neglect and exploitation of vulnerable adults (defined as adults age 60 or older and adults age 18-59 and incapacitated) and the provision of protective services; home-based companion, chore and homemaker services; assessments and screenings for Medicaid LTSS; review of annual guardianship reports; and eligibility determinations for AG to low-income residents of assisted living facilities (ALFs), adult foster care homes, and supportive housing settings.

In alignment with DARS’ scope under the Rehabilitation Act of 1973 (29 U.S.C. § 701 et seq., as amended) to provide vocational rehabilitation services, DARS also implements and oversees the OAA Senior Community Services Employment Program (SCSEP), which is a job training program targeted to low-income older adults who are unemployed and age 55 and older.

DARS also hosts the Office of the State Long-Term Care (LTC) Ombudsman. The State LTC Ombudsman Program (“Program”) provides person-centered advocacy for individuals receiving long-term care in facilities as well as in home and community-based services (HCBS). In keeping with its federal and state mandates, the Program investigates and resolves complaints on behalf of LTSS recipients and engages in systemic advocacy to help protect the health, safety, welfare, and rights of these individuals. The Program also monitors and makes recommendations regarding laws, policies, and regulations affecting individuals receiving LTSS, and works collaboratively with partner agencies to improve quality of care and quality of life for older Virginians and those with disabilities. The Program also has advocates that assist individuals who are participants in the Medicaid Commonwealth Coordinated Care (CCC) Plus Program. These Medicaid Managed Care Advocates help Medicaid members to resolve problems with CCC Plus plan coverage and benefits.

DARS is involved in a variety of partnerships and collaborative initiatives aimed at helping older adults to remain in their home and community as long as they choose. Among those is No Wrong

Door (NWD), which is a person-centered system and statewide network of partners supporting older adults, caregivers, individuals with disabilities, veterans and their families. Virginia's NWD is supported through a statewide public/private partnership. Designed as a single point of entry system, providers and individuals gain access to an array of LTSS through a collaborative technology, integrating an individual's unique needs to a live search engine of local, regional, and statewide services as well as a toll free number and 24/7 live support from Virginia 2-1-1 and trained operators. NWD uses secure technology to link providers together, send and receive real-time electronic referrals, document and securely share assessments, and follow-up and track individual enrollment in LTSS.

Guided by the State Plan for Aging Services (October 1, 2019 to September 30, 2023), DARS implements all of these programs through the programmatic divisions of Community Living, APS, and Rehabilitative Services, as well as the Office of the State LTC Ombudsman. These divisions are further supported across the agency and through the administrative supports provided by the divisions and units of: Communications, Fiscal, Human Resources, Information Technology, Information Security, Internal Audit, and Policy and Legislative Affairs. Federal funding and oversight for aging-related services administered by DARS comes from the U.S. Department of Health and Human Services (HHS) Administration for Community Living (ACL), U.S. Department of Labor (DOL) Employment and Training Administration (ETA), and Social Security Administration (SSA).

While the focus of this report is on aging services, there are several other programs and divisions within DARS that, although their primary focus is not on serving older Virginians, they are key components in the mission of the agency and also serve older adults. Within the Division of Community Living, the Office of Disability Programs administers programs related to brain injury, personal assistance services, and independent living. These programs also include older Virginians amongst those who are served. The DARS Disability Determination Services supports the agency's mission by conducting disability determinations for the Social Security Administration. The Division of Rehabilitative Services (DRS), as previously mentioned, administers SCSEP. DRS also administers the state general vocational rehabilitation program, assisting individuals with disabilities, including older Virginians, in finding and maintaining employment and careers. Also located within DRS, the Virginia Assistive Technology System (VATS) supports individuals with disabilities of all ages in attaining the assistive and information technologies and services they need to be active members of their communities.

Agency History

Legislative changes during the 2012 Session of the Virginia General Assembly merged three previously separate HHR entities to create the Department for Aging and Rehabilitative Services (DARS; [HB 1291](#); [Gilbert](#)). This action combined aging services, disability services, and (AG/AS/APS).

The impetus for the creation of DARS can be best attributed to:

- A large, statewide effort by then-Governor Robert McDonnell to consolidate government agencies and boards in an effort to streamline operations, reduce duplication, and save money; and

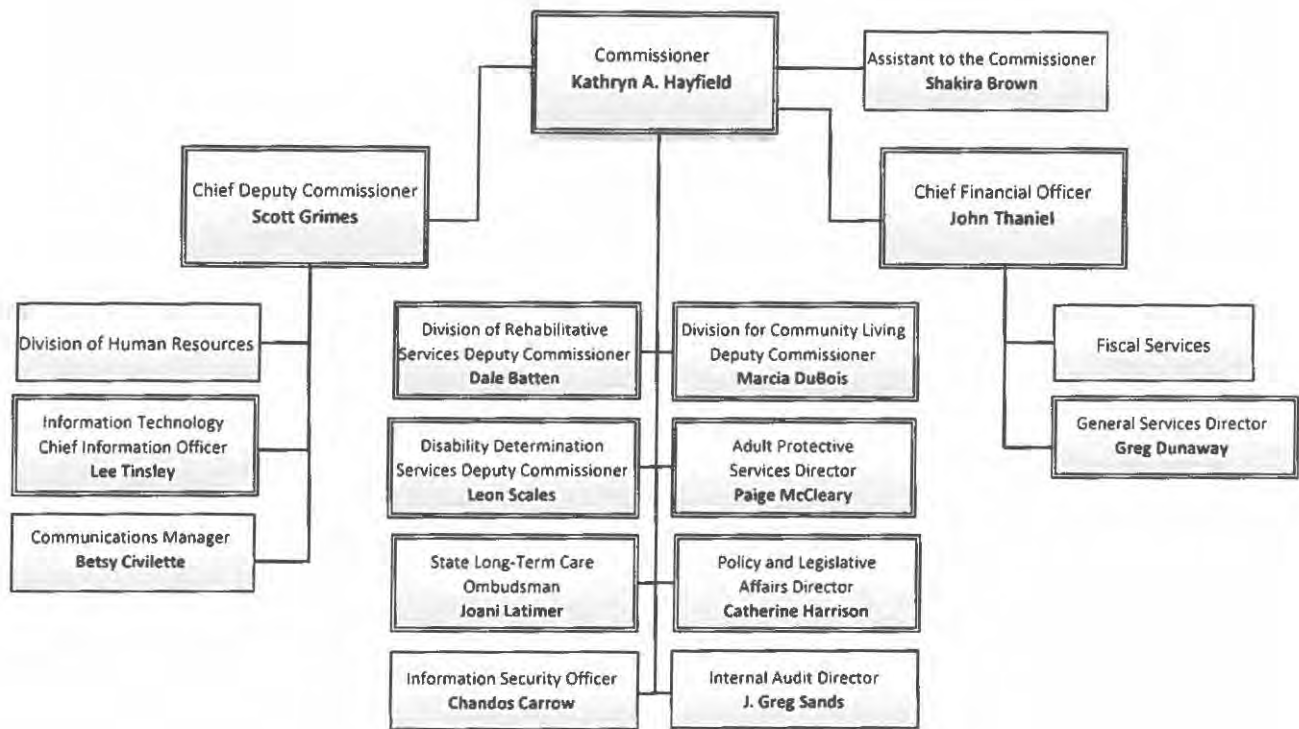
- Alignment with aging and disability initiatives nationally, including the newly created Administration for Community Living (ACL) at the federal level, and a federal effort to advance aging and disability resource centers (ADRCs), which in Virginia is referred to as NWD.

Following the legislative directive, in July 2012, DARS was formed, melding the former Department for Aging (VDA) and the Department of Rehabilitative Services into a new agency. This legislative action also incorporated the APS Division from the Virginia Department of Social Services (VDSS) into DARS. The relocation of the APS Division, which was finalized in July 2013, only affected VDSS APS Division staff; the service delivery system for the APS Division programs remained within the 120 LDSS.

While not ordered by the General Assembly through legislative action, the newly formed DARS opted to bring the Office of the State Long-Term Care (LTC) Ombudsman back into state government operations at this same time. Prior to that, and for many years, the former VDA had contracted with the V4A to host and operate the Office of the State LTC Ombudsman.

These infrastructure changes set the stage for a future of enhanced collaboration between DARS' divisions and units with the new agency's affiliated local organizations which have now come to include: 25 Area Agencies on Aging, 13 Public Guardian Program providers; 17 Centers for Independent Living (CILs) and 3 satellite CILs, and nine Brain Injury Providers, as well as 120 LDSS and more than 230 NWD partner agencies.

The below graphic provides an organizational overview of the DARS Leadership Team and Divisions.



Agency Services

The below table outlines the DARS aging-related programmatic divisions accompanied by each DARS Division's programs and a summary of the populations served.

Division	Program	Populations Served
Adult Protective Services (APS)	Adult Services (AS)	<ul style="list-style-type: none"> Individuals who are 18 or older with an impairment
	APS	<ul style="list-style-type: none"> Individuals who are 60 and older Individuals who are 18-59 and incapacitated
	Auxiliary Grant (AG)	<ul style="list-style-type: none"> Individuals who are 18 and older, are aged, blind or disabled, and need assisted living facility or residential level of care
Community Living	Aging Services	<ul style="list-style-type: none"> Individuals who are 60 and older Caregivers Grandparents raising grandchildren Individuals with Medicare Individuals with dementia Individuals who are 18 and older, incapacitated, and indigent Individuals with disabilities
	No Wrong Door (NWD)	<ul style="list-style-type: none"> All Ages
Office of the State Long-Term Care	State LTC Ombudsman Program	<ul style="list-style-type: none"> Individuals of any age receiving LTC

(LTC) Ombudsman		<ul style="list-style-type: none"> ● Individuals of any age with Medicaid CCC Plus plan coverage
Rehabilitative Services	Senior Community Service Employment Program (SCSEP)	<ul style="list-style-type: none"> ● Individuals who are 55 and older

Adult Services and Adult Protective Services

Purpose: The Adult Protective Services (APS) Division supervises three locally delivered programs: AS, APS and AG Programs. These programs provide protection, empowerment, and the opportunity for independence for older adults and individuals with disabilities. Specifically:

Adult Services Program: Assists individuals age 18 or older with an impairment who need services or support to enhance self-sufficiency and improve their quality of life.

Adult Protective Services: Investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older.

Auxiliary Grant Program: Provides an income supplement for individuals 18 or older who receive Supplemental Security Income and certain other aged, blind or disabled individuals and who need assistance with activities of daily living (ADLs) and reside in participating ALFs, in adult foster care, or in supportive housing settings.

In 2021, these programs served 70,000 clients.

Office of Community Living

Aging Services

Purpose: The Office for Aging Services (OAS) within the Division for Community Living (DCL) helps older Virginians live as independently as possible by coordinating and providing services to help them maintain their dignity and security. The OAS works with 25 AAAs as well as various other public and private organizations, including the 13 entities contracted under the Public Guardian and Conservator Program, to help older Virginians, and their caregivers and families find the services and information they need.

Among the programs and services overseen and administered within OAS include those services authorized under the OAA; e.g., Adult Day Care, Care Coordination, Care Transitions, Communication Referral Information Assistance or CRIA, Disease Prevention and Health Promotion, Elder Rights/Elder Abuse Prevention, Homemaker, Legal Assistance, National Family Caregiver Support Program, Nutrition Services, Options Counseling, Personal Care, and Transportation) as well as those services that are funded through federal grants and state general funds (e.g., Care Coordination for Elderly Virginians Program, Chronic Disease Management and Falls Prevention Programs, Dementia Services Coordination, GrandDriver, Insurance Counseling, Public Guardianship and Conservator Program, Senior Cool Care, Senior Farmers' Market, and Virginia Lifespan Respite Program). For more detailed information on these services, please consult the [State Plan for Aging Services](#). In Federal Fiscal Year (FFY) 2020, AAAs provided services to 68,654 older Virginians

No Wrong Door

Purpose: Nationally, No Wrong Door (NWD) was first envisioned as a philosophy by the federal Administration for Community Living (ACL) in which older adults or individuals with a disability could enter the aging and disability system through any available door and be routed to potential and available programs and services that meet their needs and preferences. In Virginia, NWD is a person-centered system and statewide network of partners supporting older adults, caregivers, individuals with disabilities, veterans and their families. Virginia's NWD is supported through a statewide public/private partnership, with the Department for Aging and Rehabilitative Services (DARS) as the lead governance and oversight entity, Area Agencies on Aging (AAAs) as the local community leads, and VirginiaNavigator and Virginia 2-1-1 as statewide partners and key community leads. Designed as a single point of entry system, providers and individuals gain access to an array of long-term services and supports (LTSS) through a collaborative technology, integrating an individual's unique needs to a live search engine of local, regional, and statewide services as well as a toll free number and 24/7 live support from Virginia 2-1-1 and trained operators. NWD uses secure technology to link providers together, send and receive real-time electronic referrals, document and securely share assessments, and follow-up and track individual enrollment in services, all in an effort to collaboratively support individuals and families seeking LTSS. NWD systems support individuals to make informed decisions, to exercise control over their LTSS needs, and to achieve their personal goals and preferences. DARS has standardized the training for person-centered options counseling, partner certification, and technology.

More than 70,000 Virginians are served annually by NWD with more than 230 public and private certified partners and 92 certified options counselors. While some partners operate statewide, others vary from region to region based upon local, regional, and statewide partnerships developed by AAAs. A map and listing of the NWD network can be found at nowrongdoorvirginia.org.

State Long-Term Care Ombudsman Program

Purpose: The State Long-Term Care (LTC) Ombudsman Program ("Program") provides person-centered advocacy for individuals receiving LTC in nursing homes, assisted living facilities (ALFs), and other similar LTC facilities and as required by the Older Americans Act (OAA), as well as in home and community-based services (HCBS) and as required by the Code of Virginia. In keeping with its federal and state mandates, the Program investigates and resolves complaints on behalf of long-term services and supports (LTSS) recipients (inclusive of LTC facilities and HCBS) and engages in systemic advocacy to help protect the health, safety, welfare, and rights of these individuals. Operating as one integrated statewide program, the Office of the State LTC Ombudsman Program provides oversight of its network of designated State Program representatives who operate out of AAAs throughout the Commonwealth to carry out the program's work of investigating and resolving complaints and working with stakeholders to improve the quality of LTSS.

While it works cooperatively with regulatory agencies such as the Virginia Department of Health Office of Licensure & Certification and the Virginia Department of Social Services Division of Licensing, as well as other programs, such as Adult Protective Services, law enforcement, legal

services, the Office of the Attorney General, the disAbility Law Center, and more, the Program's efforts are focused on complaint resolution and empowering persons to resolve complaints themselves when appropriate.

The Program also has advocates that assist individuals who are participants in the Medicaid Commonwealth Coordinated Care (CCC) Plus Program. These Medicaid Managed Care Advocates help Medicaid members to resolve problems with CCC Plus plan coverage and benefits.

Senior Community Service Employment Program

Purpose: The DARS Division of Rehabilitative Services is home to numerous employment programs, including the Vocational Rehabilitation (VR) program. The VR program helps people with disabilities get ready for, find, and keep a job.

Also housed in the Division of Rehabilitative Services is the Senior Community Service Employment Program (SCSEP), which is a job training program authorized under the Older Americans Act (OAA) and targeted to low-income older Americans who are unemployed and age 55 and older. SCSEP is the only federally sponsored job training program targeted to low-income older Americans. The program fosters economic self-sufficiency by providing employment training and assisting able participants to move into unsubsidized employment in the public and private sectors. Program participants work in a wide variety of community service jobs, including nurse, teacher, and librarian aides, and clerical workers. The DARS program currently contracts with eight sub-grantees organizations, including seven AAAs (Mountain Empire Older Citizens, Inc., District Three Senior Services, Southern Area Agency on Aging, Senior Connections, Rappahannock Area Agency on Aging, Bay Aging, Inc., and Eastern Shore Area Agency on Aging/Community Action Agency, Inc.) and one employment services organization (STEPS, Inc.). These contracted entities in turn support work experiences for approximately 190 Virginians in a wide array of host agencies across the Commonwealth each year. Of note, several state agencies are also SCSEP host agencies. DARS was also given a demonstration grant through SCSEP that runs until December 31, 2022. With grant funding, DARS developed a pilot Senior Tech Career Support Program, which provides basic computer training and access to technology, as well as training and certifications in employment areas that are in high demand.

SCSEP, as well as other employment programs, are key partners in Virginia's workforce development system, which includes a network of federal, state, regional, and local agencies and organizations that provide a range of employment, education, training, and related services and supports to help all job-seekers secure good jobs while providing businesses with the skilled workers they need to compete in the global economy.

DARS General Responsibilities for Aging Services

Pursuant to §§ [51.5-131](#), [51.5-135 through 137](#), and [51.5-143](#), [51.5-150](#), and [51.5-152](#) of the Code of Virginia, the Commissioner and DARS are charged with the following in the provision of aging services, dementia services, the Virginia Public Guardian and Conservator Program, and NWD:

Assessing Need

- Develop and analyze information on the needs of older Virginians and persons with disabilities;
- Investigate the availability of funds from any source for planning, developing, and providing services to older Virginians and persons with disabilities, particularly those not capable of being gainfully employed;
- Study the economic, social, and physical condition of the residents in the Commonwealth whose age qualifies them for coverage under the OAA or any law amendatory or supplemental thereto, and the employment, medical, educational, recreational, and housing facilities available to them, with the view of determining the needs and problems of such persons; and
- Collect and monitor data related to the impact of dementia on Virginians.

Providing Information to the Public and Partners

- Compile and provide information on the availability of federal, state, regional, and local funds and services for older Virginians and persons with disabilities;
- Determine the services and facilities, private and governmental and state and local, provided for and available to older persons and recommend to the appropriate persons such coordination of and changes in such services and facilities as will make them of greater benefit to older persons and more responsive to their needs;
- Assist state, local, and nonprofit agencies, including, but not limited to, AAAs, in identifying grant and public-private partnership opportunities for improving services to older Virginians;
- Promote local participation in programs for older persons and provide information to the general public;
- Serve as the focal point for the rights of older persons and their families by establishing, maintaining, and publicizing a toll-free number and a means of electronic access to provide resource and referral information and other assistance and advice as may be requested;
- Publicize guidelines on universal design and visitability features to make structures and dwellings accessible for older Virginians and people who develop mobility impairment;
- Serve as a referral point for linking families caring for persons with dementia with the Alzheimer's Association; and
- Provide information, counseling, education, and referral about services and programs that may support individuals and families dealing with dementia.

Recommending and Setting Policy and Coordinating Efforts

- Develop and submit a State Plan for Aging Services to the federal Administration for Community Living (ACL), the Governor and the Virginia General Assembly in accordance with the OAA ([42 U.S.C. § 3027](#)), and pursuant to [§ 51.5-136](#) of the Code of Virginia. The State Plan for Aging Services serves as the Virginia Strategic Plan for

Aging, encompassing all of the required elements identified in the Code of Virginia, and involves significant [stakeholder engagement and solicitation of public comment](#);

- Advise on aging issues as the Governor's principal advisor on aging and recommends to the Governor and the General Assembly such policies, legislation, and other actions appropriate to meet the needs of an aging society and to improve aging services in the Commonwealth. In addition, the Commissioner serves as Special Assistant to the Governor for Aging Policy and shall report directly to the Governor as necessary on aging policies (§ 51.5-130 B of the Code of Virginia);
- Establish, over time and as funds become available, plans, policies, and programs for the delivery of services to older Virginians and persons with disabilities for consideration by the Governor and the General Assembly;
- Serve as the lead agency in coordinating the work of state agencies on meeting the needs of an aging society;
- Develop a state LTC plan to guide the coordination and delivery of a continuum of aging services;
- Evaluate the needs of individuals with dementia and their caregivers, and identify the services, resources, and policies that may be needed to address such needs for individuals with dementia and their caregivers;
- Recommend strategies for coordination of services and resources among agencies involved in the delivery of services to Virginians with dementia; and
- Recommend policies, legislation, and funding necessary to implement the [Virginia Dementia State Plan](#) for meeting the needs of individuals with dementia and their caregivers.

Overseeing the Delivery of Aging Services

- Develop appropriate fiscal and administrative controls over aging services;
- Identify and assure the equitable statewide distribution of resources for aging services;
- Perform ongoing evaluations of the cost-effective utilization of aging services; and
- Implement and oversee the Virginia Public Guardian and Conservator Program, including:
 - Fund a statewide system of Public Guardian and Conservator Program providers ("providers");
 - Contract with local public or private entities to provide services as guardians and conservators operating as providers in those cases in which a court determines that a person is eligible to have a public guardian or conservator appointed;
 - Adopt reasonable regulations to implement, administer, and manage the Virginia Public Guardian and Conservator Program and providers, including recordkeeping and accounting procedures;
 - Establish procedures and administrative guidelines to ensure the separation of providers' public services from the providers' private guardianship or conservatorship services;
 - Establish criteria for client values history surveys, annual decisional accounting and assessment reports, care plans, and such other information required by DARS;

- Establish criteria to be used by the providers in setting priorities with regard to services to be provided;
- Take such other actions as are necessary to ensure coordinated services and a reasonable review of all providers;
- Maintain statistical data on the operation of the Virginia Public Guardian and Conservator Program, and report such data to the General Assembly on or before January 1 of each even-numbered year;
- Recommend appropriate legislative or executive actions; and
- Monitor development and implementation of the Dementia State Plan for meeting the needs of individuals with dementia and their caregivers.

Providing Services

- Provide aging services to improve the quality of life for and meet the needs of older adults in the Commonwealth and act as a focal point among state agencies for research, policy analysis, long-range planning, and education on aging issues; and
- Use available resources to provide services to older adults with the greatest economic needs and those with the greatest social needs.

SECTION III: Review of Other State Agencies and Best Practices for Offices of Aging Services

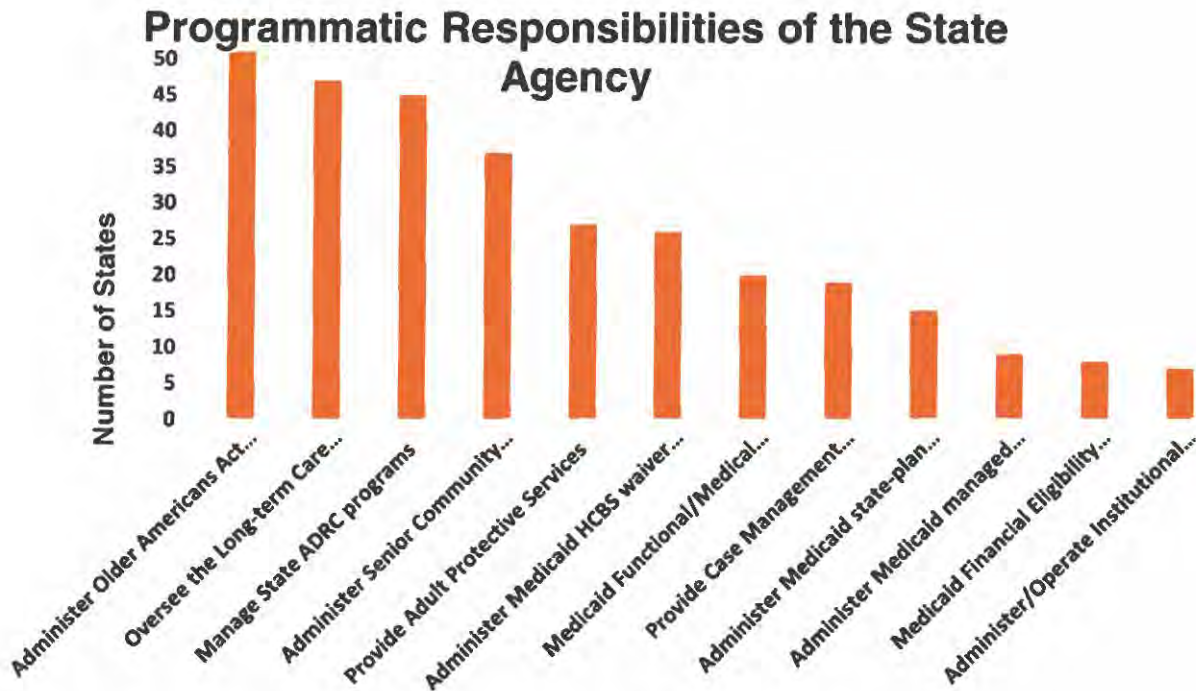
Background

ADvancing States provided a presentation to the workgroup on SUA structures in other states (Appendix Exhibit D). They also facilitated a conversation with aging directors in Florida, Ohio, and Minnesota, focusing on their state structures and experiences in seeking to elevate aging services (Appendix, Exhibit F). The information in this section is drawn from those meetings on July 13th and September 7th, respectively.

National Trends

All aging agencies, or SUAs, administer programs funded by the OAA. Thirty-five SUAs also administer APS and/or Elder Protective Services, and 16 either administer or oversee the guardianship program. Many state aging agencies are involved in some Medicaid functions, including twenty-six that administer the Medicaid home- and community-based (HCBS) waiver, twenty that perform Medicaid eligibility determinations, and nineteen that provided case management functions to Medicaid beneficiaries. Eighteen are involved in setting statewide disability policy, forty-five manage the aging and disability resource network system, and nine oversee the state's centers for independent living. Aging agencies in only three states also provide vocational rehabilitation services. Other programs that state aging agencies report administering and overseeing include those for individuals with physical disabilities (generally defined as adult services), the State Health Insurance Assistance Program (SHIP), and the No Wrong Door system. Some states also administer state-funded aging and disability programs,

like the auxiliary grant program in Virginia. In terms of population served, 88% of state aging agencies also serve individuals with physical disabilities, 53% serve individuals with traumatic brain injuries, and 49% serve individuals with developmental disabilities.⁵



Through its survey of states, ADvancing States identified nine states as having standalone aging agencies. “Standalone” denotes that the agency has a primary programmatic focus on older adults (even if it also serves some individuals with physical disabilities) and is not under a larger health and human services umbrella (the umbrella can be a Secretariat or an agency). The map with standalone agencies also shows approximately half of states, including Virginia, as having an aging division directly under a larger umbrella connected to the Governor (see Appendix, Exhibit D, slide 10). However, caution should be used when comparing those states; differences in each state’s overall structure make it difficult to conclude that they have functionally similar aging services structures.

ADvancing States does not assess or rank states based on performance. Therefore, they did not provide “best practices” in aging structures but instead provided an overview of trends in state structures and associated observations. Between 2010 and 2012, many aging agencies consolidated with disability programs, driven largely by the Great Recession, the shift to managed care for Medicaid long term supports and services, and the creation of the HHS’s Administration for Community Living in 2012. Anecdotally, consolidated agencies had some administrative savings and gained more resources, potentially because disability advocates were

⁵ The survey question on populations that informs this information was left relatively open to state interpretation, so does not necessarily align with specific programmatic responsibilities.

also advocating for the same agency. Currently, many states are successfully using cross agency initiative such as Master Plans on Aging and Age-Friendly initiatives.

Spotlight: Florida, Minnesota & Ohio

Secretary Prudom led the **Florida Department of Elder Affairs**, a standalone aging agency with 404 employees. In addition to OAA funded programs, the Department oversees elder protection services (but not adult protective services), the guardianship program, the aging and disability resource network, and the No Wrong Door system. In Medicaid, the agency administers the Program of All-Inclusive Care for the Elderly (PACE) but does not administer or oversee the HCBS waiver. In addition, the Department administers the state-funded aging program; state funds comprise 50% of its budget. Florida has eleven AAAs that contract with more than 50 “elder lead agencies” to coordinate and provide services.

Secretary Prudom stated that being a Secretary and having direct conversations with the Governor has been important for elevating aging in Florida. Until 1988, aging and other services (e.g. children and families, disability) were all under one health and human services Secretary. The HHS agencies now meet monthly to improve coordination. Florida has thirty-three Secretaries that report to the Governor’s four Deputy Chiefs of Staffs, compared to Virginia’s eleven Secretaries that report to the Governor’s Chief of Staff. Florida has a Cabinet that is distinct from its Secretaries. Secretary Prudom also shared that innovative initiatives, some funded by the American Rescue Plan Act with less restrictions than annual OAA amounts, has been important for elevating aging and addressing emerging needs, such as combatting social isolation.

Secretary Ursel McElroy, director of the **Ohio Department of Aging**, similarly said that have easy access to the Governor and other agency directors had helped her elevate aging services. She is one of twenty-six Secretaries in Ohio’s Cabinet. The Ohio Department of Aging has approximately 100 employees and includes OAA programs, No Wrong Door, and the aging and disability resource network, but does not include any adult protective services or the guardianship program. The agency performs a significant number of Medicaid services, including administration of PACE and the HCBS Waiver. Ohio’s 12 AAAs have been involved in the fee-for service Medicaid Waiver administration, giving them a solid foundation to be one of two states running some managed care services through their MyCare demonstration program. Similar to Florida, Director McElroy has been focused on supporting AAAs as they further develop their business acumen by broadening their funding sources, services, and measuring outcomes. Accountability has been important for the MyCare program, which they will evaluate in close coordination with their Medicaid agency in 2022. The agency also created a Strategic Action Plan on Aging (SAPA) establishing a roadmap and outcome metrics for the aging network, in alignment with their Department of Health’s strategic plan.

Director Kari Benson serves in **Minnesota’s unique dual structure** as both the Executive Director of the Board on Aging and the Director of the Division of Aging and Adult Services in the Health and Human Services Department. The Board of Aging administers OAA and state funded programs and reports directly to the Governor, with the Division providing Medicaid Waiver services. Director Benson thinks aging has not historically been elevated in Minnesota

not because of their structure, but because their focus needed to be expanded beyond OAA program to healthy aging. Through executive order and similar legislative action, the state has started to elevate aging by creating an Age Friendly Minnesota Council and tasking it with developing a master plan on aging. The Board on Aging has taken a lead role in the Council by advocating for statewide aging policies and connecting with public and private sector partners.

SECTION IV: Review and Develop an Optimal Organizational Structure

Objectives of Elevating Aging

A significant portion of the discussion in the workgroup meeting and stakeholder engagement was focused on desired objectives of and potential strategies for elevating aging in the Commonwealth. The goal was to ensure that any structural changes in aging services align with clearly defined objectives. Key objectives for elevating aging are (in no particular order):

Institutionalizing collaboration at the state level and promoting collaboration at the local level: As Secretary McElroy of Ohio said, “no single agency or payer source can by themselves manage this huge matter.” Regardless of structure, state government must ensure regular coordination between the State Unit on Aging and other agencies on program activities, guidance, and strategic direction. The SUA should lead regular interagency meetings to advance aging-related priorities, as well as being included on existing interagency entities. Effective collaboration requires the aging agency to have relationships and stature across state government, in other words a “seat at the table.” Specific areas of improvement cited were collaboration with DMAS and coordination between No Wrong Door and Unite Virginia. State agencies should also promote local collaboration, highlighting the existing successful models, and peer-to-peer learning.

Promoting a positive perception of aging: A common challenge cited in Virginia and other states is combating ageism. Despite sometimes negative connotations around getting older, an aging population brings assets as well as challenges. Secretary Prudom noted that Floridians age 50 years and older are 40% of the population and contribute 55% of the state’s GDP, demonstrating the positive aspects of a longevity economy. As Mr. Boyd stated, “In his planning district, aging is not a challenge but an opportunity...a lot gets back to the optics.”

Supporting focused, dedicated leadership: A popular theme was that DARS staff are well respected but are often not viewed as having sufficient resources (e.g., funding, staff) to fully lead, support and innovate in aging services. Robust dedicated staff, and additional funding, and leadership are foundational to achieving all the objectives in this section.

A broad vision of aging services, including a focus on healthy aging in the community: Services across many agencies and Secretariats impact and are impacted by the aging population, including health and human resources, housing, transportation, behavioral health, and workforce. Efforts to elevate aging should also incorporate the entire continuum of care and all aging programs, not just those provided to low-income individuals and through OAA. The aging system should also increase its support for preventive, wrap-around services in the community,

including those provided by AAAs, to avoid the need for intensive, institutional supports when possible.

Fostering innovation: Many stakeholders cited innovation as an area of improvement for DARS. Supporting innovation includes sharing successful approaches used in other states and localities, as well as funding opportunities outside of those provided by the federal HHS Administration for Community Living. Where allowable, innovation could also include providing funding with less focus on spending requirements and more on accountability for outcomes.

Improving the visibility of aging programs and communication from DARS: Increased visibility would facilitate many of the objectives above, like having a “seat at the table” and improving the perception of aging. Communication from DARS was highlighted as an area of improvement, including communication with other government officials, community-based organizations, and consumers. Improved communication could also help with another key finding from the stakeholder engagement: a lack of understanding of the programs that DARS is responsible for administering (e.g. intended scope and the legal limitation around OAA funding).

Developing and advancing policies that strengthen service delivery in the aging network: In addition to workgroup discussions on shifting the system to preventive community services, stakeholder discussions revealed several areas of concern: a workforce crisis, affordable housing, funding and oversight of long-term care facilities, serving more individuals through public guardianship and supported decision making, and unique challenges in rural areas including access to transportation. One objective of elevating aging is to successfully develop and advocate for legislative, budget, and other proposals to improve aging services.

Structural Options

The workgroup discussed options for structures and strategies that may facilitate the key objectives listed above. In its stakeholder engagement report, ADvancing States suggested thirteen potential ways to elevate aging (in no particular order): create a standalone aging agency; create an agency cabinet; appoint a Secretary of Aging; require an aging subject matter expert in every agency in the Commonwealth; appoint a Deputy Secretary on Aging within HHR; name a Deputy Commissioner on Aging within DARS; increase the size of DARS; create an aging committee within the legislature; work with the universities to perform a needs assessment and/or develop a strategic or master plan on aging; ensure there is a statutory requirement for all aging advisory Boards (including the Commonwealth Council on Aging) to share reports with the legislature; support to increase resource, staffing, and aging expertise within DARS; consider renaming DARS; and asking older Virginians and caregivers for their input. Stakeholder observations on all thirteen suggestions are provided in the stakeholder engagement report. The workgroup placed many of these strategies into four categories to discuss associated considerations. They are presented below in no specific order. Also note that these options are not mutually exclusive and many could be mixed and match to achieve desired goals.

Option A: Create a Standalone Agency for Aging Services

Summary:

- Mixed opinions among stakeholders on whether a standalone agency would elevate aging services, including with high level officials in state government
- Guarantees dedicated focus within the agency
- Status quo has not yielded sufficient elevation
- Other factors may be equally or more important for elevation
- Costs including financial, time/effort, and potentially staff morale and uncertainty
 - Some staff fears, like job certain and salary, could be mitigated
- Synergies between other DARS programs, including community living and vocational rehabilitation, and associated “strength” of the agency
 - Mixed opinions about whether synergies with vocational rehabilitation were being realized and/or were valuable
 - Some DARS programs serve both individuals with disabilities and older Virginians
 - Depending on structure, new synergies may be realized in the new agency
- More discussion needed on which programs to include in a standalone agency, including analysis on impact to “host” agency
 - V4A provided a solid proposal as a starting place
 - Mixed opinions about whether the agency should include programs that also serve individuals under age 60 with disabilities, potential tension between singular focus and having an umbrella organization
- As noted above, less than 10 states have “standalone” aging agencies
 - Only three are combined with vocational rehabilitative services

The workgroup and some stakeholders discussed the potential advantages and disadvantages of creating a standalone state agency. Mixed opinions emerged. The V4A Board voted unanimously to support creation of a standalone aging agency. While they support and respect DARS staff, the V4A does not believe the status quo has yielded sufficient attention and funding for aging staff and programs. Their vision is an aging agency that is structured to have clout and relationships throughout state government, led by an individual with aging expertise, to advance whole-of-government initiatives promoting a healthy Commonwealth for older Virginians. A single state aging agency guarantees agency focus on aging programs within the agency leadership, as well as any adult services included in its portfolio. In the stakeholder engagement portion of the workgroup, some stakeholders “also expressed that a standalone agency may naturally lead to more focus on that agency’s proposals and current issues.” A standalone agency may also address some stakeholder concern about the bifurcated mission of DARS and the association between aging and rehabilitation contributing to ageism.

However, and with the caveat that only individual interview participants were directly asked their opinion on creating a standalone aging agency (see explanatory note on in Section I), the stakeholder engagement report found that “overall minimal support for a single state agency emerged.” One concern was uncertainty around whether the agency would be robust and influential. Many articulated that other factors were more likely to lead to elevation than creating a new standalone agency, such as funding, leadership and advocacy. See the

stakeholder engagement report in Appendix Exhibit B for additional details on stakeholder feedback.

In terms of elevating aging focus amongst high-level offices, some believed a singular aging agency would necessitate Administration focus. The rationale is that the Secretary would hear more about aging as he/she interacts with the aging agency head and prioritizes agency legislative and budget proposals. On the other hand, some were concerned a standalone aging agency would increase the likelihood that these issues would get lost in the shuffle in the large Secretariat. Deputy Secretary Finley's experience is that larger HHR agencies with more programs receive equal or more attention. She has also seen agency heads effectively administer different programs to multiple constituencies, giving due attention to multiple priorities. There was discussion in the workgroup about what makes an agency "small" in terms of level of attention – is it the number of employees, agency funding level, or the agency's reach in terms of population served? Florida's Secretary Prudom noted he was able to elevate aging as part of a "smaller" agency by actively representing the whole aging network, not just his employees.

In addition to some additional administrative costs at a standalone aging agency (see section IV), another consideration is the amount of staff time dedicated to reorganization instead of other efforts. DARS current and former staff also expressed that a dissolution of the agency would negatively impact their morale. For example, it also made staff fearful that their salary would decrease. The concerns around salary and job certainty could likely be ameliorated by assurances from the General Assembly. Commissioner Hayfield also noted that reestablishing a single state agency would impact the programs that remained at DARS. If a change is pursued, an analysis would need to be conducted on the host agency/agencies.

Another consideration of a standalone aging agency is potentially losing some synergies with other programs, including rehabilitation services and community living services for individuals with disabilities. DARS' community living programs for both older individuals and individuals with disabilities are funded and managed by the Administration for Community Living at the federal level. Through the stakeholder engagement, DARS staff and other stakeholders provided examples of disability programs better serving their aging clients because of increased expertise and collaboration. For example, Gayl Brunk, the President of the Virginia Association of Centers for Independent Living, said the merger led them to communicate more with AAAs, including writing each other into grants. AAA representatives on the workgroup noted they still frequently see siloed activity at the local level, especially with vocational rehabilitation offices. Mr. Tweedy and Ms. Massart believes the synergies may not carry significant value, since interagency coordination often happens even if the programs are at two different agencies.

Further discussion is needed to determine which programs would be included in a new aging agency. In the workgroup's final meeting, the V4A outlined its vision for which programs would be included in a new standalone agency (below). Most programs V4A proposed for the new agency are currently at DARS and were at the Virginia Department for Aging until it was merged. There was some discussion about whether an aging agency would serve individuals under 60 with physical and other disabilities, since those populations are both served by programs such as guardianship, APS, No Wrong Door, and other long term services and supports. It was unclear whether adult services, APS, and auxiliary grant were included in the

V4A's proposal, given conflicting statements found in the minutes. However, Mr. Boyd noted that he saw more synergies with adult services such as guardianship and APS than he did with other programs for individuals with disabilities, such as vocational rehabilitation. A few external stakeholders said they would only support a standalone aging agency if it were an umbrella over all programs impacting the aging population, and was broader than the former Virginia Department for Aging. Many local departments of social services (LDSS) were concerned that encompassing programs for individuals under 60 under "aging" would lose focus on the full constituencies that they serve. Regardless of who oversees APS policies, the workgroup generally agreed that administration of APS should remain with the local department of social services, in part because of the 20% local match at LDSS.

V4A proposal for the standalone aging agency:

(Notes: an asterisk denotes that the program is currently at DARS; some statements in the minutes also showed APS and auxiliary grant in the V4A proposal.)

- Office of Long-Term Care
- Ombudsman Program*
- Dementia Services*
- VICAP*
- Chronic Disease Self-Management Program*
- Public Guardianship & Conservator Program*
- Falls Prevention Program*
- Senior's Farmers' Market Program*
- Senior Community Services Employment Program* (currently under the Division of Rehabilitative Services)
- Virginia's Senior Navigator Program*
- No Wrong Door Program*
- GrandDriver Program*
- Lifespan Respite Voucher Care Program*
- Senior Nutrition Program

As noted above, if the General Assembly pursues creation of a standalone aging agency, further discussion is needed to determine which programs should be included and the impact on the host agency(ies) and its stakeholders.

Option B: A Coordinating Organization (e.g. Aging Cabinet) and/or Strategic/Master Plan

- Regardless of agency structure, it is important to have a coordinating entity (multi-agency and/or multi-sector) to achieve key objectives listed above
- An Aging Cabinet would likely further elevation, but its impact may vary depending on an Administration's priorities
- The State Executive Council (SEC), which oversees the Children's Services Act has strong elements as a model, but serves a unique purpose and is not directly comparable to the aging network
- A coordinating body could be charged with a creating a Master Plan on Aging or similar strategic plan, an approach used effectively in other states

- The full aging network should be involved in some way
 - The Commonwealth Council on Aging and this workgroup's stakeholder list serve as a starting point (but needs to be more robust)
 - Involving members of the legislature would be beneficial
- The SUA should also be represented on all other relevant boards, councils, and workgroups

The workgroup agreed that, regardless of whether a standalone aging agency was reestablished, it is important to have a robust multi-agency or multi-sector entity to better coordinate and elevate aging services. Aging issues will always be broader than the aging agency. Interagency councils are a common way to achieve cross-agency initiatives. The entity could mitigate some inconsistencies in treatment and guidelines for similar aging programs at different agencies. For example, APS employees sometimes receive differing guidance from DSS and DARS, and long-term care providers are spread across several HHR agencies. The V4A stated that the AAAs are ready to contribute and further diversify their programming, but believe more collaboration is needed to fully leverage their services. If structured and staffed effectively, a coordinating entity would further many objectives outlined by the workgroup and listed above. For example, it would likely promote visibility, collaboration, a broader vision of agency, and policy proposals.

Virginia currently has a Commonwealth Council on Aging (CCOA), established by the Virginia Code in 1998.⁶ The workgroup noted the Council would be a good starting point, but would need to be expanded and strengthened to further elevate aging services. Additionally, unlike other advisory councils staffed by DARS, the CCOA is not statutorily required to submit an annual report to the General Assembly. The group generally develops annual recommendations and shares them with the Secretary of HHR and other government officials. However, adding legislative language would enable them to submit an official, publicly available Report to the General Assembly. This year's CCOA report is included in the appendix of this report (Exhibit C).

Stakeholders repeatedly cited children's issues as being elevated in state government and some workgroup members cited the Children's Cabinet as one effective model. The Children's Cabinet was established by Executive Order in 2014 to and continued in 2018 to "develop a set of goals, identify strategies, and measure impact and outcomes" on four key priorities, "encourage stage agencies to collaborate...and share data," and "recommend ways to optimize and align local, state, and federal resources, and public-private partnerships" to improve services for Virginia's youth and their families.⁷ It has been effective for a number of reasons, including (i) it's focused efforts on several key priorities in childhood development and school readiness, nutrition and food security, and systems of care and safety for school-aged youth; (ii) its efforts to bring together a network of folks poised and ready to ensure appropriate access to behavioral health and mental health services, and (iii) it's overall efforts to promote high quality, affordable early childhood education for families across Virginia, with consistent engagement from the First Lady of Virginia and other high-level Cabinet members. While the Children's Cabinet and its

⁶ <https://law.lis.virginia.gov/vacode/51.5-127/>

⁷ <https://www.governor.virginia.gov/media/governorviriniagov/executive-actions/EO-11-The-Way-Ahead-for-Virginias-Children-Establishing-the-Childrens-Cabinet.pdf>

executive leadership team are comprised solely of executive branch officials and staff, some working groups are informed by larger workgroups with external stakeholders. An Aging Cabinet would likely be an effective way to elevate aging services. However, one disadvantage is that its success may be dependent on engagement by Administration leadership, which is not guaranteed. For example, one stakeholder noted a long-term care council eventually was discontinued after the meetings became less dynamic and leadership stopped attending.

Another effective multi-agency, multi-sector body discussed by the workgroup is the State Executive Council (SEC). The SEC was established in 1993 to oversee administration of the Children's Service Act and the state pool of funds for at-risk youth. It is chaired by the Secretary of Health and Human Resources, staffed primarily by the Office of Children's Services, and membership includes General Assembly Members, relevant agency heads across Secretariats, the chair of a state and local advisory team, local stakeholder representation, and providers, consumers, and parents. A few factors have likely contributed to the Council's success. For one, it is not solely an advisory body but instead a policy-making body, charged with establishing guidelines for localities and other functions). A Secretary or Deputy is statutorily required to serve as chair, furthering high-level engagement. Finally, it has a clearly defined strategic plan with objectives and associated metrics. Workgroup representatives from the House Appropriations and Senate Finance and Appropriations Committees agreed the SEC has been successful overall, and that it would be important for any coordinating entity to have clear purpose and accountability. However, they also noted that SEC serves a very unique, specific purpose. Therefore, "lessons learned" may be at a very high level, and the details of a parallel body for the aging network would need to be further developed. Compared to an aging cabinet, an SEC-like body with a prescriptive charge in Code may foster institutionalized collaboration and be less sensitive to changes in Administration.

A potential charge for a cabinet or council could be developing a master plan on aging. As noted above, many other states have created cross-sector organizations to advance aging initiatives. Two prominent approaches are master plans on aging, based on guidance from the SCAN Foundation, and becoming an Age-Friendly state, as designated by AARP. Aging Director Kari Benson said Minnesota's Age-Friendly Council has brought together disparate organizations and aligned their legislative proposals, giving them more influence. Both approaches often require months of workgroup meetings, as well as funding. The DARS State Plan on Aging could serve as a starting point for a Master Plan, and the stakeholder engagement list for this workgroup (including the CCOA) could serve as a starting point for group membership. Including legislators in the group, or even creating an aging committee in the legislature, was also suggested.

DARS aging leadership also needs to have a strong presence on relevant existing boards. Both panelists from other states and workgroup members noted it is difficult to effectively influence decisions after they have been developed. DARS currently participates on the Coordinating Council for Homelessness, the Partnership for Healthy Virginia, The Alzheimer's Disease and Related Disorders Commission, the Virginia Public Guardian and Conservator Advisory Board, and the Virginia Caregiver Coalition. It also leads interagency groups including the No Wrong Door Resource Advisory Council. A potential next step is taking an inventory of all interagency,

public-private workgroups, boards, and councils and ensuring DARS has substantive representation where appropriate.

Option C: Expand Aging Programs

- Could be done in any agency structure
- Dedicated aging positions suggested by stakeholders include: policy affairs, strategic planning, data analytics, training and development, communications, grant writing, Long Term Care Ombudsman, dementia services and APS
- A Chief Deputy is an effective tool to expand agency leadership capacity
- Adding programs to DARS could help elevation but needs further examination

Hiring additional aging-focused staff and increasing funding for programs and services would likely elevate aging. This could be done either at DARS or at a new agency. Among workgroup members, Commissioner Hayfield and Deputy Secretary Finley thought adding aging staff at DARS was most effective, since it facilitates elevation without the associated costs of creating a new agency (including financial, time for the administrative effort, and potentially staff morale). Section V of this report shows one option for restructuring DARS to expand its aging focus. On the other hand, AAA representatives felt that DARS has not pursued those changes and indicated that they thought a new agency would be most effective.

Regardless of the agency structure, a few additional positions that should be considered are listed in the 2020 V4A white paper provided to some workgroup members. Those include dedicated positions for Policy Affairs, Strategic Planning (e.g. an R&D Unit), IT/data analytics, and Training & Development (could be with a university). Stakeholders also highlighted the need for additional staff for the Long-Term Care Ombudsman, Dementia Services, and APS, as well as additional support for communications, grant writing and aging expertise.

If aging services were to stay at DARS, a Chief Deputy Commissioner on Aging would likely be an effective way to augment aging leadership and program support both within and outside of the agency. Other agencies, including DSS, DBHDS, and the Department of Health Professions, have effectively used Chief Deputy political appointee positions to expand leadership capacity. Chief Deputies often serve as a “proxy” for the Agency Head on certain programs, issue areas, and initiatives crossing multiple agencies and stakeholders. DARS currently has a Chief Deputy that is a classified employee focused primarily on operations. An additional Chief Deputy on Aging could oversee aging programs within DARS and lead strategic, collaborative efforts with external partners. ADvancing States noted that California recently created a similar position in the Governor’s office to oversee strategic direction of their Director of Community Living and all aging services in state government.

Another option is to expand the number of programs that DARS oversees to broaden its coordination over aging-related services. As noted under option B, coordination may be able to be achieved with an interagency body, if the group is structured and led effectively. For a full list of programs related to aging, DARS current state plan on aging provides an overview. Similar to creating a standalone agency, the impact on host agencies should be assessed before removing any programs.

Option D: Appointed a dedicated aging leader in the Governor's office

Placing a position in the Governor's office would ease access to the Governor and other Secretariats, similar to what Florida and Ohio aging directors described. Such a position would likely increase the visibility and leadership presence during the Governor's term. Governor Northam has appointed advisors and Assistant Secretary positions focusing on certain issues or populations, like trauma-informed care, substance use disorder, and food insecurity.

However, the group expressed mixed opinions on the value of having an aging position in the Governor's office as opposed to within DARS. V4A endorsed a cabinet level aging official like a Secretary or Deputy Secretary on Aging. However, since the position is dependent on the Administration, it may not institutionalize a holistic focus that withstands other priorities. It was also unclear how an Aging Secretary/Deputy Secretary would fit within Virginia's current Cabinet structure, which is primarily structured by agency (as opposed to by population). A couple workgroup members voiced they did not see this as being the most effective option.

Option E: "Reimagine" Aging Services

The purpose of this workgroup was to assess potential structural changes to elevate aging, including a systemic shift to preventive services and healthy aging. While the strategies in this section do not represent structural shifts, there are additional ways that could elevate aging and address some of the key objectives list above:

Public Awareness Campaigns: Public Service Announcements (PSAs) would help raise the visibility of aging and communicate more effectively with the public. Several community forum participants noted that consumers and providers often do not know where to turn to access aging services. Awareness campaigns could also foster a more positive perception of aging, including educating the public on the opportunities of the longevity economy.

Continue Community Forums & Peer-to-Peer Learning Opportunities: More than 200 individuals attended the virtual community forums hosted by the Aging Services Workgroup, demonstrating an interest in discussing aging in the Commonwealth. In addition to the Commonwealth receiving valuable input, the forums facilitated knowledge sharing among stakeholders. For example, the Virginia Center on Aging shared their funding opportunity for geriatric education and training, especially related to behavioral health, and listened to other community workforce needs. Another need expressed by both workgroup members and stakeholders was to have peer-to-peer learning opportunities, so that each locality doesn't have to reinvent the wheel on best practices and innovations.

Rename/Rebrand DARS or the Office of Aging: Some stakeholders noted that aging can have a negative connotation, especially when it is paired with "rehabilitation." Renaming the agency or specific offices may also improve the perception and visibility of aging services.

SECTION V: Transition Plan

The budget language establishing the Aging Services Workgroup charged the group with developing a transition plan and associated legislative and budgetary language. Developing a Transition Plan is contingent on having an optimal structure, which the workgroup did not identify. While this report does not include a transition plan, it does provide DARS' preliminary transition assessments to inform potential future discussions on a standalone aging agency. , DARS has provided transition assessments that estimate the needs for:

- Option 1: Creation of a standalone agency for aging services,
- Option 2: Meet the unmet needs and elevate aging services within DARS, and
- Option 3: Creation of a standalone agency for aging services that also meets unmet needs to elevate aging services.

Note that these assessments are a starting point for any future discussion and is **not** a full transition plan. DARS made some assumptions regarding the new agency for the purposes of providing a useful starting point, but their assumptions are not meant to pre-empt necessary ongoing discussions on a vision for a potential state agency on aging. In other words, to develop a final transition plan and associated cost estimates, a number of decisions would need to be made on programs, staff, structure, and administrative functions of the new agency.

Option 1: Creation of a Standalone Agency for Aging Services

As used in these assessments, "aging services" includes: 1) Aging Services, including the Public Guardian and Conservator Program; 2) No Wrong Door (NWD); 3) Adult Services, Adult Protective Services (APS), and the Auxiliary Grant Program; 4) Senior Community Service Employment Program (SCSEP); and 5) the State Long-Term Care (LTC) Ombudsman Program. These programs were selected for inclusion in this document based on:

1. The scope of the study as provided in Item 291 F of Chapter 552 of the 2021 Acts of Assembly (Aging Services; Adult Services, APS, and the Auxiliary Grant Program),
2. Older Americans Act programs (Aging Services, NWD, SCSEP, and the State Long-Term Care Ombudsman Program),
3. DARS' current organizational structure (all current programs), and
4. A review of the historical delivery of aging services in the Commonwealth (Aging Services, including the Public Guardian and Conservator Program; NWD; and SCSEP).

Identified in Table 1 is the current fiscal year (FY) adjusted appropriation to DARS for aging services. The amounts below represent DARS' allocated funding for programs and contracted services as well as administration to support the delivery of aging services. Table 1 is inclusive of "base" or ongoing funding as well as active federal "discretionary" (i.e., competitive and time-limited) grants. With regard to funding for Adult Services, APS, and the Auxiliary Grant Program, Table 1 only includes funding appropriated to DARS for administration of those programs; it does not include funding that is appropriated to the Virginia Department of Social Services and distributed to local departments of social services (LDSS) at DARS' direction. Table 1 also does not include any stimulus or pandemic related dollars.

Table 1: Summary of the FY 2022 Current Adjusted Appropriation

Service Area Name	State Funds	Special Funds	Federal Funds	Grand Total
Financial Assistance for Local Services to the Elderly	\$11,791,037	\$290,000	\$19,039,250	\$31,120,287
Rights and Protection for the Elderly	\$4,712,366		\$456,565	\$5,168,931
Meals Served in Group Settings	\$1,285,388		\$8,236,359	\$9,521,747
Distribution of Food			\$424,342	\$424,342
Deliver of Meals to Home-Bound Individuals	\$4,993,260		\$7,080,254	\$12,073,514
Management and Quality Assurance of Aging Services	\$976,262	\$10,232	\$2,281,290	\$3,267,784
Central Oversight and Quality Assurance for APS	\$1,763,571			\$1,763,571
State Long-Term Care Ombudsman Services	\$769,943	\$0.00	\$474,721	\$1,244,664
No Wrong Door Initiative	\$379,788	\$74,000	\$610,614	\$1,064,402
Grand Total	\$26,671,615	\$374,232	\$38,603,395	\$65,649,242

Identified in Table 2 are the current budgeted positions for the delivery and administration of aging services within DARS. This includes base positions as well as active grant-funded positions.

Table 2: Current Budgeted Positions

Program	Classified	Wage	Total
Management and Quality Assurance of Aging Services	17	4	21
Central Oversight and Quality Assurance for APS	12	1	13
State Long-Term Care Ombudsman Services	9	2	11
No Wrong Door Initiative	6	3	9
Grand Total	44	10	54

Note: Not included in Table 2 are two positions (one classified and one wage) associated with SCSEP.

Assumptions

This document identifies the transition plan elements that are needed for the creation of a standalone agency with the following assumptions:

1. The standalone agency would include those aging services identified in the Introduction (Aging Services, including the Public Guardian and Conservator Program; NWD; Adult Services, APS, and the Auxiliary Grant Program; SCSEP; and the State LTC Ombudsman Program).
2. The transition plan accounts for all of the existing positions identified in Table 2 and the two SCSEP positions moving to the new standalone agency.
3. Additional administrative costs and staff would be needed to support the standalone agency.

- a. When available, salaries were calculated using the current state recruit website, identifying the median salary for each position as well as an assumed 40% benefit cost for each salary.
 - b. The additional personnel costs were developed with the assumption that no Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) would augment a particular support service, but rather such administrative support would be provided “in-house” by the standalone agency. For example, the estimated costs do not include procurement and contract management oversight conducted by the Department of General Services (DGS) on behalf of the standalone agency through a cooperative funding agreement.
4. This document provides estimates to “lift” the administration and delivery of these programs from DARS into a standalone agency with the additional back office supports needed for the standalone agency’s operations. **These estimates do not include any investments in the expansion of current or development of new programs or direct services for older adults or caregivers.**

The personnel and operating costs (ongoing and one-time) are identified below in a summary followed by more detailed explanations.

Findings: Summary

To create and operate a standalone agency for aging services, an estimated \$3,596,000 is needed to support 25 new positions and ongoing operating expenses. In addition, an estimated \$800,000 is needed for one-time expenses to create the standalone agency.

Table 3 below includes the base staff for aging services accounted for in Table 2 and adds the 25 new positions that would be needed as identified by program or unit.

Table 3: Anticipated Total Positions

Program/Unit	Classified	Wage	Total
Base Staff from Table 2	44	10	54
Administration	2		2
Communications	1		1
Fiscal	7		7
General Services	4		4
Human Resources	3		3
Information Technology and Information Security	5		5
Policy and Legislative Affairs	3		3
Grand Total	69	10	79

Table 4 below includes a breakdown of the estimated additional ongoing personnel expenses per position unit as well as the ongoing operating costs or fees.

Table 4: Additional Ongoing Costs

Program/Unit	Personnel	Expense
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Administration	Commissioner	\$210,000
	Administrative Assistant	\$63,000
	Commissioner Discretionary Fund	\$75,000
Communications	Marketing and Communications Coordinator	\$84,000
Fiscal	Director of Finance	\$105,000
	Budget Analyst	\$98,000
	Payroll Administrator	\$84,000
	Accountant	\$70,000
	Grant Accountant	\$70,000
	Fiscal Technician, Sr. (2 positions)	\$112,000
	Risk Management/ARMICS	\$50,000
General Services	General Services/Logistics Manager	\$126,000
	Procurement Officer	\$105,000
	General/Logistics Coordinator	\$84,000
	Administrative Assistant/Receptionist	\$70,000
Human Resources	HR Director	\$161,000
	HR Analyst	\$84,000
	HR Generalist	\$77,000
Information Technology and Information Security	IT Director	\$168,000
	Information Security Officer	\$112,000
	IT Developer	\$112,000
	IT Analyst	\$98,000
	Network and PC Technician	\$91,000
Policy & Legislative Affairs	Policy Director	\$140,000
	Policy and Regulatory Analyst	\$112,000
	Grant Specialist	\$98,000
Additional Costs and Fees – Ongoing*	Agency Fees	\$150,000
	State Vehicles (or Enterprise Rental Services)	\$22,000
	Other Non-Personnel Services	\$325,000
	APS Hearings Officer Contract	\$40,000
	Relocation/Office Space	\$400,000
TOTAL		\$3,596,000

Table 5 identifies additional one-time costs that would be needed for the creation of a standalone agency. Two expenses would be incurred by the standalone agency and one expense would be incurred by DARS.

Table 5: Additional One-Time Costs and Fees

Department	Item	Expense
Additional Costs and Fees for the New Agency – One-Time	Name change	\$200,000
	Moving Expenses	\$100,000

Additional Costs for DARS - One Time	DARS LTRCM Case Management System	\$500,000
TOTAL		\$800,000

Option 2: Meeting Unmet Needs for Aging Services within DARS to Elevate Aging

Option 2 identifies unmet needs that, if supported, could elevate aging services within DARS.

Assumptions

Option 2 identifies the transition assessment elements that are needed to meet unmet needs and elevate aging services within DARS with the following assumptions:

1. A standalone agency would not be created.
2. Additional administrative costs and staff would be needed to meet unmet needs and support the elevation of aging services within DARS.
3. This accounts for all of the existing positions identified in Table 2, including the two SCSEP positions.
4. Tables 4 and 5 below also include the 2022 budget requests for new positions to support enhanced delivery of aging services in DARS (originally found in Table 3).
5. Additional administrative costs and staff would be needed to meet the unmet needs. When available, salaries were calculated using the current state recruit website, identifying the median salary for each position as well as an assumed 40% benefit cost for each salary.
6. These estimates are designed to support an organization structure within DARS that generates enhanced capacity for elevating aging services. These estimates do not include new funding for direct services for older adults or caregivers.

The personnel and operating costs (ongoing and one-time) are identified below in a summary followed for more detailed explanations.

Findings: Summary

To meet unmet need and elevate aging services within DARS, an additional estimated \$2,972,000 is needed to support 24 new positions and ongoing operating expenses.

Table 4 below identifies the 24 new positions by program or unit.

Table 4: Anticipated New Positions

Program/Unit	Classified	Wage	Total
Aging	7	1	8
APS	6	2	8
Communications	2	0	2
Fiscal	2	0	2
Office of the State LTC Ombudsman	2	0	2
Policy and Legislative Affairs	2	0	2
Grand Total	21	3	24

Table 5 below includes a breakdown of the estimated ongoing operating expenses per position per program or unit as well as additional costs and fees.

Table 5: Additional Ongoing Costs

Department	Personnel	Expense
Aging	Deputy Commissioner for Aging Strategy and Innovation	\$182,000
	Deputy Director of Aging Programs	\$126,000
	Aging Programs Consultant/Generalist	\$102,000
	Director of Public Engagement	\$126,000
	Dementia Services Specialist	\$98,000
	Aging Services Trainer	\$77,000
	Falls Prevention Manager	\$98,000
	Part-Time Falls Prevention Specialist	\$48,000
APS	Program Manager	\$119,000
	Regional Consultant (5 positions)	\$525,000
	Part-Time Trainer (2 positions)	\$96,000
Communications	Marketing and Communications Coordinator	\$84,000
	Social Media Coordinator	\$56,000
Fiscal	Grants Accountant	\$70,000
	External Audit/Risk Manager	\$98,000
Office of the State LTC Ombudsman	Training Coordinator/ Resource Developer	\$77,000
	Legal & Legislative Consultant	\$112,000
Policy & Legislative Affairs	Research and Data Analytics Coordinator	\$140,000
	Grant Specialist	\$98,000
Additional Costs and Fees – Ongoing*	Other Non-Personnel Services	\$490,000
	Support for the Aging Cabinet	\$50,000
	Support for an Interagency Workgroup	\$100,000
TOTAL		\$2,972,000

Option 3: Create a Standalone Agency to Meet Unmet Needs and Elevate Aging Services

Option 3 identifies the transition assessment elements that are needed for the creation of a standalone agency that meets unmet needs to elevate aging services. Generally speaking, this item blends the assessment elements from Option 1 and Option 2 together.

Assumptions

Option 3 identifies the transition assessment elements that are needed for the creation of a standalone agency that meets unmet needs to elevate aging services with the following assumptions:

1. The standalone agency would include those aging services identified in the Introduction (Aging Services, including the Public Guardian and Conservator Program; No Wrong Door (NWD); Adult Services, Adult Protective Services (APS), and the Auxiliary Grant

Program; Senior Community Service Employment Program (SCSEP); and the State Long-Term Care (LTC) Ombudsman Program).

2. This accounts for all of the existing positions identified in Table 2, including the two SCSEP positions.
3. Tables 6 and 7 below also include the 2022 budget requests for new positions to support enhanced delivery of aging services in DARS (originally found in Table 3).
4. Additional administrative costs and staff would be needed to support the standalone agency.
 - a. When available, salaries were calculated using the current state recruit website, identifying the median salary for each position as well as an assumed 40% benefit cost for each salary.
 - b. The additional personnel costs were developed with the assumption that no Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) would augment a particular support service, but rather such administrative support would be provided “in-house” by the standalone agency. For example, the estimated costs do not include procurement and contract management oversight conducted by the Department of General Services (DGS) on behalf of the standalone agency through a cooperative funding agreement.
5. This document provides estimates to “lift” the administration and delivery of these programs from DARS into a standalone agency with the additional back office supports needed for the standalone agency’s operations and enhanced capacity to elevate aging services. These estimates do not include new funding for direct services for older adults or caregivers.

The personnel and operating costs (ongoing and one-time) are identified below in a summary followed for more detailed explanations.

Findings: Summary

To create and operate a standalone agency that meets unmet needs in order to elevate aging services, an estimated \$5,699,000 is needed to support 45 new positions and ongoing operating expenses. In addition, an estimated \$800,000 is needed for one-time expenses to create the standalone agency.

Table 6 below identifies the 47 new positions by program or unit.

Table 6: Anticipated New Positions

Program/Unit	Classified	Wage	Total
Administration	2	0	2
Aging	7	1	8
APS	6	2	8
Communications	2	0	2
Fiscal	9	0	9
General Services	4	0	4
Human Resources	3	0	3
Information Technology and Information Security	5	0	5

Policy and Legislative Affairs	4	0	4
Grand Total	42	3	47

Table 7 below includes a breakdown of the estimated ongoing operating expenses per position per program or unit as well as additional costs and fees.

Table 7: Additional Ongoing Costs and Fees

Department	Personnel	Expense
Administration	Commissioner	\$210,000
	Administrative Assistant	\$63,000
	Commissioner Discretionary Fund	\$75,000
Aging	Deputy Commissioner for Aging Strategy and Innovation	\$182,000
	Deputy Director of Aging Programs	\$126,000
	Aging Programs Consultant/Generalist	\$102,000
	Director of Public Engagement	\$126,000
	Dementia Services Specialist	\$98,000
	Aging Services Trainer	\$77,000
	Falls Prevention Manager	\$98,000
	Part-Time Falls Prevention Specialist	\$48,000
	APS	Program Manager
Regional Consultant (5 positions)		\$525,000
Part-Time Trainer (2 positions)		\$96,000
Communications	Marketing and Communications Coordinator	\$84,000
	Social Media Coordinator	\$56,000
Fiscal	Director of Finance	\$140,000
	Accounting Manager	\$105,000
	Budget Analyst	\$98,000
	Payroll Administrator	\$84,000
	Accountant	\$70,000
	Grants Accountant	\$70,000
	Fiscal Technician, Sr. (2 positions)	\$112,000
	External Audit/Risk Manager	\$98,000
General Services	General Services/Logistics Manager	\$126,000
	Procurement Officer	\$105,000
	General/Logistics Coordinator	\$84,000
	Administrative Assistant/Receptionist	\$63,000
Human Resources	HR Director	\$161,000
	HR Analyst	\$84,000
	HR Generalist	\$77,000
Information Technology and Information Security	IT Director	\$168,000
	Information Security Officer	\$112,000
	IT Developer	\$112,000
	IT Analyst	\$98,000

	Network and PC Technician	\$91,000
Office of the State LTC Ombudsman	Training Coordinator/ Resource Developer	\$77,000
	Legal & Legislative Consultant	\$112,000
Policy & Legislative Affairs	Policy Director	\$140,000
	Policy and Regulatory Analyst	\$112,000
	Research and Data Analytics Coordinator	\$140,000
	Grant Specialist	\$98,000
Additional Ongoing Costs and Fees	Agency Fees	\$150,000
	State Vehicles (or Enterprise Rental Services)	\$32,000
	Other Non-Personnel Services	\$630,000
	APS Hearings Officer Contract	\$40,000
	Relocation/Office Space	\$400,000
	Support for the Aging Cabinet	\$50,000
	Support for an Interagency Workgroup	\$100,000
TOTAL		\$6,224,000

Table 8 identifies additional one-time costs that would be needed for the creation of a standalone agency. Two expenses would be incurred by the standalone agency and one expense would be incurred by DARS.

Table 8: Additional One-Time Costs and Fees

Department	Item	Expense
Additional Costs and Fees for the New Agency – One-Time	Name change	\$200,000
	Moving Expenses	\$100,000
Additional Costs for DARS – One Time	DARS LTRCM Case Management System	\$500,000
TOTAL		\$800,000

CONCLUSION

Aging services should be further elevated in the Commonwealth, especially given the growing portion of older Virginians. The objectives of elevating aging are to improve collaboration, the perception of aging, leadership, healthy aging, innovation, visibility, communication, and policy advocacy. Potential factors that influence elevation include structure, funding, leadership, culture, and strategic direction, including outcome measures and accountability mechanisms. The federal government also plays a role in establishing both funding levels and programmatic direction.

Some workgroup members and stakeholders felt a standalone aging agency would be an important shift to achieve the objectives described above. Some felt it would do the opposite, or

would be neutral and would detract from more effective approaches. Additional state resources, a Chief Deputy on Aging, Aging Cabinet or similar Council, and/or a Master Plan would help elevate aging services. The full stakeholder engagement report provided by ADvancing States is Exhibit B in the Appendix. While the group did not identify an optimal structure and associated transition plan, this report provides information about DARS programs to serve as a starting point for potential future discussions. Regardless of which option(s) the Commonwealth chooses, the workgroup and stakeholder discussions have highlighted the challenges and opportunities of the aging population and service providers, as well as provided valuable feedback to inform the direction of aging services in Virginia.

APPENDIX

Exhibit A: Workgroup Work Plan & Stakeholder Engagement Plan

Exhibit B: Stakeholder Engagement Report by ADvancing States

Exhibit C: Commonwealth Council on Aging's 2021 Recommendations

Exhibit D: First Meeting Minutes (July 13, 2021)

Exhibit E: Second Meeting Minutes (July 27, 2021)

Exhibit F: Third Meeting Minutes (September 7, 2021)

Exhibit G: Fourth Meeting Minutes (October 7, 2021)

Exhibit H: Fifth Meeting Minutes (November 3, 2021)

Aging Services Workgroup Work Plan & Stakeholder Engagement Plan

BACKGROUND

Language Establishing Aging Services Workgroup *Chapter 552, 2021 Acts of Assembly*

F.1. It is the intent of the General Assembly that aging services be elevated in importance within state government, to include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources beginning July 1. Such an agency would oversee policies and programs impacting older Virginians and provide a leadership role across state government in evaluating the impact the aging population has on state services.

2. The Secretary of Health and Human Resources, or his designee, shall convene a workgroup that includes representatives from the Department for Aging and Rehabilitative Services, Area Agencies on Aging, the Virginia Association of Area Agencies on Aging, the Department of Planning and Budget, the Division of Legislative Services, appropriate staff from the House Appropriations and Senate Finance and Appropriations Committees, and other appropriate stakeholders. The workgroup shall: (i) review other state aging departments and best practices for offices of aging services that are fully capable of leading across state government with regard to the impacts of an aging population; (ii) review and develop an optimal organizational structure; (iii) develop a transition plan for transferring staff, funding and making other operational changes as needed; (iv) draft legislation for consideration by the 2022 General Assembly; (v) determine potential costs; and (vi) develop draft changes to the Appropriation Act. The workgroup shall, at a minimum, evaluate the most appropriate place that aging services, adult services, adult protective services and auxiliary grant programs should reside within state government. In addition, the workgroup shall examine any other aging-related programs in the Health and Human Resources Secretariat and make recommendations as appropriate to ensure coordination across such programs.

3. The workgroup shall provide all deliverables and report on its findings by December 1, 2021, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees.

Membership:

Entity	Representative(s)
Office of the Secretary of Health and Human Resources	Secretary Daniel Carey, M.D. Catie Finley, Deputy Secretary Corey Pleasants, Assistant Secretary
Department for Aging and Rehabilitative Services (DARS)	Kathy Hayfield, Commissioner
Area Agencies on Aging (AAA)	Bill Massey
Virginia Association of Area Agencies on Aging (V4A)	Harold Sayles Ron Boyd

Department of Planning and Budget	Kenny McCabe
Division of Legislative Services	Sarah Stanton/David May
Staff from the House Appropriations and Senate Finance and Appropriations Committees	Mike Tweedy Susan Massart
Additional Stakeholders	Workgroup members are only those named in the bill. Will engage additional stakeholders through interviews, presentations, town halls, etc.
ADvancing States (Co-facilitator)	Martha Roherty, Executive Director

WORK PLAN

July 13th	<p>Workgroup Meeting #1 - National Overview and Discuss Stakeholder Engagement Plan</p> <ul style="list-style-type: none"> • Introductions • Overview of the Workgroup Purpose (Item 291 F) • FOIA Overview (10 minutes) • Review of national patterns and key considerations • Review Work Plan & Stakeholder Engagement Plan
July 27th	<p>Workgroup Meeting #2 – Discuss Specific Goals of “Elevating Aging”</p> <ul style="list-style-type: none"> • Overview of DARS’ Current Purpose, Scope and Structure for Aging Services (Older Americans Act, Code of Virginia, and Appropriation Act) and for Adult Services, APS, and Auxiliary Grant (Code of Virginia & Appropriation Act) • What does “elevating aging services” look like? Focus on specific desired outcomes and impacts as compared to status quo. • Workgroup to provide feedback on draft priority questions for stakeholder engagement, including the community forum and AAA survey.
July – September	<p>ADvancing States conducts Stakeholder Feedback – See Stakeholder Engagement Plan</p> <p>In coordination with relevant staff, SHHR begins to identify the elements needed for a staff transition plan and associated costs. Final transition plan will be based on the workgroup’s ultimate recommendation(s) for an optimal organizational structure.</p> <p>SHHR drafts, with DARS information, overview of current aging services to be included as background in the final report.</p>
September 7th	<p>Workgroup Meeting #3 - 3-5 states participate in a panel discussion</p> <ul style="list-style-type: none"> • Selected by ADvancing States based on workgroup feedback and national profile tool.

	<ul style="list-style-type: none"> <i>Note: If we are far enough along on the stakeholder interviews, I recommend having an interim report on findings here + 1-2 states presenting.</i>
October 7th	Workgroup Meeting #4 - ADvancing States Overview of Findings <ul style="list-style-type: none"> Report out from Stakeholder Engagement Structure Options and Associated Considerations <i>Note: if we have done interim findings in the previous meeting, recommend half this meeting for findings + 1-2 states presenting.</i>
October (date TBD)	Workgroup Meeting #5 - Finalize workgroup recommendation(s) and report content <ul style="list-style-type: none"> <i>Note: only SHHR will facilitate this meeting, but ADvancing States will co-facilitate meetings 1-4.</i>
Mid October – Mid November	Finish Report Drafting
December 1	Submit Report to the General Assembly

STAKEHOLDER ENGAGEMENT PLAN

Note that this list was developed by the workgroup to inform outreach. Everyone on this list received notifications of meetings and forums. However, some on this list may not have ultimately participated in stakeholder engagement opportunities. See the final ADvancing States report for groups that participated.

DARS Staff

Working with HHR, ADvancing States will provide an opportunity for all DARS staff to provide input to the workgroup.

Sister State Agencies

Through individual meetings, ADvancing States will gain a broader understanding of how aging services could better operate so that there is interagency collaboration and resource sharing, while avoiding duplication of effort.

- Department of Medical Assistance Services (DMAS) – **Tammy Whitlock, Brian Campbell, Terry Smith**
- Department of Social Services (DSS) – **Tara Ragland, Craig Burshem**
- Department of Health (VDH) – **Kim Beazley, Ruthanne Riser**
- Department of Behavioral Health and Developmental Services (DBHDS) – **Emma Lowry, Suzanne Mayo, Alexis Aplasca**
- Department of Housing and Community Development (DHCD) – **Kendall Cloeter**
- Virginia Board for People with Disabilities – **Teri Morgan**

State Policy Makers and Advisory Boards

ADvancing States will conduct individual meetings with state policy makers and advisory boards, and provide a summary of their feedback to the workgroup.

August 19, 2021

- Legislators and legislative staff
 - Joint Commission on Health Care – **Jeff Lunardi, Estella Obi-Tabot, Kyu Kang**
- Commonwealth Council on Aging – **Beverly Soble (chair)**
 - Note: next meeting is on September 22
- Alzheimer’s Disease and Related Disorders Commission **Laura Bowser (chair)** & Public Guardian and Conservator Advisory Board **Cristi Zedd (chair)**
 - Note: next meeting is September 14 and 21st, respectively

Policy, Advocacy and Research

- Virginia Coalition for the Prevention of Elder Abuse (VCPEA) – **Susan Umidi**
- Alzheimer’s Association Virginia – **Joshua Meyers**
- AARP Virginia - **Jim Dau, David DeBiasi, Natalie Snider**
- Virginia Healthcare Foundation (VHCF) – **Debbie Oswalt, Jane Kusiak, Bill Murray**
- Elder Justice Coalition – **Bob Blancato**
- Higher Education
 - Virginia Tech Center for Gerontology - **Pam Teaster**
 - VCU Department of Gerontology - **Tracey Gendron**
 - UVA Geriatrics (former head) – **Dr. Richard Lindsay**, currently at Lindsay Institute for Innovations in Caregiving
- Centers for Excellence
 - Virginia Center on Aging – **Ed Ansello**
 - Hampton University Center of Gerontology Excellence – **Dr. Ethlyn McQueen-Gibson**
 - Riverside Center for Excellence on Aging and Lifelong Health – **Dr. Christine Jensen & Dr. Rick Jackson**
- Williamsburg Health Foundation – **Carol Sale & Kyra Cook**
- Health and Aging Policy Program Fellow **Kyle Allen**
- Virginia Association of Counties - **Katie Boyle**
- Virginia Municipal League - **Michelle Gowdy, Janet Areson**
- Virginia Poverty Law Center - **Emily Hardy**
- **Linda Nablo** – former Director of Virginia Department of Aging

Local Aging and Disabilities Services Network

ADvancing States will conduct individual meetings with the provider associations and advocacy networks, and provide a summary of their feedback to the workgroup.

- V4A (*also see AAA survey below*) **Eldon James, Jane Woods, and Martina James Nalley (Ron Boyd, Harold Sayles, Bill Massey on workgroup)**
- Longevity Project (Senior Connections, Capital Area Agency on Aging, VCU Gerontology) – **Ayn Welleford**
- Senior Centers – **Sarah Henry, Ray Parks & Lola Walker**
- Meal Providers – **Sarah Henry, Ray Parks & Lola Walker, Gerald Patesel**

August 19, 2021

- Local Departments of Social Services (DSS)/League of Social Services Executives –**Andrew Crawford** + 2 locals especially APS*
 - Also asked Andy to share community forum invitation widely
- Long-Term Care Facilities
 - Virginia Health Care Association (VHCA) – **Keith Hare; April Payne**
 - Virginia Assisted Living Association (VALA) - **Judy Hackler**
 - LeadingAge Virginia (includes Adult Day Centers) – **Melissa Andrews, Dana Parsons**
 - PACE Association – **Merinda Ford**
- State Long-Term Care Ombudsman – **Joani Latimer**
- Northern Virginia Aging Network (NVAN) - **Terri Lynch, Bob Eiffert**
- Centers for Independent Living – **Gayl Brunk, VACIL**
- Virginia Association of Community Action Agencies (VACAP)* – **Annette Lewis**
- Survey to all AAAs and LDSS (anonymous)
 - ADvancing States will design questions in coordination with SHHR and the workgroup (7/27 meeting).

Consumers, Providers, General Public

- ADvancing States will host 1-2 community forums, with invitees and targeted questions designed in coordination with SHHR and the workgroup.
- ADvancing States can establish and monitor an email account to receive written feedback.
- Notices for workgroup meetings and community forums will go to the individuals listed above, as well as:
 - Brain Injury Association of Virginia – **Anne McDonnell**
 - Virginia Brain Injury Alliance – **Jason Harper**
 - Virginia Navigator/No Wrong Door – **Adrienne Johnson**
 - Virginia Association of Home Care and Hospice – **Marcia Tetterton**
 - Virginia Hospital and Healthcare Association – **Brenda Clarkson**
 - Katie Roeper – former director **Senior Navigator**
 - All Board Members – Commonwealth Council on Aging, Alzheimer’s Disease and Related Disorders Commission & Public Guardian and Conservator Advisory Board
 - AAA Directors

Note: All stakeholder engagement will be conducted in compliance with the Freedom of Information Act (FOIA).

Elevating Aging within the Commonwealth

STAKEHOLDER REPORT

BACKGROUND

The Department for Aging and Rehabilitative Services (DARS) is the state agency responsible for leading Virginia in developing policies and designing initiatives that will ensure older adults' well-being and independence in their own homes and communities. DARS is designated as the State Unit on Aging. The sub-division within DARS specifically responsible for older adults is the Office of Aging Services. However, other parts of the agency also provide essential services and supports to older Virginians through adult protective services/adult services and the LTC Ombudsman programs.

The Appropriations Act, HB 1800, passed during the 2021 Special Session I of Virginia General Assembly, in Item 291 F. states that, "It is intent of the General Assembly that aging services be elevated in importance within state government, to include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources." To support that intent the Secretary of Health and Human Resources was directed to convene a workgroup to study the issue further. Specifically, the budget language states:

1. It is the intent of the General Assembly that aging services be elevated in importance within state government, to include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources beginning July 1, 2022. Such an agency would oversee policies and programs impacting older Virginians and provide a leadership role across state government in evaluating the impact the aging population has on state services.
2. The Secretary of Health and Human Resources, or his designee, shall convene a workgroup that includes representatives from the Department for Aging and Rehabilitative Services, Area Agencies on Aging, the Virginia Association of Area Agencies on Aging, the Department of Planning and Budget, the Division of Legislative Services, appropriate staff from the House Appropriations and Senate Finance and Appropriations Committees, and other appropriate stakeholders. The workgroup shall: (i) review other state aging departments and best practices for offices of aging services that are fully capable of leading across state government with regard to the impacts of an aging population; (ii) review and develop an optimal organizational structure; (iii) develop a transition plan for transferring staff, funding and making other operational changes as needed; (iv) draft legislation for consideration by the 2022 General Assembly; (v) determine potential costs; and (vi) develop draft changes to the Appropriation Act. The workgroup shall, at a minimum, evaluate the most appropriate place that aging

services, adult services, adult protective services and auxiliary grant programs should reside within state government. In addition, the workgroup shall examine any other aging-related programs in the Health and Human Resources Secretariat and make recommendations as appropriate to ensure coordination across such programs.

3. The workgroup shall provide all deliverables and report on its findings by December 1, 2021, to the Governor, the Department of Planning and Budget, and the Chairs of House Appropriations and Senate Finance and Appropriations Committees."

The Secretary of Health and Human Resources contracted with ADvancing States to help in the following areas relating to this legislation: participating in the workgroup as a subject matter expert; hosting a series of stakeholder meetings; providing the workgroup with a review of various models for their consideration; and a final written document outlining various options and considerations for the workgroup. The following document reflects the findings from the stakeholder outreach.

THE PROCESS

A critical component of any redesign process is securing the thoughtful input and support of those that will be affected by changes to the current system, broadly termed stakeholders. Any system redesign that does not have the support of a broad array of stakeholders (consumers, providers, advocates, legislators, program administrators, etc.) will have difficulty attaining its goals.

From August-October 2021, ADvancing States conducted a rigorous stakeholder engagement process with the goal of determining how aging could be elevated in Virginia. ADvancing States consulted with a variety of stakeholders including DARS staff, sister state agencies staff, legislators, consumers, advocates, providers, relevant advisory boards, and the general public. A multi-pronged approach to stakeholder engagement was used: the elevating aging workgroup, key informant interviews, multiple listening sessions, Zoom calls and interviews in both group settings and individual meetings, a dedicated email box, phone calls, and an electronic survey.



(Copies of the questionnaires used for the interviews can be found in Appendix A.) The model of stakeholder engagement used is illustrated above. Throughout the process, stakeholders were asked how aging could be elevated in the commonwealth.

Due to COVID-19, all meetings were conducted virtually. Two virtual evening town halls were hosted on August 26 and September 19 using the same PowerPoint and discussion points. (Copies of the PowerPoint and minutes from the two meetings can be found in Appendix B.)

Forty-three interviews were conducted by ADvancing States staff. Some of the interviews were conducted in groups while others were conducted individually. All interviewees were told that their answers would be confidential. Members of the office of the Secretary of Health and Human Resources joined several of the discussions in the beginning of the discussions but dropped off the call mid-way each time to allow for confidential discussion.

ADvancing States also monitored an email box InformVA@advancingstates.org where additional electronic communication and comments could be directed.

The Elevating Aging Workgroup prepared a preliminary list of what “elevating aging” looked like including the following:

1. Increasing the visibility of aging issues.
2. Supporting focused and dedicated leadership.
3. Having a collaborative seat at the table in state government.
4. Coordinating activities between programs and agencies.
5. Fostering innovation.
6. Creating a positive perception of aging.

Stakeholders were asked about elevating aging in four key areas:

1. Establishing goals and outcomes for elevating aging.
2. Raising the visibility of aging issues.
3. Improving coordination and leadership across state government.
4. Fostering collaboration and innovation.

Worthy of note, ADVancing States intentionally did not fact-check feedback from stakeholders included this report—the content of this brief represents what was said, and therefore only occasionally ADVancing States provides clarification or context if warranted.

TYPES OF STAKEHOLDERS WHO PARTICIPATED

Key to the success of any stakeholder engagement is ensuring a broad cross-section of stakeholder participation. ADVancing States worked with SHHR to collectively develop a broad list of consumers, advocates, and providers to meet with.

State Agency Staff and Leadership

Department on Aging and Rehabilitative Services
Department of Medical Assistant Services
Department of Housing and Community Development
Department of Health
Department of Behavioral Health and Developmental Services
State Long Term Care Ombudsman,

Legislative

The Joint Commission on Health Care

Community-Based Organizations

League of Social Services Executives
Centers for Independent Living
Meal Providers
Senior Centers
VA Municipal League/Association of Counties
Northern Virginia Aging Network
V4A

Foundations

Williamsburg Health Foundation
VA Healthcare Foundation

Higher Education/Think Tanks

The Longevity Project for a Greater Richmond
Centers for Excellence—Hampton University Center of Gerontology Excellence
Virginia Tech Center for Gerontology
VCU Department of Gerontology
UVA Geriatrics

Boards/Commissions

VA Board for People with Disabilities
Alzheimer's Disease and Related Disorder Commission

Public Guardian and Conservator Advisory Board
Commonwealth Council on Aging

Long-Term Care Provider Associations

Virginia LeadingAge
Virginia Assisted Living Association
Virginia Health Care Association

Advocacy Groups

Elder Justice Coalition
Alzheimer's Association of Virginia
VA Poverty Law Center
AARP

GENERAL IMPRESSIONS FROM STAKEHOLDERS

1. Aging is not elevated in Virginia

There was widespread agreement that aging is currently not viewed as an elevated issue for the citizens of the commonwealth, the Administration, state agencies, and the legislature. There was also a consensus that aging issues should be elevated. Stakeholders shared that they believed that the lack of elevation of aging was not new to this Governor or legislature.

Stakeholders gave several reasons as for why aging is not elevated. A frequently cited reason for why aging is not elevated in Virginia is ageism. "Ageism refers to the how we think, how we feel and how we act towards others or oneself based on age."¹ According to the world health organization there are significant negative consequences to ageism because it can increase the propensity to increase unhealthy habits such as drinking excessively, eating an unhealthy diet and reducing quality of life.² Ageism, according to multiple people interviewed, also leads citizens into a false sense of security about their future long-term services and supports needs until they need services in a time of urgency.

"Aging will be elevated when the citizens, the legislature, the Governor, and Cabinet Secretaries all work together to build and fund services."

Stakeholders strongly believed that aging as an issue was not elevated during COVID-19 and the crisis in nursing facilities. One stakeholder commented, "What will it take, if not a worldwide pandemic?" Yet another shared that the lack of prioritization of aging issues was clear when the ARPA funds were announced and there were zero additional funds spent on Assisted Living but \$250 million for tourism.

¹ <https://www.who.int/news-room/q-a-detail/ageing-ageism>

² Ibid.

When asked for examples of groups or policies that were elevated within the Commonwealth, most stakeholders shared that children's issues were elevated during the past several administrations. Stakeholders also shared that the developmental disabilities and behavioral health issues were highlighted due to Department of Justice court orders.

Contrary to aging not being elevated at the state level, many of those interviewed believed that the Area Agencies on Aging were well-recognized and well-respected at the local level and had strong support for aging issues at the community level.

2. Area Agencies on Aging concerns differ from broader stakeholder community.

Area Agencies on Aging had different concerns about aging that were, in general, focused on Older Americans Act programs and services. This was in contrast with the broader stakeholders who voiced concerns about a wider array of ideas about ways to elevate aging. This led one stakeholder to voice, "Are we trying to elevate aging in Virginia, or elevate Area Agencies on Aging?"

Some stakeholders cautioned the workgroup to not conflate elevating the areas on aging with elevating all of aging.

The Area Agencies on Aging highlighted two examples as areas of concern. First, there was significant concern about how

Unite Us was able to garner the support of leadership within SHHR and funding from the Administration "ahead of" the No Wrong Door system that is operated by the Area Agencies on Aging. The AAAs expressed concern that the new system was intended to replace the robust and long-standing NWD system, and that there should have been greater advocacy for the NWD system.

The second issue that AAAs expressed concern over was the support of business acumen and the role AAAs could play with Medicaid long term services and supports. Several AAA leaders believed that DARS was not supportive of AAAs venture into new business opportunities and therefore was not promoting their new ideas within the agency.

Of the AAAs that responded to the online survey, most AAAs indicated that DARS staff knowledge was above average and most also shared that DARS supported their agency. (See Appendix C for a copy of the survey and Appendix D for a copy of the results.) Some AAAs expressed concern with DARS' focus on monitoring, auditing and ensuring compliance to standards, but also expressed concern that guidance coming from DARS was not clear or consistent across programs.

Additionally, AAAs expressed a desire for DARS to provide advocacy and leadership on aging policy with the Governor, the Secretary of HHR, state legislators and sister state agency directors.

"Currently DARS resources appear to be dedicated to compliance, not development, not innovation, not the future."

Other areas that the AAAs also expressed a desire for DARS staff to work further include: sharing best practices; advocating for additional resources and sharing funding opportunities beyond ACL opportunities with the AAAs; and collaborating with state and federal partners.

3. Lack of understanding of the programs and services that DARS is responsible for administering.

Many stakeholders expressed frustration with how DARS programs were administered and the types of services DARS offers. Underlying some of the stakeholder's concerns was a misunderstanding of the programs and services that DARS administers. Some stakeholders did not understand the limitations (both the scope and restrictions on the use) of the Older Americans Act programs) that DARS is responsible for overseeing. This confusion led to concern that DARS was limiting activities and services when in fact the federal statute is the restricting factor and DARS does not have unrestricted state dollars available.

Several stakeholders also expressed frustration that DARS was not working on promoting healthy aging or in serving middle class citizens. Some stakeholders shared that DARS role was too narrow because they focus mainly on serving low-income elderly people and they focus mainly on those who are at-risk. Many believed that more support should be provided to prevent chronic disease and promote planning for future health care needs.

4. Synergies within DARS

DARS staff and other stakeholders provided numerous examples of the synergies that have been created by the current organizational structure. Staff who work in the Division of Rehabilitative Services Division readily admit their programs are stronger since being collocated with aging. Disability and rehabilitation programs frequently serve older people with disabilities who benefit from access to aging services and increased knowledge of aging by rehabilitation staff. There are many programs within DARS that serve both older adults and people with disabilities within the same programs. Two examples of synergies that stakeholder provided include the Virginia Assistive Technology Services (AT Act Program) provided for individuals who are aging and have disabilities in collaboration with No Wrong Door. A second example is the work of the Senior Community Service Employment Program, housed in the Division of Rehabilitative Services Division, but working with the AAAs, Community Action Programs, American Job Centers under WIOA and the VR Offices. Stakeholders also shared that they believed that the agency is stronger together than when they were separated because there is strength in a larger organization.

5. Strong support for DARS staff, but desire for more resources and staff for aging programs.

Nearly all stakeholders voluntarily shared that they believed that the current DARS staff were hard working dedicated public servants that believed in the mission of the organization. In a survey of Area Agencies on Aging, 80 percent of the area agencies that responded indicated that the current DARS structure supports the Older Americans Act program areas well. There was near universal agreement that there is a need for additional resources and staff for aging programs in the commonwealth. State

agency staff from nearly all agencies that we spoke with shared that DARS aging staff are too few and many are doing multiple job assignments. Sister agency staff shared their concern that the lack of DARS aging staff has led to other agencies having to absorb aging work that they believed should belong in DARS. Sister agency staff, like the sentiment shared nearly unanimously with other stakeholders, felt that DARS staff worked extremely hard and were dedicated to the issues of aging. However, they also shared that the state staff do not have nearly the capacity that they need to properly address all the issues around aging. One oft cited example is that within DARS there is a single staff person responsible for dementia issues while the number of cases of individuals with dementia in the commonwealth are increasing substantially. Another frequently cited area of concern was for additional support and funding for the long-term care ombudsman program.

Several stakeholders also mentioned that the resources that DARS does have are mainly pass-through funding to support community-based providers in the administration of federal programs and that the Department lacks department funding to support state initiatives in aging, such as the development of a state plan on healthy aging. Several groups also mentioned that the state should support funding to support a media campaign on various aging issues. Family caregiving, future planning, and healthy aging campaigns were mentioned as targets for the advertisement campaigns.

6. Concern about the bifurcated mission of DARS.

There was concern expressed about the bifurcated mission of DARS and the disjointed missions of the two parts of the organization. Several stakeholders shared that bringing rehabilitative services and aging services together was another sign of ageism because of the negative connotation that as you age, you will become disabled. Still others expressed that aging individuals were not seeking employment but rather other things to do as they aged and with DARS large focus on employment most of DARS focus was on things that seniors are not interested in.

However, many of vocational rehabilitation side indicated that the joining of aging and rehabilitative services actually helped them to do a better job with their growing client base of older Virginians and to better understand some of their unique challenges and needs.

7. DARS needs additional resources to support a culture of innovation.

When asked whether or not DARS supported a culture of innovation, the overwhelming answers were not. However, stakeholders know that DARS can be innovative because of their work on the No Wrong Door initiative. Stakeholders believed that if DARS had adequate funding they could promote a culture of innovation and be far more successful.

8. Lack of visible high-level official with sole responsibility for aging and the ability to pull interagency groups together within DARS.

Many people expressed concern that DARS does not have a high-level official with sole responsibility for aging. Within DARS, there is not a Deputy Commissioner of Aging Programs even though they have a Deputy Commissioner of Rehabilitative Services. It was also pointed out that the Director of Aging

Programs was under the Deputy Commissioner of the Division of Community Living who has responsibility not only for aging programs but also disability programs.

9. Overall, minimal support for a single state agency emerged.

Most of the stakeholder engagement focused on the current status of aging services, whether or not they were elevated, and in what ways. Participants in the individual interviews were also directly asked about creating a single state agency. Participants in the community forums and the written surveys to AAAs and LDSS were asked about strategies and ideas for elevating aging, but not asked directly to provide their opinion on creating a single aging agency. Survey recipients were also asked the advantages and disadvantages of the integration of Aging and Rehabilitation services.

A significant majority of individual interview participants, including all of the DARS employees and sister agency staff and nearly all advocates did not believe that creating a single state agency on aging was an effective way to elevate aging services and aging issues in the Commonwealth. A few external stakeholders did express that a standalone agency may naturally lead to more focus on that agency's policy proposals and current issues. Some also stressed there were many other important factors that historically have led to elevation. The majority of calls with other stakeholders were not in support of creating a single state agency on aging. Some stakeholders (approximately five of those interviewed) expressed mixed support or ambivalence. Of those with mixed support, several expressed that they would be supportive of a standalone agency but only if other factors were also able to change. Some of the "other factors" mentioned include:

- Broadening the mission of the agency to include aging issues beyond the Older Americans Act;
- Bringing in significantly more resources and staff to the agency;
- Making the head of the agency a non-political appointee; and
- Bringing all aging programs that are housed in other agencies into a single agency.

The virtual community forum and written survey to directors of local AAAs and LDSS did not ask directly about a single state aging agency, but instead had an open ended questions about potential strategies for elevating aging. During the two statewide listening forums, there was strong vocal and chat support for a single state agency on aging to elevate aging and to ensure more of a singular focus on aging issues. Based on a review of the minutes, the support came primarily from a few area agencies on aging and their staffs. V4A shared a white paper entitled, "Recommendations Regarding HB30 Conference Committee Report Items 1 and 2c" in which they put forward a number of recommendations including a new state agency to serve as the state unit on aging.³

Opposition to creating a single state agency on aging largely centered around the lack of resources and lack of staffing that would go to a single state agency on aging. Two former staff expressed fear that if aging would split and become a single state

"The scale of the budget of an agency makes a huge difference in what you can accomplish."

³ <http://vaaaa.org/>. Please note that the "White Paper" cannot be found on V4A's website but was distributed to workgroup members and emailed to ADvancing States.

agency again, it would lose its status as a level three agency and would likely return to a level one agency. A level one agency would also require that the state staff and leadership would lose their salary status. Many state employees shared that they would seek employment with other agencies if this would happen due to the diminishment of their status and noted that the morale of the agency is already low. State staff also shared anxiety over the disruption of their already overloaded workload if they had to migrate to a single agency. They further expressed concern that more of their very small budget would need to flow to administrative functions with the potential to create even more of a funding gap in the agency. Others expressed that splitting aging into a single state agency would not elevate aging but would create a small agency within a large secretariat.

Other stakeholders also worried that creating a new agency is labor and resource intensive and neither are available currently. Stakeholders who expressed mixed feelings about creating a single state agency mentioned the disruption caused by such a process. Some noted the work and transition may detract from other initiatives related to aging services.

Many local Departments of Social Services expressed concern about housing adult protective services in an agency called “aging” because the APS programs serve far more than older Virginians and they don’t want to lose the focus on the full constituency of who they serve. Additionally, the local DSS provide 20 percent of the support for the auxiliary grant program so if they were pulled out of that structure, the financing issues would need to be considered.

10. Communication from DARS could improve.

DARS communication to consumers. Stakeholders expressed that communications from DARS to stakeholders needs improvement. Stakeholders felt as though DARS relied too much on Area Agencies on Aging and the Departments on Social Services to disseminate information about what DARS activities are. Stakeholders felt that communications could be improved if DARS communicated directly with stakeholders. A monthly DARS electronic newsletter that could be shared broadly with citizens of the commonwealth was mentioned on several occasions.

DARS communication to community-based organizations. Area Agencies on Aging and local Departments of Social Services also felt as though communication from DARS could improve, especially communicating about areas that cross state agencies. Specifically, local DSS staff expressed a desire for improved communication and cross collaboration between DSS and DARS to ensure smooth operation of services. AAAs expressed a desire for DARS to share activities relating to aging that were happening in other state agencies with AAAs to ensure that they not miss out on important opportunities. Timeliness of responding to requests was a concern expressed by several area agencies on aging who also asked for less reliance on electronic email and more telephone calls.

DARS communication to higher level state officials. Several stakeholders expressed frustration with DARS’ leadership communication to executive leadership (both SHHR and the Governor) about aging issues. Several stakeholders brought up existing legislation that authorizes that DARS leadership has a mandate to directly communicate with the Governor, but that mandate was not utilized.

DARS communication with sister agencies. Several stakeholders both internal to state government and external partners shared their concern with DARS effective communication with sister state agencies. Some expressed a concern that this may be caused by siloed activities within DARS and no one person charged with thinking more broadly about aging as an issue.

DARS internal communication with DARS staff. Stakeholders both within DARS and external partners believed that the communication within DARS was not as strong as it could be. Staff from each side of DARS shared that they felt as though they were not as aware of some of the programs and services offered by the other areas within the agency.

GENERAL AGING ISSUES OF CONCERN

There were several aging issues that were brought up throughout the interviews that are important issues for stakeholders but are not specifically related to state agency structure. Most of the issues below were raised in the discussion as to why it is important to elevate aging in the Commonwealth. Most stakeholders shared the issues as items that should be raised by someone focusing on aging issues in government.

Workforce Crisis.

The shortage of health care workers was raised several times in the stakeholder discussions. Most believed that there were shortages of all types of workers in the aging field, but the direct support workforce was highlighted. Additional positions that have shortages that were mentioned were geriatric psychiatrists and geriatricians. Several stakeholders urged the Commonwealth to develop an aging services workforce strategy to deal with the growing number of aging Virginians.

Affordable Housing.

Several stakeholders shared their concern for the increasing number of homeless older Virginians and highlighted the need for more affordable housing. Additionally, as the population ages, traditional homeless services' providers need greater expertise about aging. For example, shelters for older people who are homeless may need to provide supportive assistance for activities of daily living (ADLs) impairments. Several stakeholders indicated that they believed that older Veterans had a higher rate of homelessness and that there should be a special Veterans housing program.

One stakeholder shared that the Commonwealth should be required to identify and develop an effective model program for housing older adults who are indigent, incapacitated, and unfriended and propose a plan and budget to implement it statewide. The program also should identify the roles and responsibilities of state and local governments in implementing it. They further shared that as part of this effort, the agency should evaluate the Birmingham Green program in Northern Virginia.

Concern about the funding, regulation, and treatment of Assisted Living, Nursing Homes, and Adult Day Programs.

The COVID-19 pandemic highlighted for many stakeholders the need to revisit funding support, regulatory oversight, and treatment of facilities supporting seniors. Many stakeholders indicated that additional funding should be allocated in support of the auxiliary grant program.

Guardianship.

Several individuals shared that especially with the growing number of aging Virginians, there need to be additional slots provided for the guardianship program. Still others shared the need for funding to support the supported decision making for those that do not need full guardianship programs but may need assistance with making complex decisions.

Rural Issues.

Many stakeholders highlighted the unique challenges of aging in rural Virginia where access to services can be especially challenging. Stakeholders shared that access to bandwidth became more apparent during COVID-19. Access to affordable accessible transportation and affordable housing were frequently cited concern.

Transportation.

Stakeholders expressed concern about the lack of accessible transportation options, especially in rural areas. Several stakeholders expressed that even when there were options available they frequently were not available at the time that they needed the transportation or without going through a difficult appointment process to access the transportation. Additionally, still others shared that the transportation providers do not always show up, even when there is a scheduled appointment.

SUGGESTED WAYS TO ELEVATE AGING

1. Create a Stand-Alone Agency on Aging

There is support among Area Agencies on Aging leadership and some stakeholders for creating a stand-alone agency on aging. The supporters of such a structure envision moving the Older Americans Act (OAA) programs currently within DARS. The general sense among these stakeholders is a stand-alone agency should be tasked with more than OAA oversight and assume a leadership role on aging more broadly. Stakeholders did not articulate what an expanded portfolio would entail but some mentioned a desire to include Adult Protective Services, the Office of the State Long Term Care Ombudsman, Auxilliary Grant, and the No Wrong Door Program. It was unclear how the new agency would handle those needing services within those programs who are not elderly. If a stand-alone agency was created, there would need to be careful consideration of the programs within DARS that serve people with disabilities of all ages, including older people. Many DARS programs do not fit easily in the designation of aging or disability. Many programs serve both. Another stakeholder suggested that a standalone aging agency could rely on DMAS for administrative operational support.

While stakeholders spoke favorably about DARS staff, they also highlighted areas of improvement often due to limited capacity. V4A's white paper states that "areview of several SUA's that support successful, innovative service delivery systems, with demonstrated strong SUA support for developing private pay capacity by AAA's and effective cross-department programs that leverage existing state funds for services to older adults, reveal these common structural components:

A dedicated aging Policy and Legislative Affairs officer; a dedicated aging Planning, Research and Development unit including a demographer; an information technology unit that supports data analysis to build the AAA value proposition; a dedicated aging Training and Development unit often associated with a university; a strategy focused on developing AAA business acumen; a strategy consistent with the OAA that supports and enables AAA "capacity to enter into activities for increasing business acumen, capacity building, organizational development, innovation, and other methods of growing and sustaining the capacity of the aging network to serve older individuals and caregivers most effectively and providing services not provided or authorized by this Act..."⁴

These dedicated staff would happen automatically at a single state agency, but could also be provided within other organizational structures.

2. Create an Aging Cabinet

Several stakeholders indicated that a strong example of elevating an issue was the Children's Cabinet. Led by the Secretary of Health and Human Resources and the First Lady of Virginia, the Children's Cabinet has the ability to bridge various state agencies together to focus on key priorities. Current members of the Children's Cabinet include the First Lady, the Lieutenant Governor, the Secretary of Agriculture and Forestry, the Secretary of Education, the Secretary of Health and Human Resources, and the Secretary of Public Safety and Homeland Security. Stakeholders believed that creating a parallel Aging Cabinet could promote aging issues the way that it has for children's issues.

"When collaboration occurs across agencies in a more structured way, it helps educate agencies and stakeholders and develop shared interest in how to move priorities forward."

There were several individuals that offered caution on the development of an aging cabinet and highlighted that there once was a Long-Term Care Commission that garnered favorable attention when it was first formed and top leaders from the various agencies did attend. However, as executive leadership changed, so to did the commitment to the LTC Commission and attendance went from principals to staff to interns until the Commission ultimately folded. To be successful, the Aging Cabinet would need sustained commitment from leadership. A stakeholder suggested codifying a requirement for agencies to collaborate with HHR and the aging agency.

⁴ Ibid.

3. Appoint a Secretary of Aging

A Secretary on Aging could serve as the collaborative bridge for all departments within the commonwealth. As one stakeholder shared, “we need “aging” to run through all state departments.” Aging issues are a part of everything from education to labor to agriculture but there currently is not a person to ensure that aging issues are brought to the forefront of the discussions. Having a cabinet secretary with authority to convene and collaborate with other departments could help to elevate aging issues. A word of caution was provided by a few stakeholders who indicated that the only way that the Secretary of Aging could be effective is if there is statutory language providing the “secretary” with the ability to serve in this role.

“Elevating aging should be services through the lifespan.... looking at education, transportation, housing, health care, etc. through the lifespan.”

4. Require an Aging subject matter expertise in every agency in the commonwealth

The needs of a growing aging population will affect all areas of government and therefore someone with aging expertise should be identified in every agency to ensure that the needs of older Virginians are met. The aging subject matter experts could be coordinated by the Secretary on Aging, the Older Virginian’s cabinet, or other multi-agency coordinating group.

5. Appoint a Deputy Secretary on Aging within the Department of Health and Human Resources

Short of a full cabinet position, another frequently discussed idea was to appoint a Deputy Secretary on Aging within HHR with the responsibility for bridging all HHR departments with a focus on aging. In particular, this person could help to foster better collaboration between the other major departments with serving aging adults including DSS, VDH, DMAS, and DBHDS.

Numerous stakeholders specifically mentioned the desire for a stronger interagency collaboration with the aforementioned departments and a deputy secretary could pursue such partnerships.

“Aging should have the same level of importance, impact, and influence that Education or Transportation have in the Commonwealth. On matters concerning Education or Transportation, when their respective agencies speak, people listen. The same level of influence should be afforded to those who are overseeing the planning, funding, coordination and delivery of services to the most vulnerable people in the state.”

6. Name a Deputy Commissioner on Aging within DARS

As outlined in the stakeholder feedback, a number of stakeholders mentioned that there was not a parallel position of Deputy Commissioner on Aging to the Deputy Director of Vocational Rehabilitation

within DARS. While many suggested that the current Deputy Director of Community Living was a strong leader of aging issues, they believed that the Deputy Director of Community Living role was still responsible for disability issues and therefore did not have a dedicated focus to aging issues.

7. Increase the size of DARS

One proposed solution to elevating aging is to increase the programmatic responsibilities, and commensurate budget, of DARS. Although HB 1800 did not specifically include moving the Long Term Care Ombudsman program with other aging programs several stakeholders believed that it should move with aging services. This could be done, potentially, by doing an audit of all aging and disability programs that are currently outside of DARS and seeing if they should/could properly align within the DARS structure to “grow the agency”. If there are any aging programs outside of DARS, they could be moved into DARS under the aging portfolio.

8. Create an Aging Committee within the Legislature

While the focus of the stakeholder engagement effort was on how the executive branch could help to elevate aging, multiple stakeholders discussed that the Virginia legislature also did not have a focus or priority on aging issues. Many stakeholders lamented that the legislature should put more resources into DARS and often overlooked all issues of aging. One stakeholder expressed a desire for an economic report to be prepared for the legislature that outlined on a yearly basis the amount of tax revenue brought into the economy by older Virginians.

9. Work with the universities to perform a needs assessment for older adults and/or develop a strategic plan or a master plan on aging

While the State Plan on Aging is done on a regular basis as a requirement of the Older Americans Act, it is an official document required by the federal government with specific sections as a requirement to receive funding. Stakeholders urged the commonwealth to use the state universities with expertise in aging to perform a full needs assessment and to develop a cross agency strategic plan on aging. Other stakeholders also suggested using the models developed by several other states to develop a master plan on aging or a strategic plan. Strategic plans could include measurable performance objectives for AAA contracts, a suggestion proposed by one stakeholder.

10. Ensure that there is a statutory requirement for all aging advisory groups to share reports with the Legislature, including the Commonwealth Council on Aging

The Commonwealth Council on Aging does not have the statutory authority to circulate its report to the legislature putting it on uneven footing with other advisory boards housed within DARS. The legislature could change the language to require that their report be shared with the legislature which would elevate the issues of aging and increase the Council on Aging’s exposure.

11. Support to increase resources, staffing, and aging expertise within DARS.

Stakeholders expressed that even if aging does not become its own agency, it needs to have additional dedicated funding and staffing to support programs outside of the Older Americans Act. Currently,

DARS aging staff have two main sources of funding. First, they have Administration on Aging formula grant that are largely pass-through grants to local agencies. They also rely heavily on three-year discretionary grants funded by the Administration on Community Living. Without any state general fund revenue, there isn't funding to support broader goals around aging.

Specific staff expertise that are needed in all aspect of aging including subject matter experts but also professionals with experience in communications; grant writing; and additional support staff.

If the state were to provide additional resources to DARS, stakeholders believed, that DARS could potentially create a culture of innovation that is lacking currently. One example that was suggested is that DARS (with additional funding), could provide mini-grants to groups interested in innovating in aging.

12. Consider renaming the Department on Aging and Rehabilitative Services

Stakeholders urged the consideration of renaming DARS to something that took out the focus on "rehabilitative" services. Possible alternatives were Aging and Disability Services or Department on Community Living.

13. Ask older Virginians and their caregivers for input

Several stakeholders shared their concern that older Virginians were not participating in the discussions that were taking place regarding Elevating Aging. The Commonwealth should work towards ensuring that more older Virginians and their caregivers are included in stakeholder engagement strategies. The purpose of the Elevate Aging project, ultimately, is to understand the needs and to support older residents of the Commonwealth. Policymakers should actively seek their input into any proposed changes.

CONCLUSION

There was a resounding belief that aging is not elevated within the commonwealth and that it should be. While one option to elevate aging could be to create a single state agency on aging, a significant majority of stakeholders did not support this plan or were ambivalent. Stakeholders did suggest numerous options for how to elevate aging in the commonwealth and almost all also urged for significant additional state resources.



Elevating Virginia Aging Stakeholder Questions

As part of the mission of the Aging Services Workgroup, Advancing States has been hired to obtain stakeholder feedback and help evaluate how aging services can be elevated in Virginia. The Aging Services workgroup was established by Item 291(F) in Chapter 552 of the 2021 Acts of Assembly. Participants are encouraged to provide additional insights that may not be specifically covered in the questions. All responses are confidential.

For the purposes of answering the questions below, it may be useful to refer to the following definition of aging services.

Aging Services refers to all aging and adult services in the state of Virginia, including APS and auxiliary grant programs.

Please contact Advancing States at InformVA@advancingstates.org if you have any questions or would like the survey in an alternative format. Thank you for your help in this effort.

1) Please fill out the following contact information.*

Name: _____

Title: _____

Organization: _____

Email Address: _____

2) Describe your organization and your role within it.

3) Do you believe aging has an elevated status within state government?

Yes

No

Why or why not? Please provide examples.

4) Is there another issue or population that you think the state elevates well? What do you think are the key reasons for that elevated status?

5) Do you believe reestablishing a single state aging agency would improve support for aging services and advocacy within state government?

Yes

No

If so, in what way?

6) What have been the biggest successes and challenges in working within/with DARS and other state agencies, as it relates to overseeing policies and programs impacting:

- 1. Older Virginians and their caregivers**
- 2. The Community-Based Provider network for aging services**

7) Describe communication on aging-related services, programs, and policies with/within state government. Depending on your perspective, this could address communication within state government and/or communication between state agencies and external stakeholders, CBOs, older Virginians, etc. Are there any ways that communication between internal and external stakeholders can be improved?

8) Are there areas of duplication or gaps that you recognize either within DARS or between DARS and sister operating agencies?

Yes

No

If so, what are they?

9) Are there areas for improvement as it relates to coordination and leadership across state government on policies that impact older Virginians?

Yes

No

If so, what are they?

10) How could DARS improve how they foster innovation?

11) Are there any other successes or areas of improvement that you would like to share as it relates to aging services, policies, and programs in the Commonwealth?



Elevating Virginia Aging DARS Stakeholder Questions

As part of the mission of the Aging Services Workgroup, Advancing States has been hired to obtain stakeholder feedback and help evaluate how aging services can be elevated in Virginia. The Aging Services workgroup was established by Item 291(F) in Chapter 552 of the 2021 Acts of Assembly. Participants are encouraged to provide additional insights that may not be specifically covered in the questions. All responses are confidential.

For the purposes of answering the questions below, it may be useful to refer to the following definition of aging services.

Aging Services refers to all aging and adult services in the state of Virginia, including APS and auxiliary grant programs.

Please contact Advancing States at InformVA@advancingstates.org if you have any questions or would like the survey in an alternative format. Thank you for your help in this effort.

1) Please fill out the following contact information.*

Name: _____

Title: _____

Organization: _____

Email Address: _____

2) Describe your organization and your role within it.

3) Do you believe aging has an elevated status within state government?

Yes

No

Why or why not? Please provide examples.

4) Is there another issue or population that you think the state elevates well? What do you think are the key reasons for that elevated status?

5) Do you believe reestablishing a single state aging agency would improve support for aging services and advocacy within state government?

Yes

No

If so, in what way?

6) As it relates to the aging services, what do you see as the biggest resource needs within DARS and its sister agencies?

7) If you were in charge of DARS what would you improve?

8) What have been the biggest successes and challenges in working within/with DARS and other state agencies, as it relates to overseeing policies and programs impacting:

- 1. Older Virginians and their caregivers**
- 2. The Community-Based Provider network for aging services**

9) Describe communication on aging-related services, programs, and policies with/within state government. Depending on your perspective, this could address communication within state government and/or communication between state agencies and external stakeholders, CBOs, older Virginians, etc. Are there any ways that communication between internal and external stakeholders can be improved?

10) Are there areas of duplication or gaps that you recognize either within DARS or between DARS and sister operating agencies?

Yes

No

If so, what are they?

11) Are there areas for improvement as it relates to coordination and leadership across state government on policies that impact older Virginians?


Yes

No

If so, what are they?

12) How could DARS improve how they foster innovation?







13) Are there any other successes or areas of improvement that you would like to share as it relates to aging services, policies, and programs in the Commonwealth?




ADVANCING STATES
Leadership, innovation, collaboration
for state Aging and Disability agencies

Elevating Virginia Aging Stakeholder Forum

Helpful Hints

 <p>Watch It in Speaker View!</p>	 <p>Poll Question</p>	 <p>Breakout Room Activity</p>
 <p>Microphones are muted</p>	 <p>Raise Hand to Speak</p>	 <p>Chat Activity</p>



Welcome



3



Agenda for Meeting



INTRODUCTIONS



BACKGROUND INFORMATION



SHARE YOUR IDEAS
ON HOW TO
ELEVATE AGING



NEXT STEPS



Background

The Appropriations Act, HB 1800, passed during the 2021 Special Session I of Virginia General Assembly, in Item 291 F. states that, "It is intent of the General Assembly that aging services be elevated in importance within state government, to include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources.

5



Key Responsibilities of the Workgroup

1. Examine promising practices from other states
2. Evaluate the most appropriate place that aging services, adult services, adult protective services and auxiliary grant programs should be placed in state government.
3. Seek information about organizational structures that can help to elevate aging
4. Develop a transition plan for any proposed changes

5



What does “elevating aging” look like?

- Increasing the visibility of aging issues
- Supporting focused and dedicated leadership
- Having a collaborative seat at the table in state government
- Coordinating activities between programs and agencies
- Fostering innovation
- Creating a positive perception of aging

Seeking Input on 4 Key Areas

1. Establishing goals and outcomes for elevating aging
2. Raising the visibility of aging issues
3. Improving coordination and leadership across state government
4. Fostering collaboration and innovation

Discussion

- What should the goal of the state be to ensure that aging issues are elevated?
- What is the outcome you hope to achieve by elevating aging?

9

Discussion

- What are some strategies that could raise the visibility of aging issues in the Commonwealth?

10

Discussion

- How would you improve coordination and leadership across state government on programs relating to older Virginians?

11

Discussion

- How could the commonwealth foster collaboration and innovation?

12



Please complete a short survey at <https://tinyurl.com/VA-CommunityForumSurvey>. You may also use your camera phone to access the survey with the below QR Code.



NEXT STEPS

Email us your ideas:
InformVA@advancingstates.org

Stay tuned for additional opportunities to provide feedback.



DRAFT Minutes Aging Services

Community Forum

August 26, 2021

Martha Roherty, Director of ADvancing States, introduced herself and made housekeeping announcements. She also encouraged participants to send additional comments to InformVA@ADvancingStates.org. She also introduced her team – Kathy Greenlee, former Assistant Secretary for Aging for President Obama, as well as Adam Mosley and Eden Taylor.

Secretary Carey made opening remarks. The goal of the community forum is to make sure all voices are heard as the Aging Services Workgroup looks at the important issue of elevating aging. Secretary Carey highlighted some of this Administration’s accomplishments around aging, especially during the pandemic, and said this workgroup is looking at ways to build and improve on those successes.

Martha Roherty gave a summary of the workgroup’s purpose, including reading the budget language and describing what the goal of “elevating aging” entails from the workgroup’s perspective.

Discussion Question 1: What should the state’s desired goal be from elevating aging? What are the outcomes do you hope to achieve by elevating aging?

- TJ iPhone III, works at a AAA: Increasing funding, increasing flexibility around the funding because agencies can move quicker or move funding between pots of money.
- Matt Jones: Making people aware of aging issues and educating and increasing the workforce, including home health, access to affordable housing
- Wendy, Arlington Neighborhood Village: Funding to support programs similar to theirs that provide transportation, help with technology, chores, etc. Their needs are significant and those services are providing overall cost savings to the system. Making sure they are heard is great, but it is really funding for the services they need.
- Denise Scruggs, Beard Center on Aging: They aren’t able to meet the needs in their rural areas, including sufficient placements in retirement communities. They are losing their young people which will exacerbate the issue. They are also experiencing an affordable housing crisis. More resources are needed for everyone to have the opportunity to age well.

Discussion Question #2: What are some strategies that could raise the visibility of aging issues in the Commonwealth?

- David Cooper, Director of the Thurman Brisbane Homeless Shelter in Fredericksburg: Homelessness among the elderly is a big issue, especially individuals with dementia who may need supportive housing or memory care; Representation of aged homeless at the state and regional level
- Jordan Miles, Piedmont Senior Resources Area Agency on Aging: It goes back to funding, which is needed to tell their story in a dedicated way.
- John Scurvy, former CEO for Senior Services of Southeastern Virginia: A strategy for increasing visibility would be to first realize seniors are one in five and have both needs and assets. A strategy would be a strong state unit on aging to engage with state offices and leadership to work with local leadership and area agencies on aging, many of which are award winning. Another strategy would be to initiative an agenda for an aging Virginia from the Governor's office, similar to what Randy Forbes did when he was in the General Assembly.
- Ellen Phillips, Executive Director for Aging Together in Central Virginia, based in Culpeper: The pandemic has highlighted many of the problems that existed for aging adults but not yet the solutions, for example looking at ratios in long term care.
- Jimmy Carter, Chair of Bay Aging: They served one of the most elderly regions in the state, including rural areas, and their Board feels strongly that the Commonwealth would be well served by reinstating aging as an independent department for all the reasons the Committee outlined earlier regarding the importance of elevating aging.
- Dr. Marty Tennille, Peninsula Area on Aging: There must be enough funding to support whatever is done and money should be where the action is.
- John Whitley, Board Member Peninsula Area on Aging: Aging must be considered in the Commonwealth. There should be an aging agency that has equal status with transportation or education, and a level of respect for what they do and the aging population. The state unit for aging should be the Department for the Aging.
- Diane Watson, Spring Hill Community Village in Northern Virginia: She agrees we should highlight the issues that became visible during the pandemic. She also wants to stress the importance of long term issues such as hearing loss, including making sure new buildings have special effects to help them participate.

Discussion Question 3: How would you improve coordination and leadership across state government on programs related to older Virginians?

- TJ: Increased integration with mental health, for example integration between the CSBs and the AAAs. He doesn't think people were aware of the impact that the temporary halt on admissions of the state mental health hospitals had on the elderly. They have a lot of clients struggling with alcoholism.

- Matt Jones, Capital Area on Aging: He agrees with previous statement that we need to bring together disparate groups at the state and local level to discuss issues, share information, and coordinate programs. Their database system (Peer Place) and other systems don't interact well, making referrals difficult.
- Diane Watson: There are serious mental health conditions, and we need more practitioners and peer support training people. Specialized medical care for younger and older population is needed, but many doctors are retiring or not accepting Medicare. We need to incentive gerontologists.
- Rebecca Brown, Senior Services of Southeastern, VA: Leaders need to understand the population they are serving, including those with lived experience as consumers and providers and outreach workers.

Discussion Question #4: How could the Commonwealth better foster collaboration and innovation?

- Collaboration and innovation could begin funding. In addition to AAAs partnering with the CSBs, they could partner with the community action agencies, who do a lot of housing. The state could use funding to incentivize that kind of collaboration and innovation.
- Denise Scruggs, Beard Center on Aging: There should be quarterly or annual meetings to share community collaborations that are underway for peer-to-peer learning on lessons learned; state has done great things for aging but we need to go beyond state agencies to include non-profits and other businesses.
- Bobby Vassar, Bay Aging: Kathy Vesley was going to make the point that raising the profile of aging operations will bring funding because they will be on par in the eyes of funding operations like DMAS. The recognition is important for getting contracts to do the cooperative activities. AAAs can make a bigger contribution, especially with the number of seniors growing, and they need the clout and posture to be able to do that.
- Diane Watson, Spring Hill Community Village and Fairfax Commission on Aging: We need more gerontologists, so perhaps there is a way to subsidize their education in exchange for a commitment to spend a certain amount of time in the gerontology field.
- Denise Scruggs, Beard Center on Aging: We should financially award organizations that are doing well. For example, have an incubator and then share that information with other areas.
- Senator Monty Mason: I would like to ask for a different angle on your question: If you are a AAA that or any group that is currently collaborating or innovating in areas like transportation and mental health, who would those professionals call at the state government level to share their collaboration and innovation and either offer or ask for help in those areas?
- John Scurvy: Under the Older Americans Act, the State Unit on Aging is required to work with other agencies to develop services and an environment for people as they age. However, ideally, that would be done as a member of the Governor's cabinet to be able

to get the respect from other departments. That would foster buy in to focus on older adults in all areas including economic development, housing, transportation, law enforcement, public security, and health.

- Brian Beck, Appalachian Agency for Senior Citizens: He wants to highlight what others have said about need for funding and funding flexibility for innovation. With a growing aging population there needs to be medical care specific for individuals with Alzheimer's and dementia, as well as collaboration on transportation and housing. AAAs all have the same core mission but are serving different demographics and funding flexibility would support pilots and creative solutions. In his area, they have one in four residents over 60 years old.
- Courtney Tierney, Director of Social Services in Prince William County: State systems have to talk for collaboration. The jurisdictions also don't line up between CSBs, AAA, local health districts, and AAAs, so that makes collaboration more difficult. More funding is needed for collaboration, especially for those with multiple service areas.
- Bert Waters, Virginia Center on Aging: We do have statewide funding for both the Alzheimer's and Related Disease Award Fund and grants for geriatric training and education. The new deadline is September 3rd and they have been working with AAAs to do behavioral health education. He is in listening mode and plans to ask the federal government for more funding for their geriatrics workforce enhancement program.

Martha made closing remarks. They will be reading through the great ideas in the chat and encouraged folks to send any additional thoughts to InformVA@advancingstates.org.

CHAT SUMMARY:

Note that if an individual made a comment verbally and in the chat, this chat summary only includes that comment in the previous section. However, the full chat is attached.

- Daphne Eaton: More funding is needed.
- Tiffany Speas: With 20% of the population, Aging should have a place at the table with the Governor (Department level); robust and flexible electronic referral system that also connects to healthcare providers
- Courtney DSS: Funding and flexibility which allows consumer direction; encourage HUD 202 and 811 housing sites to using AG for services; Uniform Consent
- VPAS-Beth Bland: Increase funding, reduce funding restrictions, update DARS service standards; affordable housing communities; transportation; share best practices
- Eileen McCartin-NVRC-DHPP: Assistive technology, education and funding for older adults to maintain their independence, especially for those with hearing loss (provided example in chat); certificate training and well-paying jobs for caregivers, DARS work with

community colleges; PSAs to raise the visibility of aging in place issues in different languages; internet connectedness; universal design; Increase Medicare payment rates for basic care provision

- Ellie Rest: Increase funding, especially for adult services and home-based care services; put adults at the forefront so they can serve as their own decision maker
- Barbara Eger-Klatt-NVRC-DSSCP: Scholarships for deaf nurses and CNAs; Aging Cabinet to include deaf seniors; digital divide and better technology devices
- Bert Waters, Virginia Center on Aging: Integrating services between the AAAs and CSBs; <https://musicmem.gmu.edu>;
- Lori Epik: Funding earmarked for aging; Governor's strategic plan; all agencies work with community leaders on aging population; enabling people to stay in the workforce
- Bruce Craig: Facilitate collaboration on health, transportation, and community services since they are compartmentalized in organizational structure and legislation; aging agency must sign off on other department initiatives that impact aging
- Marty Tennille: Funding
- Judy Hackler: Have sufficient funding at all levels of care to facilitate choice. Virginia should have assisted living as an HCBS; Promote and train aging services occupations; No Wrong Door and agency website information is good but fragmented, for example the full continuum of care including assisted living is listed across DARS, DBHDS, DMAS, etc.
- Bea Sykes, PAA: Mindset of teamwork and flexibility for AAAs; a strategy to raise visibility to give Aging its own department; better coordination between Governor's office and state unit on aging (e.g. investing in Unite Virginia instead of No Wrong Door)
- Wendy, Arlington Neighborhood Village: Age friendly is active in Arlington; need real stories of the aging highlighted in the media; once new agency is created, a high-level working group; partnership between government and non-profit agencies
- Pat Beech: Deaf and hard of hearing services
- Emily: Funding for organizations like Villages
- Denise Scruggs, Beard Center of Aging: Involve public and private stakeholders including those who are not usually included; PSAs especially for caregivers; safety net funding for assisted living and memory care for those ineligible for Medicaid; address the digital divide; Aging Cabinet; agree with a separate Department of Aging; public private partnerships
- Mary Nunnally: Easily available information for caregivers including training family doctors on resources; services and outreach that is culturally and linguistically appropriate
- Mittie Wallace: Homeless especially for the elderly with dementia and mental health issues; look at innovations in other states
- Norman Reid: Maximize contracts with elderly, such as involve elderly in day care for young children; liked the idea of an incubator
- Destiny LeVere Bolling: Grassroots strategies to raise awareness and promote resources

- Harrison Dixon: Encourage each locality to incorporate Universal Design in building new homes; tie collaboration and innovation to funding
- Rebecca Brown-Senior Services of Southeastern VA: Dementia services for individuals who cannot afford memory care and those who are in shelters and PSH
- Courtney DSS: Permanent Supportive Housing
- Christy Jensen: Highlight champions of aging so we can remain a destination for retirees; Riverside could use their microlearning sessions to inform policy makers and the public about aging issues
- Matt Jones: Including community members on a permanent advisory board; celebrate caregivers
- Jacquie Woodruff: Aging Cabinet (seconded by Bea Sykes, PAA)
- On laura: Funding is the biggest issues. Aging also needs a rebrand in Virginia and centralized messaging to counter the siloes.
- Beth Girone: Marketing campaign
- Chris Miller: Learn from pandemic which showed gaps in services
- Cedar Dvorin: Adequately fund the Long-Term Care Ombudsman; better outreach
- Josh Gemerek, Bay Aging: Housing, health, and transportation must be integrated to support community living of older adults; offer a wide range of affordable housing options (and listed available programs)
- Anita White: More forums with AAA Board members; technology challenges
- Carol Sale, WHF: Agree with a separate aging agency since DARS focuses on disability and aging gets lost in the process; intergenerational day centers
- Norman Reid: Rappahannock Rapidan CSB includes the AAA as a component of its organization; transportation; best practices in other states
- Emily: Integrate working relationship with AAAs and community partners; initiatives like technology
- Rosella Ann: Multi-disciplinary team meetings between community providers (Wendy from Arlington agreed)
- John Whitley, PAA Board: Seat at the table
- Caleb Perkins-AASC: Start with building local cohesion around goals and then work upwards to promote similar goals to the state
- Annette Clark: Gerontologists
- Kathy Miller: An Aging Cabinet would have a greater impact than an aging agency
- Darryle Brown: Bring all that serve aging to the table
- Cindy Phillips: Affordable housing more options for seniors
- Ronna: Services for deaf/hard of hearing seniors, which are distinct from those who are culturally deaf
- MaDena DuChemin: Similar structure as Diversity, Equity & Inclusion, which has been a priority for the state
- Kim Tarantino: Peer-to-peer (echoed Denise Scruggs)
- S Douglas, Fauquier County DSS: The Children Services Act as a model
- Emily Slunt, LOWLINC Village: Involve private partnerships and support Villages

- Holly D’Heron: Multi-disciplinary teams at the local level
- Beth Girone, Fredericksburg City Dept. of Social Services: They have a regional interagency workgroup focused on aging that works well.
- Heather Board: Include aging services in Unite Virginia
- Chris Miller: Use the NWD platform as a vehicle for collaboration
- Pete Costigan: Encourage AAAs to combine their programs where appropriate with other agencies like K-12
- Anjanette Gilbert: Funding for local social services: adult services, Guardian Program, Adult Protective Services, staff and training
- In answer to Senator Mason’s question about who aging providers should call to share successes or challenges: Wendy from Arlington said the only person she knew to call is her state representative; Denise Scruggs said they had to search for that information themselves, Bea Sykes said they would call USAging
- Ayn Welleford, Gerontologist for Community Voice: Regional coalitions like Age Wave plans and the Longevity Project; funding and incentives for collaboration
- Tom Dowling: geriatric training

DRAFT Minutes Aging Services

Community Forum

September 16, 2021

- Martha Roherty, Executive Director, ADvancing States
- Catie Finley, Deputy Secretary of Health and Human Resources (HHR)

Housekeeping:

Martha Roherty, Executive Director, ADvancing States

Martha Roherty introduced herself and explained that she will be hosting the community forum. She explained that attendees should watch the presentation in speaker view. To facilitate the dialogue, she asked that audience members raise their hand to speak. All microphones are muted, and the ADvancing states team will assist with unmuting as needed.

Opening Remarks:

Deputy Secretary Catie Finley welcomed the group and explained that the discussion will inform the Aging Services Workgroup which is examining ways to elevate aging services within state government.

This study is happening at a critical time. Nearly one in five Virginians are expected to be 65 years or older by 2030 and, that number is one in four in some regions of the state. The goal is to encourage individuals to age in place in their communities, whenever possible, and to ensure long term care settings provide high quality and accessible care when necessary.

The pandemic has further revealed the importance of having a strong infrastructure to support older Virginians.

- The Department of Aging and Rehabilitative services and the Area Agencies on Aging have used innovative practices to adapt to COVID-19 and provide options counseling at home services meal medicine delivery.
- Seniors themselves have also stepped up during the pandemic, volunteering and assisting with the response and vaccination rollout. We were able to prioritize older adults in that effort.
- There's been several budget wins in the last session, including a funding increase for the Virginia Center on Aging, an increase in Medicaid reimbursement rates for personal care attendants, and an increase in the auxiliary grant rate.

Catie is proud of the work this administration has done so far but acknowledges there is more work to be done and that is the purpose of the community forum.

Since this is the second of two community forums to inform the aging services workgroup, she wants to highlight a few themes heard in the last one.

- The importance of collaboration and innovation at the state level
- Suggested strategies to elevate aging included incubators and peer to peer learning
- The State incentivizing local collaboration and multi-disciplinary teams, for example, between AAAs, service boards, and community action agencies
- Public Private Partnerships were mentioned
- There was a lot of support for an aging cabinet and some support for having an aging agency
- Increased visibility and awareness of aging issues and services
- There should be a seat at the table for aging and aging services with cabinet officials
- Media campaigns for agencies and streamlined access to resource and referral information
- Additional funding for services across the continuum of care
- Additional flexibility and funding streams
- Efforts to address critical needs - including affordable housing options for seniors, increasing the workforce for seniors, and addressing issues with transportation and technology

Martha Roherty explained that today's agenda will be to go over background information about the workgroup and then attendees will have the opportunity to share ideas on how to elevate aging services within the Commonwealth. Then we will talk about next steps.

Background Information:

Martha Roherty, Executive Director on Advancing States

Slide 5: The Appropriations Act, HB 1800, passed during the 2021 Special Session I of Virginia General Assembly said it's the intent of the General Assembly that aging services be elevated and importance within state government. The workgroup that was established was to reconsider the establishment of a separate agency and aging under the Office of Secretary of Health and Human Resources.

Slide 6: The workgroup came up with the four key things they are responsible for. They include looking at promising practices from other states. At the 3rd workgroup meeting, they heard from Ohio, Florida, and Minnesota on how they elevate aging in their state. During the 1st workgroup meeting, we at ADvancing States shared several structures that other states have. The second responsibility is to evaluate the most appropriate place the aging services adult services adult protective services and the adult and the auxiliary grant programs should be placed. The third is to seek information about organizational structures that can help to elevate

aging. Finally, the workgroup is also charged with doing a transition plan for any proposed changes.

Slide 7: The workgroup was tasked with figuring out what elevating aging looks like, and these are some of the key themes and ideas that the workgroup members came up with: increasing the visibility of aging issues, supporting focused and dedicated leadership, having a collaborative seat at the table in state government, coordinating activities between programs and agencies, fostering innovation, and creating a positive perception of aging.

Slide 8: In the forum, ADvancing States will solicit feedback on four key areas: the first is the establishment of goals and outcomes for elevating aging, the second is raising visibility of aging issues, the third is improving coordination and leadership across state government, and the fourth is fostering collaboration and innovation.

Slide 9: ADvancing State Staff have been engaged in stakeholder meetings both externally and internally. We are close to around 50 interviews so far where we are conducting and gathering information. We are getting great ideas on how to elevate aging. A lot of creativity and thought has been put into these ideas. There is a poll to determine who is in the audience. The poll reflected there is a split of AAA staff and state agency staff in the audience. There were also community-based providers and caregivers in the audience.

Discussion Question 1: What should the state's desired goal be from elevating aging? What are the outcomes you hope to achieve by elevating aging?

- Kathy Vesley, President & CEO of Bay Aging: What I've heard in the last meeting or so is an unequivocal yes to elevate aging and create a Department on Aging.
- Chat comments read aloud:
 - Many departments are interested in aging issues having a seat at the table.
 - I would like to know what the Department of Aging means looks like.
 - Elevating aging should mean that the Commonwealth has an institutional structure and leadership that has a focus on aging and a full understanding of what that means for people as they live. This focus includes what are traditionally considered aging services and expands the landscape.
 - I want to see aging elevated with a greater presence, but I'm not sure we would have enough power as such a small agency. How many states have them separate?
 - Martha responded that it is fewer than ten.
- Martha commented that there have been a number of concerns surrounding the small size of aging if a separate agency is created. It could go from a level three agency, where they are at now and downgrade to a level one.
- Chat comments read aloud:

- Services for our citizens are still separated DSS, AAAs, and DARS are all providing services and citizens don't know where to start to get help.
 - The Department of Aging looks like the Virginia Department of Education with state office and support staff serving local agencies on aging.
- Martha commented that many of the people interviewed so far explained that the aging landscape is vast and elevating aging is beyond just aging services. It is in a lot of different agencies. Someone questioned why a Department on Aging would have to be small. Martha explains that they currently have a small staff. In addition, a lot of agencies across the nation have aging and disability services combined. The states that we heard from in the workgroup meeting were all standalone departments and agencies. They had a lot of funding because they are all actively engaged in running the Medicaid waiver.
- Chat comments read aloud:
 - Having a separate agency will not accomplish the goal having an aging cabinet that reports to the governor would achieve this goal.
 - Why would the new state agency have to be small?
 - The penny wise, pound foolish approach we've used with the aging of service structure as it exists misses the opportunity for real innovation. There is opportunity with Medicaid, etc. We miss so many opportunities to find innovative solutions for Virginia's older adults.
- Marta Keane, CEO of JABA: One of the benefits of achieving the elevation of aging would be to allow us to look at innovation to go beyond compliance and tracking of Older Americans Act funding to look for other sources of funding and other collaborations that might be innovative and different from what we're doing today and so it's really important that we have a seat at the table that we are interacting at a higher level with having a voice to really look at different ways of doing things. The demographics of seniors are changing rapidly. At least in our region we're finding more and more seniors are becoming a higher percent of the population in rural areas, because there aren't jobs for people younger populations are moving away and leaving seniors unsupported. Marta agrees that a Department on Aging does not need to be small. There will be a time where the numbers could look like the Department of Education.
- Reynold Jordan, Director of Viola White Social Services: He agrees that the aging population is rising and in 2030, we will have over 40% over the age of 65. I think this needs to be elevated. He does not believe a new department of aging needs to be created and cautions against too much bureaucracy. He says that from doing agency business in a locality and trying to provide services, his shortage is not people in at the top level of the state, his shortage is in getting money to provide services to the individuals in his community. We say as a state and as a Federal Government that we want people to remain in their homes. There's just not the money to provide the wraparound in home services people need.

- Justine Young, CEO of Piedmont Senior Resources: She feels that a cabinet is better. She does not believe they need a new agency. There are enough of those and enough bureaucracy. The problem has to do with lack of creativity and bureaucracy that's already existing. They need new staff with new ideas. Questions if the problem is leadership or the actual design of what's going on. She is concerned we will go to a much smaller agency. The funding is not growing at the rate needed.
- William Massey, CEO Peninsula Agency on Aging: Two of the three state directors that presented during the 3rd workgroup meeting shared that they felt their success in meeting aging service needs in their state and addressing policy were enhanced greatly because they both had cabinet level seats in the state government, and they were both operating single agencies. To those who believe creating an independent agency on aging that is weak and underfunded, he agrees that is not what is needed. However, our vision is that we could reestablish it and make it a strong advocate for seniors, older adults, and family caregivers in the State of Virginia.

Discussion Question #2: What are some strategies that could raise the visibility of aging issues in the Commonwealth?

- Martha said in the chat people discussed the possibility of creating a cabinet similar to the children's cabinet.
- Donna Smith: She commented that targeting the individuals who go to the polls and vote can help guide how we raise the visibility of aging.
- Kathy Vesley, President & CEO of Bay Aging: There seems to be a concern about small budgets and bureaucracy. That was the reason they did away with the Department on Aging. That being said, at this point in the state, the aging population will grow to the point where they need their own agency. DARS does a great job with the current funding streams they have, but there is a need for innovation and a need to look towards the future.
- Raymond Beverage, PW Commission on Aging: Bay Aging was awarded a No Wrong Door infrastructure grant that is going to further expand integrating the community-based organizations and enhance across leadership, finance, business, and development, but there has not been any praise or celebration concerning that. The Governor backs Unite Us but not No Wrong Door. There are great projects that are not getting visibility. He believes having a cabinet level position can work.

Discussion Question 3: How would you improve coordination and leadership across state government on programs related to older Virginians?

- Raymond Beverage, PW Commission on Aging: He was part of the Northern Virginia Aging Network comprised of five Area Agencies on Aging. The commission saw this as a way to come together, be advocates, and trade program ideas. They partnered with

universities and community organizations. There is a children's cabinet, there should be an aging cabinet as well. The Older Americans Act has advanced over the last 15 years. In Virginia, there is no table for aging.

Discussion Question #4: How could the Commonwealth better foster collaboration and innovation?

- **Kathy Vesley, President & CEO of Bay Aging:** The Commonwealth can bring different departments together: housing, transportation, all of these groups, all of the statewide and local areas together so that we can collaborate and lead services in health care and in all aspects of life. Social services need to be integrated with the health care and the health plans and the health payers. There are agencies in the community who have fostered innovation. There is so much more that Bay Aging could be doing for example. It's about what's next and the needs of the aging population. She says she's hearing most folks here and in the last meeting wanting an independent department. The General Assembly asked for it, so she does not want to comment on resources – just that the separation is a good idea.
- **Raymond Beverage, PW Commission on Aging:** He believes we should look towards our former innovations. Leading Age Virginia is a great example. As a state, Virginia often innovates and then moves on. It needs to not be dependent on grants.
- **Steve Zollos, CEO of Senior Services of Southeastern Virginia:** He has taken away comments about looking forward. Planning for where the population will be in 10 years and not today. The Commonwealth needs to be more flexible to meet the needs of the community. Technology is another issue for older adults. Innovation is needed. He believes the Commonwealth needs a focused Department on Aging. He is not concerned about funding.
- **Reynold Jordan:** Clarifies that he would rather see more money go to direct support than indirect support of our aging population. Whether or not agencies are consolidated or created, that is not taking care of what needs to be done in the field.

Martha made closing remarks. Deputy Secretary Finley also expressed gratitude for community forum attendees for their comments and looks forward to the next workgroup meeting. They will be reading through the great ideas in the chat and encouraged folks to send any additional thoughts to InformVA@advancingstates.org.

CHAT SUMMARY:

Note that if an individual made a comment verbally and in the chat, this chat summary only includes that comment in the previous section. However, the full chat is attached.

- **John Whitley, PAA Board member:** Ms. Finley, please assure me the 'reports' show the overwhelming support for the creation of the Department of Aging, your statement

about 'some support' from our last gathering is not correct. The goal and outcome should be the Department of Aging.

- Anne Elder: The outcome of elevating aging should be the Department of Aging. Outcome the Department of Aging.
- Catie Finley: Thanks, John. I based my summary on the draft minutes from last meeting which will be posted shortly on the website for the workgroup: <https://www.hhr.virginia.gov/commissions-and-working-groups/aging-services/> so everyone can review in full.
- Tiffany Speas, CFO, PAA: please give aging leaders a seat at the table.
- Reynold Jordan: VA has DARS.
- Bobby Vassar: Build capacity for providing aging services.
- Terri Lynch: There are many departments interested in aging issues -- seat at the table.
- Dawn Riddle: I would like to know what the Department of Aging means, looks like to those with that response.
- Jim Dau: Elevating should mean that the Commonwealth has institutional structure and leadership that has a focus on aging and a full understanding of what means for people as they live. This focus includes what are traditionally considered as aging services and expands the landscape.
- Justine Young: I want to see aging elevated with a greater presence but I'm not sure we would have enough power as such a small agency if it were a separate department.
- Holly D'Heron: Services for our citizens are still to separated. DSS, AAA, and DARS all providing services, and citizens do not know where to start to get help.
- Janet Brennend: Actively and consistently engage the input of older adults as valuable stakeholders throughout this process and beyond; connect with older adults at the direct service levels as well.
- John Whitley: The Department of Aging 'looks like' the VA Department of Education with state office and support staff serving local Agencies on Aging.
- Justine Young: Why are there so few nationwide separated out? It would be small because the Department of Aging in VA only has about 25 employees vs. over 2000 for DARS total.
- Kathy Vesley: Why would a Department on Aging have to be small?
- Tiffany Speas: The penny wise, pound foolish approach we've used with the aging of service structure as it exists misses the opportunity for real innovation. There is opportunity with Medicaid, etc. We miss so many opportunities to find innovative solutions for Virginia's older adults.
- Kelly Davis: If there is one agency it would minimize duplication of services
- Kathy Miller: Having a separate agency will not accomplish the goal. Having an Aging Cabinet that reports to the Governor would better achieve this goal.

- Tiffany Speas: The message that this group is not interested in innovation or change is evident.
- Justine Young: DARS is a 50-million-dollar agency whereas aging alone would have a much smaller budget.
- Regina Sayers: If elevating aging is a priority, then funding should be made available to make that happen.
- Tiffany Speas: Justine, that is wonderful that DARS is so big and it clarifies the issue in my mind. It seems like there are far more aging Virginians.
- Bruce Craig: Clearly elevation of aging in the state executive branch structure would allow it to hire staff to fulfill the expectations of the Older Americans Act to bring the services and programs needed for its senior citizens. Without this critical resource it cannot assist the local agencies and providers in meeting their missions.
- Harrison Dixon: In this age of specialization, in almost every field, medicine, education, etc. and considering the unique needs of the elderly, failing to provide an agency devoted to aging is neither wise nor prudent.
- MaDena DuChemin: Definitely a cabinet level position is needed for elevation and integration of services as well as providing a platform from which to innovate and continuously grow to meet the needs for all aging Virginians.
- Regina Sayers: Why not have the same model as the children's cabinet?
- Dawn Riddle: Thank you, Rusty. I concur with what he said as a fellow Director of a local Department of Social Services.
- Tricia Suszynski: What about meaningful outcome measures?
- John Whitley: I cited DOE as an example of 'commitment' of the Commonwealth to a purpose and population. Remember: The Superintendent of Public Education is appointed by the Governor!
- Justine Young: Kathy, why would a cabinet not work? I'm afraid we will just be shifting to a new agency with the exact same bureaucracy.
- Regina Sayers: The Governor was out of touch.
- John Whitley: How to raise the visibility of aging in the Commonwealth is very simple; establish the department of aging.
- Kathy Vesley: Justine and others - a cabinet level position would work. But why worry about costs, budgets, etc.
- John Whitley: It's coordination and leadership across state government. It's simple to improve coordination and leadership across state government: establish the department of aging.
- Bobby Vassar: The reason the governor was not aware of the strengths we already had with Navigator and other activities operating and under development in aging was that there was no cabinet level voice for aging that could attune the governor to the

existence and importance of those strengths and potentials for building aging services capacity.

- Jim Dau: I think collaboration, to some degree, is a function of the relative influence of Virginia's aging issues leader. Innovation will come from a more comprehensive evaluation and understanding of the opportunities and challenges facing aging Virginians, which can't just be limited to an "aging services" frame.
- Regina Sayers: The Aging Department can be the intersection with aging, transportation, housing and health care. Our AAA is doing it!
- Teebe Negasi: There are gaps in communication even within DARS currently. A single agency with different program areas that serve older adults. There are considerable gaps in coordination across VDSS, DARS, DMAS, HD, and other state agencies that currently serve older adults. There will need to be an intentional desire and effort to move out of silos and work at the leadership to bridge those gaps. Elevate coordination for the purpose of serving older adults. That must happen even if one single aging agency is created.
- John Whitley: establishing a single agency will foster collaboration and innovation. The holistic approach to aging is essential. It can/will initiate, plan, implement, evaluate the intersection.
- Tina King: Good quote, Kathy... "We are too big to be small!"
- Theodore Juraschek: What did we lose when we combined the departments 10 years ago and what will we need in the future especially as state and federal money becomes increasingly tight? Elevating the department of aging and providing it with more resources will help AAA's and other organizations to a better job tapping into funds for grants and the private markets. An example is expanding V AAA Cares initiative.
- Hunter LeClair: As a caregiver, I see innovation as the key to truly serving older adults in Virginia. AAAs are excelling at the traditional services, but obvious gaps remain. However aging services are elevated, continuous input sessions to hear voices of older adults and their caregivers are critical. The implementation of elevating these issues need a firm commitment to support local agencies doing this work in whatever means necessary.
- Donna Smith: Community Partners are strength in numbers! Innovation is what AAAs are. Too big to be too small!
- Bobby Vassar: The difficulty is capacity to scale innovation on a statewide basis. When a local nonprofit tries to do innovation statewide, the financial depth is an issue. We need a state aging entity doing, supporting, expanding the innovation on a statewide basis That's what a statewide entity can do, not to stop local innovation, but to build the capacity to scale innovation on a statewide basis.
- John Whitley: We have absolute responsibility and strict accountability to create and support the department of aging. Aging folk are increasing and getting older every single day. We are at the precipice!

- Lisa Walker: Collaboration will help those in the aging field with not fighting state agencies in finding help for a client. Aging Virginian population is increasing - why do they not rate a seat at the table? Have we not learned anything from the pandemic?
- Justine Young: I am not opposed to a separate Department on Aging. I just want to be convinced that a department would be more effective than a cabinet.



Elevating Virginia Aging AAA Survey

As part of the mission of the Aging Services Workgroup, Advancing States has been hired to obtain stakeholder feedback and help evaluate how aging services can be elevated in Virginia. The Aging Services workgroup was established by Item 291(F) in Chapter 552 of the 2021 Acts of Assembly. Participants are encouraged to provide additional insights that may not be specifically covered in the questions. All responses are confidential.

For the purposes of answering the questions below, it may be useful to refer to the following definition of aging services.

Aging Services refers to all aging and adult services in the state of Virginia, including APS and auxiliary grant programs.

Please contact Advancing States at InformVA@advancingstates.org if you have any questions or would like the survey in an alternative format. Thank you for your help in this effort.

1) Please fill out the following contact information.*

Name: _____

Title: _____

Organization: _____

Email Address: _____

On a scale of 1 to 10 how would you rate the following? (1—very unsatisfied, 10-highly satisfied)

2) How satisfied are you with DARS staff knowledge of aging services and supports?

1 2 3 4 5 6 7 8 9 10

3) How satisfied are you with DARS support of your agency?

1 2 3 4 5 6 7 8 9 10

How can DARS better support your agency?

4) How satisfied are you with the agency's ability to respond to questions, including timeliness and accuracy of the response?

1 2 3 4 5 6 7 8 9 10

5) How satisfied are you with DARS communications with your agency?

1 2 3 4 5 6 7 8 9 10

How can DARS improve communication with your agency?

6) How satisfied are you with DARS current efforts towards collaboration? For example, with fellow agencies, CILs, and other private and public organizations?

1 2 3 4 5 6 7 8 9 10

How can DARS serve as a more effective collaborator?

7) How satisfied are you with DARS knowledge of federal grant and other funding opportunities?

1 2 3 4 5 6 7 8 9 10

How can DARS improve in this area?

8) How satisfied are you with DARS knowledge of innovative programs and tools that may benefit Virginia?

1 2 3 4 5 6 7 8 9 10

How can DARS improve in this area?

9) How satisfied are you with the financial management and oversight of DARS as it relates to operation of your organization?

1 2 3 4 5 6 7 8 9 10

What improvements would you recommend concerning financial management and oversight?

10) How satisfied are you with DARS training opportunities for your agency?

1 2 3 4 5 6 7 8 9 10

What training opportunities would you like DARS to offer?

11) How satisfied are you with DARS ability to determine the needs of older Virginians?

1 2 3 4 5 6 7 8 9 10

How could DARS improve in this area?

12) What are the program areas that the DARS structure currently supports well [please select all that apply]?

OAA

Medicaid

Business Acumen

Adult Protective Services

Social Services Block Grant

Long-term Care Ombudsman

Assistive Technology

ADRC/No Wrong Door

Benefits Counseling

Family Caregiver Services

Rehabilitative Services

Other, Please Explain: _____

Please provide some examples of how the areas are supported well.

Please provide some examples of how the DARS could improve support in the other areas.

13) What are the advantages and disadvantages you have seen from the integration of Aging and Rehabilitation Services?

14) Is there another issue or population that you think the state elevates well? What do you think are the key reasons for that elevated status?

15) What additional ideas do you have to Elevate Aging in Virginia?



Elevating Virginia Aging Survey – Local Departments of Social Services

As part of the mission of the Aging Services Workgroup, Advancing States has been hired to obtain stakeholder feedback and help evaluate how aging services can be elevated in Virginia. The Aging Services workgroup was established by Item 291(F) in Chapter 552 of the 2021 Acts of Assembly. Participants are encouraged to provide additional insights that may not be specifically covered in the questions. All responses are confidential.

For the purposes of answering the questions below, it may be useful to refer to the following definition of aging services.

Aging Services refers to all aging and adult services in the state of Virginia, including APS and auxiliary grant programs.

Please contact Advancing States at InformVA@advancingstates.org if you have any questions or would like the survey in an alternative format. Thank you for your help in this effort.

1) Please fill out the following contact information.*

Name: _____

Title: _____

Organization: _____

Email Address: _____

On a scale of 1 to 10 how would you rate the following? (1—very unsatisfied, 10-highly satisfied)

2) How satisfied are you with DARS regional consultants' knowledge of aging services and supports?

1 2 3 4 5 6 7 8 9 10

3) How satisfied are you with other DARS staff knowledge of aging services and supports?

1 2 3 4 5 6 7 8 9 10

4) How satisfied are you with DARS support of your agency?

1 2 3 4 5 6 7 8 9 10

How can DARS better support your agency?

5) How satisfied are you with the agency's ability to respond to consumer questions, including timeliness and accuracy of the response?

1 2 3 4 5 6 7 8 9 10

6) How satisfied are you with communications from DARS regional consultants?

1 2 3 4 5 6 7 8 9 10

7) How satisfied are you with other DARS communications with your agency?

1 2 3 4 5 6 7 8 9 10

How can DARS improve communication with your agency?

8) How satisfied are you with DARS current efforts towards collaboration? For example, with fellow agencies, including the Virginia Department of Social Services, and other private and public organizations?

1 2 3 4 5 6 7 8 9 10

How can DARS enhance collaboration with fellow agencies?

9) How satisfied are you with DARS knowledge of innovative programs and tools that may benefit Virginia?

1 2 3 4 5 6 7 8 9 10

How can DARS improve in this area?

10) How satisfied are you with the financial management and oversight of DARS as it relates to operation of your organization?

1 2 3 4 5 6 7 8 9 10

What improvements would you recommend concerning financial management and oversight?

11) How satisfied are you with DARS training opportunities for your agency?

1 2 3 4 5 6 7 8 9 10

What training opportunities would you like DARS to offer?

12) How satisfied are you with DARS ability to determine the needs of older Virginians?

1 2 3 4 5 6 7 8 9 10

How could DARS improve in this area?

13) What are the program areas that the DARS structure currently supports well [please select all that apply]?

- Older Americans Act
- Medicaid
- Business Acumen
- Adult Protective Services
- Social Services Block Grant
- Long-term Care Ombudsman
- Assistive Technology
- ADRC/No Wrong Door

Benefits Counseling

Family Caregiver Services

Rehabilitative Services

Other, Please Explain: _____

Please provide some examples of how the areas are supported well.

Please provide some examples of how DARS could improve support in the other areas.

14) What are the advantages and disadvantages you have seen from the integration of Aging and Rehabilitation Services?

15) Is there another issue or population that you think the state elevates well? What do you think are the key reasons for that elevated status?

16) What additional ideas do you have to Elevate Aging in Virginia?

APPENDIX D

Report for Elevating Virginia Aging AAA Survey

Response Counts

Completion Rate:

100%



Complete

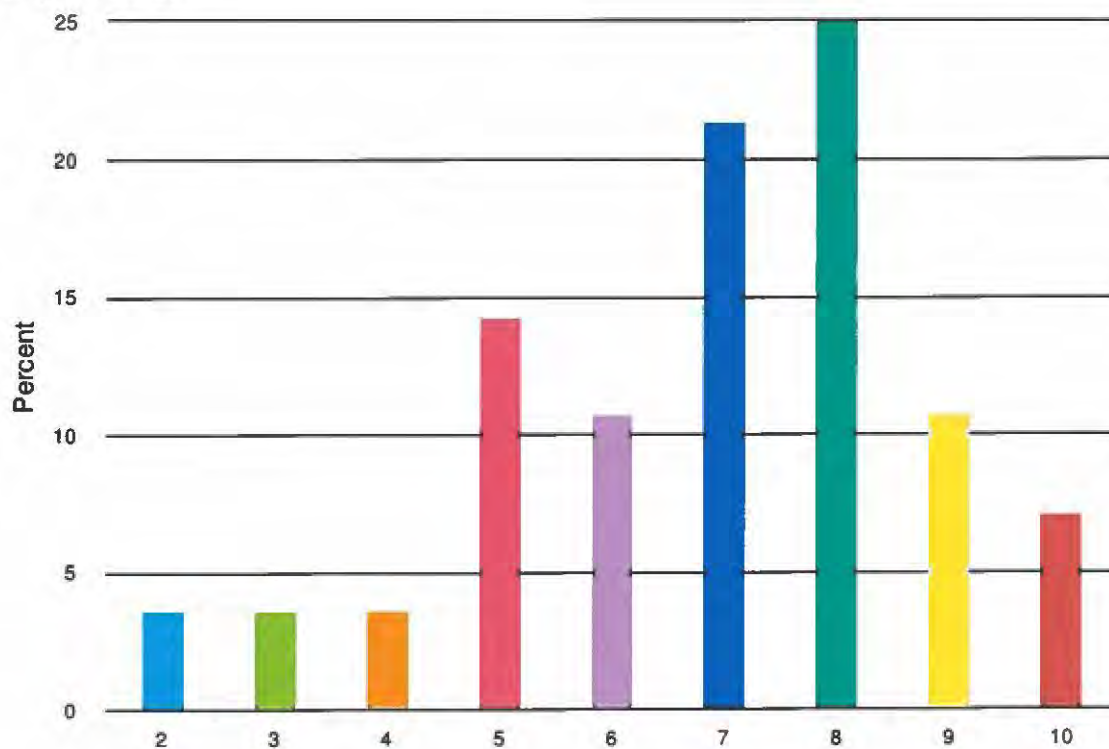


28

Totals: 28

Please Note: Most responses are on a scale of 1 to 10 (1—very unsatisfied, 10-highly satisfied)

2. How satisfied are you with DARS staff knowledge of aging services and supports?

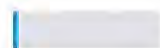


Value

Percent

Responses

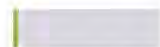
2



3.6%

1

3



3.6%

1

4



3.6%

1

5



14.3%

4

6



10.7%

3

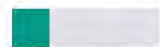
7



21.4%

6

8



25.0%

7

9



10.7%

3

10

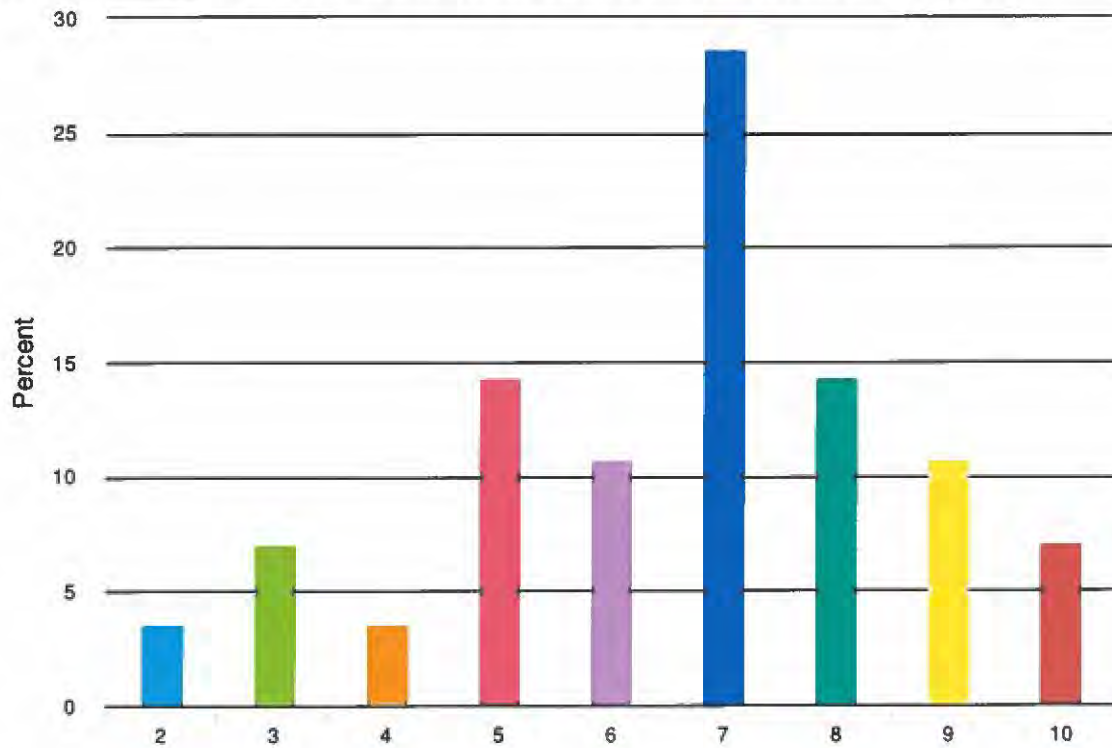


7.1%

2

Totals: 28

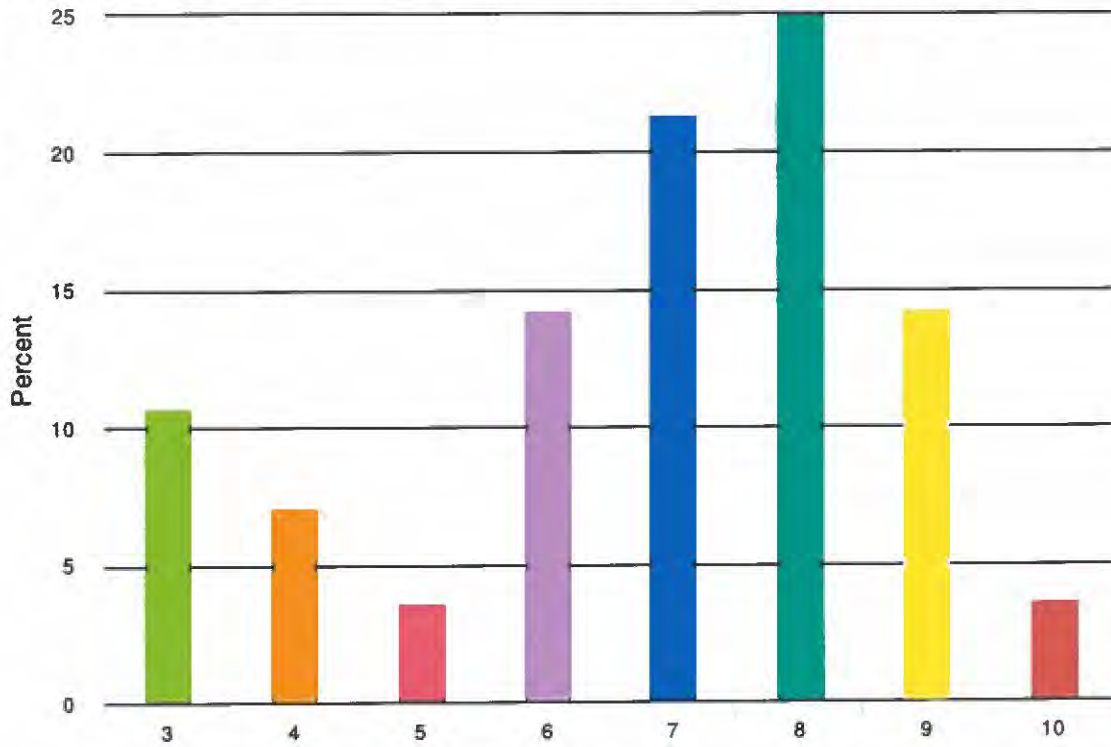
3. How satisfied are you with DARS support of your agency?



Value	Percent	Responses
2	3.6%	1
3	7.1%	2
4	3.6%	1
5	14.3%	4
6	10.7%	3
7	28.6%	8
8	14.3%	4
9	10.7%	3
10	7.1%	2

Totals: 28

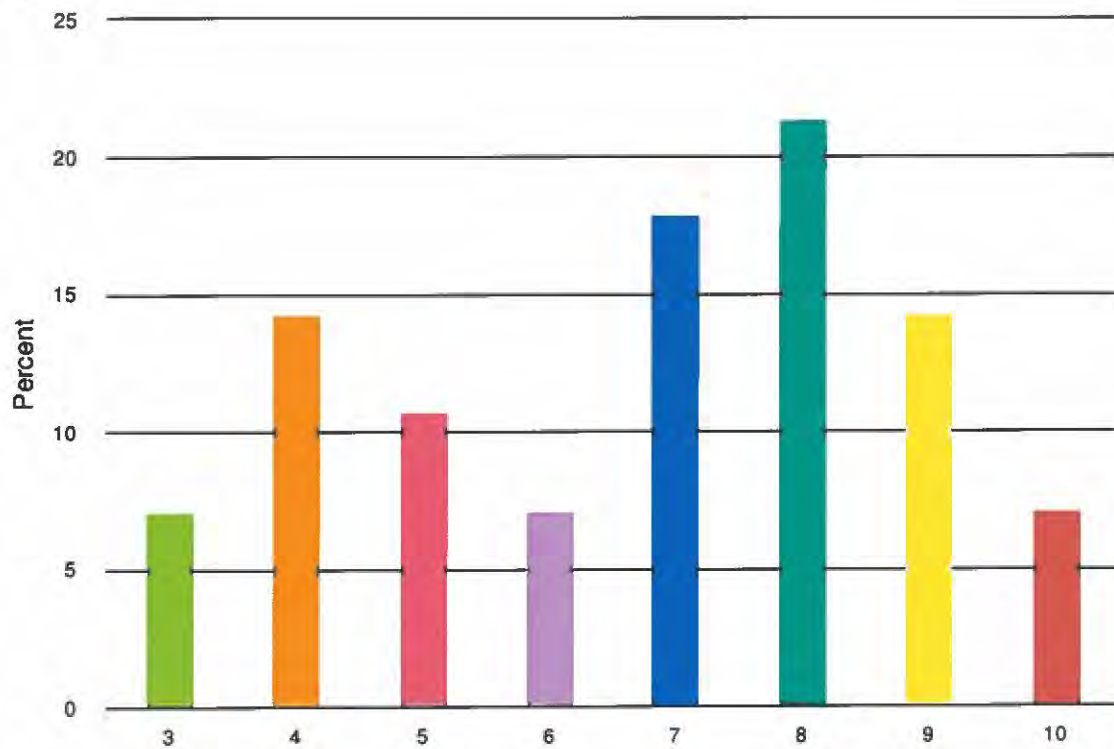
5. How satisfied are you with the agency's ability to respond to questions, including timeliness and accuracy of the response?



Value	Percent	Responses
3	10.7%	3
4	7.1%	2
5	3.6%	1
6	14.3%	4
7	21.4%	6
8	25.0%	7
9	14.3%	4
10	3.6%	1

Totals: 28

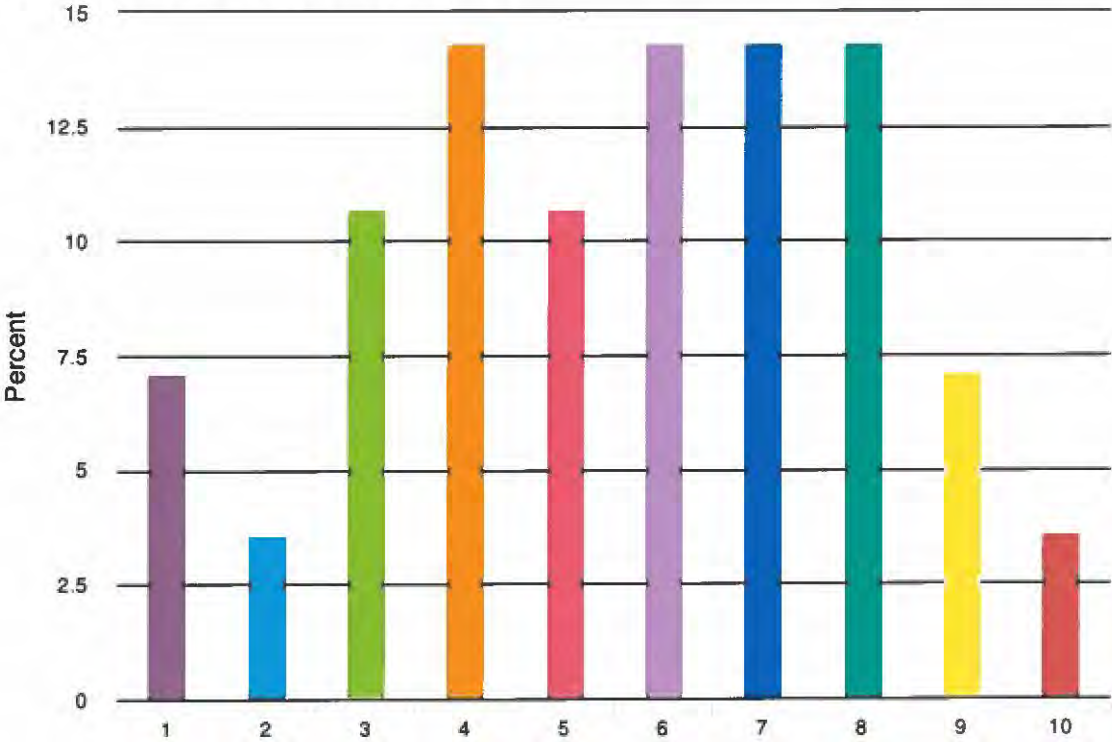
6. How satisfied are you with DARS communications with your agency?



Value	Percent	Responses
3	7.1%	2
4	14.3%	4
5	10.7%	3
6	7.1%	2
7	17.9%	5
8	21.4%	6
9	14.3%	4
10	7.1%	2

Totals: 28

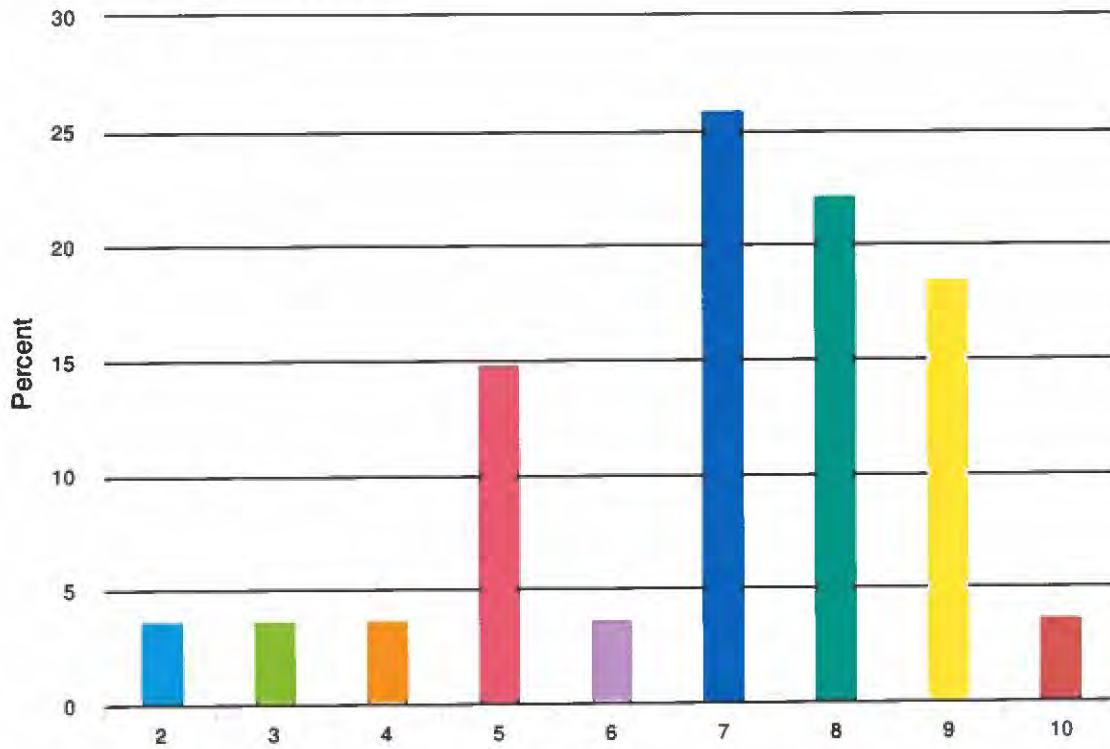
8. How satisfied are you with DARS current efforts towards collaboration? For example, with fellow agencies, CILs, and other private and public organizations?



Value	Percent	Responses
1	7.1%	2
2	3.6%	1
3	10.7%	3
4	14.3%	4
5	10.7%	3
6	14.3%	4
7	14.3%	4
8	14.3%	4
9	7.1%	2
10	3.6%	1

Totals: 28

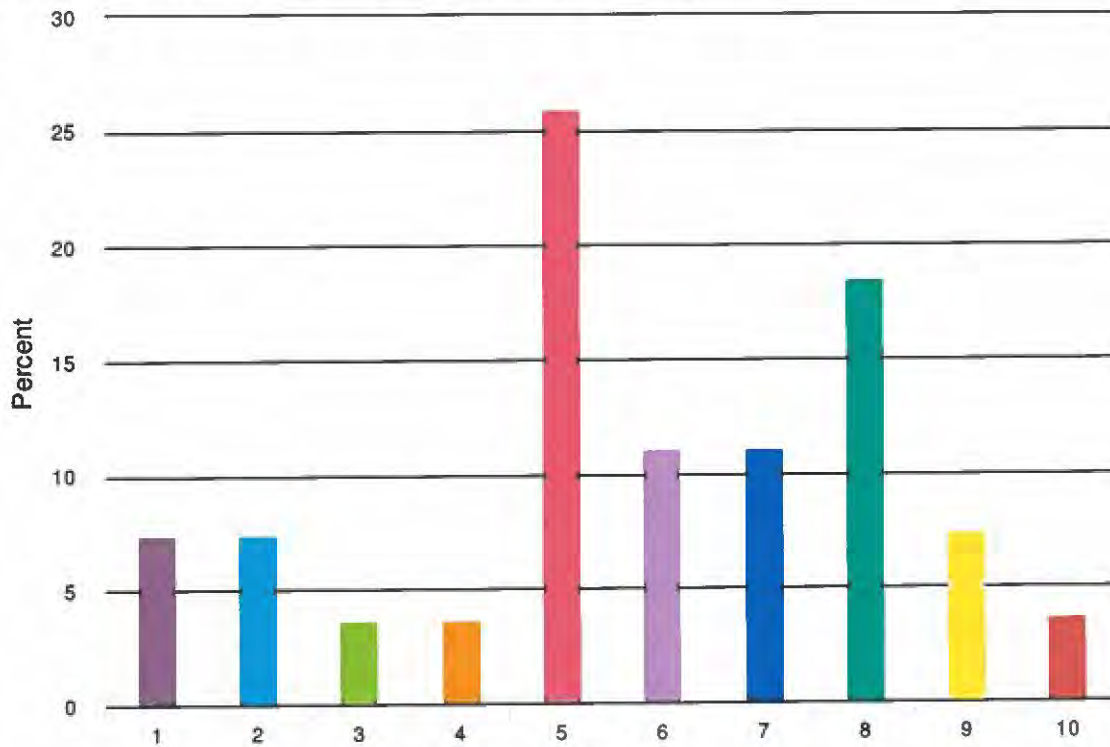
10. How satisfied are you with DARS knowledge of federal grant and other funding opportunities?



Value	Percent	Responses
2	3.7%	1
3	3.7%	1
4	3.7%	1
5	14.8%	4
6	3.7%	1
7	25.9%	7
8	22.2%	6
9	18.5%	5
10	3.7%	1

Totals: 27

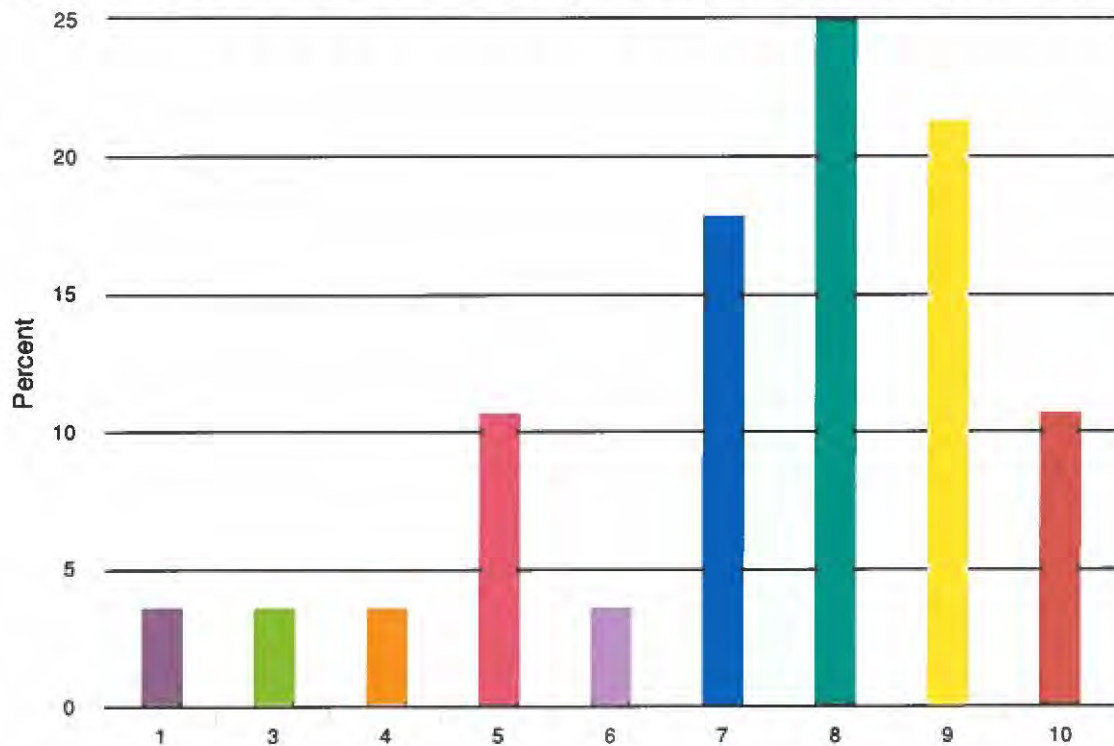
12. How satisfied are you with DARS knowledge of innovative programs and tools that may benefit Virginia?



Value	Percent	Responses
1	7.4%	2
2	7.4%	2
3	3.7%	1
4	3.7%	1
5	25.9%	7
6	11.1%	3
7	11.1%	3
8	18.5%	5
9	7.4%	2
10	3.7%	1

Totals: 27

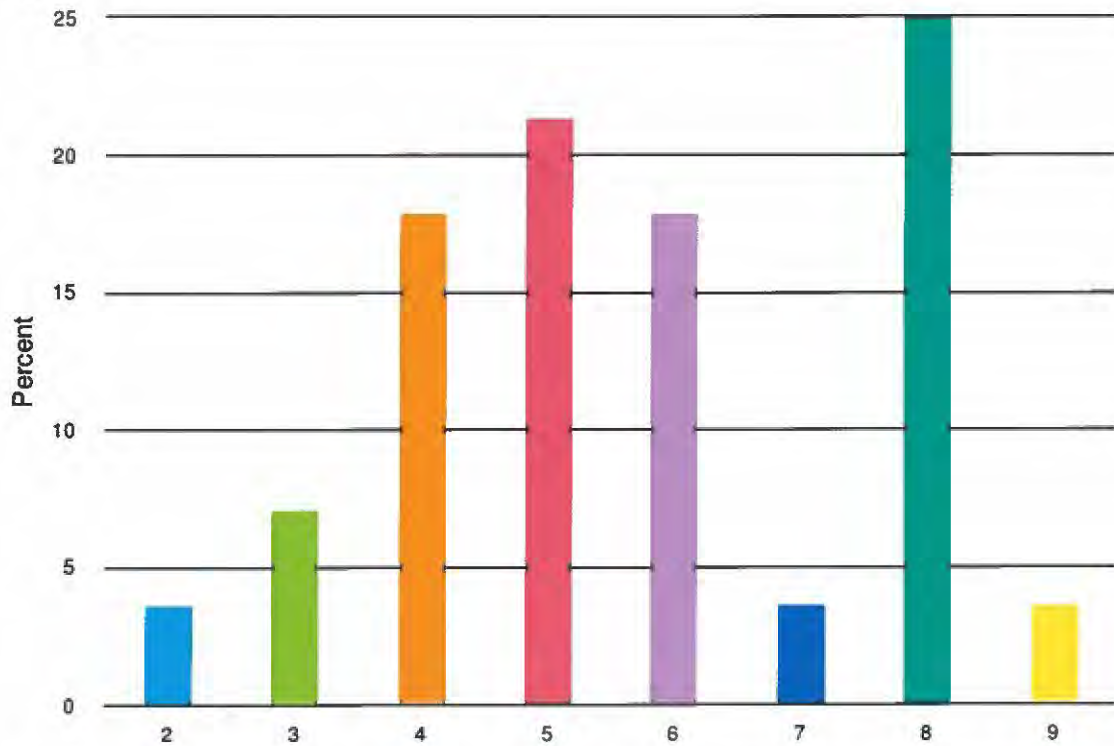
14. How satisfied are you with the financial management and oversight of DARS as it relates to operation of your organization?



Value	Percent	Responses
1	3.6%	1
3	3.6%	1
4	3.6%	1
5	10.7%	3
6	3.6%	1
7	17.9%	5
8	25.0%	7
9	21.4%	6
10	10.7%	3

Totals: 28

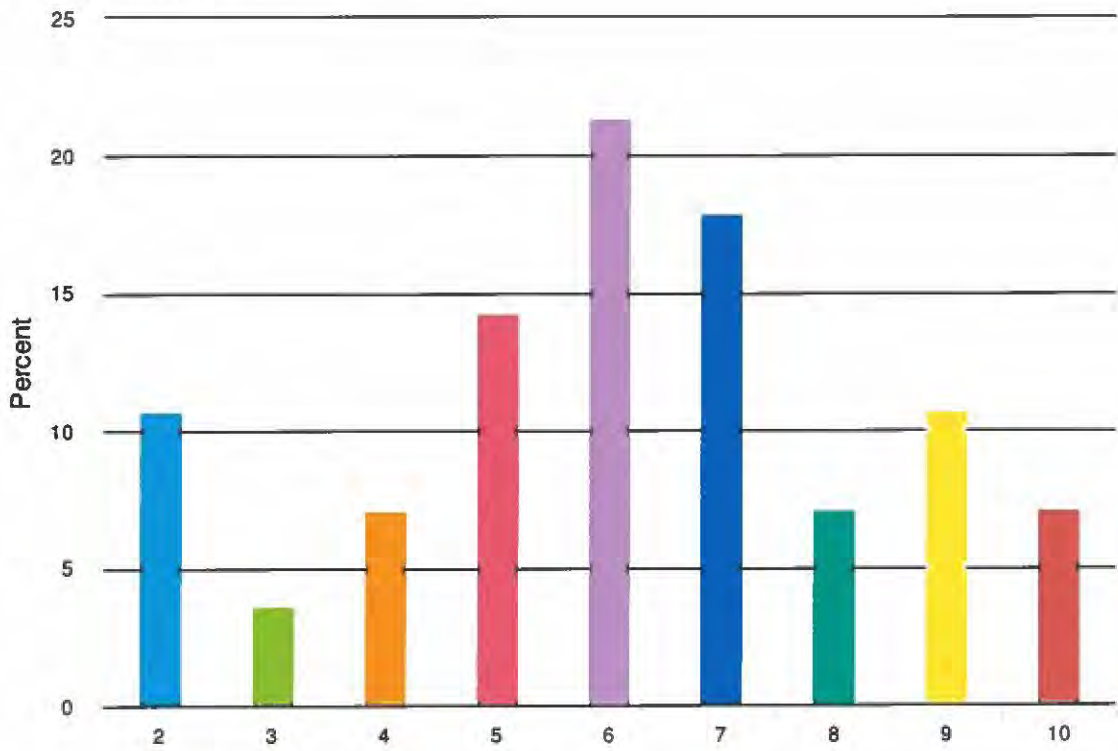
16. How satisfied are you with DARS training opportunities for your agency?



Value	Percent	Responses
2	3.6%	1
3	7.1%	2
4	17.9%	5
5	21.4%	6
6	17.9%	5
7	3.6%	1
8	25.0%	7
9	3.6%	1

Totals: 28

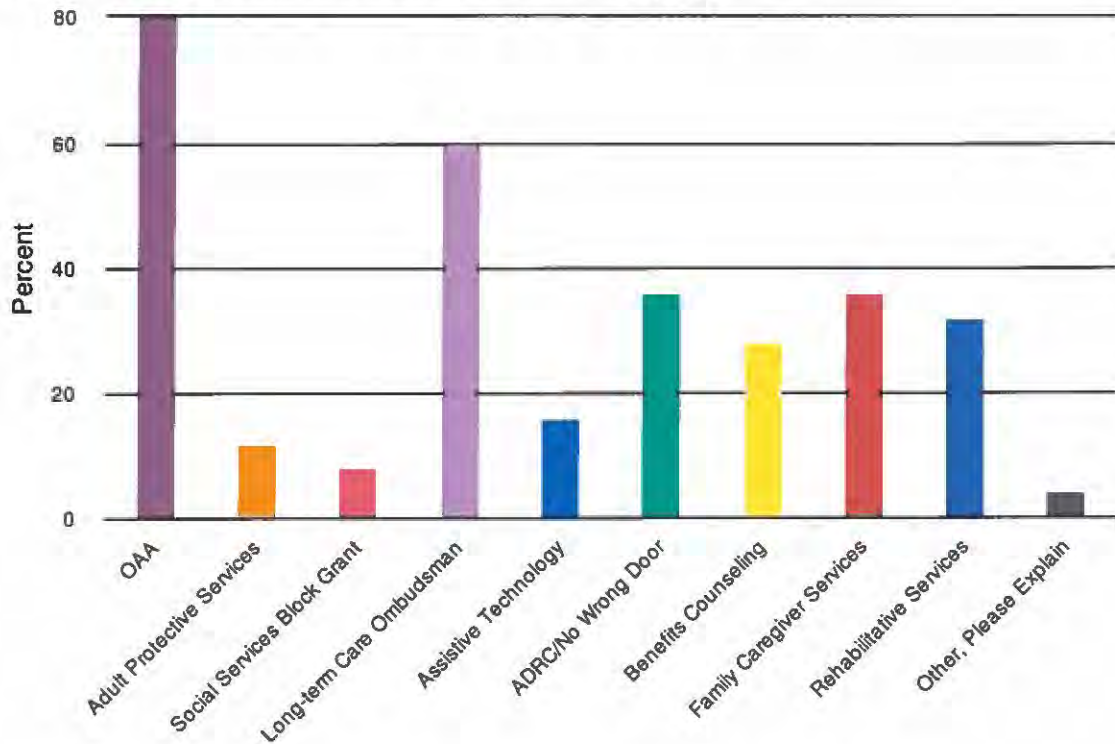
18. How satisfied are you with DARS ability to determine the needs of older Virginians?



Value	Percent	Responses
2	10.7%	3
3	3.6%	1
4	7.1%	2
5	14.3%	4
6	21.4%	6
7	17.9%	5
8	7.1%	2
9	10.7%	3
10	7.1%	2

Totals: 28

20. What are the program areas that the DARS structure currently supports well [please select all that apply]?

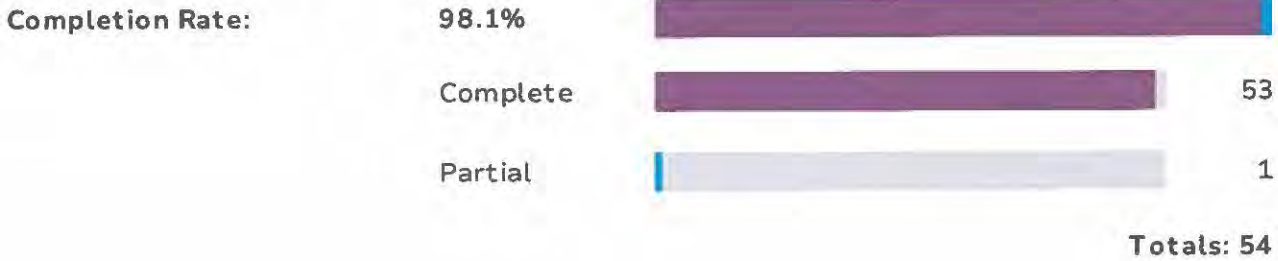


Value	Percent	Responses
OAA	80.0%	20
Adult Protective Services	12.0%	3
Social Services Block Grant	8.0%	2
Long-term Care Ombudsman	60.0%	15
Assistive Technology	16.0%	4
ADRC/No Wrong Door	36.0%	9
Benefits Counseling	28.0%	7
Family Caregiver Services	36.0%	9
Rehabilitative Services	32.0%	8
Other, Please Explain	4.0%	1

Report for Elevating Virginia Aging Survey

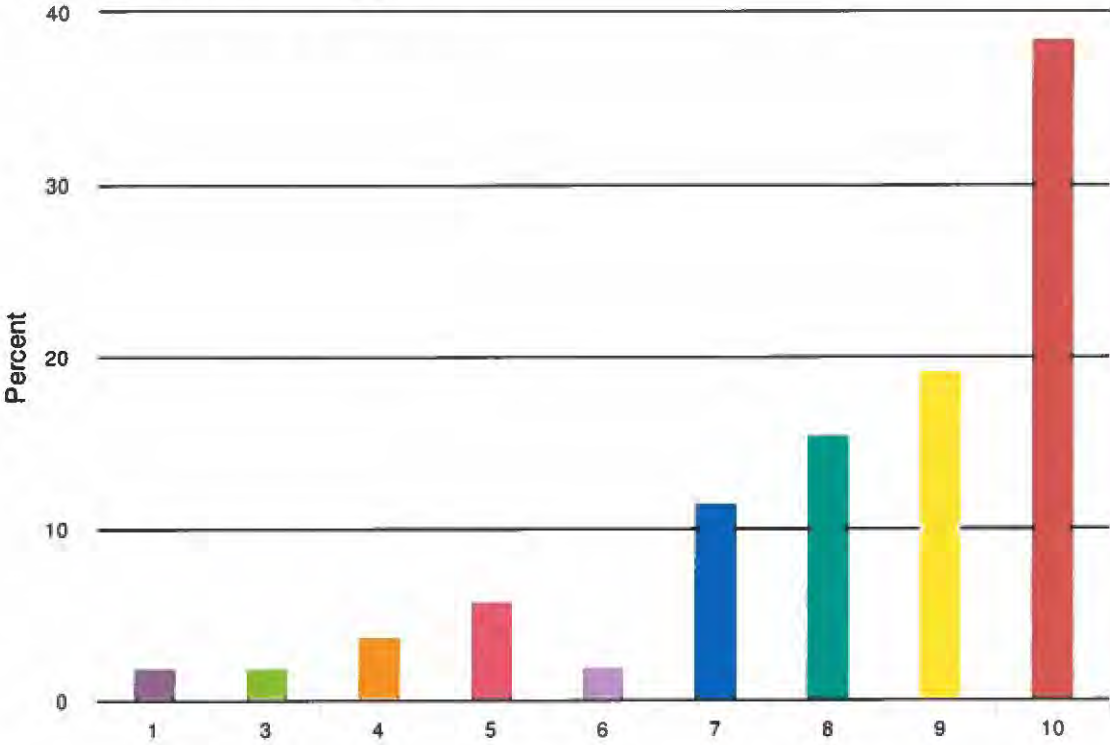
Local Departments of Social Services

Response Counts



Please Note: Most responses are on a scale of 1 to 10 (1—very unsatisfied, 10—highly satisfied)

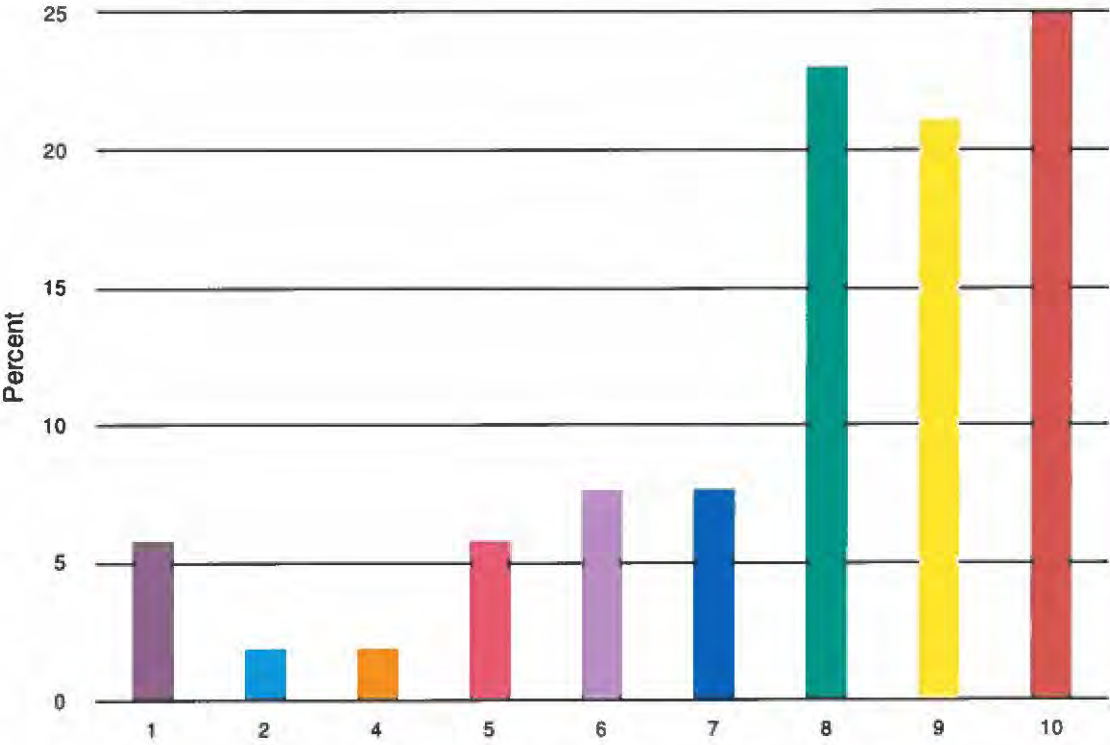
2. How satisfied are you with DARS regional consultants' knowledge of aging services and supports?



Value	Percent	Responses
1	1.9%	1
3	1.9%	1
4	3.8%	2
5	5.8%	3
6	1.9%	1
7	11.5%	6
8	15.4%	8
9	19.2%	10
10	38.5%	20

Totals: 52

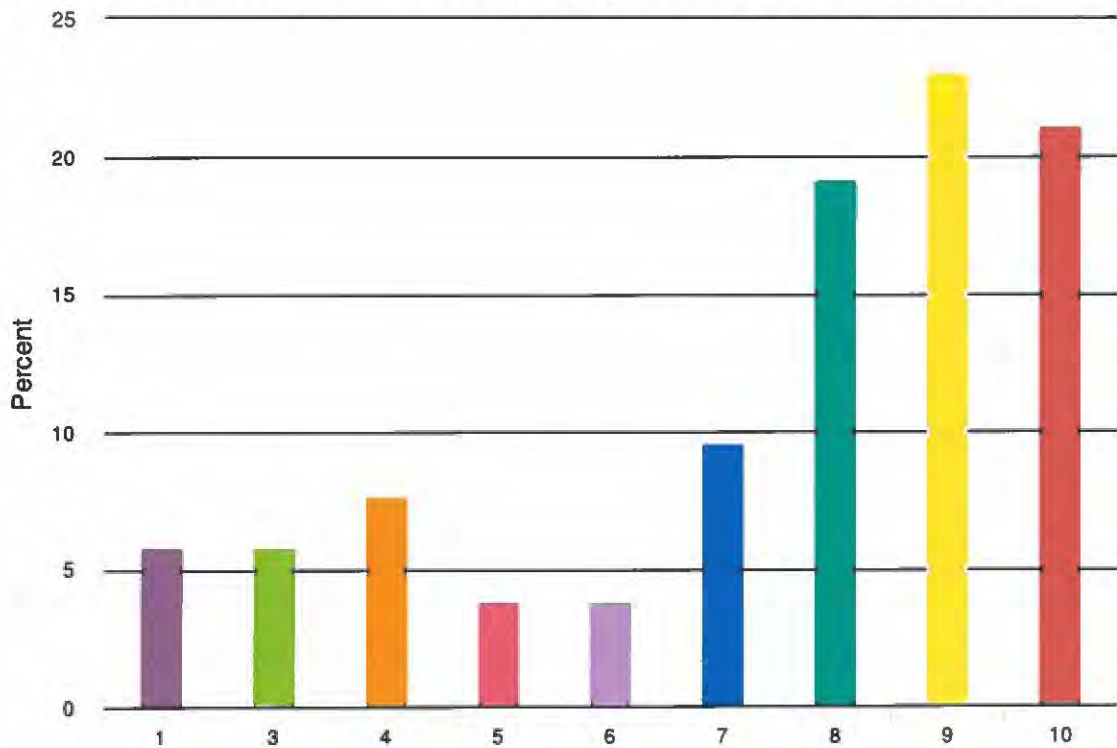
3. How satisfied are you with other DARS staff knowledge of aging services and supports?



Value	Percent	Responses
1	5.8%	3
2	1.9%	1
4	1.9%	1
5	5.8%	3
6	7.7%	4
7	7.7%	4
8	23.1%	12
9	21.2%	11
10	25.0%	13

Totals: 52

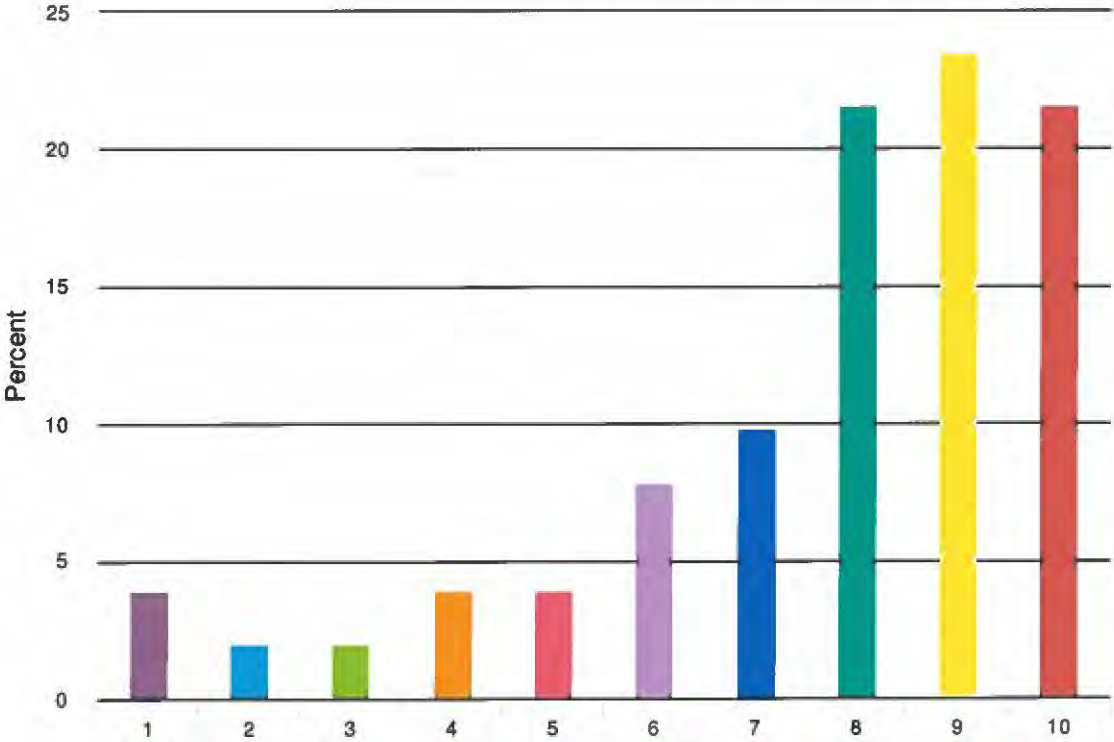
4. How satisfied are you with DARS support of your agency?



Value	Percent	Responses
1	5.8%	3
3	5.8%	3
4	7.7%	4
5	3.8%	2
6	3.8%	2
7	9.6%	5
8	19.2%	10
9	23.1%	12
10	21.2%	11

Totals: 52

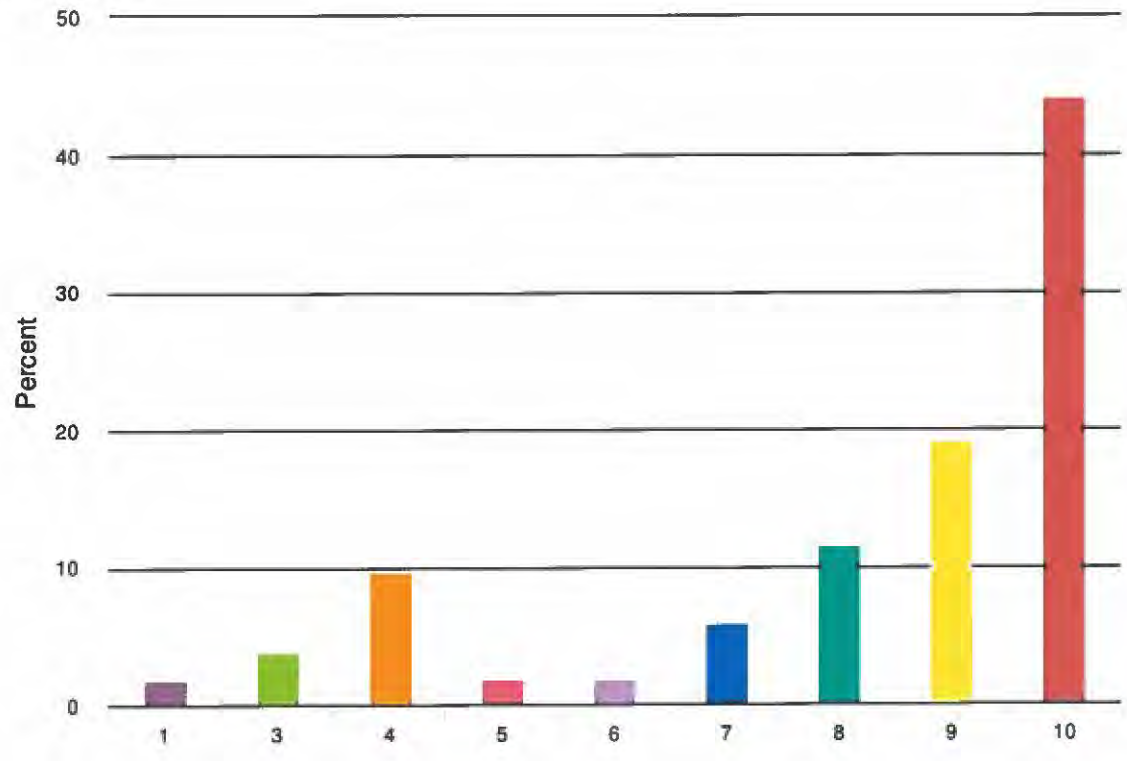
6. How satisfied are you with the agency's ability to respond to consumer questions, including timeliness and accuracy of the response?



Value	Percent	Responses
1	3.9%	2
2	2.0%	1
3	2.0%	1
4	3.9%	2
5	3.9%	2
6	7.8%	4
7	9.8%	5
8	21.6%	11
9	23.5%	12
10	21.6%	11

Totals: 51

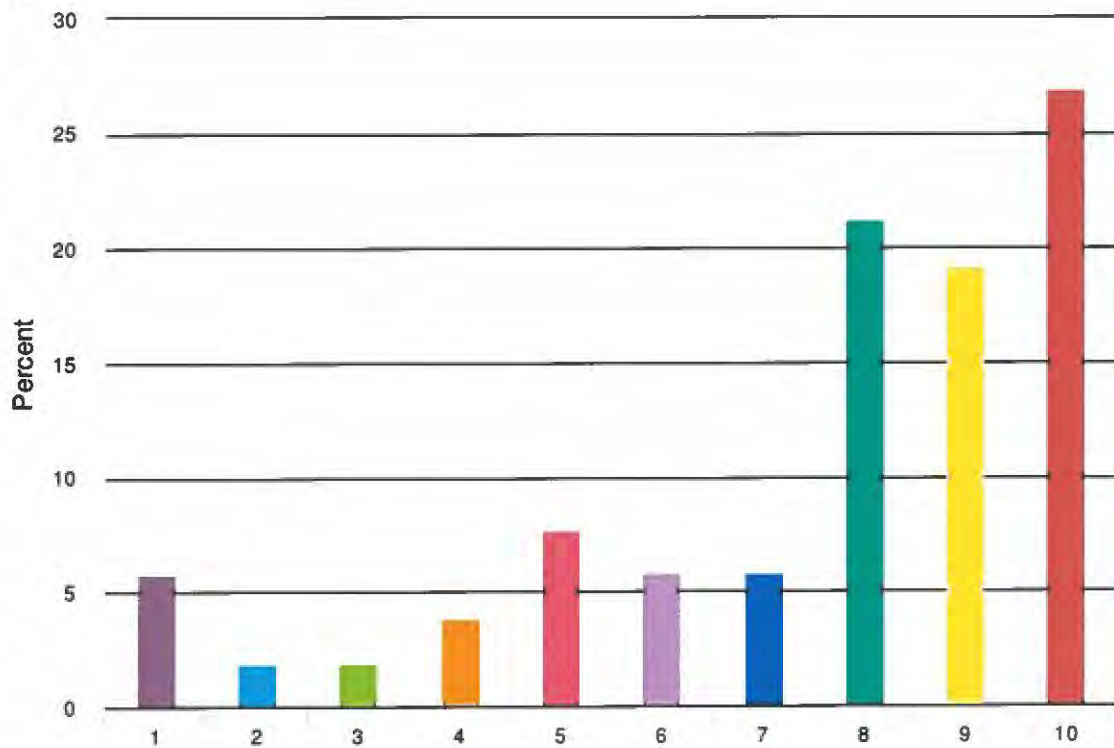
7. How satisfied are you with communications from DARS regional consultants?



Value	Percent	Responses
1	1.9%	1
3	3.8%	2
4	9.6%	5
5	1.9%	1
6	1.9%	1
7	5.8%	3
8	11.5%	6
9	19.2%	10
10	44.2%	23

Totals: 52

8. How satisfied are you with other DARS communications with your agency?



Value

Percent

Responses

1



5.8%

3

2



1.9%

1

3



1.9%

1

4



3.8%

2

5



7.7%

4

6



5.8%

3

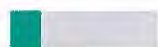
7



5.8%

3

8



21.2%

11

9



19.2%

10

10

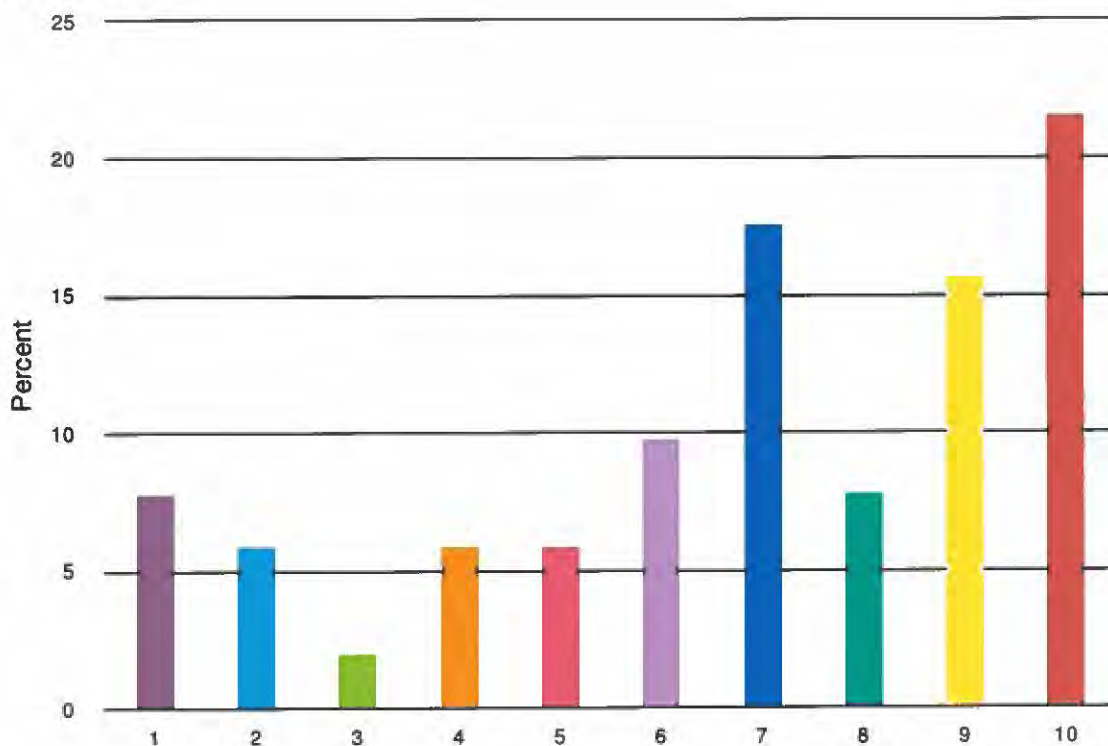


26.9%

14

Totals: 52

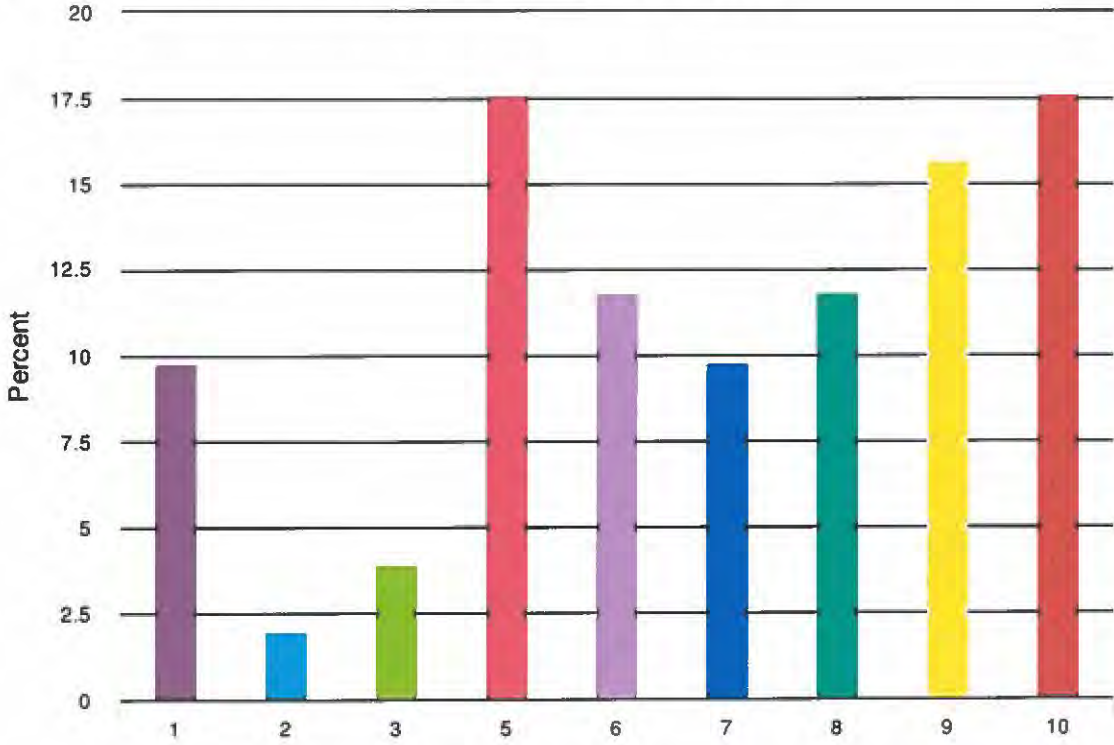
10. How satisfied are you with DARS current efforts towards collaboration? For example, with fellow agencies, including the Virginia Department of Social Services, and other private and public organizations?



Value	Percent	Responses
1	7.8%	4
2	5.9%	3
3	2.0%	1
4	5.9%	3
5	5.9%	3
6	9.8%	5
7	17.6%	9
8	7.8%	4
9	15.7%	8
10	21.6%	11

Totals: 51

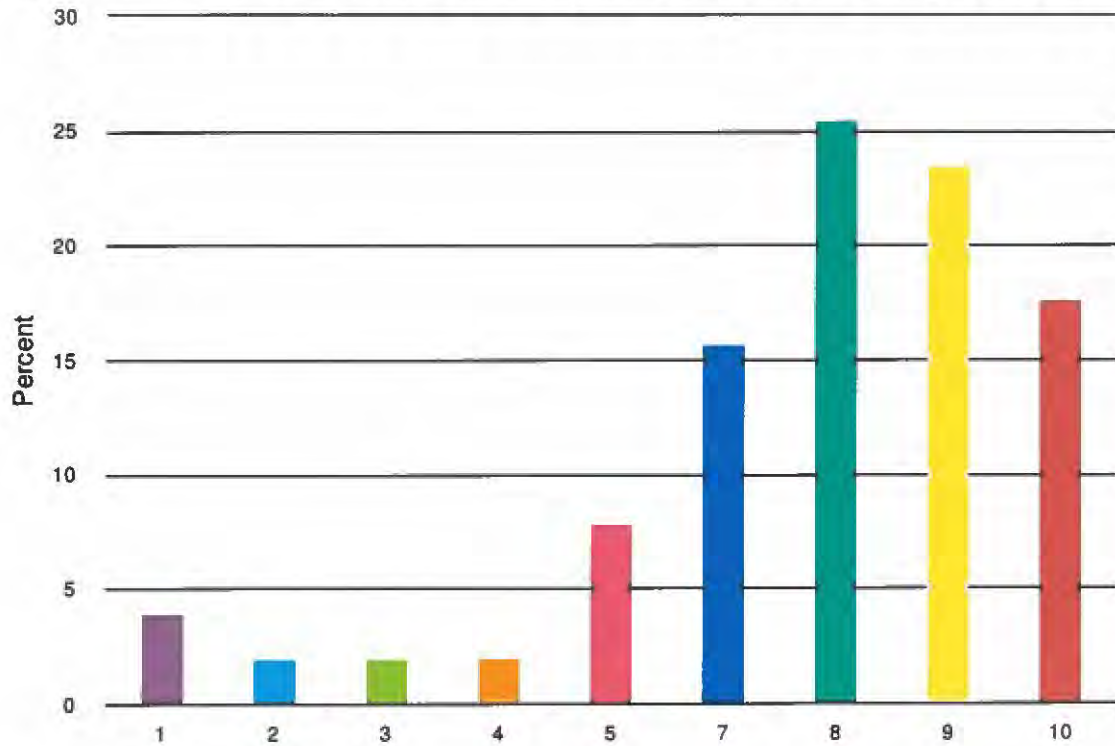
12. How satisfied are you with DARS knowledge of innovative programs and tools that may benefit Virginia?



Value	Percent	Responses
1	9.8%	5
2	2.0%	1
3	3.9%	2
5	17.6%	9
6	11.8%	6
7	9.8%	5
8	11.8%	6
9	15.7%	8
10	17.6%	9

Totals: 51

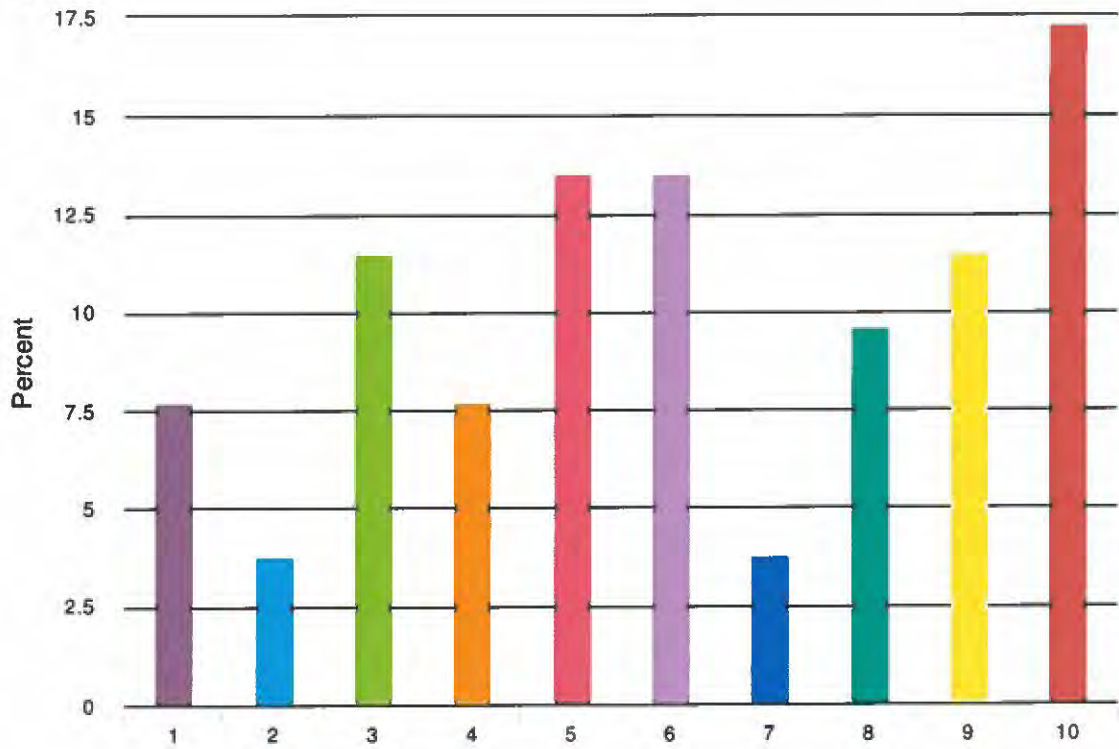
14. How satisfied are you with the financial management and oversight of DARS as it relates to operation of your organization?



Value	Percent	Responses
1	3.9%	2
2	2.0%	1
3	2.0%	1
4	2.0%	1
5	7.8%	4
7	15.7%	8
8	25.5%	13
9	23.5%	12
10	17.6%	9

Totals: 51

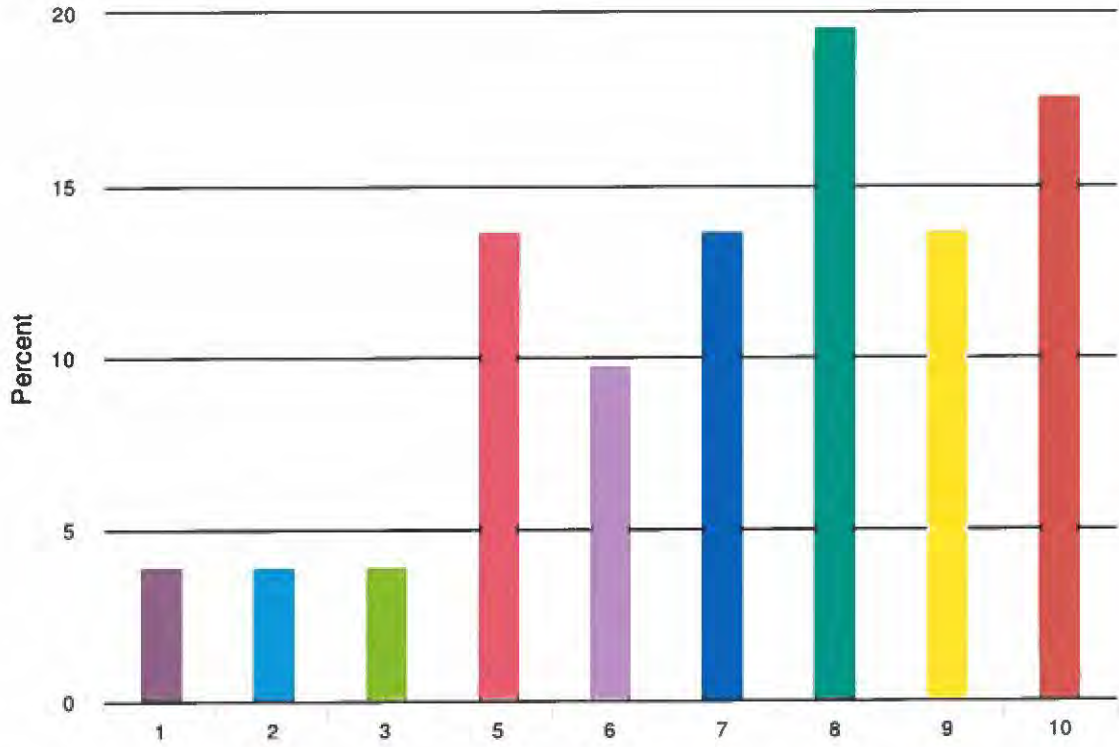
16. How satisfied are you with DARS training opportunities for your agency?



Value	Percent	Responses
1	7.7%	4
2	3.8%	2
3	11.5%	6
4	7.7%	4
5	13.5%	7
6	13.5%	7
7	3.8%	2
8	9.6%	5
9	11.5%	6
10	17.3%	9

Totals: 52

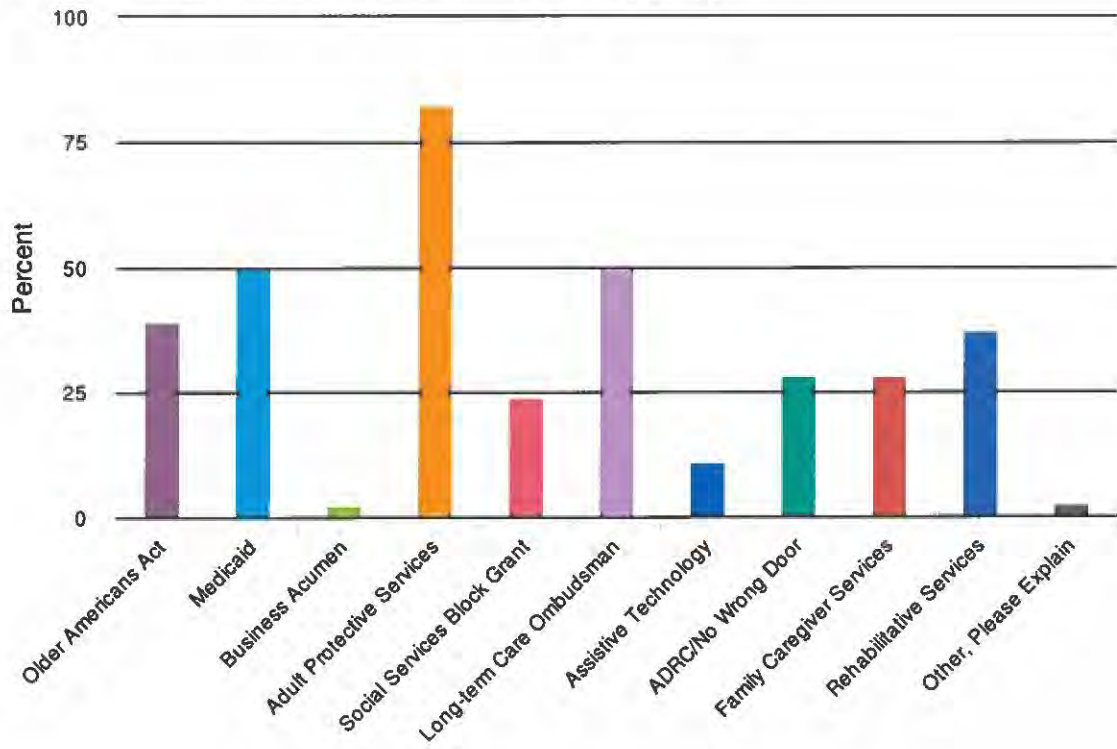
18. How satisfied are you with DARS ability to determine the needs of older Virginians?



Value	Percent	Responses
1	3.9%	2
2	3.9%	2
3	3.9%	2
5	13.7%	7
6	9.8%	5
7	13.7%	7
8	19.6%	10
9	13.7%	7
10	17.6%	9

Totals: 51

20. What are the program areas that the DARS structure currently supports well [please select all that apply]?



Value	Percent	Responses
Older Americans Act	39.1%	18
Medicaid	50.0%	23
Business Acumen	2.2%	1
Adult Protective Services	82.6%	38
Social Services Block Grant	23.9%	11
Long-term Care Ombudsman	50.0%	23
Assistive Technology	10.9%	5
ADRC/No Wrong Door	28.3%	13
Family Caregiver Services	28.3%	13
Rehabilitative Services	37.0%	17
Other, Please Explain	2.2%	1



Commonwealth Council on Aging

2021 Annual Report
with
2022 Legislative Recommendations

Commonwealth of Virginia
Richmond
September 22, 2021



Commonwealth Council on Aging

Members:

Beverley A. Soble, Chair
John "Jay" White, EdD, Vice Chair
Harvey E. Chambers, CSA, Secretary
David Broder
John Countryman, PhD
Deborah Davidson, RN
Jennifer L. Disano
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J. Tina Savla, PhD
Deborah Taylor
Michael Wampler
Roland Winston
Erica Wood, Esq.

Ex-Officio Members:

Hon. Daniel Carey, MD
Kathryn Hayfield
Tara Ragland
Terry A. Smith
Deborah Silverman

Virginia Department for Aging and
Rehabilitative Services

Office for Aging Services
Division for Community Living

1610 Forest Avenue
Suite 100
Henrico, Virginia 23229

Phone: (804) 662-9333

Fax: (804) 662-7035

September 22, 2021

Dear Honorable Ralph S. Northam,
Members of the General Assembly, and
Members of the Public:

Pursuant to § 51.5-127 of the Code of Virginia, the Commonwealth Council on Aging ("Council") is charged with promoting an efficient, coordinated approach by state government to meeting the needs of older Virginians.

There are approximately 1.9 million adults in Virginia who are over 60 years old. Across the world and here in Virginia, the COVID-19 pandemic has revealed deep-rooted ageism and health inequities. In combatting this pandemic, the Council commends the Department for Aging and Rehabilitative Services (DARS), the 25 local Area Agencies on Aging, and the array of public and private service providers, all of which have provided crucial support to older Virginians and their caregivers. The Council strongly encourages Virginia's leadership not to lose sight of the importance of keeping the Commonwealth's older adults safe, healthy, and engaged with their family, friends, and communities.

The Council was pleased to celebrate its 2021 Best Practices Awards winners. The Best Practices Awards honor model aging programs that improve the lives of older Virginians and support caregivers. With support from DARS and the Virginia Association of Area Agencies on Aging (V4A), the Council hosted a webinar to acknowledge these ever vital programs on August 24, 2021 from 1:00 to 2:00 pm.

The Council has developed its 2022 legislative recommendations, many of which reflect the unprecedented times. The recommendations include:

- Add Report Language to the Council's Duties
- Provide Full Funding for State Long-Term Care Ombudsman Program
- Mandate Sick Leave for Direct Care Workers in Nursing Homes, Assisted Living, and Home Care
- Expand Senior Farmers Market Nutrition Program Statewide
- Enhance Outreach and Supplement Benefits for SNAP Enrollment
- Increase Funding for the Dementia Specific Case Management
- Update Licensure Requirements for Virginia Nursing Facilities
- Replicate the Northern Virginia Regional Older Adult Facility Mental Health Support Team Program in Other Areas of the Commonwealth
- Provide Funding for a Court Adult Guardianship and Conservatorship Database Case Management System
- Provide Additional Funding for the Virginia Insurance Counseling and Assistance Program

The Council is grateful for the opportunity to submit this report to you for your consideration. The Council looks forward to partnering with policymakers in advocating for older Virginians.

Sincerely,

Beverley A. Soble, Chair

COMMONWEALTH COUNCIL ON AGING 2021 BEST PRACTICES AWARDS

Established in 2006, the Best Practices Awards recognize and encourage the replication of model programs, particularly those that foster aging in place, livable communities and home and community-based services. With financial support from Dominion Energy, the Council encourages the development of these innovative programs.

FIRST PLACE (\$5,000): Bay Aging (BA) Stable Foundations for Older Adults Experiencing Homelessness.

Focusing on housing as the foundation for successful outcomes of older adults, BA's housing opportunities provide safety and stability for older adults experiencing homelessness, ensuring that the plethora of support services can be maintained to increase positive outcomes.

BA has bridged the gap between Area Agencies on Aging (AAA) and the homeless services' Continuum of Care (CoC) to provide diverse housing opportunities for people exiting homelessness. BA can quickly identify older adults experiencing homelessness and match the person to unique housing that meets their needs, limiting the amount of time that someone spends homeless, reducing trauma, and regaining health measures. Once transitioned into permanent housing, older adults benefit from health assessments, Meals on Wheels, employment training, assistance with mainstream resource applications, insurance counseling, and transportation. This multidisciplinary continuum is poised to make homelessness rare, brief, and nonrecurring, while supporting older adults at every stage of independence.

Since 2018, 31 new tenants have moved into BA's housing, and an additional 189 older adults have been served by BA's homeless response system. The average wait time for placement in BA rental housing currently is 59 days, a 25% decrease since 2018 when the program started. Of the 31 older adults served by BA's housing, only one has exited to an unknown location, evidence of sustained positive outcomes of tenants.

To contact Bay Aging: 5306 Old Virginia Street, P.O. Box 610, Urbanna, VA 23175-0610, Toll-free: 1-866-758-2386, <http://www.bayaging.org/>.

SECOND PLACE AWARD (\$3,000): Jefferson Area Board for Aging (JABA) Friends in Schools Helping (FISH) Program.

JABA has been serving the needs of seniors and their families in Charlottesville and five surrounding counties for 45 years. Since 2004, FISH has been JABA's intergenerational school-based mentoring program that provides volunteer mentors to students who need individualized attention. The FISH program recruits, screens, and trains volunteers to help students with reading, math, writing, STEM, and art, as well as often working with English learner students and assisting children with their emotional well-being. Students working with FISH mentors demonstrate improved academic achievement, confidence, social skills, and trust.

FISH mentors now serve all across JABA's service area, including Charlottesville City and Albemarle, Fluvanna, Greene, Louisa, and Nelson counties. The FISH program serves students in a variety of settings, but due to COVID-19, mentoring moved to a virtual format with one-on-one or small groups. During the 2019-2020 school year, 58 FISH volunteers provided support to over 1,370 students in 21 schools, and reported providing over 2,250 hours of individualized mentoring attention to students, a value of over \$61,000 to the local communities. Looking ahead, the FISH program is excited to welcome 22 new volunteers and several returning FISH volunteers to provide vital support to students during the pandemic.

To contact JABA: 674 Hillside Drive, Suite 9, Charlottesville, VA 22901-1799, Phone: 434-817-5222, <http://www.jabacares.org>.

**COMMONWEALTH COUNCIL ON AGING
2021 BEST PRACTICES AWARDS**

THIRD PLACE AWARD (\$2,000): Inova Health System Medical House Calls (MHC) Program. The MHC program provides in-home primary care services to older adults above the age of 65 and who are homebound. MHC opened its doors in 2017 and has continued to expand the provision of quality in-home care services to our community ever since.

MHC's mission is to allow older adults to receive care in their most comfortable environment, their homes. This also helps to support caregivers, reduce caregiver burden, and increase the overall wellness of patients and their support system. Through an interdisciplinary model, patients receive quality medical care, including coordination of in-home diagnostic testing and wraparound services such as social work support. The MHC program currently serves approximately 700 older adults throughout most of Fairfax County, Alexandria, and areas in eastern Loudoun County.

In 2020, MHC performed just under 9,000 encounters with patients. As a result of the COVID-19 pandemic, the MHC program has seen an extensive increase in in-home care services. Between January-March 2021, the Medical House Calls program administered 1,260 doses of the COVID vaccine resulting in a total of 655 vaccinated homebound older adults and family caregivers in our community. Looking ahead, the MHC program will soon be expanding to support Medicaid patients and uninsured members in the community, building on a steadfast commitment to ensuring that all community members have access to quality healthcare regardless of their ability to pay.

To contact Inova MHC: 2700 Prosperity Ave, Suite 270, Fairfax, VA 22301, Phone: 703-698-2431, <https://www.inova.org/our-services/senior-services-inova/medical-house-calls>.

The Council gave **Honorable Mentions** to the following organizations:

- **Senior Services of Southeastern Virginia** for The Art of Healthy Aging,
- **Fairfax County Department of Neighborhood and Community Services and ServiceSource Inc.** for the Virtual Center for Active Adults,
- **Appalachian Area for Senior Citizens (AASC)** for its Home Repair Program,
- **Arlington Agency on Aging** for the Calling Angels Friendly Caller Program,
- **Senior Connections, The Capitol Area Agency on Aging** for its Benefits Enrollment Center, and
- **Volunteer Solutions'** for its Virtual Social Visitor Program.

WEBINAR:

2021 Best Practices Awards: Advancing Innovation in Aging Programs

The Council, DARS, the Virginia Association of Area Agencies on Aging (V4A), and Dominion Energy joined together to celebrate the Council's 2021 Best Practices Award Winners. Held on August 24, 2021 from 1:00 pm to 2:00 pm, the webinar highlighted this year's amazing winners. Webinar attendees learned more about these award winning programs, how the programs can be replicated, and how programs can be nominated for the Council's 2022 Best Practices Awards.

Real-time captioning was provided.

To View the Recorded Webinar, please visit: <https://www.youtube.com/watch?v=j3rALYKbSzo>.

For More Information on the Council, the 2021 Best Practices Award Winning Programs, and the 2021 Honorable Mention Programs, please visit: <https://vda.virginia.gov/boardsandcouncils.htm>.

COMMONWEALTH COUNCIL ON AGING 2022 LEGISLATIVE RECOMMENDATIONS

Add Report Language to the Council's Duties

Every year the Council produces an Annual Report with Legislative Recommendations. The Annual Report is not automatically sent to the General Assembly because the Code of Virginia provisions describing the Council's duties do not include the language that would authorize this to occur. By comparison, the Alzheimer's Disease and Related Disorders Commission statutory duties includes such language (*Code of Virginia* § 51.5-154(D)(5)), ensuring that all members of the General Assembly will receive the Commission's Report.

The Council duties include a mandate to "advise the Governor and General Assembly on aging issues and aging policy." The lack of statutory report language impedes the implementation of this duty. The proposed language would be a new subdivision ((A)(6)) in *Code of Virginia* § 51.5-128 as provided below:

"Submit to the Governor, General Assembly, and Department by October 1 of each year an electronic report regarding the activities and recommendations of the Council, which shall be submitted for publication as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website and the Department's website."

Provide Full Funding for the State Long-Term Care Ombudsman Program

The State Long-Term Care Ombudsman Program ("Program") acts as a voice for nursing home and assisted living residents as well as those who receive home and community-based services. The Program helps to resolve care problems and issues of basic resident rights. Individuals who are denied care may experience preventable complications and hospitalizations, costing taxpayer dollars and inflicting unnecessary suffering on a vulnerable population. Early intervention by an ombudsman representative can save money, prevent harm, and maintain dignity.

The General Assembly adopted the recommended national standard of one ombudsman representative for every 2,000 long-term care beds (*Code of Virginia* § 51.5-135), but has never funded the Program at the level necessary to achieve that ratio. In some areas of the state, coverage is as low as one ombudsman representative per 5,000 beds. A fully funded Program will be better equipped to respond to the needs. The Council recommends fully funding the State Long-Term Care Ombudsman Program.

COMMONWEALTH COUNCIL ON AGING
2022 LEGISLATIVE RECOMMENDATIONS (continued)

Mandate Sick Leave for Direct Care Workers in Nursing Homes, Assisted Living Facilities, and Home and Community-Based Services

Providing paid sick leave to direct care workers in nursing homes and assisted living is a major public health issue. Such workers have very low wages; some live in poverty and/or rely on public assistance.¹ They often go to work when they are sick to continue to earn their meager incomes to support themselves and their families, thus exposing those in their care and others to grave illness.² Some must work more than one job due to the low wages, carrying infection directly from one long-term care facility to another.

Home care workers provide quality, hands-on care to maximize the well-being of older adults and people with disabilities and help them to live with dignity. Home care workers are essential to enable those they serve to live independently in the community, often keeping them out of institutional settings where COVID-19 is more prevalent. When sick, home care workers can spread illness to their clients as well as other staff and families.

Direct care workers in all of these settings are essential to the welfare of older adults and people with disabilities, providing personal care and help with activities of daily living. They should have paid sick leave during and after the pandemic. Fourteen states now protect at least some direct care workers through broader sick leave employment policies that vary in their requirements, but Virginia offers no such option. Paid sick leave will not only protect the health and safety of people needing assistance, but also their families, their caregivers, and their communities.

Expand Senior Farmers Market Nutrition Program (SFMNP) Statewide

Through federal funding from the U.S. Department of Agriculture (USDA) and in partnership with the Virginia Department of Agriculture and Consumer Services (VDACS), the Virginia Department for Aging and Rehabilitative Services (DARS) operates the SFMNP. Each spring and summer, SFMNP provides low-income older adults with vouchers for eligible foods at farmers' markets and roadside stands. The Program aims to: (1) provide older Virginians with fresh, nutritious, unprepared, locally grown fruits, vegetables, and herbs; and (2) increase the consumption of agricultural commodities by helping to develop and expand farmers' markets and roadside stands throughout the state.

With federal funding, 11 of the 25 Virginia Area Agencies on Aging (AAAs) and one city participate in SFMNP. In 2020, there were 207 participating authorized farmers, serving 10,282 older adults.

Expansion of SFMNP is a goal of the Governor's Roadmap to End Hunger. Increasing the number of participating AAAs to 15, or even better all 25 AAAs, would require General Assembly funding, estimated at about \$750,000, for additional vouchers and staff support to serve the new geographic areas.

¹ Kinder, M., Brookings, "Essential but Undervalued: Millions of Health Care Workers Aren't Getting the Pay or Respect They Deserve in the COVID-19 Pandemic," May 28, 2020, <https://www.brookings.edu/research/essential-but-undervalued-millions-of-health-care-workers-arent-getting-the-pay-or-respect-they-deserve-in-the-covid-19-pandemic/>

² Eaton, J., AARP, "Nursing Home Workers Face Coronavirus with Low Pay, Inadequate Protection," April 29, 2020, <https://www.aarp.org/caregiving/health/info-2020/nursing-home-workers-during-coronavirus.html>

**COMMONWEALTH COUNCIL ON AGING
2022 LEGISLATIVE RECOMMENDATIONS (continued)**

Enhance Outreach and Supplement Benefits for SNAP Enrollment

The Supplemental Nutrition Assistance Program (SNAP) is a federal program that provides nutrition benefits to low-income individuals and families to purchase groceries. Federally, the program is administered by the USDA Food and Nutrition Service, and in Virginia, through the Department of Social Services (DSS). In Virginia, more than 35% of SNAP participants are in families with members who are older or have a disability (SNAP State by State Fact Sheet). A goal of the Governor's Roadmap to End Hunger is to achieve 90% participation among eligible individuals in SNAP by 2025.

In 2021, the General Assembly passed legislation estimated to open the SNAP program to about 25,000 additional families by changing the income eligibility requirements and eliminating a cap on assets – but additional outreach, especially among older Virginians, is required to encourage enrollment.

In addition to outreach, the SNAP benefits need to be increased. While the federal American Rescue Plan temporarily extends the 15% increase in the maximum SNAP benefit established in the COVID relief package, this increase will end after September 2021, pending any additional federal intervention. And the maximum SNAP benefit is set to expire in December. A state supplement – for older Virginians, those with a disability, and those who are homeless – to bring the minimum benefit from \$16 to \$30 would be a key strategy in addressing hunger for these needy populations.

Increase Funding for the Dementia Specific Case Management (DSCM)

Caring for an individual with Alzheimer's or other dementias poses unique challenges. According to the Centers for Medicare and Medicaid Services (CMS), more than 95% of individuals with dementia have one or more other chronic conditions, such as hypertension, heart disease, and diabetes. A person with dementia is 4.4 times more likely to have six or more other chronic conditions as someone without dementia. Many of these conditions and consequent costs could be avoided with proper care management and assistance in navigating the health care system. Dementia Specific Case Management (DSCM) provides better care coordination, seamless navigation across the multitude of providers, and timely access to interventions.

In 2021 the General Assembly provided \$150,000 for the second year of the biennium (previously allocated in 2020, subsequently unallotted and then restored) to support DSCM for an interdisciplinary plan of care and dementia care management for 50 individuals diagnosed with dementia.

The 2022 General Assembly should increase the allotted amount for DSCM to \$750,000. This increased support for an interdisciplinary plan of care and dementia care management would allow for 250 individuals diagnosed with dementia to be served.

COMMONWEALTH COUNCIL ON AGING
2022 LEGISLATIVE RECOMMENDATIONS (continued)

Update Licensure Requirements for Virginia Nursing Facilities

The Council recommends that nursing home licensure requirements be updated in three aspects:

1. Disclosure of Ownership and Operating Status. The COVID-19 pandemic has brought to light the purchases of multiple nursing facilities throughout Virginia and other states by private equity corporations through operating companies. To improve profitability, these corporations may reduce staff, reduce or eliminate staff benefits, and fail to fully implement safety procedures or infection protocols due to costs.

While the Virginia Department of Health (VDH) may not determine who can purchase a private nursing facility, it can determine who may be licensed. Applicants should be required to disclose their status as an operating company of a corporation (profit or not-for-profit) and disclose ownership of all nursing facility assets in Virginia and other states. VDH should review CMS ratings all facilities owned, as well as violations of federal or state laws, sanctions imposed, and pending lawsuits, in approving licensure.

2. Dedicated Infection Preventionist. Infection control was a persistent problem in nursing homes prior to COVID-19. In Virginia from 2013 through 2017, of 298 facilities, 114 had infection control deficiencies in multiple consecutive years (GAO Infection Control, 2020).

Federal regulations require nursing homes to establish “an infection prevention and control program” and designate an infection preventionist who must work at the facility but may have other assigned duties, such as director of nursing (42 CFR 483.80). VDH regulations require a nursing home infection control program at 12 VAC 5-371-180, but not designation of dedicated staff for implementation. To promote effective infection control, each nursing home should be required to employ a full-time trained professional, with continuing education.

3. LGBT Cultural Competency Long-Term Care Staff Training. Research shows that some LGBT older adults encounter violations of their rights when seeking long-term care services and supports; and that many are uneasy about acceptance, concerned about how they might be treated, or fear neglect, abuse, or verbal or physical harassment.³

Federal law and regulations require nursing facilities to promote resident rights (42 CFR 483.10). The Virginia Code sets out residents’ rights, and staff training requirements concerning these rights (§ 32.1-138); and regulations further specify staff training (12VAC5-371-260). Additionally, the Code sets out assisted living residents’ rights (§ 63.2-1808), and regulations address staff training (22VAC40-73-120). There are models of long-term care staff training on LGBT cultural competency.⁴

The 2020 General Assembly prohibited discrimination on the basis of sexual orientation and gender identity in a range of settings;⁵ and a requirement for LGBT cultural competency training in long-term care would align with these new protections.

³ MetLife Mature Market Institute, Lesbian and Gay Aging Issues Network (ASA), & Zogby International, *Out and Aging: The MetLife Study of Lesbian and Gay Baby Boomers* (2006), National Resource Center on LGBT Aging, <https://www.lgbtagingcenter.org/resources/resource.cfm?r=31>

⁴ For example, the U.S. Administration on Community Living and the HHS Office of the Assistant Secretary for Public Affairs have collaborated to develop an online training tool for staff of long-term care facilities. See “Building Respect and Dignity for LGBT Older Americans in LTC,” <http://www.advancingstates.org/sites/nasuad/files/ACL%20-%20Building%20Respect%20and%20Dignity%20for%20LGBT%20Older%20Americans%20in%20Long%20Term%20Care.pdf>. Also see National Resource Center on LGBT Aging, “LGBT Aging Cultural Competency Trainings,” <https://www.lgbtagingcenter.org/training/index.cfm>

⁵ See Virginia Human Rights Act, *Virginia Code* § 2.2-3900 et seq.

COMMONWEALTH COUNCIL ON AGING
2022 LEGISLATIVE RECOMMENDATIONS (continued)

Replicate the Northern Virginia RAFT (Regional Older Adult Facility Mental Health Support Team Program in Other Areas of the Commonwealth

The Northern Virginia RAFT Program provides support to older adults who have been discharged from one of the Commonwealth's geriatric psychiatric hospitals, seeks to divert older adults from admission to psychiatric hospitals, and to prevent readmissions.⁶ RAFT staff assists those with serious and persistent mental illness, or dementia with behavioral and psychological symptoms, to attain their maximum level of functioning and to remain in the least restrictive treatment settings closer to home – generally assisted living and skilled nursing residences.

In addition to scheduled therapy, the RAFT staff is available for support and is on-call 24/7. RAFT provides discharge planning assistance to state hospitals in anticipation of an individual's full admission and transition to the program. The staff also provides client-centered consultation and training to partnering long-term care facility staff.

With state psychiatric hospital system geriatric units at or over capacity during the pandemic, there is a compelling need for the support RAFT provides. A 2021 budget amendment (Item 321 #5c) included a directive to a workgroup of the Department of Behavioral Health and Disability Services (DBHDS) to evaluate the feasibility of replicating the RAFT model in other areas of the Commonwealth.

Provide Funding for a Court Adult Guardianship and Conservatorship Database Case Management System

The court appoints guardians and conservators to support adults determined to be "incapacitated" and who need assistance in making medical, personal, residential, and financial decisions.⁷ While Adult Protective Services reviews guardian reports, and local/regional Commissioners of Accounts appointed by the court review conservator accounts, the court ultimately is responsible for oversight of guardians and conservators.

Effective guardianship monitoring requires the court to have accurate, consistent data and a uniform database throughout the Commonwealth. This dire need for consistent statewide judicial guardianship/conservatorship case management systems is recognized by the National Center for State Courts, and by the [recommendations](#) of the 2021 Fourth National Guardianship Summit.

Currently, there are some inconsistencies and varying methods of capturing guardianship and conservatorship data in the Commonwealth's 120 circuit courts. There is a compelling need for funding for a uniform system for ongoing collection, tracking, and reporting of timely statewide guardianship and conservatorship data. Such a system would improve court oversight of thousands of cases of vulnerable older individuals and adults with disabilities, in some cases would aid court staff in detecting suspected exploitation or abuse, and in identifying problems needing the court's intervention.

⁶ <https://aging-disability.arlingtonva.us/about-raft/>

⁷ <https://law.lis.virginia.gov/vacode/title64.2/chapter20/>

**COMMONWEALTH COUNCIL ON AGING
2022 LEGISLATIVE RECOMMENDATIONS (continued)**

Provide Additional Funding for VICAP Program

The Virginia Insurance Counseling and Assistance Program (VICAP) receives federal funding from the U.S. Administration for Community Living (ACL) to offer health insurance information, education and assistance to older adults, adults with disabilities, and their families.⁸ VICAP counselors throughout the Commonwealth provide counseling on Medicare, prescription drug plans, Medicare Advantage Plans, Medicare supplemental insurance and long-term care insurance, and Medicaid CCC Plus for dual eligible beneficiaries. With the advent of CCC Plus, and with the mounting health problems during the pandemic, counselors have been pressed to meet the growing needs.

VICAP staff are uniquely qualified to navigate the complexities of the health insurance system and help individuals understand their choices. They also train volunteers, assist with applications for federal financial assistance for low-income Medicare beneficiaries, and educate the community. Additional funding is needed to add staffing, build a volunteer base, and conduct an intensive outreach campaign.

**COMMONWEALTH COUNCIL ON AGING
2021 MEETINGS, PRESENTATION TOPICS, AND ACTIVITIES**

For this reporting period, the Commonwealth Council on Aging met on: January 27, April 28, and September 22, 2021. During this reporting period, the Council updated the Bylaws (effective January 27, 2021) and Electronic Meeting Policy (effective July 28, 2021). The Council also elected and confirmed new officers for two-year terms. Beverley Soble was elected as Chair and Jay White was elected as Vice-Chair. Harvey Chambers was confirmed as Secretary.

The Council's 2021 meetings featured educational presentations and discussions on:

COVID-19: Long-Term Care & Vaccines	Report from the Secretary of HHR Daniel Carey	Report on the Governor's Conference on Aging	Joint Commission on Health Care Study: Aging in Place	Joint Commission on Health Care Study: Nursing Facility Workforce
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Looking ahead, the Commonwealth Council on Aging will meet in 2022 on January 26, April 27, July 27, and September 28.

During the COVID-19 pandemic and Virginia's declared state of emergency, the Council shifted from hosting in-person meetings to hosting electronic meetings. Public access to these recorded meetings is provided through the DARS YouTube page (<https://www.youtube.com/vadrs/videos>).

⁸ <https://www.vda.virginia.gov/vicap.htm>

**COMMONWEALTH COUNCIL ON AGING
MEMBERS**

The purpose of the Commonwealth Council on Aging shall be to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians. (Code of Virginia § 51.5-127)

Council Members	
Beverley A. Soble, Chair, of Richmond Term ends 6/30/24	
John "Jay" White, EdD, MSG, Vice-Chair, 5 th District Term ends 6/30/22	
Harvey E. Chambers, CSA, Secretary, of Glen Allen Term ends 6/30/24	
David Broder, of Vienna Term ends 6/30/24	Tresserlyn L. Kelly, 3 rd District Term ends 6/30/25
John Countryman, PhD, 4 th District Term ends 6/30/2025	Diana Paguaga, 11 th District Term ends 6/30/24
Deborah Davidson, RN, 7 th District Term ends 6/30/22	Debbie Preston, MS, of Hanover Term ends 6/30/24
Jennifer L. Disano, 10 th District Term ends 6/30/22	J. Tina Savla, PhD, of Blacksburg Term ends 6/30/24
Amy Duncan, 9 th District Term ends 6/30/2025	Deborah Taylor, 1 st District Term ends 6/30/22
William Gorman, 6 th District Term ends 6/30/2025	Michael Wampler, of Big Stone Gap Term ends 6/30/24
Carter R. Harrison, of Powhatan Term ends 6/30/22	Roland Winston, of Henrico Term ends 6/30/24
Carla Hesseltine, 2 nd District Term ends 6/30/22	Erica Wood, Esq., 8 th District Term ends 6/30/24

Ex Officio Members
The Honorable Daniel Carey, MD Secretary of Health and Human Resources
Kathryn Hayfield, Commissioner Virginia Department for Aging and Rehabilitative Services
Terry A. Smith Department of Medical Assistance Services
Tara Davis-Ragland Virginia Department of Social Services
Deborah Silverman Representative, Virginia Association of Area Agencies on Aging

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Ageing Services Workgroup - First Meeting

Meeting Minutes

Tuesday, July 13, 2021 – 1-3pm

Patrick Henry Building

Meeting recording: <https://www.youtube.com/watch?v=7IB6pGTwIrU>

Note: Attendees were able to participate either in-person or virtually. A physical quorum of the members was present.

- Dr. Dan Carey, Secretary of Health and Human Resources (HHR)
 - Catie Finley, Deputy Secretary of HHR
 - Rachel Becker, Policy and Communications Advisory, HHR
 - Alicia Pullen, Governor's Fellow, HHR
- Ron Boyd, President of the Virginia Association of Area Agencies on Aging (V4A) and President and CEO of the Local Office on Aging in Roanoke
- Kathy Hayfield, Commissioner for the Department of Aging and Rehabilitative Services (DARS)
- Susan Massart, Legislative Fiscal Analyst, House Appropriations Committee
- Bill Massey, President and CEO, Peninsula Agency on Aging
- Kenny McCabe, Department of Planning and Budget
- Harold Sayles, Vice President of V4A and the Executive Director of Crater District Area Agency on Aging
- Sarah Stanton, Division of Legislative Services
- Martha Roherty, Executive Director, ADvancing States

MEETING MINUTES

FOIA Overview:

Alan Gernhardt, Executive Director of the Virginia Freedom of Information Act (FOIA) Advisory Council

FOIA ensures the people of the Commonwealth ready access to public records and free entry into meetings where the business of the people is being conducted. The business of the people is not to be conducted in an atmosphere of secrecy, since the public is to be the beneficiary of any action taken at any level of government.

Unless a public body, its officers, or employees specifically elect to exercise an exemption provided by this chapter or any statute, every meeting should be open to the public and all public records shall be available for inspection and copying upon request. Alan recommends presuming all meetings are open to the public.

Public records refer to public business as well as transactions of public business – any format – prepared or owned by or in the possession of a public body or its officers, employees, or agents in the transaction of public business, which includes the business of this body. It is not just the

things you create but also things you have, regardless of which computer or email account you use.

A public meeting is a work session held physically or electronically with at least three members or a quorum of the body, regardless of whether votes are cast, where public business is discussed. If more than three of you are gathered somewhere talking about the business of this body, that is a public meeting. Staff and employees don't count towards the total,

If a member receives a FOIA request, you have five working days to respond to that request. Work with Catie to fulfill that. There are several basic responses: provide the records, say no either in whole or in part if there is an exemption that applies, get an extension of time, or say you don't have those records. Catie and staff can help with details if a request is received.

On meetings side of things, the most important things are notice, minutes, and having meeting open to the public. For regular meetings, post the notice three working days in advance for regular meetings. A special emergency or continuance meeting must be noticed within a reasonable amount of time and the public must receive the notice at the same time as the members.

If you have closed meetings, there must be open meetings before closed meetings. The group must openly vote on motions to have a closed meeting and to certify the closed meeting. The motion must have three elements: subject, purpose, and a citation of the exemption for holding a closed meeting. The certification must say the group only talked about the matters identified in the motion.

For electronic meetings, there are six different procedures outlined in the Code, as well as provisions for a state level body. Individual group members can call in for personal matter that prevents their attendance or because of a medical condition or disability prevents their attendance. Personal matters are limited to two per year or 25% of the meetings of the body, whichever is greater. There is also a provision that allows electronic meetings under certain circumstances and requires a manual report to the FOIA Council.

To avoid accidentally having an electronic meeting by email or social media, members of the group should distribute documents through the staff person (Catie) and always use blind carbon copy. That also allows the staff of the public body to have all the records of the meeting in their own email. If you have questions on social media that are related to free speech, they are not covered by the FOIA Council but instead by the Office of the Attorney General.

Most are not currently using the exceptions around electronic meetings provided by the budget language, since the state of emergency has ended.

Opening Remarks:

After each workgroup member introduced themselves, Secretary Dan Carey welcomed the group and laid out the workgroup's charge.

There is great expertise in this room and it is also good to look at considerations from other states.

The charge of the work group is to examine ways to elevate the importance of aging services within state government. The group's considerations should include - but are not limited to - reestablishing a state agency on aging.

The Secretariat of Health and Human Resources has brought on ADvancing States, a national association whose mission is "to design, improve, and sustain state systems delivering long-term services and supports for older adults, people with disabilities, and their caregivers."

One in five Virginians is expected to be over 65 by 2030, an increase of 12% since 2010. The pandemic has further revealed the importance of having a strong infrastructure to support older Virginians.

- Want to allow aging in place and high-quality, accessible care.
- Aging services are wide ranging and complex to include food assistance and transportation. Aging should be considered in all policies and programs.

Today's agenda includes a review from ADvancing States on patterns and consideration of other states' organizational structures and discussion on our draft stakeholder engagement plan.

This group should explore the desired outcomes of elevating aging services and potential tools and organizational structures that will facilitate that important outcome. We should learn from other states and keep in mind Virginia's experience so far to build on the current context.

He has an open mind and he wants the best possible services for seniors in Virginia and to elevating it in state government.

Patterns and Considerations in Other States:

Martha Roherty, Executive Director on Advancing States

Martha had been the Director of the Medicaid Association but wanted to focus more on what was eating up the budget, which was long term supports and services. Between 2008 and 2010, the vast majority of states stopped being just aging and were incorporating adult services as well, which often included individuals with physical disabilities. So, ADvancing States changed its name to reflect their membership which is both aging and disability services. Their membership has since further evolved to also include the Medicaid long term services and supports portfolio. Since their membership includes all of those services, ADvancing States often has multiple agencies in one state that are members. They advocate for states and do state-to-state exchanges of information and promising practices.

Slide 4: This functional organizational chart shows where the Governor is, who appoints the agency, and its function. For example, Medicaid is green; blue is regulation for oversight responsibilities; orange is the ombudsman; brown is aging and disability services. The asterisk denotes who is appointed by the Governor and who is on the Cabinet. They also have overall budgets and staff for each of the agencies. Note that some states do not have any function over Medicaid, but some do.

Slide 5: In terms of setting statewide disability policies, which is in Virginia's portfolio, only eighteen states have these policies in their aging and disability agencies. While a lot of the states have centers for independent living and other disabilities, they do not have statewide disability policy and she doesn't know who in the state does. Eight states operate state nursing facilities and Virginia is not one of them (they had a really hard time during COVID-19). Sixteen states have either oversight over the guardian program and/or are the guardian program for the state. Lastly, three states have the administration of vocational rehabilitation with aging services (VA, KY and VT). Most aging agencies have everything on the left-hand column. Thirty-five have adult protective services (APS) and/or elder protective services (some states only do 60+ years old for APS). If it is not in an aging and disability agency, APS is usually with social services with child welfare, with the same workers often doing children and adult protective services.

Functional Roles of State Agencies on Aging & Disabilities:

Slide 7: Under the Older Americans Act (OAA), each state designates an agency that must come up with a state plan on aging that meets criteria that the federal government has set forth. (The criteria is subject to change when the administration changes.) States are responsible for planning, policy development, oversight and evaluation of OAA, and dividing the state into distinct planning and service areas for OAA support. SUAs are also responsible for serving as an advocate for older adults in the state. A handful of more rural states don't have area agencies on agencies but instead administer the services from the state down, contracting directly with provides (only 8 states). SUAs also develop a formula for distributing the OAA funding across the states and services areas, and promote the development of a comprehensive coordinated system of long-term and support that promotes home and community-based services. The Act stresses the importance of keeping people in their home and community and protecting their dignity.

Slide 8: Core Functions of the SUA include: communicating and supporting the federal government, setting aging priorities for the state, developing and implementing the state plan on aging, developing the funding formula, oversight of AAA performance and responding to issues on non-compliance at the local level, etc.

Slide 9: Types of agencies include standalone aging agency, standalone aging/disability agency, part of a consolidated HHS/DSS umbrella, board/commission (but not part of a state agency), and dual structure.

Slide 10: This map shows the placement of aging agencies within these categories. (NOTE: The colors on this map are incorrect as shown in the video of the meeting and were corrected in the slide deck attached to these).

- There are a handful of standalone aging agencies highlighted in green.
- Blue states are standalone aging and disabilities, which are cabinet officers that are aging and disability directors (those states have many cabinet officials) or authorities (e.g. Kansas, with a state-appointed Board).
- Tennessee, Idaho and West Virginia are under a Board on Aging. so there is no HHS equivalent the Board receives the federal funds directly. Minnesota and Louisiana have

the core aging person report to both – a Board of Directors and an Assistant Secretary for HHS. The Louisiana is both a Board and state employee with her salary paid jointly, which can get complicated.

- Until last year, South Carolina was the only state where the agency on aging was under the Lieutenant Governor. It was meant to be a political win for him, but the legislature moved it to health and human services last year.

For Slide 10, the workgroup discussed ways to make this information clearer with the goal of accurately comparing other state structures with Virginia's.

- In response to a question from Ms. Massart: Virginia is shown on the map as a division under a larger umbrella (HHR).
- Mr. McCabe noted it would be helpful to see a slide that is more basic like programmatically combined with a functional area, where are they will Medicaid, etc.
- Secretary Carey: Does red mean aging is under a larger agency, regardless of where that agency reports? Martha said they all report to a division or umbrella that is under an umbrella, which could be HHS, DSS, health but not directly reporting to the Governor.
- Mr. Massey: For some states, the cog is the umbrella (only for AAAs not the state).
- Ms. Stanton noted it would be good to note the steps from the Governor, because we have Secretary of health and human resources but for some states that is a department. Martha said it may be confusing showing it that way, because in many instances the aging and disability director is appointed by the Governor and is way underneath the HHS secretary. Aging and disability services have increasingly become political, so their tenure is on par with the Medicaid director (18 month on average).
 - Dep. Sec. Finley said she think to get at the question, we need to differentiate between “umbrellas” that function like agencies and “umbrellas” that function like a Secretariat.
- Mr. McCabe: Where are they a cog and where are they a car? Where is aging their own organization? It doesn't matter how big the umbrella is just how are they combined.
 - Ms. Roherty replied that it could matter how big the umbrella is. For example, in Texas they are so big that they have combined everything under health and human services agency. In this slide, standalone mean you report to the Governor. Whether or not they make it a priority and it's buried it may not matter what the structure maybe looks like. You can look at it both ways...
- Ms. Stanton: We have seen different ways you can structure aging, disability, and Medicaid. In mental health structures, you can have one structure where all mental health and Medicaid functions are performed in what we could consider a separate agency. That combines Medicaid functions with the population served, as opposed to our set-up where we have a single agency but it's not a combined agency with HHR. Some states have that HHR as an agency. That impacts where you put it in the Code and how you set up reporting lines, budget lines, etc. It would be helpful to look at it as an administrative unit, which is why she is thinking steps down from the Governor, since our agencies are two steps down from the Governor.

- Ms. Roherty thinks those answers may skew because of the elevation of aging and more Secretaries and Directors reporting to the Governor even though they are under an umbrella.
 - Dep. Sec. Finley: We should think of a way to break it down further to make it make more sense.

Slide 12: This graph lists the populations served by Aging State Agencies.

- 100% serve the aging population, so 60 years of age and above.
- They have increasingly served individuals with disabilities, with 88 percent of those of the aging agencies serving people with physical disabilities 18-60 years of age.
- 49% percent serve individuals with intellectual and developmental disabilities, with 22% percent were also serving the children (though unusual to combine that much).
- Traumatic brain injury disabilities and behavioral health are increasingly becoming one agency.

Slide 13: This shows the Programmatic Responsibilities of the State Agency (data form 2019). Since 2019, responsibilities have largely stayed the same except that many states have moved to managed long-term services and supports so now have administration over the Medicaid waiver. The majority of the agencies run the state aging and disability resource centers, administer OAA, oversee the Long-Term Care Ombudsman, administer the Senior Community Service Employment Program (if not in the department of labor), adult protective services.

- As it relates to Medicaid, many states administer the Medicaid waiver - either through complete oversight over the Medicaid waiver or the functional or medical eligibility for the waiver. Some do the state plans, so they administer portions of the managed long term supports and services (MLTSS) program and some have quality oversight over the MLTSS portion.
- A handful of aging agencies operate nursing homes.

Slide 14: This shows trends in structuring aging and disability agencies. A significant number of states reorganized and consolidated functions during the great recession. It was done for a number of reasons, but especially for money and staffing purpose. Budgets were tight and there was difficult filling positions, so states consolidated positions and functions to avoid cutting services.

- Similarly, as states moved to managed long term services and supports, the agencies that had been operating Medicaid combined into different entities because that whole function moved over to the managed care company.
- Every state that consolidated their agencies ended up getting more resources in the end, presumably because there is a louder voice when there are more populations served. You have stakeholder groups signaling that the agency needs more funding.
- Savings were also realized because there is a lack of duplication over services, especially on the administrative side.

- Currently, Virginia and Utah are the only two states looking at potentially restructuring how they do long term services and supports. Utah is looking to take aging and adult services and fold it into a broader office of community living that has all long-term services and support regardless of age; aging and adult services are under a consolidated agency with adult protective services and the state would like to move both under a broader umbrella.
- Another trend is the importance of aging. Since she started in 2008, aging directors have generally been individuals who have moved up from the Area Agencies on Aging and have a strong aging background. That pattern has changed toward the aging director being more political, often a friend-of-the-governor type position.

Peer State Examples:

Slide 16: Florida is a standalone state agency called the “Department of Elder Affairs.” It has a portion of Medicaid, in addition to aging services. They have 400 staff and it is appointed by the governor. Under Medicaid, the elder affairs agency administers the PACE program and handles the functional and financial eligibility for Medicaid services. State agencies on aging and disability often have the Medicaid portion for administrative claiming purposes. You can draw a 50/50 administrative match for services that are Medicaid eligible such as Aging and Disability Resources Centers, Adult Protective Services (administrative only, not case management) and many others.

- Commissioner Hayfield noted that DARS does draw that down even though they are not the state Medicaid agency.

Slide 18: Maryland is similar to Florida in that it is a standalone and only has aging under it. Its licensing function is only for CCRC. Maryland is small agency and doesn’t really have Medicaid funding, just traditional aging services as well as serving as the state guardian.

- Ms. Massart: While APS is a piece of DARS’ services, they are actually administered by local social services departments. As you go through, can you tell us who is doing the actual work with their local departments of social services?
- Ms. Roherty: Because APS only has small federal funds, the federal government doesn’t tell states how to organize APS, so states have done it all different ways. She will try to share whether it is state or local, as well as how they interpret aging services, because in some states it is a social services model and in some it also includes the full array of investigation and case management.

Slide 20: Connecticut has a department of aging and disability services which is on par with the department of social services. As you see by the asterisk, they are considered a cabinet level agency and their function is strictly aging and adult services. They also are the other state that does vocational rehabilitation, and they also do assistive technology. They do not do adult protective services; Connecticut is one of the states that only does elder protective services but they not done by this agency.

Slide 22: The state of Washington has a larger umbrella in that there is a department of health and social services with an aging and long-term supports administration. It is a mega agency comprised of 2,299 employees, as they administer the Medicaid state plan and the Medicaid waiver for long-term services, so support zero to death. They work in partnership with the Medicaid agency but all LTSS are done within that agency. They have both aging and developmental services, Medicaid, and provider management responsibility at the agency. Their APS is administered at the state level, so the 2,299 also includes those investigators.

Slide 24: Tennessee is under a commission on aging. Members are appointed by the governor on terms that change, so that one governor cannot appoint all members to the commission at the same time. The commission has a director and a small staff of 34. It focuses on OAA functions and oversees the guardianship program, and that is all they do. They are also an anomaly because the AAAs get a ton of funding and support from the Medicaid agency so they do a lot of services and supports for the Medicaid agency even though their leadership comes out of the commission on aging and disability services.

Slide 26: Minnesota reports to the Department of Human Services and the Board on Aging and both entities set the agenda for aging, which can be confusing. One of the longest tenured people in aging is the directors and has figured out how to wear two hats, along with six or seven of her staff who also have their salaries split. They do some of the Medicaid functions in her agency in terms of administering the waivers and developing the policies for managed LTSS programs that are for aging and adult services. They also oversee APS policies, and the services are provided at the county level.

Mr. Massey asked about New York: In 1902, New York's state constitution limited the number of departments that you can have in total. So, NY has frequently said they have a standalone department of aging, but they don't – it is a bureau under the department of health. NY does not oversee APS, only aging, and she is pretty sure the agency does not have any Medicaid functions. NY is a large, county-based state with AAAs in every county, to there are about 60 which is a lot.

Additional Ways to Elevate Aging:

Slide 29: Many states are focusing on a master plan on aging. This plan involves bringing together not just the state aging agency, but all of state government that may have an impact on aging. States with master plans have often convened workgroups that meet over a long period of time and include providers, transportation, housing, and leaders in higher education to build a big blueprint of what they want the state to look like. Foundations often support, like the SCAN foundation. California has released the first draft of their master plan. See the map for other states that have done a master plan on aging or something similar.

- A state plan is more pro forma for receiving federal dollars; a master plan on aging means creating you own.
- Mr. McCabe: Is there a certain format or accepted metric needed to create a master plan?
Ms: Roherty: It was a huge undertaking for California and had its own appropriation in addition to the foundation funds. California's efforts to create a master plan involved

meeting with people across the state who would not normally talk about aging together. There is a website and resources on how to do it with examples of what other states have done. The SCAN Foundation website would list whether there is a certification or something similar. There is no federal stamp of approval.

Slide 30: Colorado does not have a master plan, but has a state plan mandated by the legislature that is much more detailed than a typical state plan on aging and incorporated specific concerns that the legislature had. Colorado's division on aging is located way down in a consolidated agency, but they also have an office on community living that has a lot to do with aging and adult services and is on par with the Medicaid agency. The legislature was trying to elevate it within that structure. They also have a senior advisor to the Governor on aging, so even though the OAA administrator is buried they have elevated it in different ways in Colorado. Idaho and Pennsylvania have also done robust strategic plans.

Slide 31: Pennsylvania gets a lot of money from the lottery and \$31 billion since 1972 has gone into their AAAs, with nearly 300M this year.

Slide 32: Vermont has legislation that required the agency on aging and independent living to develop Vermont's Action Plan for Aging Well. It is also similar to a master plan and is intended to promote aging health, choice, and dignity.

Slide 34: Oklahoma has a highly sought after Aging Advocacy Leadership Academy (OAALA), which trains volunteers from all adult age groups to serve as advocates for aging. It is free. For two days each month over six months, participants learn about aging services, their history, and how to advocate for them. They have a remarkable alumni association that advocates to the legislature and includes doctors, academics, judges, etc. There has been academic research on their outcome and success. It is funded by the state to promote aging and is not expensive, just innovative.

Slide 35: AARP's Networks of Age-Friendly States and Communities are in CA, CO, FL, MA, ME, MI, (MN*), NJ, NY. A lot of AAAs also do this without a statewide blessing. This network helps businesses become aware of the special needs of seniors, as well as people with disabilities. For example, in Massachusetts, the Secretary of Aging came up with a special seal for being age friendly. Businesses have to have things like a special table for someone with dementia or autism that is removed from the crowd and less noisy (often designated with a purple tablecloth). That is wildly popular. It also helps ensure that everything that is built is being made with aging in place in mind, similar to some of the ADA requirements.

Slide 36: Wisconsin has something called the aging and disability long path. Their AAA equivalents and ADRCs will say what is most helpful to their communities. So, they have flexibility but are then evaluated on whether those changes have outcomes.

In addition to Governor's Conferences on Aging, some states do summits on certain issues like senior hunger. People from all industries participate, so for example restaurants and departments of education. States are also now discussing doing summits on social isolation.

Ms. Massart: What about North Carolina? Aging and adult services are under their health and human services. They don't have any Medicaid in their aging agency and they are not even included in their North Carolina Connect (No Wrong Door). They don't have a very big agency, with 77 employees. They do APS, administer a state funded aging services and OAA, and that is about it within their agency. NC is a state that has cogs and it is very much driven upwards, so it may not be as robust because the cogs are doing more lifting there.

- Martha will provide a handout with more detail.

Secretary Carey: When looking at organizational change, you often start with a problem or a current state that is unacceptable or various reasons, you have actions that need to occur, and then develop a structure that needs to support those actions. Are there correlations between structure and function in other states? We have some small units that are buried in agencies, but have great influence with stakeholders, a clear mandate, and support on both sides of the aisle. For example, maternal health or the office of health equity have great influence and credibility in driving state action. That may be specific to those areas, but that is one perspective.

With the goal of elevating aging, does a particular structure correlate with better performance?

- Ms. Roherty: She does not have a favorite state and appreciates them all equally. However, she does not see a correlation between structure and performance. She agrees that high performance can be driven by the leadership of the agency. She has also noticed that it is hard getting actual seniors to show up, even when you change the system. She thinks it is because the current generation of seniors are depression era babies who are grateful for whatever they have. It will not be the same way when Baby Boomers come around. In state after state, they see a ton of disability advocates, but the seniors don't currently show up. They are starting to see a trend that the most vocal of the disability advocates are also great voices for senior services as well.

Ms. Stanton: What is the problem we are trying we are trying to solve?

- Dep. Sec. Finley: That is a foundational question and is the primary purpose for the next meeting. If others are amenable, she would like to put a pin in that question until next meeting so that there is time to discuss it thoroughly and so that we get to the stakeholder engagement portion of today's agenda.
- Secretary Carey agreed that is foundational and fine to discuss at the next meeting.
- Mr. Tweedy later noted that discussing the problems with aging services at our next meeting will better ground us.

Ms. Massart: For those states that have a master plan, is there any indication as to what sparked it? Is it related to their structure, their politics...what was the driving force?

- In California, it was a Governor's initiative that he announced during the State of the State in order to elevate aging. She will do research on the rest of them.
- Ms. Massart said that linkages across state government is what drives some of the concern from her members' perspective and when they have tried do plans across state

government with aging services, they have run into road bumps with agencies and cabinet secretaries. They would like to see some improvement going forward.

Review of Work Plan & Stakeholder Engagement Plan

Catie Finley

Dep. Sec. Finley read highlights from the budget language that created this workgroup (Chapter 552, Item 291 (F)). Looking at the timeline of this work group, there are five meetings scheduled. The first two will be held in July. In July, the work group will determine what the goal is for elevating aging services and what “problem” the group would like to solve. In July through September, HHR will work with ADVancing States to conduct the stakeholder engagement plan. HHR will also draft background on the current state of aging services to include in the final report and will work to make that a holistic picture across all agencies. The workgroup also has to create a transition plan based on what the workgroup recommends as an optimal structure. Since the group will likely not identify the optimal structure until the fall, she would like DARS to begin to identify those technical elements around aging services as soon as possible to be ready for whatever the transition plan needs to look like.

- Mr. McCabe recommended that Commissioner Hayfield’s staff get started on that immediately (parts ii, iii, iv, and vi in the budget language). Budget development starts soon and we have a lot of work ahead of us. For example, what did the only aging look like? What does the current DARS structure include APS and the Auxiliary Grant look like? He is objective in looking in this but if the Governor or General Assembly chooses to do something, they need to have those elements ready, for example a chart of accounts type of analysis. What would it look like if you pulled aging services apart? Even if we don’t share that widely, they are ready if it is needed.
- Dep. Sec. Finley agreed with Mr. McCabe, since she is looking to balance being open-minded (not pre-empting a decision) and being ready.
- Commissioner Hayfield said it is also beneficial to look at pull pieces and parts show what looks like so when present on the 27th could even share some of that, won’t be in the weeds but would show a high-level view. Mr. McCabe can help by running reports.
- Secretary Carey: It is not just looking at whether there is a cleavage at DARS. This analysis will be useful for several purposes: the transition plan, if aging stays at DARS to see how we can enhance aging services, any potential restructuring within the agency, or considering what you might add to that agency.
- Mr. McCabe agreed that it could be more than just a cleavage, he just thinks starting the work soon is important and that information will be helpful no matter which direction the workgroup goes, even if that information doesn’t go in the report. He can work with John to start that.
- Commissioner Hayfield: They do have braided positions especially in their back office. And when APS and adult services were merged into DARS, they didn’t come with enough to support them so they are partially supported by all the other existing programs.

- Mr. McCabe: Depending on what this group recommends, the structure may need additional resources that need to be costed out, which would be the most difficult part is deciding what the new structure looks like.
- Secretary Carey: It comes back to the conversation for next meeting on what is the problem we are trying to solve. It is not likely that it is just a clean cleavage of aging out of DARS.

In early September, there will be a panel discussion with other states and, in late September, the work group will receive a report from ADvancing States on its stakeholder engagement effort. The report will be done in coordination with the Office of Health and Human Resources and include different options for the group, as well as the pros and cons. The fifth meeting will be just with HHR to finalize recommendations, then there is a little over a month for report drafting.

Ms. Massart: How does the relationship with ADvancing States and DARS work? Is ADvancing States reporting up to HHR or to Commissioner Hayfield? There could be preconceptions of bias with the agency selecting and scheduling the interviews and stakeholder interviews.

- Dep. Sec. Finley: ADvancing States reports to HHR. DARS is an important member of the workgroup and we will also be engaging other HHR agencies, but ADvancing States works with HHR on strategic direction and the stakeholder engagement. As far Commissioner Hayfield's role in facilitating stakeholder engagement with her staff, HHR had her identifying the staff for practicality but is open to other ways of facilitating the interviews to deliver on the shared goal of objectivity.
- Ms. Massart: Commissioner Hayfield should give a list of staff names and positions, not select the interviewees, to avoid putting the staff in an awkward position. Group conversations can also have a dampening effect in terms of staff being candid.
- Ms. Roherty reiterated that their membership is all agencies that administer programs for aging, disability, and long term services and supports – not just DARS. For DARS staff, they could randomly pull people or could do an anonymous survey and can share the results with everyone using their survey tool.
- Secretary Carey reiterated that their goal in reaching out to ADvancing States was the opposite. It was to ensure an objective, national perspective and a co-facilitator with no vested interest in the state, while respecting Commissioner Hayfield's valuable role in the workgroup. Secretary Carey is and will be the sponsor of this workgroup, but HHR often turns to its agencies for resources and was grateful DARS was able to provide them for this workgroup.
- Ms. Massart is not sure about the random selection but does not want to dictate the process other than making sure interviewees don't feel pressured based on who will be reviewing their responses.

Ms. Roherty: Interviewees will largely be asked the same questions, and they will set up an email box for people to submit comments: InformVA@advancingstates.org. For each of those areas, Ms. Roherty will prepare a summary but will never identify speakers by name or any other personally identifying information. They will share themes with HHR first and then with the workgroup. They will also do one or two community forums and hope to get consumers. They

will get the word out by asking the partners on this stakeholder list to disseminate the information.

Ms. Massart asked to add the Department of Housing and Community Development (DHCD) to the stakeholder engagement plan, since that agency works with the Office of Health and Human Resources and ties into the needs of the elderly.

Commissioner Hayfield: Under local aging and disability services network, we should also consider adding the Centers of Independent Living and the brain injury providers as a stakeholder group.

Mr. Massey suggested adding community action agencies.

Dep. Sec. Finley suggested Virginia Healthcare Foundation folks including Jane Kusiak.

Dep. Sec. Finley offered the opportunity for public comment, but no attendees wanted to make remarks.

The workgroup meeting adjourned.

ADVANCING STATES



Leadership, innovation, collaboration
for state Aging and Disability agencies

Elevating Aging in Virginia

Martha Roherty
July 2021



ADVANCING STATES

Leadership, innovation,
collaboration for state
Aging and Disability agencies.



ADVANCING STATES

Our mission is to design, improve,
and sustain state systems
delivering long-term services and
supports for older adults, people
with disabilities, and their
caregivers.



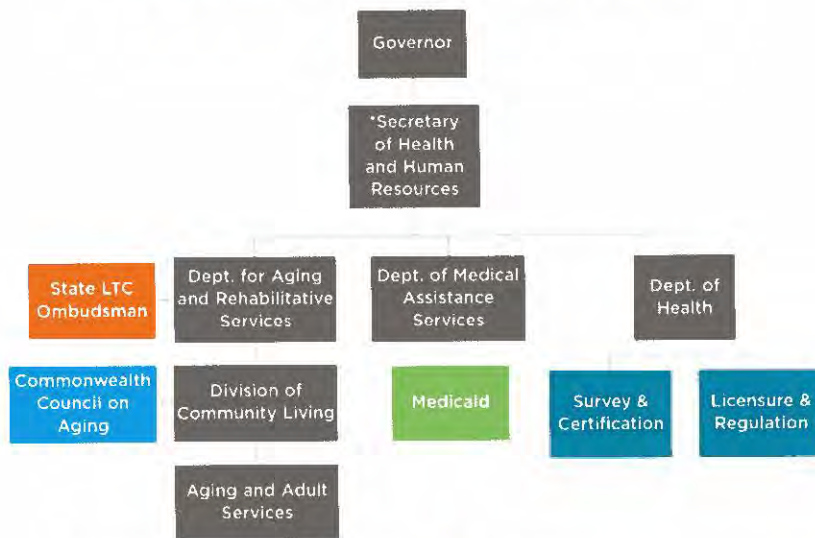
ADVANCING STATES

Agenda for Meeting

- Overview of DARS current functional responsibilities
- Comparison of other state aging agencies
- Other ways that states “elevate aging”

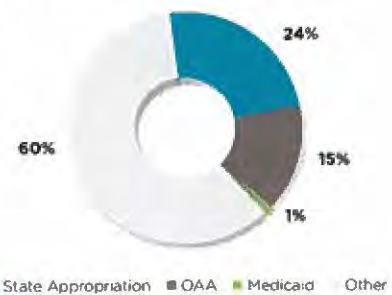
Virginia: Where Are We Now?

Virginia Department of Aging and Rehabilitative Services



- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight
- Advisory Board
- Denotes an advisory board or a contractual/indirect reporting relationship
- * Denotes Cabinet-level Agency

Agency Funding Sources Total FY2020 Budget \$250,453,061



Organizational Structure

The director is appointed by the Governor and oversees a staff of 1,300 FTE.

Local Network

- 25 Area Agencies on Aging
- 1 Tribal Organization
- 17 Independent Living Centers

Responsibilities for Virginia's Department of Aging and Rehabilitation Services

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	✓
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	✓
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	✓

Aging & Adult Services	
Provide Elder Protective Services only (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	✓
Serve as state guardian	
Oversee Centers for Independent Living	✓
Administer State Vocational Rehabilitation Program	✓
Administer State Assistive Technology Program	✓
Manage No Wrong Door system	✓

**No Responsibilities for Medicaid Services or Provider Management*

Functional Roles of State Agencies on Aging & Disabilities

National Trends

State Units on Aging

Section 305(a) of the Older Americans Act (OAA) requires that each state designate one agency that must:

- Develop and administer the OAA-mandated state plan on aging;
- Have primary responsibility for planning, policy development, administration, coordination, priority setting, and evaluation of all the state's OAA activities;
- Serve as an advocate for older adults in the state;
- Divide the state into distinct planning and service areas for delivery of OAA supports;
- Develop a formula for distributing OAA funding across the state service areas; and
- Promote the development and implementation of a comprehensive, coordinated system of long-term care that promotes home and community-based services and is responsive to the needs and preferences of older adults.

State Units on Aging

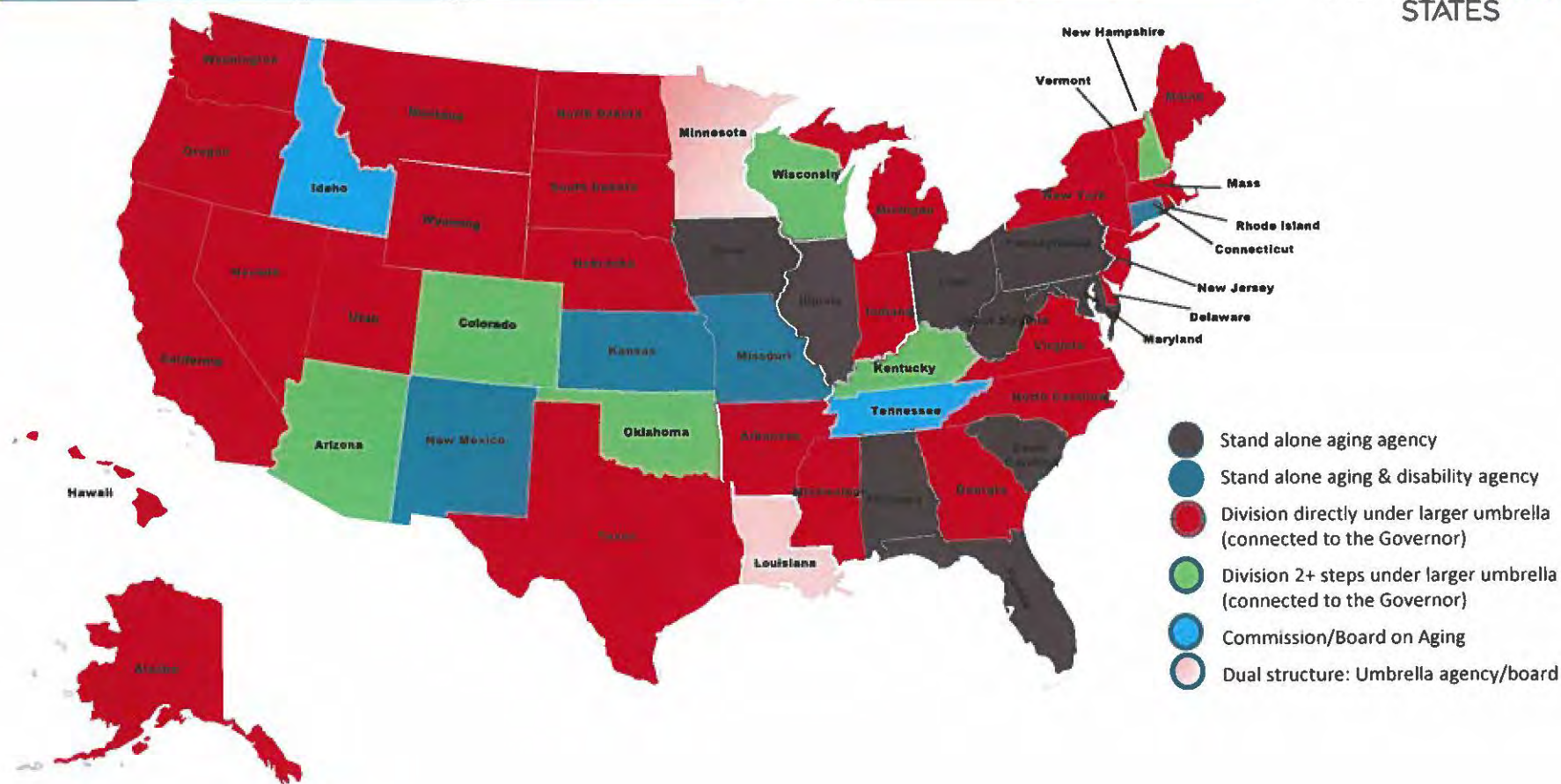
The core functions of the SUA include:

1. Communicating and coordinating OAA supports with the Federal government;
2. Providing leadership, advocacy, and policy development to support older adults;
3. Setting state aging priorities;
4. Developing the state plan on aging;
5. Developing a funding formula and contracting with AAAs across the state to allocate OAA funds to local areas; and
6. Monitoring AAA performance and responding to issues of noncompliance at the local level.

Types of Agencies

- Stand alone aging agency
- Stand alone aging/disability agency
- Part of a consolidated HHS/DSS umbrella
- Board/Commission
- Dual structure

Placement of Aging Agencies



- Stand alone aging agency
- Stand alone aging & disability agency
- Division directly under larger umbrella (connected to the Governor)
- Division 2+ steps under larger umbrella (connected to the Governor)
- Commission/Board on Aging
- Dual structure: Umbrella agency/board

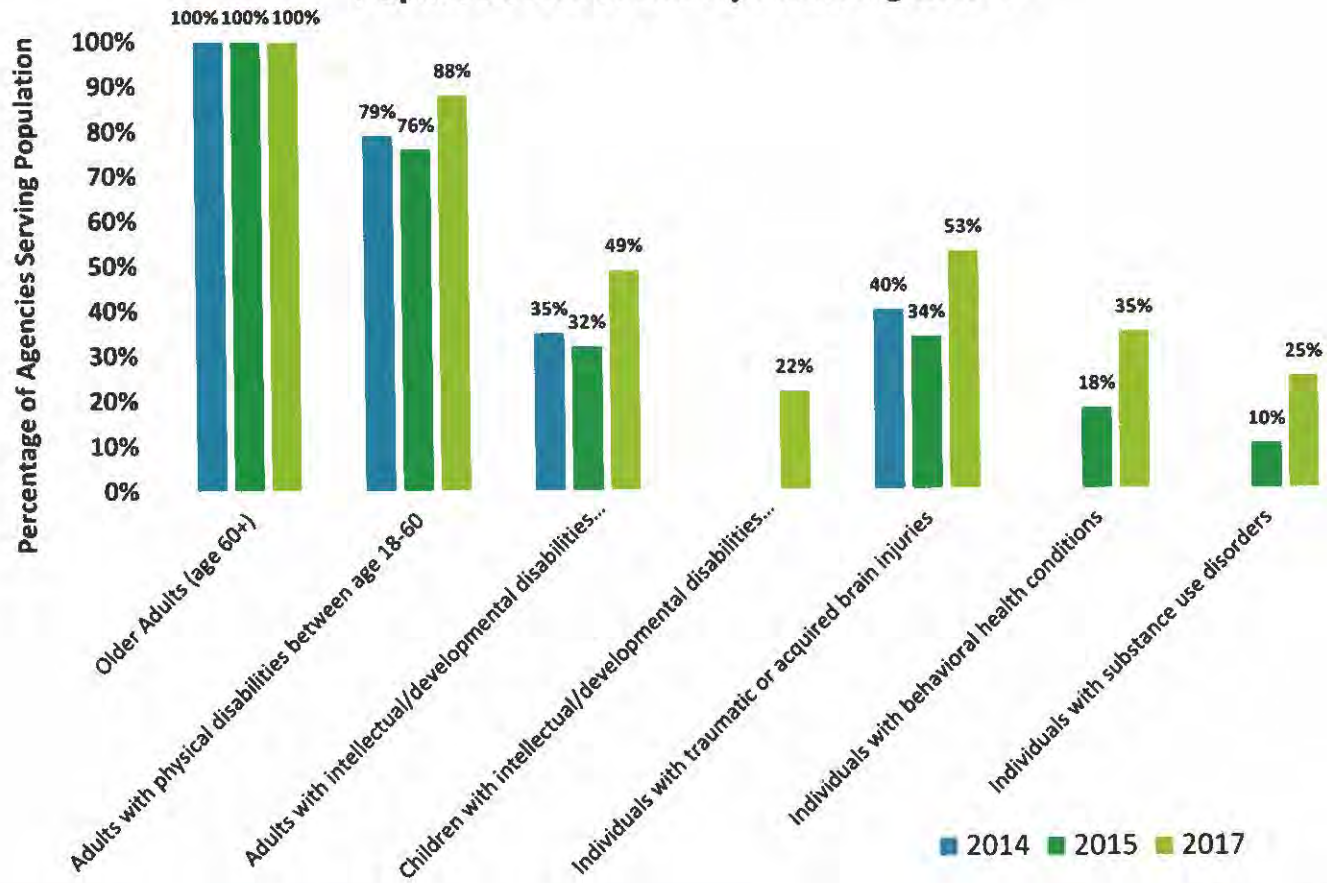
Major Responsibilities of State Aging Agencies Nationwide

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	✓
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	
Provide Elder Protective Services <i>only</i> (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	
Serve as state guardian	
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	✓
Administer State Assistive Technology Program	✓
Manage No Wrong Door system	

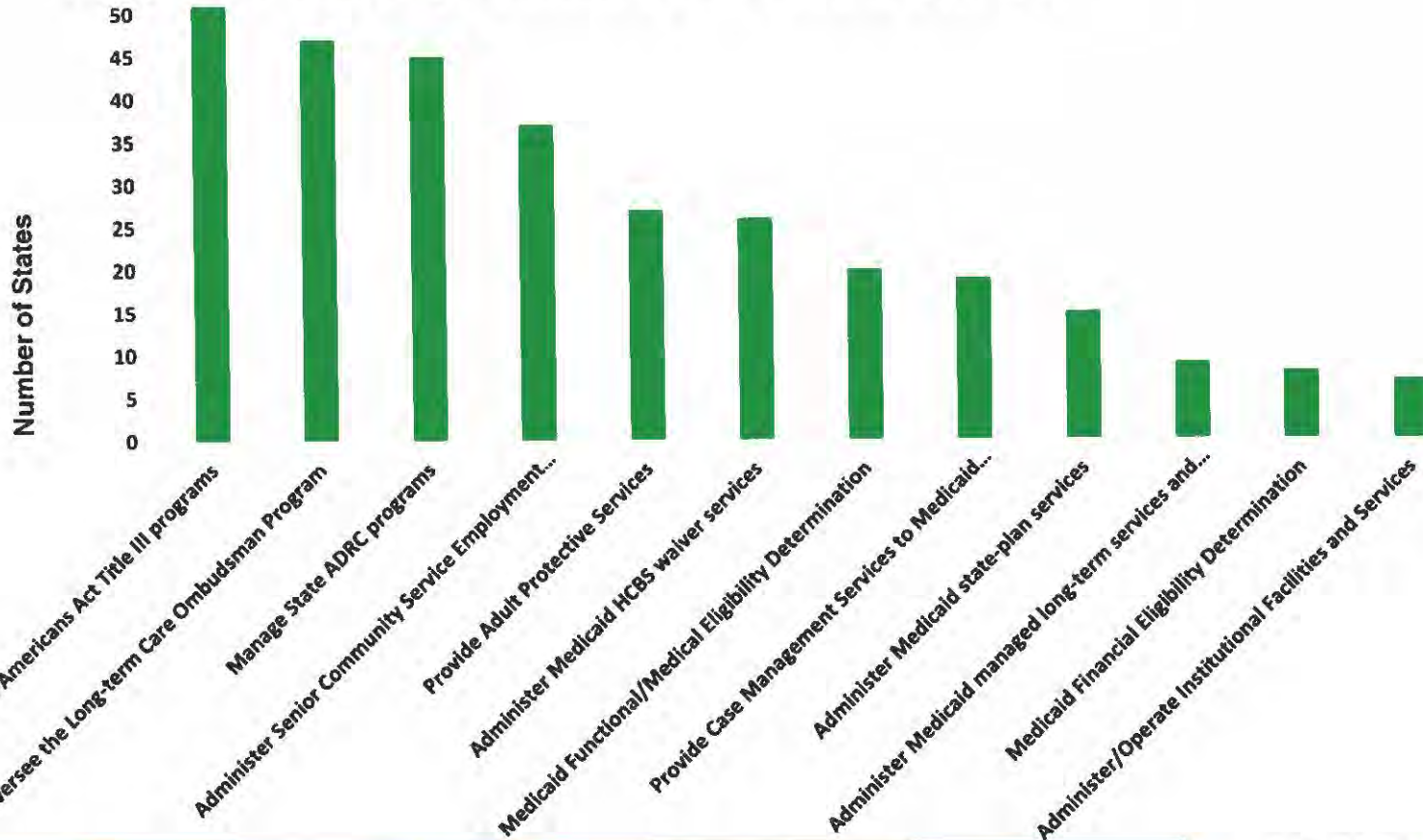
Medicaid Services	
Administer Medicaid State Plan Services	✓
Administer Medicaid HCBS waiver(s)	✓
Administer PACE program	✓
Perform Medicaid functional eligibility determinations	✓
Perform Medicaid financial eligibility determinations	✓
Provide case management services to Medicaid recipients	✓
Administer PASRR	
Regulate and administer managed long-term services and supports	
Provide quality assurance for managed long-term services and supports	
Provide quality assurance for Medicaid HCBS	✓

Responsibilities for Provider Management	
Regulate institutional providers	✓
License institutional providers	✓
Regulate HCBS providers	✓
License HCBS providers	✓
Certify Assisted Living providers	✓

Populations Served by State Agencies



Programmatic Responsibilities of the State Agency



Trends in Structuring Aging & Disability Agencies

1. A significant number of aging agencies restructured their agencies between 2010-2015 due to the great recession, the move to Managed Long Term Services and Supports, and the desire for a consolidation of functions.

Lessons Learned:

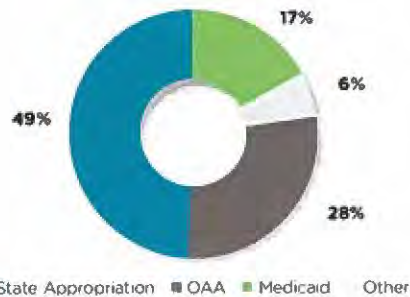
- All states that consolidated agencies ended up getting more resources for programs and services.
 - Savings were found in nearly all states due to reduction of duplication of services; especially administrative functions.
2. Only 2 states are currently looking at restructuring—one is looking at creating a “Long Term Services and Supports Agency”

Peer State Examples

Florida: Stand Alone

Agency Funding Sources

Total FY2020 Budget \$369,629,818



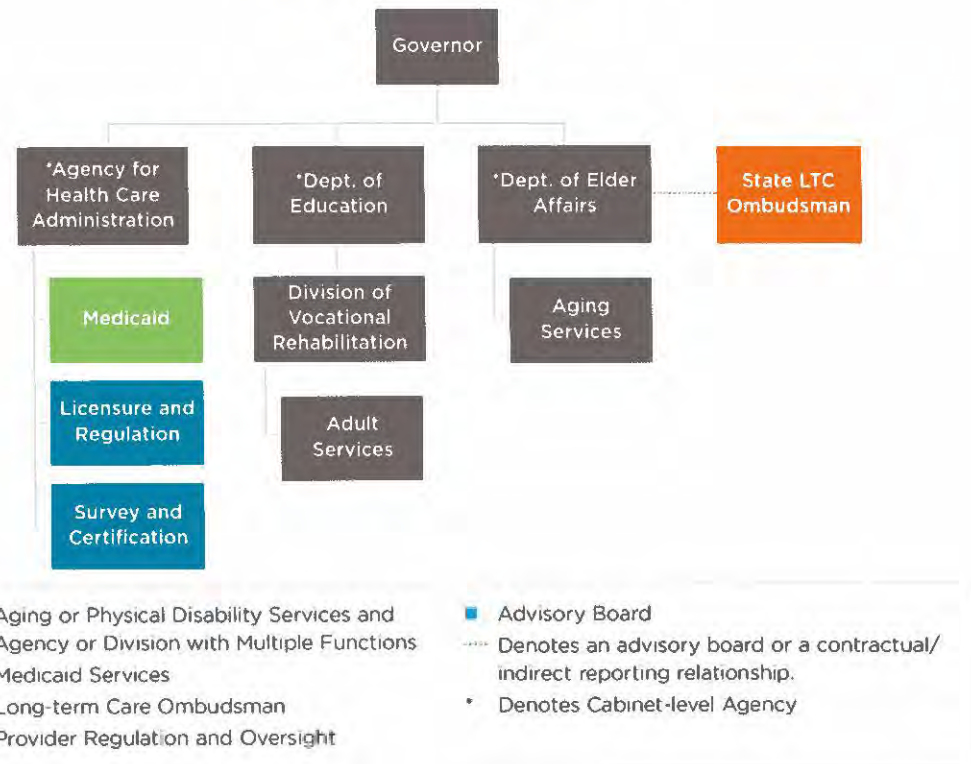
Organizational Structure

The Secretary is appointed by the Governor, confirmed by the legislature, and oversees a staff of 404 FTE.

Local Network

- 11 Area Agencies on Aging
- 2 Tribal Organizations

Florida Department of Elder Affairs



Responsibilities of the Florida Department of Elder Affairs

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	✓
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	

Aging & Adult Services	
Provide Elder Protective Services <i>only</i> (60-65+)	✓
Operate state-owned institutional facilities	
Oversee guardianship program	✓
Serve as state guardian	✓
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	
Administer State Assistive Technology Program	
Manage No Wrong Door system	✓

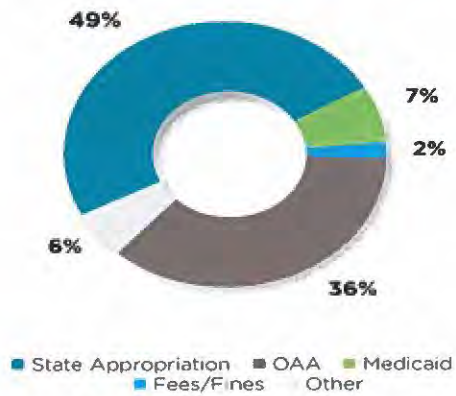
Medicaid Services	
Administer Medicaid State Plan Services	
Administer Medicaid HCBS waiver(s)	
Administer PACE program	✓
Perform Medicaid functional eligibility determinations	✓
Perform Medicaid financial eligibility determinations	✓
Provide case management services to Medicaid recipients	
Administer PASRR	
Regulate and administer managed long-term services and supports	
Provide quality assurance for managed long-term services and supports	
Provide quality assurance for Medicaid HCBS	

*No Responsibilities for Provider Management

Maryland: Stand Alone

Agency Funding Sources

Total FY2020 Budget \$59,681,918



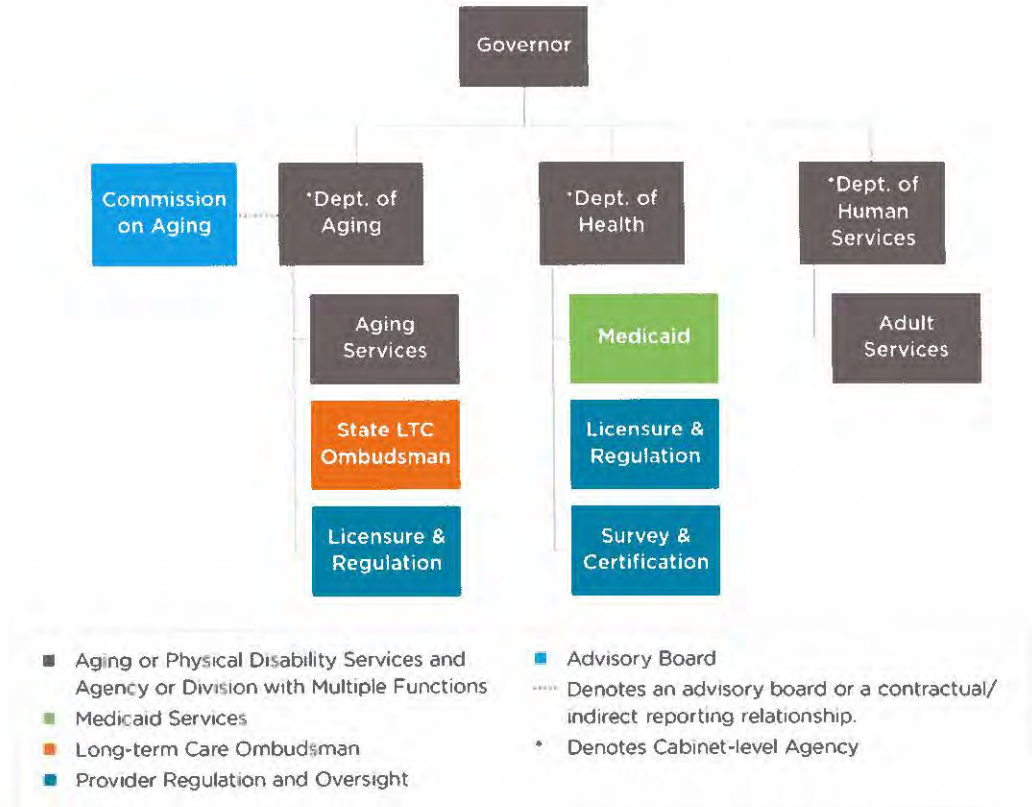
Organizational Structure

The director is appointed by the Governor and oversees a staff of 51 FTE.

Local Network

- 19** Area Agencies on Aging
- 7** Independent Living Centers

Maryland Department of Aging



Responsibilities of Maryland's Department of Aging

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	

Aging & Adult Services	
Provide Elder Protective Services <i>only</i> (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	✓
Serve as state guardian	✓
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	
Administer State Assistive Technology Program	
Manage No Wrong Door system	✓

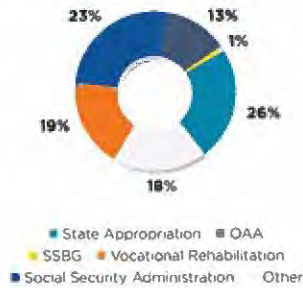
Responsibilities for Provider Management	
Regulate institutional providers	
License institutional providers	
Regulate HCBS providers	
License HCBS providers	
Regulate Community Care Retirement Communities	✓

**No Responsibilities for Medicaid Services*

Connecticut: Aging & Disabilities

Agency Funding Sources

Total FY2020 Budget \$105,821,052



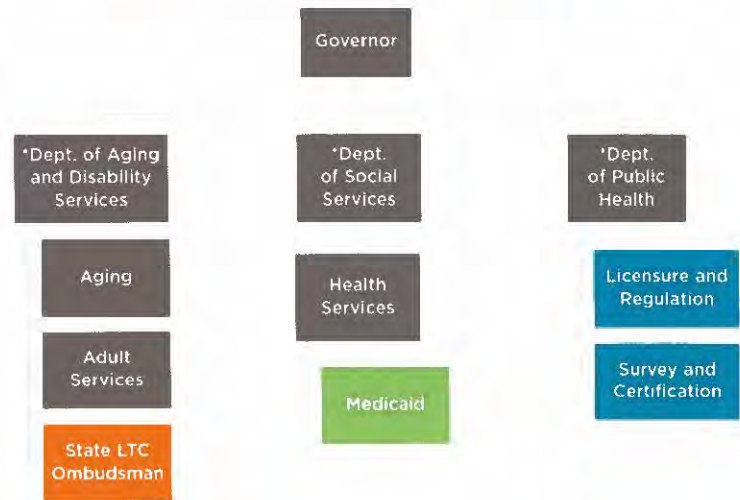
Organizational Structure

The director is appointed by the Governor and oversees a staff of 373 FTE.

Local Network

- 5 Area Agencies on Aging
- 2 Tribal Organizations

Connecticut Department of Aging and Disability Services



- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight
- Advisory Board
- Denotes an advisory board or a contractual/indirect reporting relationship
- * Denotes Cabinet-level Agency

Responsibilities of Connecticut's Department of Aging and Disability Services

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	✓
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	

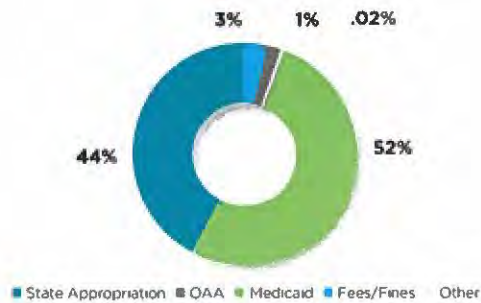
Aging & Adult Services	
Provide Elder Protective Services only (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	
Serve as state guardian	
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	✓
Administer State Assistive Technology Program	✓
Manage No Wrong Door system	

**No Responsibilities for Medicaid Services or Provider Management*

Washington: Umbrella

Agency Funding Sources

Total FY2020 Budget \$3,393,849,000



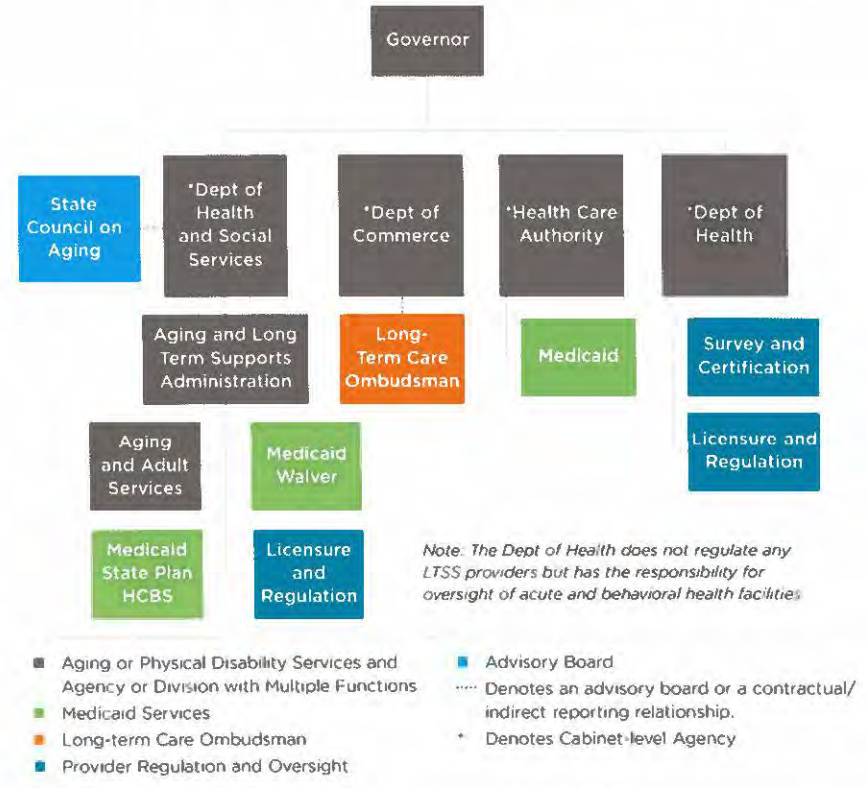
Organizational Structure

The assistant secretary is hired by a higher-ranking individual, but serves at the convenience of the governor, and administers a staff of 2,299 FTE.

Local Network

- 13 Area Agencies on Aging
- 29 Tribal Organizations
- 4 Centers for Independent Living

Washington State Aging and Long Term Supports Administration

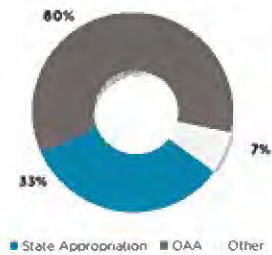


Responsibilities of the Washington Aging and Long Term Supports Administration

Aging & Adult Services		Aging & Adult Services		Medicaid Services		Responsibilities for Provider Management	
Set statewide aging policy	✓	Provide Elder Protective Services <i>only</i> (60-65+)		Administer Medicaid State Plan Services	✓	Regulate institutional providers	✓
Set statewide disability policy	✓	Operate state-owned institutional facilities		Administer Medicaid HCBS waiver(s)	✓	License institutional providers	✓
Administer Older Americans Act (all programs except SCSEP)	✓	Oversee guardianship program		Administer PACE program	✓	Regulate HCBS providers	✓
Administer Senior Community Service Employment Program	✓	Serve as state guardian		Perform Medicaid functional eligibility determinations	✓	License HCBS providers	✓
Administer a state-funded aging & disability program	✓	Oversee Centers for Independent Living		Perform Medicaid financial eligibility determinations	✓	Certify Assisted Living providers	✓
Manage state Aging & Disability Resource Center network	✓	Administer State Vocational Rehabilitation Program		Provide case management services to Medicaid recipients	✓		
Administer the State Health Insurance Assistance Program		Administer State Assistive Technology Program		Administer PASRR			
Provide Adult Protective Services (18+)	✓	Manage No Wrong Door system	✓	Regulate and administer managed long-term services and supports			
				Provide quality assurance for managed long-term services and supports			
				Provide quality assurance for Medicaid HCBS	✓		

Tennessee: Commission

Agency Funding Sources
Total FY2020 Budget \$49,325,700



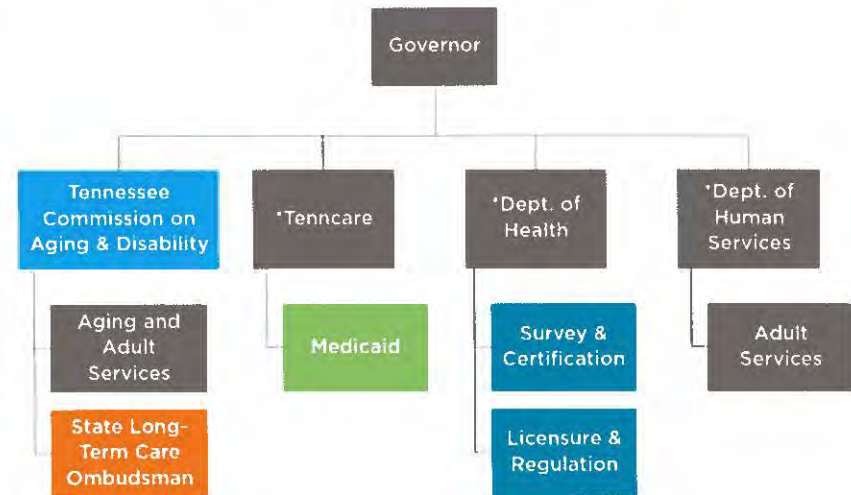
Organizational Structure

The director is appointed by the Governor and oversees a staff of 34 FTE.

Local Network

- 9 Area Agencies on Aging
- 6 Independent Living Centers

Tennessee Commission on Aging & Disability



- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight
- Advisory Board
- Denotes an advisory board or a contractual/indirect reporting relationship
- * Denotes Cabinet-level Agency

Responsibilities of Tennessee's Commission on Aging & Disability

Aging & Adult Services		Aging & Adult Services	
Set statewide aging policy	✓	Provide Elder Protective Services <i>only</i> (60-65+)	
Set statewide disability policy		Operate state-owned institutional facilities	
Administer Older Americans Act (all programs except SCSEP)	✓	Oversee guardianship program	✓
Administer Senior Community Service Employment Program		Serve as state guardian	✓
Administer a state-funded aging & disability program	✓	Oversee Centers for Independent Living	
Manage state Aging & Disability Resource Center network	✓	Administer State Vocational Rehabilitation Program	
Administer the State Health Insurance Assistance Program	✓	Administer State Assistive Technology Program	
Provide Adult Protective Services (18+)		Manage No Wrong Door system	

**No Responsibilities for Medicaid Services or Provider Management*

Minnesota: Dual

Agency Funding Sources
Total FY2020 Budget \$515,000,000



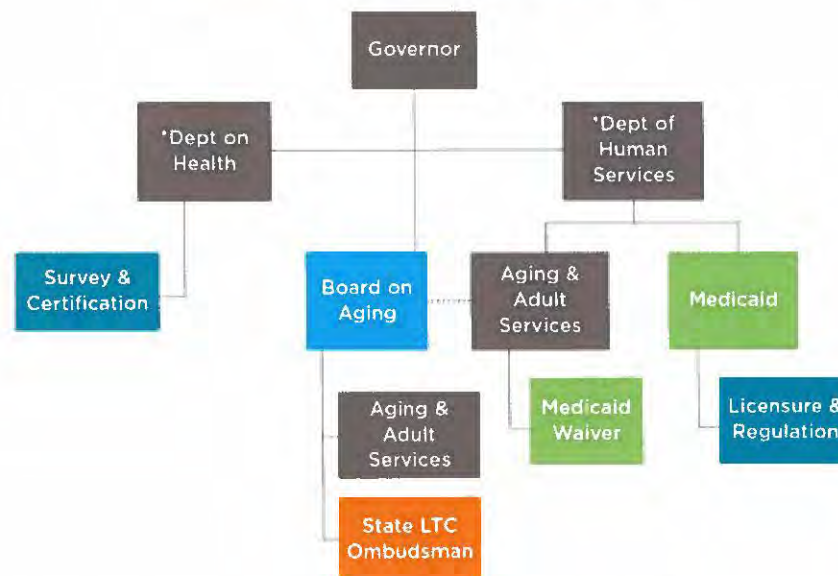
Organizational Structure

The director is hired by a higher ranking official, but serves at the convenience of the Governor, and oversees a staff of 91 FTE.

Local Network

- 7 Area Agencies on Aging
- 1 Tribal Organization

Minnesota Division of Aging & Adult Services



- Aging or Physical Disability Services and Agency or Division with Multiple Functions
- Medicaid Services
- Long-term Care Ombudsman
- Provider Regulation and Oversight
- Advisory Board
- .- Denotes an advisory board or a contractual/indirect reporting relationship.
- * Denotes Cabinet-level Agency

Responsibilities of Minnesota's Division of Aging and Adult Services

Aging & Adult Services	
Set statewide aging policy	✓
Set statewide disability policy	
Administer Older Americans Act (all programs except SCSEP)	✓
Administer Senior Community Service Employment Program	
Administer a state-funded aging & disability program	✓
Manage state Aging & Disability Resource Center network	✓
Administer the State Health Insurance Assistance Program	✓
Provide Adult Protective Services (18+)	✓

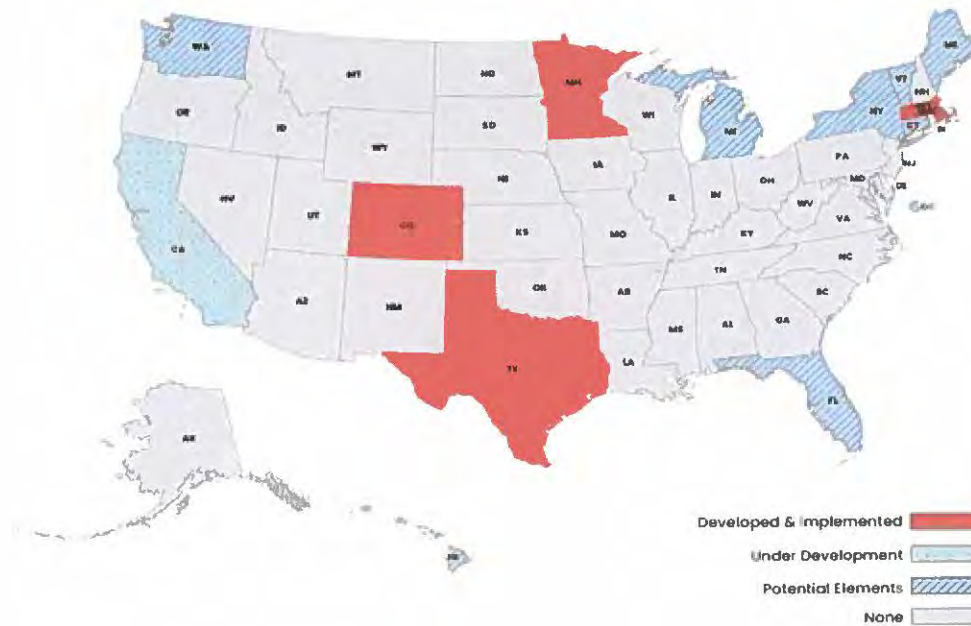
Aging & Adult Services	
Provide Elder Protective Services <i>only</i> (60-65+)	
Operate state-owned institutional facilities	
Oversee guardianship program	
Serve as state guardian	
Oversee Centers for Independent Living	
Administer State Vocational Rehabilitation Program	
Administer State Assistive Technology Program	
Manage No Wrong Door system	

Medicaid Services	
Administer Medicaid State Plan Services	
Administer Medicaid HCBS waiver(s)	✓
Administer PACE program	
Perform Medicaid functional eligibility determinations	
Perform Medicaid financial eligibility determinations	
Provide case management services to Medicaid recipients	
Administer PASRR	
MLTSS—Provide quality assurance for aging & adult service programs	✓
MLTSS—Develop policies on aging & adult service programs	✓
MLTSS—Oversight of functions related to aging & adult services	✓

**No Responsibilities for Provider Management*

Additional Ways That States “Elevate Aging”

States with Master Plans on Aging



A Master Plan on Aging creates a “blueprint” for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes.

Strategic Plans on Aging

- Colorado: Mandated by the legislature
- Idaho Commission on Aging
- Kansas Department for Aging & Disability Services

Pennsylvania Lottery

- In 2019-20, the PA Lottery contributed more than **\$293.8 million** to Area Agencies on Aging to provide a wide range of local services.
- Since the very first ticket was sold in 1972, the Pennsylvania Lottery has generated more than **\$31 billion** in funding to support programs that benefit older Pennsylvanians.
- These funds helped to provide **9.3 million** meals served at senior centers and delivered to homes, averaging more than **25,400** meals for older Pennsylvanians, every day.

Vermont Action Plan for Aging Well

- Older Vermonters Act: Requires DAIL to develop a Vermont Action Plan for Aging Well that is implemented across state and local governments, the private sector and philanthropies. The plan is intended to promote aging with “health, choice and dignity in order to establish and maintain an age-friendly State for all Vermonters.”

0611%20As%20Passed%20by%20Both%20House%20and%20Senate%20Official.pdf

Colorado's Senior Advisor on Aging

- Serves in the Governor's Office
- Roles:
 - Integrate programs state agencies are already offering
 - Recommend new policies and work with the private sector to bridge gaps in services

Oklahoma Aging Advocacy Leadership Network

- 23-year program
- The Oklahoma Aging Advocacy Leadership Academy (OAALA) is an effort to identify and train volunteers from all adult age groups to serve as advocates for aging in the locations and programs of their choosing.
- Provides 6 months of free training

AARP's Network of Age-Friendly States & Communities

CA, CO, FL, MA, ME, MI, (MN*), NJ, NY–

*not on AARP's website but reported in an Advancing State survey that they are participating.

Wisconsin: Aging & Disability Long-Path

- Six phase systems change effort that employs future, transgenerational and telos thinking. The effort shifts from a “one-size fits all” state plan to giving communities the tools they need to address local needs and plan for their own healthy futures. Phases include:
 - Leader development
 - Community engagement
 - Local systems change
 - Evaluation
 - Quality improvement
 - State systems change



Leadership, innovation, collaboration
for state Aging and Disability agencies

Martha Roherty
mroherty@advancingstates.org

**Aging Services Working Group – Second Meeting
Meeting Minutes**

Tuesday, July 27, 2021 - 1:00-3:00pm

In-Person and Virtual [Zoom] Option

Meeting recording: https://www.youtube.com/watch?v=Cl02Q_6aJzA

Attendees:

- Dr. Dan Carey, Secretary of Health and Human Resources (HHR)*
 - Catie Finley, Deputy Secretary of HHR
 - Corey Pleasants, Assistant Secretary of HHR*
 - Maya Link, Governor’s Fellow, HHR
- Ron Boyd, President of Virginia Association of Area Agencies on Aging & CEO, Local Office on Aging in Roanoke, VA
- Kathy Hayfield, Commissioner of Virginia Department of Aging and Rehabilitative Services (DARS)
- Bill Massey, President and CEO of the Peninsula Area Agency on Aging
- Kenny McCabe, Analyst at Department of Planning and Budget
- Sarah Stanton, Manager of Virginia Division of Legislative Services
 - David May, A Assistant Manager of Virginia Division of Legislative Services
- Mike Tweedy, Legislative Fiscal Analyst to the Virginia Senate Finance and Appropriations Committee
- Martha Roherty, Executive Director of ADvancing States

*Arrived half-way through meeting

MEETING MINUTES

Introductory Remarks -- Office of the Secretary of Health and Human Resources

Catie Finley

Budget Language: Chapter 552, 2021 Acts of Assembly F.1.: It is the intent of the General Assembly that aging services be elevated in importance within state government, to include consideration of reestablishing a separate agency on aging under the Office of the Secretary of Health and Human Resources beginning July 1 [2022]. Such an agency would oversee policies and programs impacting older Virginians and provide a leadership role across state government in evaluating the impact the aging population has on state services.

What are the ways we can elevate aging and what are the structures that can support this?

DARS Aging Services Overview (Purpose, Scope & Structure) -- Department of Aging and Rehabilitative Services (DARS)

(See slides under “Minutes”) <https://commonwealthcalendar.virginia.gov/Event/Details/52598>

Commissioner Hayfield

DARS will be covering the programs, divisions, organizational structure, and funding sources of the programs that support older adults and vulnerable adults.

Slide 3: Code language from 2012: It is hereby found and determined by the General Assembly that there exists in the Commonwealth a need to ensure effective programs and services, and to improve coordination of these programs and services, for citizens of the Commonwealth who, for reasons of age, disability, or other physical factors, face challenges in living independently in the community and accessing the full range of programs and services to help them achieve independence and an improved quality of life.

The mission of the merge that occurred in 2012 is to “improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities and their families.”

Catherine Harrison, DARS Director of Policy & Legislative Affairs

Catherine noted that a deeper dive is available in the binders that were distributed.

Slide 5: The divisions that drive this mission are:

- Community living, which includes No Wrong Door, the Office of Aging Services, and the Office of Disability Programs. A number of aging programs receive federal Older Americans Act (OAA) funding, as well as some state general fund programs. CILs and reentry programs also fall under community living;
- State LTC Ombudsman;
- Adult Protective Services (APS), which includes APS, adult services, and the auxiliary grant programs;
- Vocational rehabilitation programs;
- Disability determination services;
- There is cross pollination across these programs. They also have infrastructure programs that support all programs, such as IT and the Policy Office.

Slide 6: Leadership and Divisional Chart.

Slide 7: I wanted to highlight a couple of key programs that support older Virginians at DARS. Asterisks denote programs that also serve individuals under 60 or 55.

Slide 8: We often use the term “aging services” but there are a lot of programs that serve other age populations as well, for example Auxiliary Grant, APS, the LTC Ombudsman.

Slide 10: There are certain federal parameters that we have to work under. There are 4 federal agencies that DARS has to work with (Social Security Administration, Department of Education, Health and Human Services, and Department of Labor), and a majority are authorized under the Older Americans Act (OAA).

Slide 12: The OAA was passed in 1961 (the same year as Medicare) and primarily serves Americans over 60. There are seven titles under the OAA. Folks often think of home delivered meals and supports for older people in their homes.

- Slide 14 has OAA Titles: Title IV includes administration and research opportunities. Title V is our Senior Community Services Employment Program (SCSEP) program in VA. Title VII includes the LTC Ombudsman.

Slides 15-16: State Units on Aging Responsibilities. In addition to regulatory mandates, it includes state roles such as establishing a funding formula that has to be approved and must be approved by the U.S. Administration for Community Living (ACL). They also must collect data and set standards and monitor them.

Slide 17: Some of the core programs are authorized under the OAA, general fund programs, and grants the department receives from ACL.

Slide 20 (State requirements): Currently, the Commissioner on Aging is supposed to serving as the special assistant and the principal advisor on aging to the Governor and have a direct line to the Governor on aging policies.

Slide 21: The duties of DARS are focusing on assessing needs, coordinating activities, improving services, and meeting the requirements of the OAA.

Slide 23: DARS aging services administrative responsibilities include developing the State Plan for Aging Services. Virginia used to have two state plans – one required under OAA and approved by ACL and another state-specific plan with its own requirements. They were on two different cycles but are now synced up. So, the plan they submit to ACL goes above the requirements because it includes additional state requirements. For the plan, DARS receives information from other agencies and stakeholder input. (The full state plan and a two-page summary are included in the binder.)

Slide 25: The DARS Advisory Boards are the Alzheimer's Disease and Related Disorders Commission, which is required to submit a report to the General Assembly and Governor. The Commonwealth Council on Aging is not required to submit a report, but can submit reports to the Secretary's office. To elevate aging, they could be required to submit a report to the General Assembly and Governor as well. Those members are appointed by both the executive and legislative branches. The Public Guardian and Conservator Advisory Board are required to submit a report to the Commissioner and to the General Assembly on a biennial basis.

Programs under DARS:

- Slide 26: Virginia Public Guardian and Conservator Program
 - for individuals that are indigent and there is no other person to serve in that capacity, so both older and younger Virginians
 - has a number of safeguards that are not in place in private guardianship, some studies being done now, public guardianship is a national model
- Slide 27: Adult Protective Services

- DARS is responsible for the planning and oversight of APS
- Local department of social services (LDSS) are responsible for the administration of the program
 - regional consultants work with the LDSS
- Slides 28-29: Adult services is a similar structure
 - provide to adults with an impairment e.g chore, companion, home keeper, then have other adult services that local departments provide
 - LDSS are responsible for guardianship reports for both public and private guardianships, and screening for Medicaid LTSS as well as ALF assessments
- Slide 30: Auxiliary Grant Program
 - supplemental assistance payments for individuals who qualify for SSI and meet the ALF level of care
 - may reside in an ALF, supportive housing or in Adult Foster Care (for those counties that participate in that)
- Slide 31: State LTC Ombudsman
 - focuses on resolving issues for the individual receiving services
 - OAA requires them to provide services to those in institutionalized LTC and Virginia has opted to add other areas like people who have receive Area Agency on Aging (AAA) services or home and hospice care
 - In recent years, they also work with Medicaid to provide advocacy for individuals who are enrolled in Medicaid managed care (the CCC+ Program)

Slide 34: Division for Community Living organizational structure which includes the Office of Aging Services, No Wrong Door, and disability programs. That structure is similar to the ACL structure.

- Slide 35: shows Office of Aging Services programs and funding streams, which includes some COVID-19 relief funds.
- Slide 36: DARS contracts with public guardianship programs throughout the state to provide those services.
- Slide 37: No Wrong Door is affiliated with the Aging and Disability Resource Centers (ADRCs) and is authorized through the Older Americans Act. Many DARS programs and their community partners use NWD and the platform Peer Place for case management, including APS, centers for independent living (CILs), AAAs, and numerous others.

Slide 38: The APS organizational structure includes the auxiliary grant (AG) and adult services; provide support through LDSS

- Slide 39: shows programs and funding streams; AG has a local match of 20%

Slide 40-41: shows LTC Ombudsman structure and summary, includes OAA and Medicaid funding.

Funding:

- The Office of Aging Services (OAS) has funding from a mix of sources (OAA, general funds, etc.)
- Public Guardian program is funded by state general funds
- No Wrong Door is authorized through OAA and is funded by state general funds
- Auxiliary Grant program has a local match as well

Slides 42-43: SCSEP has funding from OAA and state general funds and is in the Division of Rehabilitative Services (slide just shows excerpt from organization chart, full chart in binder). These employment services are for ages 55+.

Slide 44: DARS aims to maximize program synergy from authorizing legislation to federal structures in order to best work for older Virginians and to maximize benefits and improve services. They are always looking for new, collaborative ways to achieve that.

Commissioner Hayfield

They didn't include funding in this presentation but will pull that together. DARS by no means has all of the services and programs for people who are aging. This presentation also did not include disability services. I want to emphasize that around the social determinants of health, many other partnerships exist with DMAS, DSS, DBHDS, VDH and other Secretariats like DHCD, universities, rail and public transportation, and the Department for Veterans Services. It would take a village – not just one agency – to elevate aging.

In response to a question from Mr. Boyd, Commissioner Hayfield confirmed that the Advisor on Aging role that is specified in the code (slide 20) is generally not happening.

She also confirmed that the Commonwealth Council on Aging do not have to submit a plan to the Governor but have been requesting to add that to the Code.

- The Alzheimer's Disease and Related Disorders Commission does submit reports to the General Assembly. The Public Guardianship Advisory Board submits a report to the Commissioner and the program submits a report every two years to the Governor and the General Assembly.

Dep. Sec. Finley asked about the goals of having both the office of aging and the office of disability program both under the Division of Community Living. Commissioner Hayfield replied that was done in 2017 to mirror ACL and in recognition that all the funding falls under ACL, except APS and the LTC Ombudsman. The LTC Ombudsman has to stand on its own.

Workgroup Discussion – Goals & Purpose of the Workgroup/Stakeholder Engagement Questions

Deputy Secretary Finley opened the discussion by summarizing the question before the workgroup: "Why are we here?" As she understands it, the goal of the workgroup is to ensure Virginia has a strong State Unit on Aging in two main ways: 1) A voice across state government in terms of both interagency coordination and policy making (broader than the Older Americans

Act programs), 2) a strong support system for the provider network, many of whom are locally based with unique strengths, needs, and populations served.

Mike Tweedy: The overall context of the budget language that established this workgroup is that we have been talking for decades about the aging population. The word “elevate” comes from the members. The idea is that, in the context of state government, how do we make sure that aging services are given their appropriate due.

For example, the Code was changed in 2012 to make the Commissioner of DARS the Special Advisor on Aging. However, as the Commissioner said, that may not be working as it should be. How do you fix those things? Part of it goes back to 2012 – did that merger between VDA and DRS elevate aging services? We don’t have the answer, but the feeling is that all we did is merge aging as it worked back then and brought it under DARS (and nothing more). It could be a function of how the General Assembly set it up statutorily, and that is where “elevate” comes from. Could you elevate within DARS? Probably. However, the simplest way to elevate it within its own agency is to have a standalone, because that is all the agency does. So part of the question is, what has happened since the 2012 merger? Sometimes, if something is just a component it because less important or siloed. That may or may not have happened here, but the question is, are we better off than we were in 2012? Where do we need to go to elevate aging services?

Dep. Sec. Finley – When it was initially merged, what the goal? Was it to elevate by realizing economies of scale and assembling voices?

Mr. Tweedy: Governor McDonnell’s main goal with the merger was to consolidate state government, even if others like Jim Rothrock had a different goal. That’s part of the question, did the merger work solely for organizational expediency? He is not sure if the merger’s goal was really to elevate aging, even if for Jim Rothrock it might have been,. But again, statutorily and organizationally, the Code says the Commissioner is the Special Advisor on Aging services. In the Administration, it also depends on how much the Governor cares about an issue.

For example, Senator Warner considered creating a Secretary on Aging. Now we have created several additional Secretaries, and he is not suggesting that is the answer, but it gets to idea of some of the members of cross collaboration in state government. One example was Children’s Cabinet; Virginia can’t have a cabinet for every issue because that is problematic, but that is the idea. How do we make sure aging is where it wants to be? If people come back and say there is no problem, then that is something that can be relayed back to the General Assembly. However, there is the feeling that aging is not thought of.

To that point, Senator Mason sent me an email summarizing with this question: “Who wakes up in Richmond, in the executive branch, every day going to work with the singular focus of improving the lives of seniors and finding opportunities to expand services to our aging population?” There may be someone, but if they don’t know then there is a disconnect. It could be Commissioner Hayfield, but the focus really needs to be across all of state government. Is the state ready for the aging population which we are constantly warned of?

Kenny McCabe: Regarding the question of why the two agencies were merged, the Roanoke Times cited the reorganization plan as being motivated by efficiency, cost savings, and having a smaller government.

Martha Roherty: That kind of merger was also a trend across states at that time. The country was just coming out of a recession and ACL was also formed at that time.

Ron Boyd: From the perspective of the aging network, the goal is increased visibility and attention to aging. It gets back to Senator Mason's question, "who wakes up in the morning...?" Within AAA network, some of the emphasis went off aging by the consolidation. The general consensus is that visibility became buried and lost a seat at the table. He is not talking about DARS, but about the "big" table" such as VDH, housing, Medicaid waivers, and across all areas. The AAAs are not just asking for more money, but have been trying to develop their own business acumen and diversify their revenue in order to better serve seniors. So, he could sum it up as having a seat at the table. They are willing to do the work, but you have to have the collaboration and a real voice at the table.

The DARS presentation spoke volumes about the Commissioner being the Special Advisor on Aging and having a direct link to the Governor. Since 2012, there has been a lot of emphasis on children and youth and he thinks that is why we are here in this workgroup. He fights it in his area. Some think if we take care of children and youth it will take care of poverty, and that is not the case.

Bill Massey: There is a perception that aging is not a focus on the state level and there is no one who "wakes up every day." The synergy at DARS is important, but if some has multiple roles it is difficult to be an advocate and push any one area. The McDonnell Commission on restructuring state government also recommended that the **Blind and Vision Impaired and**

VDDHH be included in the merger into DARS. He would be curious as to why those two state agencies resisted being included, but he thinks they thought there was a possibility their specific disability would be diminished.

Dep Sec Finley: What I am hearing is that there is a lack of visibility, which is going to be even more impactful as there are more older Virginians. What is the goal in terms of what that visibility would result in? It could be as broad as things like more budget items, legislation, or better coordination. What is the end outcome that you would expect to come from the elevation? My other question is, is there another issue that has been in this position before and has been improved? Is there a model or template for how we have elevated a certain issue or population?

Mr. McCabe echoed the first question about the end goal of visibility. What is that going to gain you from a practical perspective? He could argue that, while VDDHH stayed separate, he is not sure it made a difference in their end game over the last 10 years. We need to make sure that is something we have our sights on.

Mr. Boyd: The end goal is more of a focus on what is aging and having a more positive light on it. In his planning district, aging is not a challenge but an opportunity. His second point would be a focus on healthy aging – promoting health and wellness and the benefit that the senior

population will bring. Baby boomers are driving the economy, and they are going to tell you what they want and not just accept it. A lot gets back to the optics. If aging can get a place at the big table for collaboration, then they have things in place to do the work.

Mr. Massey: Early intervention and prevention are key. We need to be upriver instead of downriver. As far as Kenny's question, one opportunity is partnering with the MCOs. They have tried to be at the table with DMAS. There could be a policy that would direct MCOs to work with the AAAs. Getting back to the theme of prevention, if AAAs could be involved early in the assessment, it would be more likely to reduce the severity of the situation. There are other examples, like Unite Virginia. They have their own approach and are doing some things similarly, so needed to be in a position to coordinate with **Unite Virginia** earlier in the process. That is all part of elevating aging. If you have a higher profile, then the chances of being invited to the table are more likely, or at least you know what is going on rather than something that has the appearance of being competitive or duplicative.

Mr. McCabe: Whatever we are going to do is going to cost money. The question is how much. He has no bias or opinion at this stage, but what he is seeing is an organizational not a programmatic problem. If we spend money to create the infrastructure needed, are we going to get the bang for the buck or is the cost going to be passed on in services. Is organizational change necessary and what comes with that?

Sarah Stanton: What she has heard is visibility and awareness, focused or dedicated leadership, a singular focus on the issues around aging, and coordination of activities between programs. What are the barriers that prevent that from happening now? That is what will identify whether we need a Code change, whether is a structural issue at agency, a funding issue, or something else that has prevented our current structure from achieving those goals.

Mr. Massey: In fairness to Kathy and DARS, it goes back to resources. You can't expect the folks at DARS to work total miracles without enough staff to get the job done. But he thinks that long term, there are savings to be realized there, or economies that can be brought to bear to offset some of those costs.

Mr. Boyd: There also are some things in place, for example the Commissioner having a direct link to the Governor (currently in the Code but not happening). From the AAA network, the concern is more "what we are not where we are." They could enumerate the potential costs savings: healthy aging in place gets the state focused on livable communities, and home delivered meals and their other services all show cost savings for long term care system.

Mr. McCabe agrees with his point but wanted to note it is really cost avoidance, not cost savings. You will have to take money out of those services to fund the back office. However, his general point still stands.

Mr. Boyd: The consensus among AAAs again is not where aging is, but what it is. It is having the collaborative seat at the table, no matter where you are housed and what it looks like. It is focusing on aging and aging having a voice from the top down. He does not feel like we have that now. With the agencies even outside of DARS, he thinks there could be a lot more

coordination. He understands what Mr. McCabe is saying, but is not focused on dollars and instead is focused on the optics and outcomes of just what is there right now.

Ms. Roherty: I saw that DARS gets Medicaid administration claiming dollars for Long Term Care Ombudsmen and brain injury services, but do you do it for Adult Protective Services and No Wrong Door?

- Commissioner Hayfield: No, have worked on that for No Wrong Door though.

Dep Sec Finley: You used the phrase, “it is what we are not where we are.” What I am taking from that is that you need to be a voice at the table so that you are situationally aware and so that your expertise and services can be leveraged. However, I am struggling with the “what we are term” a bit – can you flesh that out a little?

Mr. Massey: It is how we are structured not where we are housed. He doesn’t think the current structure fosters the level of elevation of aging needed within state government. Dr. Carey talked about whether structure drives function or function drives structure, and he is not sure we have answered that question, but he thinks the structure is what is most important.

Dep. Sec. Finley: Going back to Sarah’s question, are there organizational barriers that you think inhibit elevation? One clear example in my mind is the Code section DARS identified and is not happening in practice: that Commissioner Hayfield does not have the direct ear of the Governor on matters related to aging. Is there another concrete example?

Mr. Massey: He believes the DARS Commissioner has the responsibility to monitor what other state agencies are doing as far as aging, and that state agencies are required to report to Kathy on an annual basis.

Commissioner Hayfield: Yes, for the state plan for aging.

Ms. Massey: Under the current structure, could Commissioner Hayfield convene a group of agency heads or senior agency folks to discuss an issue related to aging? What would be needed in order to accomplish that?

Commissioner Hayfield: The Brain Injury Council met last week and they asked if the Commissioner could convene a roundtable around housing with all the different players? No, she said she does not have the authority to do that, specifically for people with brain injury. It is a similar situation here - the Secretary has better ability to do that than an agency head.

Secretary Carey: And we do that. When asked, we are not hesitant to do that on an as needed basis.

Mr. McCabe: What you are describing sounds a lot like the Children’s Cabinet, where you don’t create new organizational unit but you leverage those that are already there into a higher level thing.

Sec. Carey: Yes, that has not only agency head leaders but also other secretariats and related agencies, as well as stakeholders. They come together and set a priority, and have visibility with the First Lady, who has clearly made this a priority. That is a good example of a forum that meets regularly, has agendas, and where staff knows that it matters to leadership. They care about the results and are expecting the agencies to work together in new and creative ways across agencies and across secretariats. It is not just behavioral health or education, it is a cross agency effort about food security, trauma informed care, etc.

He thinks it is very analogous to what we are talking about here. A separate agency alone may not accomplish those things, in fact it may make it smaller and less influential, which we would not want to happen. He thinks the key here is focus and elevation. As he said last meeting, he thinks the goal is to diagnose the problem (what are the changes we need in the services), what is the strategy, and then what are those structural things. They could be an Aging Cabinet, or an advisory board that is more elevated, or annual strategic planning, etc. There are a lot of different mechanisms to achieve things. He is learning a lot of what the problem is and appreciates the discussion.

Dep Sec Finley: She things another, similar examples are the interagency groups around substance use disorder. Is that the idea?

Mr. Massey: Getting on the agenda of existing meetings is important too.

Dep Sec Finley: Getting back to the two-prong framework she outlined at the beginning of the meeting, the other theme of her pre-conversations was support of the provider network. For example, innovation. It also could include best practices and knowledge of federal and other grants. She feels the workgroup has comprehensively described the goal around the state-level advocacy and coordination piece of the vision. Do we also want to discuss this second piece as a workgroup?

Mr. Massey: Innovation piece is the key to moving aging services forward in the Commonwealth. We have some outstanding examples as everyone is probably aware. There are a number of AAAs that have done innovative work and have been recognized at the national level. For example, one is currently managing the Better Directed Care program in Virginia and helping manage the finances for programs in four or five other states. There is just a lot of innovation. Where we need support at the state level is doing their best to ensure that not all 25 AAAs discover the same innovation 24 times over, to make sure what is happening is broadcast across their network and beyond. That will raise the visibility to everyone's benefit. So, fostering innovation should definitely be a part of this.

Mr. Boyd: The new demographer funding is a good example. It benefits all AAAs where alone they might not have the manpower. They are all trying to diversity their revenue and business acumen and apply for grants, so that type of thing was great and there needs to be more of that. You do it once and it goes across the Commonwealth, so there will be a return on investment on that \$50,000. That is just one small example of what they looking at.

Dep Sec Finley: ADvancing States will be conducting stakeholder engagement and we will be mapping that plan out in the coming days. Last night, I circulated draft questions for the interviewees and the AAA survey. The workgroup members can provide edits up until Friday, but are there any edits to the questions that the group would like to discuss at this meeting? The goals we just discussed will also inform the stakeholder engagement. Is there anything else that would be productive for this group to discuss to inform the stakeholder engagement piece of this that ADvancing States will do?

Ms. Roherty has a better understanding now with the issues and concerns and hopes that the questions align. They also set up an email for the project that is InformVA@advancingstates.org. She has also asked Kathy Greenlee to come help with this project. She is former head of ACL and the former Secretary of Aging and Disability in Kansas. There are two sets of questions. One electronic survey for the AAAs, which can also be targeted in-person too. Then they have a set for DARS staff and other stakeholder and agencies, which is 31 questions.

Mr. McCabe: He thinks this is a very comprehensive list of stakeholders, but since we are talking about the merger do we need to add a few people on the rehabilitative side of the house to see how they feel about being separated?

Dep. Sec. Finley: That is the intent. We were going to send the invite to all DARS staff.

Mr. McCabe: I meant stakeholders, since we integrated the community a little bit and now one option is to pull it apart. Commissioner Hayfield – is there any value to talking to the folks who are being “left” so to speak?

Commissioner Hayfield; There is some sensitivity here to that language about being “left.” But looking at the group of the public here today, she sees some of them e.g. brain injury, CILs. However, she noticed that many of the questions focus on aging recognizing that if you look at the budget language it includes APS, Auxiliary Grant, and adult services as well (not LTC Ombudsman which may be unintentional). It is a good point to think of. At the point of any survey she needs to tell her staff it is OK, complete this. Don’t see this as a crisis, it is just for informational purposes and give your input. Catie did I misunderstand the employee survey?

Dep Sec Finley: We can always change it, but the employee piece right now is just individual interviews. Currently, the only survey piece is the AAAs and LDSS. On the disability community side, we have CILs, brain injury, and the Board for People with Disabilities, but Kenny is right that we don’t have anyone from the vocational rehabilitation side. So, what she is hearing is consider that side to make sure we are inclusive of everyone who would be impacted by undoing the merger and to make sure the language is clearly inclusive of adult, APS, and auxiliary grant, as well as aging.

Public Comment

Gayl Brunk, Executive Director for Valley Associates for Independent Living (VAIL) and President of Virginia Association of Centers for Independent Living: 93 individuals or 26% of VAIL’s consumers are over 60 years old. VAIL co-employs an individual with their local AAA as a result of the merger ten years ago. In 2011, sje served on the task force to look at the

merging of the Department of Aging with the Department of Rehabilitative Services, which had several representatives of both AAAs and CILs. (She has her notes if anyone wants to know what they were thinking back then.) They did a SWOT analysis, expressed pros and cons, and fears and opportunities for how to elevate all of their services. Their fears did not come to fruition but instead there has been stronger communication between aging and disability services. They invite each other to the table before being written into grants and continue to collaborate on how to improve services. If you wish to elevate services, you fund the services and ensure the ear of Governor and legislature, you don't create another entity. Services are the key to elevating. You increase funding for services to empower older adults to live in their homes through adequate funding for home and county based services, housing modifications for home owners, funding for in-home care, and funding Medicaid services at the level that is needed for in-home health and consumer directed care for those who need help and want to remain in their home. Thank you for your time and I welcome the opportunity to have further discussions in this endeavor.

Jim Dau, AARP Virginia: AARP appreciates and support the work of this group. As we hear from the people they serve across the Commonwealth, many of the challenges and opportunities they face are in fact shared by Virginians of all ages. As Bill pointed out earlier, those could be better supported by prevention. AARP supports the Commonwealth having institutional structure and leadership that has a focus on aging and a full understanding of what that means for people as they age. It includes what are traditionally considered aging services and expands the landscape. It requires that leadership be empowered to lead the coordination of interagency efforts and innovation in the areas of, among others, transportation, nutrition, physical and mental health, housing, economic opportunities, community livability and resilience, and law enforcement. To support Ron's point, the Commonwealth should recognize and avail itself of the opportunity and resources that older Virginians offer us across the state. The most recent numbers show that more than 1/3rd of Virginians are 50+ and we are all getting older. We thank this group for the work to make sure the Commonwealth has the vision, capacity and leadership to better meet the current and future needs of Virginians as we age.

Judy Hackler, Executive Director of the Virginia Assisted Living Association (VALA): They request ALFs to be prioritized in services and supports. There are more than 568 AFLS serving more than 37,000 vulnerable and older adults in Virginia. Outbreaks in long term care facilities (includes ALFs) have accounted 36% of the total COVID-19 outbreaks and 37% of the deaths statewide. Several funding and support services were provided to various industries, but unfortunately many of them did not include ALFs. Now is the time to resolve some of those oversights through some of the programs that are under development, as well as upgrading those programs and services that currently exist. For examples, Virginia's Long Term Care Mutual Aid Project does not include ALFs or DSS. During the pandemic it was clear that ALFs needed to be included in the emergency response and discussions. It also became clear that people did not know where to place their people in line for supports, and conflicting info was received as a result from multiple state agencies. ALFs are just one component on the continuum of care, and it is crucial to support each point in the continuum to ensure the right placement and accessibility is provided to ensure personal choice, quality of life, security and independence of older

Virginians. One option to elevate ALFs is to increase the auxiliary grant rate to increase available housing options for low-income residents and reduce improper placements in other settings. Virginia's Dementia State Plan 2020-2024 recommends increasing the AG to cover the actual cost of care in an ALF or other supportive housing. Workforce shortages are significant and were exacerbated by the pandemic, during which temporary staffing was utilized at sometimes 300% the average rate. They are also competing with unemployment benefits, often unsuccessfully. On behalf of tens of thousands of residents, please prioritize ALFs with additional funding and supports and by specifically naming them in any support programs that are included.

Shonda White, Hampton Roads area: To piggy-back on what Ron and Bill said, better coordination with DMAS and bringing all the players to the table, including the MCOs is needed. Right now in the community there is a shortage of staff, so our seniors are in trouble. Even McDonalds often pays more. Long Term Care Facilities also need to be at the table – the issue is coordination. Visibility is important; how can we get reports like those showing how much money was spent and get input from lower level up as well.

Dr. Ethlyn McQueen-Gibson, Director for the Gerontology Center of Excellence and Minority Aging at Hampton University: She looks forward to participating in the group.

Dep. Sec. Finley clarified that DARS slides are posted on Commonwealth Calendar.

Kyle Allen, former member of the Commonwealth Council on Aging and the Peninsula Aging Board: There is a sense of urgency given the demographics. He also thinks the appreciate inquiry with ADvancing States will come out with a better solution. He does think it is about interagency collaboration and people being at the table. There is a certain degree of being present that it takes to bring about change, especially with systems. Hospitals are often not engineered for older adults and he has been working on making them safer and better places for older adults. He is a geriatrician, has worked in long term care, was Vice President for clinical integration at Riverside Health System, and is currently doing health and aging policy fellowship at ACL and CMS Office of the "Duals" or Medicaid coordination. Be careful about remaining in a silo, there is a great opportunity for integration e.g. being invited to DMAS. As people transition in the system particularly with new diagnoses of lifelong illness or complex condition, we really need coordination across the bio-psycho-social sector as well as the medical or social sector. Thank for the opportunity to join and he hopes to be able to provide input through those lenses that he shared.

Melissa Andrews, Leading Age: They are the only association dedicated to not-for-profit across the continuum of services, so they cover affordable housing, adult day, home and community-based services, assisted living, nursing homes, and continuing care retirement communities. If we want Virginia to be a retirement destination for older adults than we need to make this state the best place to grow old. That means looking at the way that we finance long term supports and services, not just for those who can afford private pay or qualify for subsidies. We need to look at the middle market, which is the biggest part of the baby boomer generation. We need to look at housing, options for quality care and services, and must figure out how to incentive the

workforce to come to Virginia and work with older adults. We have to look holistically at how we finance older services and supports, the way the agencies and private sector collaborate, and career pathways in a new way. Once you start you don't start because it is such a passionate, purposeful career.

Steve Zollos, Senior Services of Southeastern Virginia: Congratulation to the workgroup on looking at how we can elevate aging and focus on the older community. As has been noted, we have a quickly growing population of older adults that have a growing value to our Commonwealth. Innovation and interagency cooperation are key. The focus should be where we can get our best birds eye view and the needs on the ground, whatever structure that takes is where we need to move. He thinks innovation starts right here in this room for this structure and how we serve them, how we innovate, what we are doing, and how we are planning.

Trina Webb, Division Director for Adult and Aging services in Fairfax County: She appreciates discussion. She hopes that whether it is one agency, two agencies, or more we are people focused and demonstrate equity, accountability, partnership, and innovation. All five pieces are important. Her agency does well in partnership with DARS and AAA directors, because they have a wraparound mode. So, if APS needs meals on wheels, that happens in the same day through their social workers. These seamless actions that happen in Fairfax should happen across Virginia. Keep the customer at the forefront no matter how many agencies there are.

Closing Conversation & Adjournment

Dep Sec Finley: Mike – Is there anything that your members would ask or say if they were here? I want to make sure we are on the right track.

Mr. Tweedy: This is a good start. Having the workgroup focus on this issue is important, regardless of the outcomes. He has heard several ideas here today including how to better support innovation. He has heard several good ideas and just the discussion is a good way to get started and a good forum to make progress. Even though none of us know what it truly means to elevate aging services, it will be elevated in some way.

Sec Carey: There are different models, regardless of where aging is. One of the other models that he has experience with is the State Executive Council which was formed under CSA with courts that deal with children. Medicaid is there as well as DSS, DJJ, Education, and the residential foster community. It meets every quarter, and then full meetings every quarter for strategic planning, so that is another model. It does have very solid discussion in a place where stakeholders can go to voice opinions and influence the policy independent of just CSA funds.

Dep Sec Finley The next steps are to map the stakeholder engagement. There will be two meetings in early and late September. The meetings together will address findings from stakeholder engagement, as well as potentially some states coming back with their structure. They are trying to break the findings across two meetings so it's not a surprise at the end and we have more time to draft any necessary budget or legislative language.

Ms. Roherty asked if there were particular states that the group wanted to hear from. The group wants to hear from Ohio, especially since they have a lot of innovation. FL, NY, NC were also mentioned, although Martha noted that NC is about to look at reorganization. Mr. McCabe notes that the state should be somewhat comparable in resources and size.

The meeting adjourned.

Meeting Minutes
September 7, 2021

<https://www.youtube.com/watch?v=Q3OLSkG-flc>

Attendees:

Secretary Dan Carey
Deputy Secretary Catie Finley
Commissioner Kathy Hayfield
Ron Boyd
Bill Massey
Susan Massart
Kenny McCabe
Sarah Stanton
Martha Roherty (co-faciliator)

Deputy Secretary Finley reviewed the agenda for the meeting. First, Ms. Roherty will facilitate a panel discussion with representatives from three other states: Minnesota, Ohio, Florida. She will then present preliminary findings from the stakeholder engagement interviews. The findings are truly preliminary, not final, since ADvancing States has completed the majority of external stakeholder interviews but has not received the majority of internal feedback.

Secretary Carey thanked all the workgroup participants for the group examining ways to improve services for aging Virginians.

Ms. Roherty introduced our guests from other states: Secretary Richard Prudom of Florida, Director Ursel McElroy of Ohio, and Executive Director Kari Benson from Minnesota.

NOTE: ADvancing States will add summaries of the state structures for Florida, Minnesota, and Ohio to provide further context for their answers below.

Please share the structure of your agency as well as how you are appointed to your position:

- Secretary Prudom: Florida has a population of 21 million and has 5.9 million that are over 60 years old and growing. In 1988, they were part of the Health and Human Services (HHS) juggernaut and a constitutional amendment created the Department of Elder Affairs as a standalone aging agency. That agency was created in 1992 and still serves as the State Unit on Aging (SUA). He has been Secretary since 2019 and is responsible for a report to the Executive Office of the Governor, the Department of Health, the Department of Children and Families (also carved out of the original “juggernaut”) and the Agency

for Person with Disabilities (also carved out). For all of their HHS agencies, the Secretaries meet monthly to take about common challenges, since they have unique missions but often serve many of the same people throughout their lifespan. They are working to have a better collaborative effort so people don't fall through the cracks. Aging has been elevated because of the number of older adults but also the recognition of the important role they play, especially with the pandemic highlighting that population.

- Ursel McElroy: She is the Secretary of Aging and the head of the Ohio Department of Aging, which is a cabinet-level agency. She was appointed Director of the Department in 2019, after 28 years in aging and crime victim services. She oversees programs and advises the Governor and other Cabinet agencies on issues pertinent to older Ohioans, which is 2.8 million or a little more than 20% and growing toward 25%. The Ohio Department of Medicaid contracts with her agency to administer many of the Medicaid home and community-based services. Their cabinet is organized into six clusters and the Dept of Aging is in the health and human services cluster, which includes health, mental health and addiction services, jobs and families, developmental disability, and Medicaid. They work closely with all of them.

- Kari Benson: She is the Executive Director of the Minnesota Board on Aging as well as the Director of the Aging and Adult Services Division in the Department of Human Services. She wears two hats at the state level. The Board of Aging is a 25-person, Governor Appointed Board from around the state. The Board primarily administers the Older Americans Act (OAA) funding but also related roles; they administer \$53 million with both OAA-related federal and state funds because of the infrastructure that they oversee. They also serve as a state advocate of aging across state departments, the Governor's office, the legislature and the public. As Division Director, she oversees the aging services that are means tested including the Medicaid waiver program, other means tested programs, Adult Protective Services (APS), and other grant programs that provide seed funding for local communities to enhance services. With those two hats, she oversees the full range of services of home and community-based adults and both her sets of staff are employees of the Dept of Human Services. Functionally, she is a couple levels away from the Governor and that is something that her Board is also discussing, similar to us.

Ms. Roherty asked: Aging touches all areas of government so can you describe how you work with other agencies on issues facing older adults?

- Secretary Prudom: As he mentioned, they work closely with their sister agencies including the Department of Children and Families and the disability agency, since they have common themes of services. They have 11 area agencies on aging (AAAs) that also

serve as Aging and Disability Resource Centers (ADRCs) so they are a one-stop, no wrong door focus for delivery of service for all those looking for long-term care resources at all ages. That creates the necessary relationship with the Agency for Persons with Disabilities. Children and Families also handles all APS referrals and anything to do with older adults is then passed on to Dept of Aging to respond and intervene. So, there is a natural crossover that fosters a good working relationship with those agencies. Florida is also an age-friendly state seeking to help communities support people in aging well, so they have to work with transportation e.g. safe streets. Transportation needs have really come to light in the pandemic. The Secretaries of those agencies especially after the pandemic recognize the importance of the social determinants of health.

- Director Ursel: They are part of the health and human services cluster, so they work closely with those agencies (described earlier). However, no single agency or payor source can by themselves manage this huge matter, so they are focused on how the needs of older adults span other clusters and private partners. For example, they have partnered with public safety (e.g member of severe weather committee) and transportation (e.g walkability issues), how to make places into age-friendly communities, corrections e.g. awareness and sensitivity around older inmates and with the Ohio national guard particularly during the pandemic. As the SUA, they have a strategic action plan in addition to the state plan on aging, which they call their Strategic Action Plan on Aging or "SAPA." Their SAPA was informed by a comprehensive state assessment identifying disparities; they found a range of about 29 years at the census-track level underscoring the importance of the social determinants of health. Their SAPA emphasizes the need to work across different payer sources and different programs, so in some spaces their OAA programs are very engaged in early intervention where some are more focused on those with more complex care. Their SAPA informs how they can move across those spaces and truly help define healthy aging and have a comprehensive continuum of services.

- Ms. Roherty: Is that similar to a master plan on aging?

- Ms. McElroy: It came out of the State Health Improvement Plan (SHIP), which did not explicitly and sufficiently focus on older adults. They used the same vendor and conditions around social determinants of health to build their SAPA to create a smooth transition with the SHIP. They have laid out a way to track their progress across 15 outcomes specific to each SAPA issue, and 6 key priorities. So, the difference is that this is measurable, built to engage both public and private partners, aligned with the social determinants of health that we know impact outcomes, and doesn't box them in with payer source. It took considerable work and a fair amount of stakeholders but aligns with good public health and allows them to integrate health and social services.

- Director Benson: Minnesota also has a master plan on aging and a piece of that is their state plan on aging. A common thread that both Florida and Ohio expressed in the role of the SUA is to bring together other state level partners both public and private to develop systems and infrastructure at the community level. There is a lot they can do at the community level across systems to allow aging at home and having age friendly communities to delay the need for more formal long term support and services. The Board on Aging advocated for an Age Friendly Minnesota Council, which was established by the Governor and then in the legislature with the goal of becoming a designated age-friendly state. The Board on Aging has a seat at the table and leadership role, but is also responsible for engaging the other state agency leadership and private sector leaders. The group is tasked with doing a master plan on aging with their state plan as a piece of it, since they have responsibilities over eight domains of an age-friendly state including OAA and No Wrong Door administration, as well as a role to play for housing, transportation, elder rights, consumers protection, healthy aging, etc. They have an important role but also need to work with the public and private sectors to realize the goals in their master plan and to focus on all aging adults, not just state-paid long term support and services. The Board on Aging claimed that role as an advocate and the agency that administers some of these key programs to make that happen.

Ms. Roherty: How many AAA are in your states, what types, and what is your role in terms of communicating with them?

- Director Benson: Minnesota has 7 AAAs, with 6 over specific geographic areas in their regions. Of those 6, 4 of them are private non-profit 501(c)(3)s. Two are based in the regional development commissions and serve as their aging planning components. The remaining AAA is based in a tribal organization and serves four of the Native American tribes in the northern half of the state. For those seven, the Minnesota Board on Aging (BOA) oversees their area plans which mirror the state plan on aging, oversees their budgets and the work plans, and partners to administer the ADRC and NWD system. The BOA is growing in its advocacy role for aging issues at the state level and are working closely with the AAAs in their advocacy role at the local and regional level, including working with them on legislative priority-setting, program and policy setting, and advocacy more broadly defined across the levels of their aging network.

- Director Ursel: Ohio has 12 AAAs that serve anywhere from 4-8 counties each. 10 of the 12 are 501(c)(3) and the other two are connected to local government, one with the regional council and the other with the city. They are a part of the ADRN, with other entry points at CILs and disability groups to make up a full ADRN. Her AAAs are a pretty sophisticated, with some running managed care services through their MyCare

demo program, some that are fee for service, some administering OAA and some having local levy dollars. Many are managing all funding streams except for managed care (yet), but their relationship with the SUA is strong and they appreciate the differences. If you have seen one, you have seen one because they are all that different.

o Question: Can you explain the managed care relationship?

o Director Ursel: All of them are not working in the MyCare region; only about 29 counties are part of the demonstration that is set to end in 2022. Initially, it was not automatic that the AAAs would lead in that space but they mobilized through their association and did a great job in representing their interests since they had already been and should continue to lead in that space. They have had to grow and stretch and they have been pleased with how their business acumen has grown leaps and bounds. That is why it is so important that they keep in touch as they examine and look to make changes. Director Ursel works closely with the Medicaid director to understand from their perspective and it has been successful.

o Question: Prior to MLTSS were they doing the Medicaid waiver?

o Director Ursel: Yes, their AAAs have always had the Medicaid Waiver (passport programs, etc.). That meant they had nurses and social workers on staff and appreciated the space, but needed to reconcile the Fee-for-Service with the new managed care organizations. All of them are using FFS, some are doing both, and some are also doing the levy. So, they have experience managing the waivers.

• Secretary Prudom: Florida has 11 AAAs. The state is divided into planning service areas which usually encompass several counties. They also serve as ADRCs – a single coordinated access to services for everyone seeking long term care resources. Those AAAs also contract with one or more community care organizations for the elderly lead agencies and they provide and coordinate services. There are 52 of those. All are 501(c)(3) but the lead agencies are a mismatch of different things e.g county government entities, nonprofits like seniors councils, and local councils on aging. Those lead agencies then contract with local services providers. They are a public-private partnership. Even though SUA is one of the smallest agencies, they consider themselves a large aging network which is important, since sometimes small agencies get lost; he refers to himself as the aging network.

As such, it is a large network and the success of that network allowed them to respond well to the pandemic. All state networks really turned on a dime. They initially focused on home delivered meals, prescription delivery, etc. and then turned their attention to

social isolation and loneliness. Individuals in long-term care facilities – about 170,000 – were looking at ways to counteract the effect of isolation without visitors and introduced Project Vital. This meant providing tablets that were specific for older adults. The tablets were more intuitive to use and had visits, virtual travel, games etc. They also had an internet within an internet, because you don't want users getting lost on the dark web and being vulnerable to exploitation. Their mantra is enabling people to age in place as much as possible; they looked at bringing technology to enable that and ARPA has brought in funds for both connectivity and individual devices and learning. They brought in robotic pets which have been fantastic. They also did more wellness checks, which they plan to continue that after the pandemic. ACL spurred the innovation by telling states to not let bureaucracy get in the way of doing the right thing. Florida's Elder Affairs Department passed that flexibility on by asking providers what they needed and then let them do the job. It is important that these aging agencies work together and work collaboratively with AAAs.

Question from Mike Tweedy: We are talking about where aging services should fit in the state government and whether aging services get their due attention, so from their experience do you feel like aging services are being appropriately considered in the state and executive branch or do you think that more could be done?

- Director Ursel: Since Governor DeWine came in, they are making headway to elevate the issues of aging. Their population pretty much requires it since they are moving up. By 2030, more than 26% of the population will be older adults. So, by being a cabinet level agency and having a robust aging network focusing on the entire continuum of both home and community-based care and long-term care. The pandemic has accelerated some of their efforts. She doesn't think it is by chance that we saw the level of illness and mortality they saw with older individuals; there are systemic reforms that every state will have to grapple with. She thinks they are positioned well in terms of elevating their issues. They have not been there but - with the way this Governor focuses on aging - they are on their way there.

- Secretary Prudom: With Governor DeSantis, he talked with him about the growing population and the associated healthcare and economic crisis made worse by the disproportionate impact of COVID-19. They are recognizing that there are challenges in addressing the health and wellbeing of this growing and diverse population, but have to tackle the negative stereotyping too. It is wrong that older Americans are a drain on the system; 40% of their population is over 50 years old and is also contributing about 55% of the GDP. It is called a longevity economy and every state has one. Older Americans are most financially capable and have the largest percentage of discretionary income. If you create communities where aging individuals can live well, then they invest in their

communities and make them more sustainable and able to address those with physical and other challenges. You need to both tackle the challenges and embrace the positives that an aging population creates. That is what age friendly communities are about – a livable community for all. If you consider both the societal and economic benefits, it helps ensure your success.

- Director Benson: Minnesota doesn't have the visibility yet on aging issues but are getting close because of the Governor's Executive Order that established an age-friendly statute. The lack of visibility to aging issues is not because of the way they are structured, but because they had not made the case that aging was about all of them and the fact that it really needs to be everything *but* OAA and instead the infrastructure of their communities and healthy aging. There need to be levers that the aging services department/division can use to engage the other state agencies in actions that need to be taken to promote healthy aging, or something like a cabinet. They have a children's cabinet and would love an aging cabinet. It's about levers in private sectors as well, and that is where they are gaining momentum and coalescing around shared priorities. Another thing that stood in their way is that their BOA and external private sector advocacy and associations were all going in different directions instead of coming together and presenting big issues as they saw them. They have done a lot of work to come together and primarily have used the age-friendly state and communities' framework. There are many shared priorities and a big piece of it is making those connections. A statewide infrastructure is really needed.

Ms Roherty: How important do they feel having an elevated presence in government has been to their overall success? And on the business acumen/private partnership, how important has that been?

- Director Ursel: As a cabinet agency, what she heard from Florida is a great point: it allows you to move issues forward for the whole network and to have access to other cabinet members for planning and strategizing. It is one thing to be part of formulation and another thing to respond once something is developed. Her conversations with the Governor are important because it informs their operating budget, policy position, or pointing something out that wouldn't be said if you aren't in the room. There is something to be said for having influence and being in the room and part of the decision making. As it relates to business acumen, that has been a big part for her to be certain that their AAAs and community based organizations begin to elevate. For example, their AAAs are seeking accreditation in certain places and they support and encourage those accreditations, so they have something to measure the outcomes. The outcomes allow her to know that she is advocating for something that actually makes a difference, so being able to run different streams to demonstrate progress matters. As the system and aging

network evolves, they must evolve with the needs of the network and the citizens. The evolution of the aging network requires that their business acumen grow and be stretched and developed.

- Secretary Prudom – When it was just a bureau it got relegated to a minor issue as opposed to being able to talk one on one with the Governor about issues that affect older Floridians. Having the Governor be able to talk and make sure the needs of older adults were met before and during the pandemic was critical: seniors first. Having a position as a Secretary of an independent agency helps a great deal since he doesn't have to navigate through unnecessary bureaucracy when they were less than the level they are now. To Ursel's point about business acumen, they are looking to take the aging network to the next level and get away from the perception that they are just mom and pop organizations. While they are small, they are critical and if you dismiss them it is at your peril. They are looking at how they can do business with the managed care companies by intervening with those individuals that are not the frailest of the frail but still need some services. OAA and state funds don't touch them yet but there is an opportunity to touch them now, and the healthcare network is looking at how to merge with the aging network. They are in that state of flux. They are working through how to keep OAA funds separate and other issues, but that just means they must continue the conversation. It is important for them to have equal conversations with Medicaid, for example. In part because of COVID, people have been brought to the table to intervene earlier to help them age in place and further develop business acumen. Advancing States has done a great job of helping to educate people and ACL has said they need to use ARPA and other funds to create more partners and develop their acumen. He thinks it is just a lack of confidence in a network that is working to up its game, which is more important than ever as they build that robust, sustainable network. Now we know what it means to age well and we have the funds to do it. It is about addressing social and health equities up front. That means asking your communities what they have been missing and talking to those who have lacked access.

- Director Ursel: We have a shiny example of business acumen. With workforce development, she encouraged them to work alongside the workforce development board and business roundtable so they know what it looks like to compete. Many of them did not yet have a workforce plan in play. That is an example of how to understand business acumen.

- Ms. Roherty: ACL has frequently mentioned partnering with health plans, and she and the states we are talking with view business acumen as business 101. In other words, how you are operating in the state as a business entity, including measuring outcomes?

- Director Benson: In terms of an aging entity at the state level, she can't disagree with the fact that it would be great to have an Aging Cabinet but she does not envision that will happen. She does see that they are able to accomplish a lot now that they have accountability in place, because they don't have to convince other state agencies, themselves or the Medicaid agency to pay attention. Since she is in the Medicaid agency, there is shared responsibility over their programs. She has their ear and is driving and in those discussions. But then it leaves all the other pieces they need to be attending to without an accountability mechanism, so they have been falling short of truly making changes in other state agencies' budgets, programs and policies to focus on aging. That has been where she has seen the biggest gap in what they are able to accomplish regardless of placement. The finances also give them pause when thinking about a different placement.

Preliminary Findings from Stakeholder Engagement:

Deputy Secretary Finley reiterated these preliminary findings are based primarily on external stakeholder interviews from the stakeholder engagement document. That means the summary below does not reflect feedback from interviews with DARS staff or the AAA and LDSS surveys, which will be completed in September. These findings could evolve as we speak to more folks, but they felt comfortable sharing these common themes since they were very present in both the interviews and the community forum. In the next meeting, we will have a discussion on a potential optimal structure, so the goal of hearing these preliminary findings will be to raise any themes that are not covered that would be necessary for having that discussion on optimal structure. Deputy Secretary Finley opened the floor for any process or other questions.

- Mr Boyd: Is there going to be another Community Forum?
- Deputy Secretary Finley: Yes, there will be one on September 16th at 6pm that will be the same format as last time.

Ms. Roherty: I have had the best time hosting these conversations, they have had 40 to date between Martha, Adam Mosley and Kathy Greenlee collectively covering.

Issues/Common Themes:

1. **Aging is not an elevated issue**--Widespread agreement that aging is currently not viewed as an elevated issue for the commonwealth, the Governor, state agencies, and the legislature, even as the Commonwealth has a growing aging population.
2. **Ageism** -- Ageism refers to how we think, how we feel and how we act towards others or oneself based on age, so that changes how we view the issues between generations and devalues what we are doing. It was described it as an ostrich sticking its head in the sand. This issue about better serving the baby boomers has not been fully acted on for a while even though it has been lingering. In that construct, there was some concern about

bringing rehab and aging together because in some people's mind could denote that as you age you just need more services, as opposed to promoting a healthier and more productive view of aging.

3. Support of DARS staff.

1. Work hard and many are working multiple jobs.
2. Lack of time and energy to create a culture of innovation because of that lack of staff.

4. Lack of understanding of the programs and services that DARS administers.

1. Not the limitations and statutory restrictions of the programs.
2. Staff are largely working solely on federal programs that may or may not align with the state's focus.
3. As part of that, there was a desire for DARS to focus more on non-poverty, non-OAA programs such as healthy aging and keeping people away from needing OAA or Medicaid programs.

5. Communication from DARS direct to consumers about programs and services not as strong as some would like (a hope that some information would come directly from the state as opposed to pushing all of it out through the AAAs).

6. There is little support for creating a single state agency on aging, though some interviewees did state that having a single state agency could be one tool to naturally elevate the services.

1. Strongest support was from some AAA directors.
2. Fear of loss of funding and demotion of level of agency (from a 3 to a 1) if go to a single state agency.
3. State staff shared their concern about the disruption and the "demotion" to their agency.
4. Fear that there would be even fewer staff to support the agency (not just from staff, also from external stakeholders).
5. If the agency continues to focus on OAA programming only (including APS and adult services), the only elevation is for only the services and population receiving OAA funding and not for aging issues more broadly.

7. There is concern about the bifurcated mission and whether by putting the aging agency with rehab, it is another sign of ageism, in that rehab can signal that it is inevitable that as we age we will need rehab.

8. Concern about fragmentation, e.g. Adult Protective Services being one of few programs at local departments of social services overseen by DARS (the communication there is frustrating sometimes); ALFs and nursing homes regulated by two different agencies (three if you include Virginia Medicaid) and there is lack of coordination.

9. Also heard about a lack of culturally competent services especially deaf and hard of hearing and racial inequities in services statewide.

Outside the scope, but important:

10. Workforce crisis for all professions working in aging from direct support workers to highly trained geriatric psychiatrists.

11. Concern about **lack of affordable housing** leading to homelessness with seniors, as well as lack of coordination with **transportation services** and providing additional **technology** support so seniors can live at home. The digital divide is troubling especially in rural areas
12. **Concern about the funding, regulation, and treatment of Assisted Living, Nursing Homes, and Adult Day** especially given COVID-19 and the growth of the aging population.

Suggested Solutions:

1. Desire for aging to have the same support as children's issues

1. Children's Cabinet--perhaps by developing an aging cabinet.

i. There is a desire for aging to be elevated in the same way as children, and two of the other repeated examples as elevated issues are behavioral health issues related to crises and the lawsuit related to the closing of some of the institutions.

ii. Was a long-term care coordinating council that was in statute—Secretary was the head of it but when it lost political will, lower-level staff members started to attend instead of agency heads.

iii. The Aging Cabinet would be similar in that it would draw high level officials in the executive branch together to talk about aging beyond the OAA programming, similar to leaders from Ohio and Florida.

1. Governor appointed **Deputy Secretary on Aging within the Department of Health and Human Resources** that could be the voice and coordinator across executive branch
2. **Deputy Director on Aging (within DARS)** with a similar idea as a voice and coordinator across the executive branch.
3. Create a “select committee on aging” within the legislature, modeled after federal select committee.
4. Ensure that there is a statutory requirement for all advisory groups to share their reports with the legislature.

2. Support for staff with aging expertise

1. Need additional staff (especially Alzheimer's/related dementia and ombudsman)
2. Need additional resources for aging programs not just within DARS but within every agency that does aging services

3. Create a culture of innovation.

1. Potentially have incubators of different roles around aging.

4. Need DARS, with HHR support, to serve as the collaborator and convenor of all aging programs and be the “voice” of aging. (“the person that goes to bed thinking about aging and waking up thinking about aging”)

1. Lack of energy and vibrancy about aging issues.

5. Education and training on aging issues to promote aging as a field of work in high schools, trade schools, universities, etc.

6. **Develop a plan for aging** similar to other states.
7. The need to better support caregivers so more people can stay in their communities (not many details provided there).

In addition to the outstanding stakeholder engagement highlighted by Deputy Secretary Finley, Ms. Roherty said there are a few external stakeholders that need to be interviewed, as well as the second community forum.

Deputy Secretary Finley said what she gathered is that:

- The importance of aging issues and that folks pointed to a lot of the issues that you all have highlighted, like coordination and the state and local level and the perception of aging similar to what Mr. Boyd and Secretary Prudom said including making sure aging is viewed as an asset as much as the support side of it. In her opinion, the interviews pointed to the need and the importance of the “problem we are here to solve.” However – and we have about 10 minutes for this discussion in this meeting so she is mostly saying this so participants see where we are headed for the more robust discussion next meeting -:
- The question is whether the “juice would be worth the squeeze” with creating a new state agency, with the follow up question of what that would look like. Her main takeaway is that there are so many different factors of what goes into elevating aging. So, on the specific question of whether it would elevate aging by putting it into a new aging agency, she really heard it on both ends. Some people did say that would naturally elevate it within the agency and potentially up to the Secretary and the Governor. That was a minority of opinions but that was there.
- She would say the majority of conversations described other ways to elevate, and there was concern that creating a standalone agency go the other way and de-elevate. Interviewees described many tools to elevate an issue such as perception, coordination, funding, bandwidth for both policy and business acumen development and then making sure that is getting voiced up to the Secretary and Governor's level.
- To summarize, her personal takeaway at this point is that 1) this is an important issue and there probably is a change that needs to be made, but 2) that there are both pros and cons with a standalone and also a number of tools that other states and our own state have used to elevate an issue.
 - Deputy Secretary Finley: Did anything I said different from your more systematic review of the interviews?
 - Ms. Roherty: No.

We have ten minutes and probably what would be the most helpful for Martha and Catie is to hear from you all what would be helpful for the next meeting. By then, DARS will have done their more technically focused review of what it would involve to separate. So, if you are looking at it from a cost-benefit analysis, we will first have to discuss whether and what the benefit

would be of separating and then use Commissioner Hayfield's assessment to have a better idea on the "cost" of separation.

Mr. Massey: He found it interesting that two of the three directors they heard from were unequivocal in the importance of having a cabinet level position as leverage in elevating aging in Florida and Ohio.

Ms. Roherty re-read #4 of the preliminary findings.

Mike Tweedy appreciates the feedback and the information from other states and will help us move forward.

Mr. Boyd: Will there be a summary of the structures of the states we heard from today? He would like to see them all compared – they were somewhat similar but there seem to be some nuances. The group discussed summaries that highlighted:

- Distance from Governor and context for that
- Programmatic areas
- Other programs associated with - who are they on the same level with and who do they work with – Mr. Boyd would like to see all the dynamics of them and how they are similar and different.

Public Comment

- Senator Mason – He appreciates the discussion and finds the takeaways interesting, even though some are conflicting. He agrees with Bill that some of the other states were unequivocal about the value of having someone singularly focused on the issue. The gentlemen from Florida said that through no one's fault the issue had been relegated to a minor issue rather than the critical issue that it is today. He thinks that is where we are in Virginia.
- Kathy Vesley President of Bay Aging and VAAA CARES – The staff and Board of Bay Aging fully support elevating aging to become an independent agency or cabinet level position. She served as Deputy Commissioner of VDA and she contacted that agency more to the Governor's office by being independent. She had planned to outline the many benefits but after having heard the three speakers focus on the advantages, she will spare us a repeat. They have already talked about expanding on services on the assets. She asks that the workgroup and Administration embrace their information and insights and provide leadership in moving aging issues to the forefront in Virginia.
 - Ms. Roherty congratulated Bay Aging on winning the ACL award for No Wrong Door.
- Bobby Vassar, senior counselor to the President at Bay Aging and has worked at the state level as a Deputy Agency Head, Agency Head, Deputy Secretary and Acting Secretary of HHR plus twenty years as a counselor for Congressman Scott: Much of the conversation has been focused on funding but he thinks the issue is that local entities function as separate entities with disparate reputations, capacities, expectation both within and without government and although individuals are innovative and many nationwide recognize are not well known or seen as anything more than local and

singular programs. If they were recognized as en par with health, DMAS, behavioral health and reputations for statewide and beyond for business acuity and accomplishments, then funding will come from contract with state and national government and non-governmental aging. Bay Aging is an example of what a state agency could look like in terms of a rural program that now has national stature for innovative contracts that not only meet the needs but also create contracts for services for which there is currently inadequate funding. That is what elevation looks like and will give the whole of aging services the ability to contract with health systems and governmental agencies that contract for services on a regional or statewide basis. It is hard for a local program to operate statewide. He thinks mental health and social services all have local or regional operations but also have strong state level identifies and that is what is needed here to give aging the stature and clout and capacity to deliver innovative programs not just in traditionally funded areas but also many other such as transportation, housing, and the correlated areas to serving seniors.

Deputy Secretary Finley and Secretary Carey made closing remarks and thanked everyone for their participation.

Meeting Adjourned.

Meeting Minutes
Aging Services Workgroup
October 7, 2021
Patrick Henry Building & Virtually
<https://www.youtube.com/watch?v=IMGmri3XUyo>

Attendees:

Dr. Dan Carey, Secretary of Health and Human Resources (HHR)
Deputy Secretary Catie Finley, HHR
Assistant Secretary Corey Pleasants, HHR
Rachel Becker, Policy Advisory, HHR
Ron Boyd, Local Office on Aging & V4A
Kenny McCabe, Department of Planning and Budget (DPB)
Commissioner Kathy Hayfield, DARS
Susan Massart, House Appropriations Committee
Bill Massey, Peninsula Agency on Aging
Harold Sayles, Crater District Area on Agency & Virginia Association of Areas on Aging (V4A)
Mike Tweedy, Senate Finance & Appropriations Committee

Deputy Secretary Finley made opening remarks. We began our discussion with outlining the goals we are looking to achieve by elevating aging services within state government, including by soliciting opinions from workgroup members and stakeholders. In her opinion, the stakeholder findings reiterated that some change likely needs to be made as the aging population increases in Virginia. The report showed the importance of the goal and the need to have “immediate action and a solid foundation” on aging services, as described by one stakeholder. After that discussion, we get into the potential strategies to achieve those goals, which is where we may have different perspectives. Today we will review the stakeholder engagement findings as well as discuss our perspectives on the strategies. This is ADvancing States’ last meeting with the group so members should ask as many questions as possible of them.

Secretary Carey thanked the group for their continued to engagement and is looking forward to the conversation. We are tasked with the structural elements as well as ways to elevate aging services in other way.

Martha Roherty ADvancing States Presentation:

First, Martha first provided additional details on the structures of the three states the group heard from in the last meeting: Minnesota, Ohio, and Florida. See attached slides for additional details.

Ohio (Slides 2-4)

- Ursel McElroy is a Cabinet Secretary.
- Agency budget is about \$100 million.
 - The aging agency administers the Medicaid Managed Long Term Supports and Services (MLTSS) but those funds flow through the Medicaid Agency even

though the 100 staff supporting MLTSS are at the aging agency (so OAA looks disproportionately large).

- They do have state appropriations and other funding sources.
- Ohio has both Medicaid functions and provider management responsibilities, which also brings Medicaid dollars.
- Aging and adult services are relatively slim in comparison to other states.
- Ursel is one of 26 cabinet members and has a direct line to the Governor, and is appointed by him.
- Question from Dep. Sec. Finley: Since the slide only shows which aging and adult services are administered by the agency, does Ohio oversee any disability services, for example the centers for independent living (CILs)? No, Ohio does the Aging and Disability Resource Centers (ADRC) but not the CILs.

Minnesota (Slides 5-7)

- Kari Benson outlined their dual structure mentioned in last meeting. Kari reports to two bodies: the Board on Aging (SUA, all OAA funds flow through them) AND the Division on Aging and Adult Services (includes all Medicaid funding).
- The budget is \$515 million and 91 employees – combination of BOA and Aging and Adult Services Division.
- MN does Adult Protective Services (APS), ADRC, Older Americans Act (OAA), and setting statewide aging policy, as well as work with LTSS at state level (not through the AAAs) which bring in significant budget. 91% of state budget for aging and adult resources are Medicaid.
- The Board on Aging is a direct report to Governor. In Kari's other role, her Division is under the Department on Human Services and she reports to the Department's Chief of Staff for Human Services, which includes Child and Family Services, Community Supports, Health Care Administration which is Medicaid. So, she is three steps from Governor in that capacity but in her other capacity she is one step. She is appointed by the Department Secretary, but must be approved by the Governor due to her Board on Aging relationship.

Florida (Slides 8-12)

- Their Department of Elder Affairs has 404 employees with a budget of \$370 million.
 - They do have Medicaid in their budget portfolio. Some Medicaid flows through their Medicaid agency and some does not.
 - 50% of their budget is state appropriations.
- They have expansive aging and adult services and 3 areas of Medicaid including PACE and functional and financial eligibility for older adults.
- Secretary Prudom is appointed by Governor but is not Cabinet member since those are dictated by the Constitution.
 - There are 33 departments in the state (including Elder Affairs)
 - Similar to Kari in MN, Secretary Prudom reports to a Deputy Chief of Staff of the Governor. That Deputy Chief of Staff's portfolio also includes children and families, elder affairs, emergency management, guardianship, health care administration (Medicaid), military affairs, and persons with disabilities.

- That Deputy COS reports to the Governor, so Secretary Prudom is two “steps” away from the Governor.
- The organizational chart shows the Deputy Chief of Staff structure, which is in addition to the Cabinet Secretaries (constitutionally mandated).
- Secretary Carey commented that each state is its own unique structure. Martha agreed and said it’s difficult to compare between structures because of the nuances and different meanings of roles/titles. For example, Secretary Prudom is a Secretary but is not part of the Cabinet.

Overview of Stakeholder Engagement Findings Report:

Slide 13: Stakeholder Engagement Process

- Interviewed 49 entities
- Had a dedicated email box, did get some comments there
- Three online surveys
- Two evening listening forums

Slide 2-3 showed who ADvancing States talked to.

Slide 4-5 (General Impressions):

General disclaimer: their role as a stakeholder reporter is to facilitate not fact check, so if she is saying anything that is incorrect – she is just reporting what is heard even if she knew it not to be true.

- Aging is not elevated in the Commonwealth, not just specific to DARS but across government and the citizenry
 - Potentially because of agism, a reluctance to talk about it and think about it until they absolutely have to, even during pandemic
 - At the local level stakeholders believed that AAAs were well respected and people knew about them, a little contrary to what they are saying statewide
- AAA concerns differed from the broader community, which makes sense because they have a more in-depth perspective than many others they talked to
 - Areas of concern included Unite Us and lack of work in Medicaid
 - Focus from DARS is compliance and monitoring (an over emphasis) as opposed to looking to future of aging and more innovative things that people could be doing.
 - DARS could be a better partner in terms of seeking additional sources of funding beyond ACL and opportunities to blend and braid different funding.
- Overall lack of understanding of the programs and services that DARS is responsible for
 - People thought DARS was responsible for more programs and had more funding than they did, which led to some frustration for things that were outside their purview and they weren’t doing
 - This also got to the strong desire from stakeholders to talk about aging in a broader context than OAA including healthy aging (start talking about it in your 30s), not just a poverty program but instead things to do to stay healthy and not

contribute to impoverishment, also a need to plan for services – some of these fell outside of the scope of what DARS is responsible for.

- Strong support for DARS staff, but not enough of them to do everything that people desired
 - Many believed DARS staff were tasked with multiple discrete jobs which hampered creativity and innovation
 - More staff needed especially related to dementia, the ombudsman, and people who can support caregiving
- Concern about the bifurcated mission of DARS (both aging and rehabilitation)
 - Some gets back to association between rehabilitation and aging, i.e. the perception that you would need rehab when you are aging
 - Some discussion around whether people who are aging need employment and whether those properly flow together
 - However did hear from several, especially from rehab staff at DARS, that they appreciated having aging within their department because they previously never thought of getting educated on issues around aging, especially important as seeing more of client base coming into rehab that are aging
- DARS needs more resources to support a culture of innovation and looking towards the future of the programs and services for aging
- Nearly unanimously they thought there was a lack of a visible high-level official with sole responsibility for aging and the ability to pull together interagency groups within DARS
 - No deputy commissioner of aging even though there is a deputy commissioner of rehabilitation, that was a potential desire
- Wasn't really support for creating a single state agency, with some caveats:
 - If there were significant resources and staffing and other political changes, then potentially a department on aging could be a good thing. However, most people thought that would never happen, so they didn't want to support that because it would be a teeny state agency that only administered OAA and would go down to a "level 1" agency. Therefore, people did not support that idea because they thought by being bigger it was better to be a combined agency.
 - That was different from several AAAs that did support creating a state agency on aging, though there was not unanimous consent from AAAs on creating a single state agency on aging.

The group had a detailed discussion about the section of the report re: a single state aging agency:

- Mr. Massey: The report states that an analysis of the community forums shows that support for a single state agency came largely from three areas on aging. The V4A met earlier this week and the membership unanimously adopted a motion stating that V4A

supports the creation of a standalone aging services agency. He wanted to make sure that everyone is aware that did occur.

- Martha: That changes it because it was not what came out of the survey.
- Secretary Carey: one is a private act and one is a public act.
- Mr. Boyd: The report states that it was in the community forums that AAA directors were stating their own private opinion. Up until this past Monday, V4A's only official position was the white paper. V4A was not concentrating on that aspect as far as elevating aging, which he thought is what we were supposed to be doing. This was the first Board meeting where everyone was in person and it was discussed at length. However, a clarification to the stakeholder is that this is not just OAA - their view of a standalone aging agency is broader not just OAA.
- Dep. Sec. Finley: I think both things can be true. You all in your Board meeting have a unanimous position that supports a standalone aging agency. Separately, this is an inquiry based on a survey to the AAAs, a community forum, etc. In terms of Martha's statement on OAA services vs a broader definition, that statement is reflective of *all* stakeholder engagement including the individual interviews. So, that statement is not saying that - based on AAA survey - they want (or don't want) a standalone that is just OAA. Instead, the report says that stakeholders broadly viewed aging as bigger than OAA, which you all have repeatedly also said is your vision as well.
- Ms. Massart: In the report it says that 80% of the agencies that responded said that the current DARS structure supports the OAA programs well. But that doesn't necessarily say that would be a better structure than a single state agency.
- Dep Sec Finley: The AAA survey was more to get an idea of areas for improvement from the perspective of the AAAs, in order to clarify the goals of doing structural changes. For that question, that did not relate to anything about how do we elevate. It instead just asked, where are we doing well so that we had a more detailed idea of the problem we are looking to solve.
 - Ms. Massart suggested we put something in there that clarifies that.
- Mr. Boyd: My point is that the White Paper was their official position. He thinks if Directors knew that what they stated in the community forum re: support of a standalone agency would be recorded and reported than more would have done that. But they were allowing for trying to elevate aging. In the first meeting, they were focusing on what aging looks like and what it is, instead of where it is. So that was the only instruction they gave and tried to step back. But more would have spoken up, obviously with the unanimous vote, had they known the recording of the community forums.
 - Ms. Roherty: It wasn't just the community forums. There were opportunities that she was talking to AAAs outside of the V4A and when they were communicating that is not what they said.
- Ms. Massart: In the next paragraph, modify it to clarify the reasons for the lack of support "by stakeholders," because otherwise it makes it sounds like it is coming from AAAs. That makes it clearer it is reflective of the overall picture, otherwise could be misconstrued.
- Sec. Carey: It is common for individuals to have their own opinion honestly shared and the association to have a political position that serves their collective interests. He doesn't think there is a disconnect here, since that is more common than not.

- Dep. Sec. Finley highlighted this is not the final report of the workgroup, but instead the stakeholder engagement findings report to inform the workgroup.
- Mr. Sayles: He doesn't think the question was asked: Do you want a standalone AAA? The question was, are you happy with what DARS is providing? And that answer was yes.
 - Ms Roherty: For the online surveys, that is correct. But in the interviews, they did ask.
- Ms. Massart: Let's go back to the sentence "Fear was expressed that if aging was split into a single state agency again it would lose status as a level 3 agency and would return to a level 1 agency." She can't imagine that most people interviewed would have any idea that it was a level 1 or a level 3 agency.
 - Ms. Roherty was also surprised but it was more than a few. She will modify to clarify whether it was state employees, advocacy groups, etc. by going back through the notes.
 - Dep. Sec. Finley agrees that the wording should be clarified to make it an accurate representation. However, what she took from this was that a majority of interviewees said things like, it would be smaller, and other big picture things. Then a handful of folks specifically used term level 1 and level 3.
 - Ms. Massart: Right after that sentence, it says that many employees shared they would seek employment elsewhere if this were to happen and a perception their salary would diminish. That is why she is thinking it sounds like it came from the state employee group more than an advocacy group.
 - Martha will clarify because it was not just state employees. She will go back through her notes. They also promised the anonymity.
 - Ms. Massart pointed out she already expresses opinions from state staff. That paragraph needs to be fixed.
- Mr. Tweedy: When you have statements here from people like "there is little support for a single state agency," the core purpose of this group is to evaluate whether the state needs that. So, it is relevant to know which stakeholders do and don't want that. If they have AAA's asking for this but most other stakeholders don't agree with it, it is relevant who they are.
 - Ms. Roherty can clarify based on this list.
- Mr. Sayles: None of the AAAs are state employees. So, when you say "state agency employees" who are you talking about?
 - Ms. Massart: state agency staff are referring to DARS and other state agency staff. She reads that paragraph as specific to DARS employees. She thinks those are legitimate concerns and does not diminish those, but it is important to understand where it is coming from.
- Secretary Carey: The source document will be an attachment to the report so we do want it clear and accurate.
- Mr. Tweedy: It is helpful to know whether it is state employees at DARS because any time there is organizational change employees are understandably worried. This is helpful because, if the General Assembly takes that route, there could be assurances provided that your salary won't change, etc. to make sure everyone is comfortable.
- Mr. Boyd: What concerned him is that is verbatim said there were only three executive directors. He is puzzled because there was no direct question on the survey re: structure

and standalone. He also knows there were many more even prior to their vote at the board meeting. That is very misleading.

- Ms. Roherty will take that out or clarify what it is representing.
- Ms. Massart: Can we record how many participated in the community forums?
 - Dep Sec Finley: We know those who spoke, but probably not those who attended.

Returning to slide 5:

- Communication from DARS could improve
 - Would want to improve communication to citizenry, for example through a newsletter
 - Some confusion around local DSS and the changes around when APS came in; communication between state DSS and DARS is confusing to local communities
 - Some frustration with communication from DARS to higher level state officials e.g. DARS earlier acknowledgement there is a legislative mandate to communicate directly to the Governor that is not being utilized
 - DARS communication with other state agencies probably needs to be improved, may be related to resources
 - DARS staff on both sides said would they would like additional understanding of what others are working on within DARS

Issues of Concern But Outside of Scope

- These are things they wanted to flag and put a pin in it because they were important and kept coming up
- Workforce Crisis – very concerned about lack of direct services workers as well as specialty providers of geriatric care like psychiatric gerontologists and geriatricians
- Affordable housing especially around older veterans
- Funding, regulation, and treatment of Assisted Living, Nursing Homes, and Adult Day Programs
 - Also more dollars for the Auxiliary Grant
- Guardianship, also discussed supported decision making to get people to not be in the guardianship program
- Rural issues, especially due to pandemic

Ms. Massart: Why are these outside of the scope of the study? We didn't say just to look at OAA services. These are the crux of things we should be looking at. These are not outside their responsibility. This gets to why you would want to have a separate state agency that is focused on these broader issues. These are critical in terms of the context of delivering services and how we age in place and the other issues.

- Dep. Sec. Finley: She thinks this may be a semantics issues instead of a conceptual issue. Out of scope for us meant that this report is looking at the organizational structure within state government, and so it is outside of the scope of the report in that they more policy and funding items as opposed to structures. However, the reason we included it is because we fully agree with everything you said - that these should inform any organizational change we make since it is the crux of the reason why this is important.

- Ms. Massart: We have a different understanding of what was directed in the language. It was not just structure but elevating services and underlying that would be policy direction. You could throw any structure out there but if they don't deal with the policies of aging and don't have responsibility for policy direction it would be fruitless. Form follows function and function is based on policy.
- Dep. Sec. Finley reread the first two sentences of the budget language to refresh her memory. So, Susan are you saying these issues point to the second sentence of the budget language and items other than structural changes need to be in the report because form follows function?
- Secretary Carey: From the get-go we wanted to look at both what are the problems we are looking as well as the structure to solve those problems. We are definitely directed to look at a change in structure. He also doesn't understand why this says outside of the scope.
- Ms. Roherty completely agrees and can move these into the "impressions" section because there was definitely passion on these issues.
- Both Ms. Massart and Secretary Carey both agree these are important points and not afterthoughts.

Recommendations (Slides 19-20)

- Create and Aging Cabinet, similar to the Children's Cabinet
 - One caution was that several people brought up there was once a Long-Term Care Commission that started with favorable attention but when executive leadership changed it started to diminish who was in attendance. So, they wanted sustained leadership and sustained leadership commitment.
 - Mike Tweedy: He thinks that concern is legitimate. You could have a Governor come in and maybe that is not his highest priority, so they could have a cabinet but might meet infrequently and not do a lot. What you are getting at is cross collaboration across Secretariats, what is the best way to do that. How do you implement something like that as an effective structure that is sustainable across administrations? So that, maybe it is not the most robust focus during the administration, but the structure requires people to focus on these issues to some degree. We also don't want to overwhelm a Governor with cabinets. You also never know what will happen, for example COVID-19 has dominated this Administration and other things have had to be pushed off because of it. It is a great idea but the detail on how to implement it will matter.
- Ms. Roherty thinks that is why some people wanted a Secretary on Aging, especially since aging is infused in separate departments. Is there a way to infuse that by having someone at a Secretary level?
 - Mr Tweedy: You are trying to operationalize collaboration across state government. We would have to think about how that would work in our state system, since Secretaries oversee agencies. It would be hard in our structure to have a Secretary with no agencies. It doesn't mean we can't figure out a way to do it and it is helpful to hear the feedback.
- The third recommendation is similar in the multidisciplinary vein: Require an aging subject matter expertise in every agency in the Commonwealth.

- Secretary Carey: To echo what Mike was bringing up, one of the most effective forums he is involved in is the SEC Council that was prescribed by the General Assembly. They have a strategic planning process that is broader than CSA funding. It is criminal justice, HHR and Medicaid, and local folks. It is a very effective forum. He has received feedback that the strategic plan has informed policy changes around equity, trauma informed care, etc. and it really seems to be gathering momentum. Again, don't confuse this with the executive branch report. He does think there are durable ways to get at that that are not just through the Cabinet. He thinks the Children's Cabinet has been so passionate and effective because the Governor and the First Lady have been so engaged, and that could be different. Also, if you are invested in children's services and other priorities, the Governor can only focus on so many highest priorities.
- Martha (in her role as Executive Director of ADvancing States, not reporting stakeholder engagement): Yesterday, California promoted the Secretary on Aging to a new role within the Governor's cabinet. The aging and the disability person is now in charge of the master plan on aging for California, which is a new role convening all departments.
- Deputy Secretary of Aging within HHR
- Deputy Commissioner on Aging within DARS
- Elevate DARS to a level 4, though she can take that out if we don't want to mention levels
 - Mr. Tweedy: The main place he has heard levels referred to is from the back of the appropriations act where they set agency head salaries. Many decades ago there was an elaborate structure developed to say this agency's responsibility is so great that they make this salary level. He doesn't think there is anything more to it today than the salary range of the Commissioner or Director. He is fascinated this came up since it is such an in-the-weeds concept. Agency heads have petitioned in the past to be moved up, and they have done that, but he doesn't think there is currently much criteria behind that. If that makes someone happy, they could probably do that.
 - Ms. Massart: For example if the Commissioner of an agency like the Department of Health requires a specific background and needs to have a higher salary level to recruit people, they may do that.
 - Mr. Tweedy: People must see that as the stature of the agency. Ms. Roherty agreed that she thinks people were thinking of the stature of the agency.
- Ms. Roherty will clarify the fourth bullet point to read "Secretary" (not "Department") of HHR.
- Commissioner Hayfield: She thinks what is important in that suggested change is not raising DARS to a larger agency but instead bring in all aging related services like licensing, etc. Maybe instead of growing the agency, it should be expanding the scope of responsibility under the agency to more than older adult services. Ms. Roherty agreed that was a good way to word it.
- Work with the universities to develop a needs assessment for older adult services and develop a strategic or master plan

- Ms. Massart: Where is that coming from? She would be skeptical if coming from the universities. Martha: It was the universities. Ms. Massart thinks that is a little self-serving a little bit, especially in terms of funding.
- Ensure there is a statutory requirement for all aging advisory groups to share report with the legislature.
 - Commonwealth Council on Aging (CCOA) is the standalone council that reported they don't have the statutory authority. They send their report, but it is not required.
 - Dep. Sec Finley: Is the relevance of the report being formally submitted is that it appears of the RGA website?
 - Mr. Tweedy: Yes, right now it may be in Susan and his inbox but it is not an official report to the General Assembly. It requires a member to take the lead and say we want to do that.
- Support an increase in resources, staffing, and aging expertise within DARS.
- Consider renaming the Department of Aging and Rehabilitative Services.
 - Maybe to disabilities instead of rehabilitation, or something like office of community living
- Engage and continue to encourage older Virginians – there was a concern that actual older Virginians were not showing up to the community forums and we need to hear from them

Ms. Massart: In terms of the No Wrong Door system, she can imagine that would be something only the AAAs would mention but it is a state system, right? Commissioner Hayfield: Yes, it is a state system but the AAAs are the lead.

Mr. Boyd: Secretary Carey highlighted that an aging cabinet isn't effective if it does not have the push behind it. That brings him to the place where – with aging certainly the population with the greatest growing demographic – so unless there is a designated cabinet level position or advisor, will it get the Governor behind it. Unless there is some cabinet level advisor directly to the Gov is it really ever elevated. The other things would certainly help.

Dep. Sec. Finley: She was informed by the stakeholder report but has only had two years in state government, so this is more of a question that she is posing for the group's comments. This workgroup has made her curious about what factors have contributed to things we have elevated well, for example this Administration has successfully elevated maternal health. At least in her opinion, and this is again for group feedback, it seems like it may be an amalgamation of the strategies that are listed. You might need more than one because you need the policy support, you need stakeholder buy in, you need citizens driving it, etc. That is part of the reason why she liked having this menu option of strategies. Would an aging cabinet be enough, or what if you paired it with a Chief Deputy Commissioner at DARS - would they serve as a check and balance on each other?

Mr. Sayles: His concern on the statement about the lack of engagement on older Virginians. He thinks it is like voter apathy where people think, I am old, my voice isn't going to be heard, so why be involved with this. That is the reality of how things are. The senior population is growing

more so than the youth, but once you get a certain age you often fall through the cracks. You don't get participation and support because people don't think they will be listened to anyways.

Ms. Massart: Albeit not a majority recommended it, this list is lacking the option to create a single state agency.

Ms. Roherty: You are right, that is an oversight and should have been included here as well as above.

Dep Sec Finley: In reviewing this report, we collectively agree that we are going to remove the "outside of scope" reference since and move it into general impressions. As much as possible, also going back and providing more detail on who these comments are coming from, while maintaining anonymity. Are there any more questions or due outs for the stakeholder engagement portion of the workgroup?

Sec Carey: Do we want to discuss, if there were to be a standalone agency, what would be the preferred elements that are included? Currently, there is no clear roadmap for what a new structure would look like. Does V4A have a position on what elements should be included? Because we can't do a cost estimate without at least some broad ideas on what that would look like?

Commissioner Hayfield: The budget language says the separate state agency was noted to include APS, adult services, and auxiliary grant, but not the LTC Ombudsman, though we have been making that assumption going through the process. We have also made the assumption that it includes Guardianship and other areas that are not OAA services. Did this report include the survey and input include input from LDSS? Martha said yes. Kathy's understanding is that the LDSS don't feel comfortable with this idea of being part of an aging agency, because LDSS including adult services and adult protective services are not all aging. So, when we are looking at who this new agency includes, are we all assuming it includes older adults and aging services? And also adult protective services?

Ms. Massart: The language does include adult services and APS.

Mr. Tweedy: He thinks that is one of the big questions. What are aging services and what should a new agency be directly responsible for? He thinks it is a question for discussion.

Sec. Carey: Does V4A have a position as they advocated for this as an agency?

Mr. Boyd & Mr. Massey: They discussed the language in the budget bill but didn't get that specific. They do have a broad definition of aging services that goes beyond OAA.

Ms. Massart: APS is at your agency now, correct?

Commissioner Hayfield: The oversight responsibility for adult services. The whole central office management piece is with them. The dollars for the localities run through DSS.

Mike: When aging was merged, adult services and APS came from DSS. (They came over the year after since it took time to transition.) The language asks, where should these programs reside in state government? That is the question, if you were to create a new agency for aging is it appropriate to have these adult service programs.

Mr. McCabe: One thing to consider before take anything out of DSS is that there is a 20% local match for auxiliary grant and also a local share for all LDSS, so if the funding was pulled out of DSS there would be financial implications.

Mr. Tweedy: If you do it the way it is done under DARS, they are just managing the policy. Mr. McCabe agreed that if you are just talking about policy oversight, that is different. Mr. Tweedy thinks they were left before in part because it was too complicated to extract that funding from the DSS system.

Ms. Massart: Plus we operate under a cost allocation plan in some of the services that are delivered under DSS and DMAS, so that is also complicating. She would guess that is why other states have aging agencies pull in Medicaid services but the funding still flows through the Medicaid agency, because it is easier to have that funding in one pot.

- Commissioner Hayfield & Mr. Tweedy: Like how DBHDS manages the DD waivers but the funding flows through DMAS.

Mr. Tweedy: With these things, it is probably easier just to move the policy oversight to the new agency. But are there other things, like even in another Secretariat, that you would move into that? You would have to review all the other agency programs to see if there is something else. Since some AAAs have had some involvement in Medicaid stuff, you could think of whether a new agency would have some type of roll in terms of policy oversight or a specific collaborative roll from DMAS. Are there any other programs that you all have ever dealt with?

- Ms. Massart: You can look in the Virginia State Plan for Aging Services and they are easily identified there in terms of what DARS is doing and what else is being done across other state agencies and organizations.
- Mr. Massey: Volunteerism is one that has been suggested.
- Commissioner Hayfield: Licensing of Assisted Living Facilities.
- Sec Carey: VDH's Plan for Wellbeing has elements of aging well in it, but is not related to the programming. He is not sure if there is a senior focus at our housing agencies.
 - Commissioner Hayfield: There is.
 - Ms. Roherty: There is also a line item at transportation. Alabama moved that into their aging agency.
- Commissioner Hayfield: Home-delivered meals have been looking at that for Medicaid funding for a long time.

Dep. Sec. Finley: In addition to these programmatic elements we are talking about, one of our goals is to make sure that all programs are aware of aging issues, for example, the Secretary of Commerce and Trade and Secretary of Transportation. Whenever she went down a rabbit hole with realigning the different programs – and while we have multiple goals including collaboration, the bifurcation issue – there is also the communication up. In terms of the communication and the collaboration upwards, it would be really hard to get that piece of our

goal with solely a programmatic change. You would need to have some kind of gathering to make sure you are bringing in the Secretary of Commerce & Trade and Secretary of Transportation, etc. To her, when it comes to our goals around collaboration and lifting voices up/having a seat at the table, that has always pointed her back to something like an Aging Cabinet or a coordinating body.

Mr. Boyd: In the discussion that was “outside the scope”, was transportation included? Ms. Roherty said that was there under rural issues. She agrees that transportation is an issue. Mr. Boyd: A number of AAAs do DRPT.

Mr. Tweedy: Part of the process should be looking at the Commonwealth Council on Aging. The Secretary talked about the SEC, which does pull in people from other specialties across state government to lend expertise. So regardless of whether you go down the path of looking at a new agency, we should look at that role.

Ms. Massart: You would have to revamp their statutory or regulatory role. She doesn't believe the Council has been impactful. The meetings she has attend seem to be overly focused on administrative matters as opposed to substantive issues. It takes a while for their meetings to get to something important. So if we do that ad there is a bigger role for them to play, it would need to get beefed up

- Commissioner Hayfield: They do have a change in leadership now.

For Ms. Massart, it comes back to the question of whether we are going to go with a single state agency and we are wasting time talking about it if the majority of folks don't favor that kind of a direction. If that is the case, then for them to ferret those details out would be a waste of time at this point.

Dep. Sec. Finley: In the first meeting, we decided that DARS would start running the traps on the charts of accounts, etc. to understand which positions are shared and therefore what would it look like to break out the agency. There are several parts to that: 1) What does solely a “break off” look like, 2) What does it look like to “make it whole” which involves a lot of specific decision points, 3) the broader question that we just talked through a little bit which is what other pieces would go into the standalone agency. Both #2 and #3 have been previously debated in state government and are large, nuanced questions. DARS does have a solid foundation that shows that, of course it, costs money to make things whole. The report will include those foundational pieces to facilitate ongoing discussions. Dep. Sec. Finley agrees with Ms. Massart that we should have a realistic goal of what we can get done by the end of this report. She also thinks we have a lot of good information to inform this ongoing discussion. We will have the updated version of the stakeholder engagement report and information from previous meetings.

In her personal opinions, given both the financial and some of those staff-related “costs” of creating a new agency, as well as these other strategies that she thinks speaks to some of our goals, she is not “there” on breaking DARS into a standalone agency. She acknowledged she is just one perspective and they are here to discuss it. Regardless, we have a lot of details to inform these important ongoing issues.

Sec Carey: This will not be in the Governor's agenda. There are plenty of positions that were not on the table to take but that were dutifully and accurately reported in the HHR workgroups that the General Assembly asked them to perform. Their role is to be a convener and to explore ideas to meet the budget language, regardless of whether it is in our agenda. So, we wanted to provide options and provide what would come if the General Assembly decided to move forward. He doubts we will have a consensus position and that is often the case. He thinks we can provide good options and analysis based on the surveys and these discussions. We will not be in a position in the next month to discuss line by line what program will move, but can have a discussion of a policy making body that takes over certain programs, what a comprehensive agency should include, and what would be some of the considerations financially and programmatically.

- Dep. Sec. Finley: Another valid point that has come from these discussions is that some change needs to happen. I think we all agree that aging needs to be elevated, and we have articulated and continue to articulate why.

Mr. Tweedy: I would agree with that. He thinks the goal was to have a discussion about elevating aging services in the Commonwealth and how you would do that in the state government structure. The budget language says "to include consideration of a separate agency." It doesn't really ask about the details about how you would do that. The premise is that the General Assembly wants to take some type of action this session, which might take different forms. The goal was to have as much information as possible to inform those decisions to be made. If you created a comprehensive agency, you would need to really engage those agencies and programmatic folks to understand the impact. Some this report may just begin to identify those things, transportation and things like that, to inform decisions like whether you have an overall council on aging to oversee the agency and what other members you would need to try to generate that cross collaboration. At this point, it may just be laying out those pieces of information. If they ultimately go down the path of starting to create the new agency, it might take time to pull programs into it just like when it merged initially. It doesn't mean you don't continue some other type of work group that then says, what else can we do to consolidate or create collaborative ways to coordinate aging services across the Commonwealth. The more information provided, the more it can inform the process.

Mr. Massey: His feeling since early in the process was that the possibility of evaluating whether a single agency was a better way to go was pretty much dismissed. That was generally brought out in the conclusion of the report based on the stakeholder comments. It sounds like from Secretary Carey the standalone agency is on the list of possible options.

Sec Carey: Part of the budget language was, if a move was to be made, what are the key elements that the workgroup thought to include at least from a high level and how ambitious did the stakeholder group want to be in seeking that single agency concept. He does think they are in agreement.

Any feedback as to how ambitious that vision should be for the Commonwealth? It will take more effort to consolidate more programs, services and program line.

Dep. Sec. Finley suggested scheduling another meeting to continue to discuss the various options. Other members of the workgroup agreed. Mr. Tweedy we should look to see what we have for each of the requirements listed in the language, and the final report could also include what else you would need to look at if you wanted to move forward. Before that meeting, Dep. Sec. Finley will share the revised ADvancing States report with the group.

Public Comment:

Dr. Ethlyn Gibson, Hampton University Gerontology Center for Minority Excellence: She represents their 40 Advisory Board Members who do support creating the Department of Aging as an independent state unit on aging. They are very encouraged that there will be an additional meeting of this body to continue the discussion.

Dep. Sec. Finley thanked the group and adjourned the meeting,.

DRAFT Aging Services Meeting Minutes
November 3, 2021
Patrick Henry Building (and Virtually)
<https://www.youtube.com/watch?v=hkgSn5IUMc8>

Deputy Secretary Catie Finley opened the meeting and called the roll.

Dep. Sec. Finley moved to approve the minutes from the past four meetings – July 13th, July 27th, September 7th, and October 7th. The workgroup approved the minutes unanimously by voice vote, with two corrections were made in the draft minutes from October 7th: 1) Catie will follow up with Martha Roherty on a term that was not clear, 2) Ms. Massart pointed out a bullet point at the top of p. 4 that needed fixing to make a complete sentence.

Dep. Sec. Finley outlined what would be in the report (see slides 2-3). Under (iii), the report will include a transition assessment as opposed to a transition plan. It shows aging elements in DARS and associated FTE and funding streams. It shows what it might look like back those out and to make that new agency “whole,” which includes a number of assumptions made by DARS staff based on their experience. Their assessment is starting point to inform necessary ongoing discussions on what the new agency would look like in terms of “making it whole” and in terms of other programs that may or may not be added.

- Asst. Sec. Pleasants added that it is not a comprehensive plan because a comprehensive plan would show what it would look like to go from structure A to structure B, and we don't know what structure B looks like yet. These are the “whats” that would need to be moved, but how to move them and to where would be the next step in the conversation.

Commissioner Hayfield thanked John Carpenter and Charlotte Aborgast for leading the effort to compile this. It is a financial and organizational structure that could be the basis for the General Assembly if they choose to move forward with legislation. It shows the financial costs of separating the aging services from DARS and putting them in a new agency. They have not had the conversation as a group re: what programs would make the most sense to be in a standalone agency, so they used the budget language and made a few adjustments. Aging services in this document includes public guardianship, No Wrong Door (NWD), adult services Adult Protective Services (APS), auxiliary grant, SCSEP, and the Long Term Care Ombudsman, and then everything that is the AAAs. Those programs are not strictly for those 60 years and older. There are numerous people that are served by those program and people with disabilities or people who are incapacitated, etc. They are calling them aging services but that is not a completely accurate definition.

The document has a table that includes all the funding appropriated to DARS for all the programs she just mentioned. It does not include the funding that goes to DSS for APS and adult services. It does not include any pandemic funds. They did include some long term grants that expect to continue to receive, like NWD and others. There is another table that includes current budgeted positions for those programs. Some assumptions she made is that the positions in table 2 and the SCSEP positions move to a standalone agency. They then established administrative costs based on the services they provide for those programs to clients. They are currently provided to DARS at no costs to those programs. Even if a budget analyst is their fiscal

department were moved to the new agency, money would have to be allocated. So regardless of whether they are hired off the street or come from the agency, their current expenses are covered by dollars other than those with aging, APS or long term care. When aging, APS and rehab services merged in 2021, there weren't sufficient dollars appropriated to cover all the services that those programs needed. VDA had some very significant budget cuts (general fund) before it moved, so they were lacking to begin with. APS and Adult Services merged into it only with what they carried on their backs and no administrative dollars came to support them. So, the service delivery positions came but no funds came for their HR, fiscal, IT, etc. (just a tiny bit came over). This shows a lift of everything that is available now to support all these programs but in a new agency. It does not include anything to elevate aging in the Commonwealth. They have another document that is a "plan B" that shows what they think it would take to elevate aging services, based on feedback from stakeholders, whether aging programs are at a new agency or at DARS. That document is not in there because it was not what they were asked to do.

This was their best estimate based on analysis of what they have right now in the agency supporting all those services, and they came up with about \$3.5 million to support these services in a new agency. This was work done about a dozen people in her agency and ultimately it would be someone else's job if there is legislation to do this, and they might see it differently. For example, do you need a full time grants position? Do you need four people in fiscal services or do you need five? Do you need two or three people in HR? It costs more to establish a standalone agency than it does to serve these program and services in a larger agency because they have a big HR dept (a dozen people), but if you had a smaller agency you might contract it out to a payroll company, to DHRM, etc. However, if you do set up HR in the new agency you have to have a comps person, a recruitment person, someone to deal with grievances, etc. In each of those categories they have costs for developing that in house, using DHRM information on salary ranges. With all of the work done this past year between Advancing States, JCHC, etc. that it is clear to everyone that resources are lacking for aging services and to appropriately respond to the needs of a growing aging population – they recognize the resources aren't available in the existing structure. This document just shows what it costs to continue what they are doing, not to respond to those needs that would elevate aging.

Dep. Sec. Finley noted that one of the suggested "strategies" in today's slide deck is what it would look like to grow aging services either by adding additional staff or by adding additional programs.

Ms. Massart: We were coming out of a Great Recession when DARS took on these responsibilities, but do you cost allocate any of your central functions over to aging services or any of those grants?

- Commissioner Hayfield: They bring in some indirect dollars to go them.
- Ms. Massart: Your central functions like payroll, accounting, etc.? Can you estimate cost savings to your agency by moving those out?
- Commissioner Hayfield: A lot of those functions are covered by federal Disability Determination Services (DDS), so those aren't functions that they could recoup. They are 100% federal dollars. She does not have that figure off hand.

- Ms. Massart would like to see a breakout regardless of the fund source. If the General Assembly created a new agency, they probably would not provide the funds to do backroom operations they would instead piggy back it on a separate agency. DARS has been doing those functions for other disability service agencies for a while and there is no reason they couldn't do that for another agency.
- Commissioner Hayfield: Yes, if the GA allocated the dollars to do that. They would still need to find dollars for that.
- Mr. Tweedy: When the agency was created, DRS provided back office functions to the agency [VDA] at that time. That is why there were almost no savings from the merger.
- Commissioner Hayfield: They did it for only about a year or so before the merger happened and never had an MOU the way they do know with DBVI, VDDHH and VPBD.
- Mr. Tweedy: That is not his understanding of how that happened. Regardless, if you are saying you are providing \$3.6M of support if you are no longer doing that there must be savings.
- Commissioner Hayfield: There would be savings. They are not saying they are providing \$3.6 million in services but instead saying that is what it would cost at a standalone aging agency. For example with HR, they build in a director, analyst, and a generalist; it doesn't take three FTE at DARS to provide that to the aging programs, but the assumption in this document is that you would need those skill sets at the new agency.
- Mr. Tweedy: Another option is to contract with DHRM, DOA, etc.
- Commissioner Hayfield: We looked at that and at one point had a matrix that showed doing it at the new standalone agency or doing it yourself or contracted it at DHRM, etc. Then it got messy and they said, let's just do what the legislation said and establish a new agency.
- Ms. Massart: It would be good to know what indirect costs you are currently providing for these services at this point or when it came over.
- Mr. Tweedy: The Older American Act allows 5% for administrative costs.
- Commissioner Hayfield: That covers the people that administer the programs, like Marcia and John. It is not enough to cover all these other things.
- Mr. Tweedy: But it does factor into your overall support of the programs and the funding sources you have available to understand what the funding gaps are.

Dep. Sec. Finley summarized ADvancing States's review of other state aging agencies from the first meeting.

- On APS, the statistic on the slide refers to agencies with policy oversight of APS, so she has a question out to Martha asking who usually administers the services (the equivalent of our Local Departments of Social Services (LDSS)).
- Ms. Massart: Where it says 88% of state units on aging also serve individuals with physical disabilities, she assumes that is where Medicaid is coming in? Dep. Sec. Finley said that bullet point refers only to population served, and it was difficult to crosswalk the presentation's chart based on population served with its chart based on programs. She will include both charts in the final report. The programmatic chart does include a breakout out of which states are involved in Medicaid, divided based on which functions they perform.
- Are "state units on aging" the same as "aging agencies"? Catie will confirm with Martha.

Dep. Sec. Finley outlined the objectives of elevating aging based on her notes from the stakeholder engagement report and from workgroup discussion (slide 5). She would also add driving policy proposals for aging services and aging issues. She asked for any feedback on how these are framed or anything she missed, since she views these as the things they are looking to achieve with the various suggested strategies they will discuss. She noted that the draft report will also be shared with them.

Dep. Sec. Finley read the suggested way to elevate aging they would be discussing (slide 6). When the group last met, the V4A had just voted unanimously to support a single state agency on aging. She will hand the floor over to Ron, Harold, and Bill to give a present on that position.

Mr. Boyd:

- First, I would like to commend the General Assembly for its foresight in the need to elevate aging services and its importance in the Commonwealth. Furthermore, I applaud the work of the Aging Service Workgroup. I realize this is a monumental task, however, the importance of elevating aging in Virginia is of high priority.
- AAAs certainly have been one of the first to grapple with this issue. In the onset we were thrilled to create V4A's official position of the white paper, outlining what would constitute a strong State Unit on Aging.
- 10,000 Americans turn 65 every day in the US. 65 and older are the fastest growing segment of our population. After all, our commission has been to elevate aging to alleviate the challenges that lie ahead. In the next decade, for the first time in our history, 65+ will outnumber 18 and under.
- For years, AAAs have recognized the great work that DAR'S staff accomplished with their challenges due to minimal staffing. Aging has been underfunded, understaffed, and underprioritized and that is through no fault of DARS.
- At the end of the day the only way that aging will be elevated to the level needed will require elevation to the extent that the Governor and Secretary will not be able to ignore nor deprioritize.
- V4A endorses a cabinet level position with direct contact to the Governor whose sole responsibility is to focus on aging services.
- The pandemic highlighted the ineffectiveness of sufficiently addressing the needs of our aging population. We must do everything possible to address the devastating negative health consequences of social isolation and loneliness.
- Our current available services are unable to keep pace with these growing needs. Preserving the ability of tens of thousands of older adults to live at home and in their communities—and forgo more restrictive, expensive, and often unwanted institutional

care. 90% of adults aged 65 and older say they hope to stay in their homes for as long as possible.

- The challenge is to provide a continuum of support services to allow seniors to age in place. Because Home Community Based Services (HCBS) represent a fraction of the cost of institutional care options, making them the sensible approach from both a fiscal and human perspective.
- In closing, I have literally grown up in aging. I was thirty-two years old when I started at the AAA in Roanoke. Prior to that all my experience was working with youth and young adults. My work took me from Virginia to California and back.
- I struggled at first with the shift in focus but quickly hit my stride and have never looked back. Now thirty-two years later as a baby boomer, I hope in the aftermath of the pandemic certainly we will no longer ignore that more needs to be done to address the challenges and disparities of the fastest growing diverse population in the Commonwealth. Thank you for your time.

Mr. Sayles:

The concept of bringing back a dedicated unit solely for the purpose of serving the adult aging population could not have come at a better time, with the aging population in the Commonwealth of Virginia growing by leaps and bounds.

The foresight of the Virginia's General Assembly should be commended to have the wherewithal to evaluate aging services in our great state.

If this separate agency/unit for aging comes to a reality, this unit should be responsible for the following components.

- Office of Long-Term Care
- Ombudsman Program
- Dementia Services
- VICAP
- Chronic Disease Self-Management Program
- Public Guardianship & Conservator Program
- Falls Prevention Program
- Senior's Farmers' Market Program
- Senior Employment Program
- Virginia's Senior Navigator Program
- No Wrong Door Program
- Grand Driver Program
- Lifespan Respite Care Program
- Senior Nutrition Program

This office will also work closely with the following agencies;

- DSS
- DMS

- VEC
- V4A
- State CDB
- DMHM RSA
- Any state or local government agency that may provide services for aging adults in the Commonwealth of Virginia.

This will allow the newly formed agency to act as an umbrella agency for any services that are provided to aging adults and allow them to provide a continuum of supportive services in the Commonwealth. The Virginia Association of Area Agencies on Aging fully supports these views.

We thank you for the opportunity to share our thoughts and views with you.

Mr. Massey:

- Virginia's area agencies believe the reestablishment of an independent state unit on aging is a viable option in spite of the assertion in the ADvancing States report to the contrary. After nine years of aging services being part of the Department for Aging and Rehabilitative Services the report stated under General Impressions from Stakeholders on page 5 that "There was widespread agreement that aging is currently not viewed as an elevated issue for the citizens of the commonwealth, the Administration, state agencies and the legislature. There was also consensus that aging issues should be elevated. Stakeholders shared that they believed that the lack of elevation of aging was not new to the Governor or legislature".
- In spite of assertions on page 7 that "synergies have been created by the current organizational structure" there is scant evidence this has resulted in even slightly elevating aging services in the Commonwealth. Aging has clearly not been a priority on DARS legislative agenda as evidenced by statements from DARS staff attesting to "near universal agreement that there is a need for additional resources and staff for aging programs in the commonwealth". It was also stated on page 8 of the report that "State agency staff from nearly all agencies that we spoke with shared that DARS aging staff are too few and many are doing multiple job assignments. Sister agency staff shared their concern that the lack of DARS aging staff has led to other agencies having to absorb aging work that they believed should belong in DARS". If this is true it would beg the question why has DARS not mounted a strong advocacy effort to procure adequate staffing and additional funding to support aging services? I think the obvious answer is "aging services have not been a priority at DARS".
- Also on page 8 it is noted that "DARS needs additional resources to support a culture of innovation". I would contend that "a culture of innovation" drives resources not vice versa.
- The latest draft of the ADvancing States report continued the drum beat that there was virtually no support for an independent state unit on aging and that lack of support would doom efforts to establish such an entity. The previous draft had noted that only three area

agencies on aging supported a free standing department for the aging. At the October 7, 2021 Work Group meeting that misconception was refuted when it was reported that the Virginia Association of Area Agencies on Aging (V4a) had voted unanimously in a membership meeting on October 5, 2021 to support the creation of a free standing agency on aging. In the current draft the statement about only three AAAs supporting an independent SUA has been amended to state “a few AAAs” but there is still no mention of the unanimous “on the record” vote by AAAs to support the free standing SUA.

- One final note, while numerous state employees were interviewed as well as AAA directors and other stakeholders there is no evidence that consumers or AAA Board members were surveyed or interviewed thus I find it difficult to see how it was determined that a significant base of support for an independent agency on aging does not exist in the Commonwealth.
- It is fair to say that aging services have plateaued at DARS and it is time to create a state agency on aging that will provide vision and innovation to assure the Commonwealth can meet the growing needs of almost two million older adults in the most cost effective way possible. Some stakeholders have stated that a free standing agency would be small, weak and underfunded. I find it hard to believe that the General Assembly would create an independent agency on aging and then keep it small, weak and underfunded. One alternative is to maintain the status quo and we all know the definition of maintaining the status quo and expecting different results.
- I'll close with some thoughts about how the General Assembly could proceed on this matter. These thoughts are not original with me but lifted from comments submitted to ADvancing States by Tim Catherman as a private citizen of the Commonwealth: “The Code of Virginia should be structured to ensure the agency has the clout and relationships to elevate aging. The agency should have a voice on other state agency boards that provide services older Virginians need. This includes housing, nursing facility licensure, rail and public transportation, social services, disability and rehabilitation, behavioral health, and planning district commissions. The agency’s plan for aging services must be the Commonwealths Plan recognized by the Governor and the Secretary of Health and Human Resources. The plan should promote healthy aging and age wave planning and the coordination of services. The Code should require the aging director to have training, knowledge and background in gerontology, aging, or related health services. An agency lead by an individual with this knowledge and skills will ensure the agency is structured to meet these requirements and promote the initiatives needed to ensure older Virginians have a healthy and safe Commonwealth.”

Dep. Sec. Finley asked which current programs are considered part of or promoting “healthy aging”? And what programs are not included on their list for the proposed aging agency, but are considered as part of the broader focus on healthy aging?

- Falls prevention (on the list), No Wrong Door (on the list), VICAP, Chronic Disease, SMP. Outside of that, housing and home modification, and transportation which was mentioned. Also a greater push for livable communities and age-friendly that deals with

people and the infrastructure. Could also include veterans services and recreation (things that respond to social isolation).

Mr. McCabe: What about APS and Auxiliary Grant [is that under the new agency in the V4A proposal]?

- APS does come over that but only oversight. Guardianship was in there too. So, the only thing that wasn't in there was the LTC Ombudsman. So, basically they stuck with the language in the budget.

Before they go on with the slide, Dep. Sec. Finley noted that she appreciates the comment that the initial draft of the stakeholder engagement report was a little misleading. However, she thinks this new draft has clarified that the statements are being made in the context of who was interviewed in the stakeholder engagement, as well as who was asked what (i.e. individual interviewees were asked about whether they supported a standalone agency, those who were surveyed were asked about strategies for elevating agencies and their comments on the merger with DRS). She thinks the updated version of the report has made it clear that there was indeed minimal support for an aging agency, but also that statement is made in the context of those parameters.

- Mr. Boyd thinks it is better but he stills thinks it brings up a couple of questions: we still don't know who and we saw the survey template but there was nothing in there about a standalone agency. ADvancing States said they asked in individual interviews and we are assuming that happened. A preliminary report was given in September before the AAA survey was even given. There was nothing in writing that we saw. The statement about AAAs supporting a standalone agency was specific to the public forum was presented in a subjective manner, just because not everyone raised their hand. The public forums were not just about elevating aging but that is how the ADvancing States report was tenored.
- Mr. Massey: There was a statement that there was minimal support from the stakeholder group, and you now cite the sources. I think you did it very fairly. The October 7th meeting minutes indicate that they went on record with unanimous support of the V4A membership. And you have given this forum this afternoon to continue to make that point. He is personally fine with that.

Dep Sec Finley: A lot of what Mr. Massey said in his statement made sense to her and she can see the logic that - if an agency has one singular focus issue is naturally going to be elevated within that agency. However, where she has gotten hung up is the causation piece of it. Mr. Massey said a change needs to made from the status quo and she is "there." However, the outstanding question for her is, what is that change - is that a standalone agency or some kind of interagency body? Where she has been hung up is that she and the Secretary often spend a lot of their time on these larger agencies that do where multiple hats. For example, she talks to DSS - the largest agency in her portfolio - about refugee assistance, child welfare, and anti-poverty. So, in terms of the single standalone agency, when she thinks about things where she has spent her time it is not clear to her that... You could argue it either way in terms of, does it get more attention "upwards" (to the Governor's office and to the Secretariats) because it is singularly focused, or do you get more attention because you are bigger? And the comment was made in the community forum, "why does the new agency have to be bigger"? But to her, the bigger you

make it, are you taking away that singular focus? She agrees with a lot of what the V4A has said but gets hung up on the causation piece because she knows they spend a lot of their time on bigger agencies and also that a lot things – like maternal health – are interagency and are still elevated. You just need an interagency structure in place to make it work.

Are there are other agencies in Virginia where we see an agency with a singular focus really be elevated because of that? Are there examples we can look to?

Mr. Sayles: The agency is not focusing on one issue, but instead one population. It is just like DSS it encompasses a lot of areas. You are looking at an agency that would focus and elevate the fastest growing population in the nation. We are all growing older and it is easy to talk about now when you don't fit in that category, but when are parents and grandparents are in that category, that whole thing needs to be elevated and right now there is not a concentrated focus on serving the senior population.

Commissioner Hayfield: Senator Mason's letter asked, who in the Commonwealth wakes up in the morning and thinks about the aging population? She contends that they are that agency and she does think of those things. You are adding auxiliary grant, APS, guardianship etc. to this new agency, so that Commissioner would also not have a singular focus on aging issues either. That is because it is mixture of services and those synergies she believes, regardless of the data, make them stronger because you are able to develop expertise around a lot of different populations who need those same types of services. She thinks it would do the opposite; having a smaller standalone agency that would not develop that type of expertise that serves different populations.

Mr. Sayles: Who says the agency has to be smaller and weaker? He doesn't think the General Assembly is going to have a standalone agency for agency and then leave them on their own. They will make sure they are fully funded and staff to do the job that needs to be done. If DARS is the be all and do all and in nine years they haven't effectively advocated, he understands the concept but if that is how it is, you are talking the talk but not walking the walk.

Commissioner Hayfield believes there are more resources being provided to the aging population than there were when it was a smaller standalone agency.

When Dep Sec Finley is saying small, she is thinking of that as compared to DMAS, DSS, etc. Maybe one thing that would be helpful to have in the report is when you add in all these programs, how many people is it as compared to the other larger agencies?

Mr. Sayles: Is an agency small because of its employees or by the people that it serves? What is your definition of it being a small agency?

Mr. McCabe: That is a good point to bring up, because that is a trap we fall into based on those that frequently deal with the agencies, is judging them based on their maximum employment level and what we see day in and day out as opposed to their reach. He doesn't think the group should get hung up on it, since it is semantics that some of the people in the room are used to saying it because they are used to dealing with agencies with varying levels of funding. It doesn't necessarily mean they are small and small doesn't necessarily mean they are insignificant.

Mr. Tweedy: The size of agency is irrelevant if it exists in a structure whether it is through a more powerful Council for Aging, a Director sitting on the Boards of multiple other agencies, a statutory whole structure to make sure that aging is cross collaborating across state government. You then want to have the agency behind you to carry out that work, in terms of staff and oversight. If we were just saying let's create what we had before, he doesn't think anything would happen. For him, he goes back to the question about: nine years later is the state of aging service improved from what it used to be? He doesn't see that it has. To him, the question is where do we go from here? It does not have to be a state agency, but for a lot of people that would be a good start to get to a different model. Where do we go from there?

Mr. Boyd: His background is fiscal, and as a CFO he looks at things from the back end to the front and then work to the middle. There is a bigger systemic problem on aging. As has come up in other meetings, there has been a lot of emphasis on children. That is a vast need but he takes it, from the current administration and the focus on children and you even heard it in McAuliffe's speech last night, there is a lot prioritization on children. But in the last 9-12 years when has there been an interwoven message about seniors. How can you address that? A large part of that is a prioritization and it has been lacking.

Mr. McCabe: He agrees with a lot of what was said, but one key factor we are not recognizing in HHR is that we are highly dependent on the federal side of things. In large part, prioritization trickles down from the feds based on their money and how they provide us funding for things. He knows there is federal money that goes out to the AAAs, you have your block grants for those, but then you also have Medicaid matching funds. Maybe the state should have a stronger role, maybe one of the recommendations is a stronger role to advocate to the federal government. He definitely thinks that federal leadership in HHR is key and should be considered.

Dep Sec Finley returned to the slides to make sure people had a chance to provide input, since this would be the basis of the report. She started on slide 8 with "Considerations: Single State Agency on Aging."

Commissioner Hayfield: We talked about establishing a single state agency on aging, but really we are creating two new state agencies, since DARS is not DRS anymore. How does moving all these services impact the "what's left" agency? That impacts the strength of those agencies and should be a consideration.

Mr. Sayles: Last year he spoke at a senior event talking about the services they offer. She asked if she could receive their services, like home-delivered meals, and he said "yes." She said when she was at the DARS office in Petersburg for rehabilitative services, they didn't even refer to the area agency on aging. That boggled his mind that they didn't refer her to the AAA, or maybe didn't ask her what other services she needs. You would think they would encompass her holistic need, but they didn't. They helped her and she is happy with what she received. Are they silo'ing things? If someone came into their office, they would refer her there. If they are supposed to be one unit, they are not really one unit, based on that one circumstance. There are some things that can't just be aging services because they handle other adults, we know rehab services and guardianship covers a lot of people and are going to overlap across the agencies. But there are

some things that are specific to aging people, and that is what we want to make sure is that the aging population gets the best services from the best team in the state. They want to make aging the best that it can be for the Greatest Generation. The fastest growing population is seniors.

Mr. McCabe: Have we had an adequate discussion of whether APS and adult services should move or not, since they serve populations that are fluid? From the V4A, was that a conscious recommendation or not? Are we in agreement that should be moved out of the “left behinds” and what category that should fall in, since it serves multiple streams? Is that something that should be talked more about?

Dep. Sec. Finley: Her question is are you going to lose synergies no matter what you do? DMAS is always going to serve anyone who is eligible for LTSS, obviously there will be crossover between the populations served by vocational rehabilitation, she is getting at the synergies not just between the funding streams but by individuals that are served by multiple funding streams. When you move stuff over are you still creating silos but in different ways?

Commissioner Hayfield: She sees the synergies in the agency less with the VR services and more with the centers for independent living, brain injury, personal assistant services – those that are under ACL – assistive technology, No Wrong Door. There certainly are challenges that would exist. For example, right now they are all using the same system; APS, adult services, AAAs are all using the Peer Place No Wrong Door system. That may be one reason why you put them all together. I don’t know why you put them all together.

Ms. Massart: I don’t know why that was done at the time, but she hypothesizes it was because there was some feeling that there was a relationship there with aging services at the time. She knows there was a lot of angst with DSS letting go of any control of the ALFs. Some folks there wanted to get rid of them and others thought that was bad decision, and probably the same with APS and adult services. So that is probably a historical factor. She thinks that whole section on synergies does not sit well with her. The only thing she saw in the stakeholder report is from the VR people that though they got something out of it. She didn’t see anything from aging folks that thought they got anything out of it. We have this whole header saying “minimal support for a state agency” but half of them weren’t asked about it. This paragraph should be moved up and you should have something like, it wasn’t clear wasn’t there was support for a single state agency because it wasn’t asked of everyone. That was an extremely poor decision made. It makes her wonder whether she supports the report. Part of the thing was to find out about that. Whenever you make a change you, have to reestablish relationships. The goal from the General Assembly is how do you institutionalize these things so there is collaboration.

Anything that comes out of the group – whether you have a single state agency or keep it in DARS – how do we institutionalize those relationships among agencies. DARS is small potatoes compared to DMAS and aging services over there. They are serving more people, have more money, it is a fact. Unless you put the whole of aging services in with all the long term services and supports at DMAS you will never embrace the whole things and even states that have done that still have problems. The issue is how do we institutionalize some of these relationships and bring things in a logical way and make it something that - if you do a redesign or beefing up that part of the policy - is looking at the bigger picture of overall policy direction, has relationships

with agencies that have the resources if you don't have the resources in your agency. How do you bridge those kinds of services to people that need them? That to her is the big issue. It has to happen either way. The synergies talked in the report are so miniscule and she would have put it at the end. The list should be in order of importance. She is caught up in the written word because it will be in the word and how we present it. That issue to her is small potatoes.

Mr. Tweedy: He agrees and he thinks there is no reason the synergies can't be maintained if the services are under a separate agency. This is what we do in HHR all the time is break down the siloes. Dep. Sec. Finley mentioned maternal health and that is across multiple agencies. They have been frustrated over the years that they don't talk, though he thinks they are much better at talking than they used to be. You have to build those synergies between agencies and programs if you want a holistic view. Even if you create a new agency, you are still going to have relationships with those programs whether they exist in a new agency or other agencies. It is building relationship and institutionalizing things so the synergies have to occur on some level. It is just how you structure it statutorily. You are seeking to develop new and additional synergies, especially outside of HHR including transportation, natural resources for recreation, etc. It is about creating a structure so you can develop even new synergies.

Dep. Sec. Finley: She recommends they skip to her slide on the SEC Council because she thinks that could serve as a jumping off point for how to institutionalize collaboration. First, in terms of the usefulness of the report: First, she would like to acknowledge that she is at a disadvantage in speaking to parts of the report because she was only in most of the interviews for the first part and the question about standalone agencies was at the end. Given where the conversation has gone, she would also find it useful to have a more robust picture of where folks are broader than the individual interviews. However, we all agreed on the stakeholder engagement plan. She thinks the thinking going into not asking that explicitly on the survey, there was a desire to have more context around the question. So, for the one interview where she made it through the whole thing, it was a nuanced answer. The interviewee was not saying a standalone would never work and we should never have one, they were more saying that it would detract from things that might better to lead to elevation. In other words, there might be other things that would lead to elevating that might be equally or more effective and it was an easier and better way to put your focus. So, part of the reason why it was not in the written survey is that the conversations were nuanced, and it was not a binary discussion conducted as an opinion poll. In hindsight, that may have been helpful to have and is not how we jointly structured it, so I understand the point. However, she thinks the document still has value. It is important to take it in the context of what it is. While there are always ways to make things better, she still finds it useful and wants to go on the record saying it is useful even though there are things that might also have been useful.

Mr. Boyd: Someone noted early on that having ADvancing States, who does aging and disability, do the report may have been a conflict. Having said that, in the overview of the report, it seemed like there was subjectivity in the facilitation. It came out to him. It seemed like it was subjectivity to not ask it of everyone and not put it on the table. He thought it was supposed to be the best elevation starting off.

Getting back to APS and aging services, whether you want to call it synergy, there have been a lot more interactions and relationships throughout the Commonwealth. He doesn't think

Harold's story is an isolated incident. He has people introduce themselves from DARS and are surprised that he is part of DARS too.

Dep. Sec. Finley: We did all review this and agree on the questions that were going to be asked on the survey. She thinks there is a difference between saying more information would have been helpful and saying that it is subjective. She did not find subjectivity in the ADvancing States interviews. Martha has opinions, as we all do, but in the interviews that she participated in Martha was not asking leading questions. While in hindsight she thinks more questions that could have informed them, she does not think that came from a place of subjectivity and thinks we should separate those two things as we use this however we choose to use it.

Mr. Boyd: There is definitely value in the report.

Mr. Tweedy: He agrees there is value in the report. When you get back to having ADvancing States do it, DARS is the one that pays them. That was their decision as a workgroup. They appreciate the effort to put this together since the General Assembly did not appropriate any money for someone to study this. However, you do have to recognize that it comes from a source that lives in that world. It doesn't mean that it couldn't have been done in a different way with a much more independent entity that would be more robust. You are limited by how much effort you have available to put into it, and certainly you can always say in hindsight you could have asked questions that would have been more informative.

Dep. Sec. Finley: I agree there were limitations around the process.

Mr. Sayles: In one of the reports it was like the decision was made when we first started. It was said by Martha that we don't think a standalone agency would be effective.

Mr. Massey: In the first presentation from ADvancing States it clearly indicated that the trend was moving away from a single state agency.

Dep. Sec. Finley: She wants to separate Martha's opinion from subjectivity, but that is correct. Also, in the first meeting Dr. Carey asked something like, do you see a correlation between whether or not something is a state agency and performance? Martha said she didn't have a "favorite child" but would say there is no correlation. She still thinks Martha approached it in an objective manner, but that is correct that she acknowledged the trend in state agencies and that she personally did not see a correlation.

Dr. Sayles: As you are leading a workgroup, you should recognize your opinion weighs one way or the other.

Dep. Sec. Finley reviewed the slide entitled "Considerations: Aging Cabinet (or similar body)." She noted that the considerations are not meant to imply that these statements are exclusive to one strategy. The second bullet point came from comments made by Mr. Tweedy and Secretary Carey – as well as something that was heard in the stakeholder feedback – that sometimes an interagency council can be a fad and wane across administrations. With that idea of

institutionalizing collaboration in mind, below is a list of collaborative structures that have been mentioned in workgroup meetings.

Secretary Carey mentioned the SEC Council as an effective body, so with that in mind she pulled their Code language. In summary, the membership is a mix of state agencies, local representation, consumers and parents, etc. It is a policy making body and the Code language is very prescriptive. They set polices and guidelines both programmatic and financial that folks have to live by. We can talk through whether this is a good model. Feedback she has received from Secretary Carey and others is that it is a policy making body so it has a “hook” and an clear charge. Another reason given for why it has been successful is that it is chaired by the Secretary of HHR, so agency heads don’t want to be in “trouble” if they don’t attend. This also reminded her of is how Ohio talked about their SAPA where they took what their Department of Health had done to look at outcome metrics and adapted it to be their strategic plan with clear metrics to help inform decisions on aging policies as well as the business acumen of the AAAs. Is this a fruitful direction? Does this get at the issue of institutionalizing a body because it has a very prescriptive policy-making role in the Code and has a senior level official chairing it? What might this look like for aging services?

In a response to a question from Commissioner Hayfield, Ms. Massart noted that the SEC Council was established in 1993.

Ms. Massart: I feel torn about it because it is a different cat. It was a merger of a bunch of different funding streams to collaborate on children’s services for a particular population. It has gone through its ups and down. It only issues policies not regulations, which has been a bane of some of the localities – they don’t go through a regulatory process. It has worked but it is a unique entity since no other state does it this way. We are in the process of dismantling a piece of it; private day may go over to DOE. It is a model but it hasn’t been widely replicated. They are doing well right now but it is a cat with different stripes.

Mr. Tweedy: The Secretary probably likes it because it a whole universe of people that even reaches into the judicial branch. It brings all the different entities together that deal with at-risk youth. While it serves a different purpose, he thinks you pull elements of it out. Everyone agrees the Council on Aging needs to be formulated into something, maybe be given more responsibility and have additional members, maybe including Members to provide a connection to the General Assembly. You could probably take elements of it and figure it out, but it is a unique program with a specific purpose of which Virginia has been on the cutting edge for decades. Regardless of what happens with the agency, can the Commonwealth Council on Aging be a tool that can assist in elevating aging? That is still a question for him is how to take examples from other models and figure out how they would work in this space.

Dep. Sec. Finley: She wonders if there was thing that we could charge a body with, or even a body to convene in the interim to come up with that charge, e.g. a master plan on aging, a strategic plan, etc. It makes sense that there may be elements to take but they would be very high level because of how specific the SEC Council is.

Mr. Boyd: AAAs have to have an advisory council, and some are effective and some are not. It all depends on the membership and most advisory councils do not have any policy making role or very little power since they are solely in an advisory capacity. If you are a non-profit you also have your Board, which has administrative, fiscal, and fiduciary duty where one is only advisory so the effectiveness can be minimal.

Mr. Tweedy: You would have to take that into account – whatever entity you create what does it oversee? CSA is administered by local governments so they are creating policy that local governments have to carry out. Whatever this other entity would be and whatever the universe of aging services is, what type of responsibility do they have over that. We would need to figure that – that would help inform what it looks like.

Dep. Sec. Finley: A starting point could be the stakeholder engagement plan in terms of who might be on that body. Another thing that would have to be fleshed out is...for their substance use disorder work they have their Executive Leadership Team that is interagency and also a Commission that included outside entities to inform the interagency team. So, one point of discussion could be whether there is value in that dual model. That has also been somewhat successful on their Trauma Informed Care Working Group, which includes a wide range of stakeholders that informs their Trauma Informed Leadership Team of only agency staff. That group is led by an Advisor to the Governor. She thinks that is a potential option that could include a lot of their objectives.

Ms. Massart: Is there still an Interagency Coordinating Council?

Dep. Sec. Finley: There is a Coordinating Council on Homelessness. Its meetings slowed down during the pandemic but it is still chaired by the Secretary of HHR and the Secretary of Commerce and Trade. They just broadened their mission to also include affordable housing and added an ad hoc committee on senior housing in part because of discussions here and the Joint Commission on Health Care report. The goal is to focus on whether there are specific strategies for seniors, similar to their committees focusing on individuals related to the DOJ settlement and others. The IHAC - the subcommittee focused on individuals with developmental disabilities – also has associated metrics.

Ms. Massart: If you do a group like that you would definitely want to have a way to figure out your goals, objectives and how you were going to measure impacts.

Dep. Sec. Finley (moving to the slide entitled “Hire Additional Staff and/or Incorporate Additional Programs”): It would have to be discussed what are the impacts of creating a new agency vs. increasing DARS, but regardless of that she listed some positions highlighted in the V4A White Paper and some identified through the stakeholder engagement. Another thing she has seen in other agencies is a Chief Deputy Commissioner. Commissioner Hayfield has a Chief Deputy who mostly focuses on administration of the agency as opposed to a specific area, and who is not a political appointee. At DSS, DBHDS, DHP, etc. they have a Chief Deputy that will often take on specific focus areas or serve on their interagency work in lieu of the Commissioner. Their portfolio is often not set in stone, but that is another way to manage bandwidth for agency heads that have large agencies. With that in mind, a Chief Deputy Commissioner on Aging is

listed on the slide as an option. The position also reminded her of the new position Martha mentioned at the last meeting; California still has someone to oversee the Office of Community Living and a different person above them oversees them and all the aging services across agencies. They do sit in the Governor's office.

Commissioner Hayfield: When they were developing this transition document, there was a lot of energy around what it would take to elevate aging and what additional services and staffing would be beneficial. They did create a separate document that is available. Also, they did submit budget amendments to enhance adult protective services, adult services, and aging services. She sees that as a more effective tool to elevate aging services – to put additional dollars into those enhancements instead of standing up a new agency. She thinks that is the most effective use of resources.

Ms. Massart: Is there a Chief Deputy in there? Did you reorganize services?

Commissioner Hayfield: They did that as well as adding another dementia position. They also provided more program staff in aging and adult services, so they are better able to develop additional resources and support the community.

Ms. Massart: thinks that would be a good appendix on the report since it is another option.

Dep. Sec. Finley reviewed the slide “Considerations: Secretary/Deputy Secretary/Advisory on Aging.” She thinks this doesn't really get at institutionalizing collaboration. However, one thing the workgroup heard from other states is that having the ear of the Governor through holding a cabinet position was critical to elevating aging. She thinks that gets to that aspect of elevation but doesn't necessarily institutionalize things. Even if you put a Secretary of Aging in the Code, it raises questions around how it fits within the agency structure since Secretariats are organized around programs. The closest thing she thought of was how the Secretary of Labor used to be the Chief Advisor on Workforce Readiness, but even in that role Secretary Healy had agencies. She will highlight in the report that having the ear of the Governor is important and that is more likely the higher up you get in the Cabinet. However, there might be other ways to get at that depending on the will of different Administrations and how it works in the current structure. Did anyone have a vision of how a Secretary on Aging would look? Would it be like the Director of DEI where they don't have agencies but instead a cross Secretariat focus? Or was there a vision of the Secretary having agencies or programs?

Ms. Massart doesn't think that this adds value. It is an idea and fine to list it as something we discussed but she doesn't think it addresses the things that are more critical or impactful in terms of moving the services into a broader spectrum. Dep. Sec. Finley agreed with that.

Dep. Sec. Finley reviewed the last slide: “Considerations: ‘Refresh’ or ‘Reimagine’ Aging Services.” This is a catch all of things at improving the perception of aging, getting at what they heard about ageism and lifting up voices of consumers and caregivers. This would probably have to be layered onto another structure but are also important tools. Minnesota talked about how they went to have an Advisory Council on an Age Friendly State, it brought together stakeholders and created a unified vision that was important for advancing policy priorities.

Secretary Prudom talked about the importance of representing the entire aging network, and we probably have a good start at who that is from their stakeholder engagement document. She will make sure to reflect in the report who they have said that is.

Ms. Massart: “Refresh” or “Reimagine” is broader than age friendly and awareness campaigns. We have talked about a number of things related to overarching policy changes and direction. These items are all fine, but you could say you are doing that and may or may not actually be effective. The service delivery system is so much more important. How do you make that system work among diverse populations of seniors and adult services, as well as reach out? The AAAs are the boots on ground in the localities, but you also have DMAS. It is much larger than this. Even if aging services stay at DARS there needs to be a real shift in how you look at the services, broaden their impact, and prevent people from getting to the place where they need intense Medicaid services including institutional care. It is more reimagining than refreshing, and how you achieve overarching policy objectives to keep this population healthy and from needing more significant services. It is healthy aging. It gets back to innovation and is broader.

Dep. Sec. Finley: That makes sense. What I heard is that the system and service delivery has to shift. So a “refresh” may be just a rebranding of what is already there, whereas we are trying to shift the system in terms of where coordination is and where the services are happening.

Commissioner Hayfield: Also, what is needed outside of what the AAAs and other local support systems already provide? An aging in place focus.

Ms. Massart: Many seniors have specific needs, like the mentally ill and homeless. Localities have to garner their resources from many different local actors including CSBs and other providers. The locality is the best place to round up those resources the state agency should help promote that.

Dep. Sec. Finley heard an uplifting example of local collaboration from Andy Crawford at the League of Social Services. Through partnering with public safety, they were able to help a man who kept calling 9-1-1 because he was having fits from being hungry and some medical issues. The community forum also highlighted some good examples of AAAs partnering with CSBs. She thought that was a good example. Commissioner Hayfield noted there are a lot of them.

Dep. Sec. Finley thanked everyone for participating. She said they will be sharing the draft report with the group and getting answers to some of the outstanding questions. She thinks the conversation in itself has elevated aging services.

Rachel Becker noted 37 people were in attendance, but no one was one the line for public comment.

Dep. Sec. Finley adjourned the meeting.