

Report on the Response of the Department of Behavioral Health and Developmental Services to the Impact of the Aging of Virginia's Population

Submitted to the Department of Aging and Rehabilitative Services

February 11, 2015

SIGNATURE PAGE

Pursuant to Code of Virginia §§ 2.2-5510 and 51.5-136, the Department of Behavioral Health and Developmental Services (DBHDS) submits this report of its progress in addressing the impact of the aging of Virginia's population.

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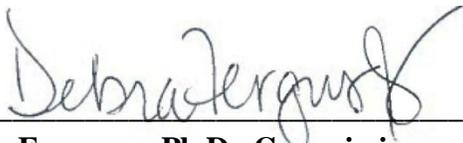
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Debra Ferguson, Ph.D., Commissioner

2/18/15

Date

EXECUTIVE SUMMARY

DBHDS has been actively involved in planning and preparing to respond to the future needs of older adults in the service delivery system. Although there are a number of efforts underway currently to provide for these service needs and to better assess meeting the continually increasing numbers of these individuals, much work remains to be done if we are going to be effective and responsive to this growing population in the community.

Virginia's public services system includes nine state hospitals, four training centers, a sexually violent predator program, 39 Community Services Boards (CSBs), and one behavioral health authority. While all parts of the public system of care serve older adults with the exception of the Commonwealth Center for Children and Adolescents (CCCA), there is great variation as to the level of access and quality of services.

DBHDS is planning and consulting with the Virginia Geriatric Mental Health Partnership (GMHP), a statewide, informal, voluntary group of diverse stakeholders that focuses on older adult mental and behavioral health care in the Commonwealth. The mission of GMHP is to provide a continuum of collaborative care for older adults experiencing mental illness, developmental disabilities, and substance use disorders that will enable them to live productive lives in the community.

To better understand the service needs of older adults, DBHDS has drafted a needs assessment survey. The results will inform DBHDS about where services for older adults currently exist, whether they are provided by CSBs or other agency providers, as well as the gaps in the availability of such services. DBHDS will continue to partner with the GMHP as well as other agencies serving older adults to develop and support the full continuum of care for older adults with behavioral health disorders, intellectual and/or developmental disorders and substance use disorders.

Assistance from DARS that could further help DBHDS as it prepares to serve the aging Virginia population includes the following:

- Partner with DARS Adult Protective Services Division, the Virginia League of Social Service Executives, Virginia's Area Agencies on Aging and Community Services Boards to identify solutions and promote best practices for assessing and for providing crisis stabilization for individuals with dementia who have behavioral and psychological symptoms of dementia.
- Select a DARS participant for the Suicide Prevention and Mental Health Promotion Steering Committee. The DARS participant will provide input on suicide prevention across the lifespan including ideas on how to involve the community and families of the aging population.
- Provide support such as subject matter experts for behavioral health professionals to receive training promoting healthy and independent lives for the aging population and

how to have a Guardian or Durable Power of Attorney in place ready to support nursing facility admissions.

- Provide resources such as educational materials and Best Practice Guidelines to assist DBHDS with focusing on older adults' recovery.

DBHDS operates 304 psychiatric state hospital beds that provide specialized inpatient geriatric care services. These geriatric units are located in the following state hospitals:

- Catawba Hospital – 60 geriatric beds
- Eastern State Hospital – Hancock Geriatric Center- 80 beds
- Piedmont Geriatric Hospital – 123 geriatric beds
- Southwestern Virginia Mental Health Institute – 41 geriatric beds

DBHDS also operates four training centers who serve individuals with intellectual disabilities. As of January 2015, there were 264 older adults currently being served in the training centers.

Older adults often face many barriers when they are clinically ready for discharge from one of the state hospitals. Some of the most common barriers include: no willing provider or appropriate community option to meet the individual's needs, lack of funding, and/or resistance by the guardian. In December 2014, there were 144 individuals on the Extraordinary Barriers List; fifty two (52) of them were older adults.

With regard to the impact of the aging population on forensic services, we are seeing differing trends amongst the various legal status categories. Overall, research has shown that as individual's age, their risk for involvement in the criminal justice system decreases. As a result, we see relatively few older adults requiring forensic mental health services. We do, however, expect to see a slight increase in the need for outpatient restoration services and inpatient services for those older adults who are incarcerated due to the sheer number of aging adults. We also anticipate an increase in older adult NGRI acquittees due to their long lengths of stay and an increase in older adults admitted to the Virginia Center for Behavioral Rehabilitation (VCBR). These increases will result in increased competition in the future for state general fund dollars.

DBHDS has a number of behavioral health wellness and prevention planning efforts in place that will assist in the identification of specific needs of older adults related to substance use and abuse, depression and anxiety, and suicide risk factors. Over the next five to ten years, DBHDS will be challenged to commit financial and healthcare resources to ensure that the full continuum of community based treatment is both accessible and adequate across the Commonwealth. Treatment approaches will need to reflect a recovery model with effective community-based services to ensure that older adults have services and supports to prevent crises, promote stability, and support aging in place as long as possible.

Finally, DBHDS Human Resource (HR) professionals have supported the department's focus to build a culture that supports and engages workers of all ages now and in the future. Our aging workforce has responded positively to the offering of flexible schedules, tele-work, and CommonHealth initiatives. HR professionals will be at the forefront of DBHDS efforts to meet

the challenges and make the most of opportunities that accompany an aging workforce. One of the ways we are preparing for the potential gaps resulting from the loss of older workers is the recent development of SystemLEAD, a leadership program focusing on the development of mid-level managers and “high performers” as a means to prepare for succession planning and to keep the experience of valued workers within the system. Other plans include increasing training and cross-training efforts and the development of succession plans.

AGENCY DESCRIPTION

Department of Behavioral Health and Developmental Services

Mission

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Vision

A life of possibilities for all Virginians

Roles and Responsibilities

Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services (DBHDS) as the state authority for mental health, mental retardation, and substance abuse services. The mission of the Department's central office is to provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders (alcohol or other drug dependence or abuse).

Virginia's public services system includes nine state hospitals, four training centers (one that provides administration services to a medical center), and a sexually violent predator rehabilitation center that are operated by the Department, and 39 community services boards and one behavioral health authority (referred to as CSBs) established by local governments.

REPORTED INFORMATION

Pursuant to Code of Virginia §§ 2.2-5510 and 51.5-136, the following are the responses to the Department for Aging and Rehabilitative Services (DARS) request for the DBHDS input on the impact of the aging of Virginia's population.

1. If your agency has undertaken any actions to respond to the current and future impact of an aging population, such as needs assessments, strategic planning, or use of best practices, please briefly describe those actions. Please indicate what assistance from DARS could help your agency as it prepares to serve an aging Virginia population.

DBHDS is planning and consulting with the Virginia Geriatric Mental Health Partnership (GMHP). The GMHP is a statewide, informal, voluntary group of diverse stakeholders that focuses on older adult mental and behavioral health care in the Commonwealth. The GMHP's mission is to provide a continuum of collaborative care for older adults experiencing mental

illness and/or substance use disorders which allows them to succeed in the community and receive support consistent with the values of self-determination, recovery and empowerment. The target population is defined as individuals 60 years and older who are at risk for or are experiencing mental health issues.

During the 2009 legislation session, the General Assembly passed House Joint Resolution 674 which declared September as Older Virginians Mental Health Month. The purpose of Older Virginians Mental Health month is to heighten public awareness of the mental health needs of older citizens of the Commonwealth and to promote a discussion of strategies to address them. In September, 2014 activities were held by five Community Services Boards: Region Ten, Mount Rogers, Prince William, Rappahannock-Rapidan and Virginia Beach. Descriptions of their activities are as follows:

- Region Ten CSB – The Crozet Clubhouse prepared training sessions to assist older adults using equipment obtained recently through a small “Power of Ten” grant for IT hardware development. The technology presents relevant training materials and exercises for older adults that are brief, fun and informative; and that can improve knowledge and skills about their behavioral health conditions to prepare them for meeting with their clinicians.
- Mount Rogers CSB – Mount Rogers CSB developed posters and placed them in areas such as District III senior citizens centers, hospitals and agency sites. Additionally, they submitted several articles in the local newspapers that focused on educating and increasing awareness of the mental health needs of older Americans. The agency has also developed a centralized contact telephone number for easy referral access for services.
- Prince William CSB – Prince William CSB coordinated with Birmingham Green Health Care Center and ACTS (Action Through Community Services) /Helpline to sponsor several programs during the September 2014 Older Virginians Mental Health Month including:
 - “Controlling Your Own Life: Being in the Driver’s Seat.” ACTS and CSB staff provided lively discussion groups for seniors at the local senior centers (Manassas and Woodbridge) and The Oaks at Wellington residential community. Discussions helped seniors recognize losses, and offered coping strategies for situations they might encounter. Resource information included handouts on a variety of mental health issues (i.e., depression, stress management).
 - “Elder Suicide: Preventing Late Life Tragedy.” A training program for Birmingham Green staff and interns discussed the importance of gatekeepers recognizing the risk of suicide in older adults. Learning strategies included helping staff deal with the issues of suicidal ideation and making referrals to community agencies.
 - “No Wrong Door” Council Meeting Presentation.” At a Dumfries Senior Luncheon ACTS Helpline presented on the topic of Elder Suicide. These presentations focused

on the identification of risk; warning signs; prevention strategies, and resource information.

- Rappahannock-Rapidan CSB – Rappahannock-Rapidan CSB assisted with several presentations on topics including hoarding and dementia.
- Virginia Beach CSB – The administrative supervisor, Senior Adult Services, with the Alzheimer’s Association sponsored a session for dementia care providers on “Promoting Restraint-Free Care” & Reducing Risk of Falls.”

DBHDS and the Virginia Department for Aging and Rehabilitative Services (DARS) acknowledged the CSB’s support of Older Virginians Mental Health Month and efforts to raise public and professional awareness of the mental health needs and resources for older adults in the Commonwealth.

“The Suicide Prevention Across the Life Span Plan for the Commonwealth of Virginia” was originally published in 2004 and a new plan was written in 2011. The plan has an emphasis on the entire lifespan including older adults. In 2014, the plan was updated with new current trends and data. DBHDS continues to work with other state agencies and a variety of suicide prevention stakeholders to support and coordinate suicide prevention efforts.

A statewide needs assessment survey on mental health services for older adults has been drafted by DBHDS in collaboration with GMHP to determine what services for older adults (age 60 and over) currently exist within the community, and whether the services are provided by the CSB/BHA and/or another agency/provider. The final survey is pending approval by the GMHP survey advisory team as well as the VACSB DMC survey committee. The information obtained from the needs assessment survey will aid DBHDS and the GMHP to identify existing services, gaps by geographical location, and necessary providers for the full continuum of care for older adults with mental health needs, intellectual and developmental disabilities and/or substance use disorders.

DBHDS, in conjunction with the GMHP has identified eight best practice programs striving to promote successful support for older adults within the community. They include: Piedmont Regional Partnership, Southwest Virginia Regional Partnership, Northern Virginia Regional Partnership – Regional Older Adult Facilities Mental Health Support Team (RAFT), Central Virginia Regional Partnership, New River Valley Regional Partnership, Southside Geriatric Services, Hampton-Newport News Community Services Board and Aging Together- Five Communities Creating Choices. Monitoring the progress on program development and replication efforts of these identified best practices was completed on April 16, 2012. The following provides a description of best practices:

- **Piedmont Regional Partnership** – Services are provided at Mountainside Senior Living Facility. Stakeholder agencies include the Jefferson Area Board for Aging, Albemarle and Charlottesville Adult Protective Services and Region Ten CSB. The interagency mental health support team has monthly meetings that identify “high risk” residents. The process includes integrated behavior support plans, regular care reviews, and multi-agency task centered approaches with outcomes focusing on prevention, improved involvement of care and fewer acute hospitalizations.
- **Southwest Virginia Regional Partnership** – This partnership includes two PACE Programs, specific geriatric service training, and increasing recruitment of providers with geriatric backgrounds at the CSBs and Southwestern Virginia Mental Health Institute (SWVMHI). SWVMHI has a geriatric unit that offers staff consultation to the community. There is discussion of creating a Center of Excellence for SW Virginia, having geriatric service programs at each CSB, mobile teams for intensive, short-term treatment intervention, local geriatric advisory councils, which consist of key facilities, agencies, consumers, families, and others, and ongoing consultations with facilities and other community providers. There are also plans for geriatric assistance funds to aid in providing the least restrictive care, participation in CSB day support programs, and employment of geriatric care managers at CSBs.
- **Northern Virginia Regional Partnership** – The Regional Older Adult Facilities Mental Health Support Team (RAFT) managed by the Senior Adult Mental Health Team provides intensive multidisciplinary mental health treatment to adults 65 and older discharged or diverted from state institutions to local long-term care facilities in Northern Virginia. Regional partners include: City of Alexandria, Fairfax County, Loudoun County, Prince William County and Arlington County. Staffing includes a program director, management specialist, psychiatric nurse, a part-time contract psychiatrist and three mental health therapists. Staff is available for 24/7 on call support to clients and partnering facilities. A range of direct and indirect services are provided based on an individual’s care needs such as ongoing assessment and evaluation, discharge planning, intensive case management and consumer monitoring.
- **Central Virginia Regional Partnership** – A collaborative effort between Piedmont Geriatric Hospital and the Region IV Emergency Services Directors led to the creation of a “Behavioral Health Crisis Assessment of the Elderly Client” manual in 2006. This manual was distributed to every emergency service program across the commonwealth, and training sessions for emergency service clinicians were also provided. The Chesterfield Mental Health Support Services and the Department of Social Services collaborated in the creation of a specialized geriatric mental health clinical position in 2006. This mental health position works within Social Services in the Adult Protective

Services (APS) unit. The addition of a clinician with mental health expertise has enabled APS to more effectively assess and intervene with elderly “at risk” individuals. These services have helped to prevent the need for emergency mental health services.

- **New River Valley Regional Partnership** – This group formed a partnership of various stakeholders to address the mental health needs of older adults. They provided a 2-day training to direct care staff in the region which resulted in stronger collaboration between agencies/ entities, learning of strengths and limitations within our system, utilization of mobile crisis stabilization teams to stabilize prospective hospital admission (i.e., diversion), arranging with Catawba Hospital staff for community consultations and the formation of case consultation teams. This group meets monthly to staff cases and discuss community issues. They work with various departments from Virginia Tech and Radford University.
- **Southside Geriatric Services** –This group has a continuum of care, including beds with on-site services to divert geriatrics from admission to Eastern State Hospital. Consultations with family caregivers (in the home or office) can be extremely helpful, since a slight majority of Geri-psych admissions come from home. This can help to prevent the needs for inpatient admission in many cases. Extensive training for facilities, agencies, and the community has been offered on a wide range of geriatric mental health topics, to help increase the knowledge and skills of professionals and family caregivers. Partnerships with the Alzheimer’s Association have provided support for the training events.
- **Hampton-Newport News Community Services Board (HNNCSB), Geriatric Psychiatric Services Initiative** – This group has promoted strategic partnerships with the private sector. This system of services integrates various disciplines and access to all sectors to assure easy access of care. There is a full-time certified geriatric psychiatrist that provides consultations to the Riverside PACE program and long term care residents. A geriatric services administrator provides oversight and management of all geriatric services for HNNCSB. In a joint venture with Catholic Charities of Southeastern Virginia, they provide in-home respite care to qualified families. There is also a joint venture with the Alzheimer’s Association Community Education program to provide training and consultation to professional staff who work with older adults on the Peninsula. This group created and leads the Geriatric Interagency Task Force that meets monthly to identify solutions to the needs of older adults who have behavioral health issues that require specialized care. They have consulted with Riverside Center for Excellence in Aging and Lifelong Health (CEALH) in support of academic research to improve the quality of services to older adults throughout Health Planning Region V (HPR V). They are also working towards a telemedicine technology partnership with

CEALH to provide onsite geriatric psychiatric services to long term care facilities throughout HPR V.

- **Aging Together- Five Communities Creating Choices** – This group has a plan for supporting older residents of Virginia’s Rappahannock Rapidan Region: Culpeper, Fauquier, Madison, Orange and Rappahannock counties. The mission of Aging Together is to improve long term care and supportive services for older adults, their families, and caregivers. The vision for aging is that citizens living in the Rappahannock Rapidan area retain their sense of place and community, serve and contribute to that community, and are assured of help when needed from family, friends, neighbors, and places of worship, as well as from helping organizations and a responsive government. All seniors are valued and are able to move smoothly through a continuum of care in a manner reflective of their individual needs and preferences. It is a regional partnership of over one hundred organizations and individuals in a collaborative effort to help the five counties prepare for the age wave. Aging Together reflects the reality that aging affects everyone and that the only way to improve supports for older adults and families is to work collaboratively. Their critical challenges and planned solutions are expansion of services, workforce development, wellness, education and information, county/regional collaboration and financial support.

Over the past three years, in a collaborative partnership between GMHP, the Riverside Center for Excellence in Aging and Lifelong Health, and the Virginia Commonwealth University (VCU) Department of Gerontology, a series of nine webinars were produced on evidence-informed best practices related to older adult mental health topics. Three more webinars are already planned for 2015 including:

- Reducing the Risk of Medication & Alcohol Interactions in Older Adults,
- Sexuality in Long Term Care: Ethical and Practical Issues and
- Assessing Risk and Managing Behaviors in Dementia Patients.

The collaboration created online interactive webinars for direct care workers, administrators and discharge planners in long-term care facilities, CSB staff, Area Agencies on Aging, respite agencies, and professionals in social work, counseling, psychology, medicine and pharmacy. The live webinars in 2012, 2013 and 2014 have been viewed by more than 2,600 participants in one of 26 states. They were funded with Virginia Geriatric Training and Education (GTE) funds administered by the Virginia Center on Aging located in Virginia Commonwealth University’s School of Allied Health Professions.

Assistance from DARS that could further help DBHDS as it prepares to serve the aging Virginia population includes the following:

- Partner with DARS Adult Protective Services Division, the Virginia League of Social Service Executives, Virginia’s Area Agencies on Aging and Community Services Boards to identify solutions and promote best practices for assessing and for providing crisis stabilization for individuals with dementia who have behavioral and psychological symptoms of dementia.
- Select a DARS participant for the Suicide Prevention and Mental Health Promotion Steering Committee. The DARS participant will provide input on suicide prevention across the lifespan including ideas on how to involve the community and families of the aging population.
- Provide support such as subject matter experts for behavioral health professionals to receive training promoting healthy and independent lives for the aging population and how to have a guardian or durable power of attorney in place ready to support nursing facility admissions.
- Provide resources such as educational materials and best practice guidelines to assist DBHDS with focusing on older adults’ recovery.

2. Briefly describe your agency’s services that are used primarily by older Virginians and the funding streams (types and amounts) that support those services. If these particular services or funding streams are provided in conjunction with other state or local agencies or other for profit or non-profit organizations, please list them.

Central Office Pre-Admission and Resident Reviews

The Department is responsible for administering the Pre-Admission Screening and Resident Review (PASRR) program required by the 1987 OBRA legislation. Central office staff assure that all individuals 60 years and older who are seeking admission to a Medicaid certified nursing facility are screened for the presence of a mental illness, intellectual disability or a related condition prior to admission to the facility so that appropriate treatments for those conditions are provided, as needed, throughout the individual’s stay in the nursing facility. The following table displays screenings statistics.

PASRR Screenings for adults age 60 and older	FY10	FY11	FY12	FY13	FY 14
Pre-Admission Screening	188	221	273	301	347
Status Facility Review					18
Status Change Resident Review	21	52	70	79	41
Targeted Resident Review	54	42	45	70	64
Total	263	315	388	450	470

State Hospital Geriatric Care Services

The Department currently operates 304 dedicated state hospital beds for geriatric treatment (individuals age 65 and older) that are in crisis, present with acute and/or complex conditions, and who require the highly intense and structured environments of care only available in the inpatient setting. Other state hospitals do provide service to adults age 60 and above. The data presented below represents the number of older adult (60 and over) admissions to all state hospitals (geriatric and adult). It should be noted that funding for all of these services comes from a combination of state general funds and special revenue funds.

Catawba Hospital

Catawba Hospital is located just miles from Roanoke. The facility specializes in serving adults needing behavioral health care and offers both short-term "acute care" units and dedicated geriatric units. The first priority of Catawba Hospital is to help individuals in their care regain and maintain their highest level of mental and physical functioning, with the ultimate goal of returning to community living. The current bed operational capacity for older adults and admission statistics are as follows:

Catawba Hospital	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Geriatric Bed	60	Civil	60	72	55	60	43	17
		Civil TDO	55	52	37	24	42	51
		Forensic TDO				1	6	1
		Other Forensic	1	3	6	5	7	4
Total	60	Total	116	127	98	90	98	73

Eastern State Hospital

Eastern State Hospital (ESH), located in Williamsburg, Virginia, provides services to older adults. In April 2008, the Hancock Geriatric Treatment Center opened its doors to a new, smaller, state of the art setting. As a part of Virginia's public mental health system, Eastern State Hospital serves older adults for Health Planning Region Five (HPR-V). This service area covers nine cities/counties. The current bed operational capacity and admission statistics for older adults are as follows:

ESH	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Geriatric Beds	80	Civil	20	6	14	10	8	9
		Civil TDO			10	3	6	32
		Forensic TDO			1	3	1	3
		Other Forensic	8	7	11	14	22	8
ESH Total	80	Total	28	13	36	30	37	52

Piedmont Geriatric Hospital

Piedmont Geriatric Hospital (PGH) located in Burkeville, Virginia, is the only state facility that exclusively treats elderly persons (65+ years of age) that are in need of inpatient treatment for mental illness; meet the requirements for voluntary or involuntary admission as determined by their mental health center (CSB) and do not have a medical condition that requires priority treatment in an acute care hospital. The current bed operational capacity and admission statistics are as follows:

PGH	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Geriatric Beds	123	Civil	52	50	39	44	39	23
		Civil TDO	5	6	9	5	15	23
		Forensic TDO	2			1	1	
		Other Forensic	11	12	14	9	19	9
PGH Total	123	Total	70	68	62	59	74	55

Southwestern Virginia Mental Health Institute

Southwestern Virginia Mental Health Institute (SVMHI) located in Marion, Virginia has a very long history. The Bagley Building opened March 9, 1990. Currently the Institute offers services to older adults on the following unit:

- Adult Acute Admissions Units (Wards A,B,C,& D)
- Medicaid Certified Nursing Facility - Geriatric Unit (Ward E)
- Medicare Certified Intensive Psychiatric Treatment Geriatric Unit (Ward F)
- Adult Extended Rehabilitation Services (Wards H,I & J)

SWVMHI in collaboration with their local community services boards work together to be the regions Center for Excellence in the treatment of serious mental illness. The current bed operational capacity and admission statistics for older adults are as follows:

SWVMHI	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Geriatric Beds	41	Civil	7	13	10	10	10	9
		Civil TDO	86	50	89	66	74	43
		Forensic TDO					1	
		Other Forensic	1	2	5	10	2	4
SWVMHI Total	41	Total	94	65	104	86	87	56

Central State Hospital

Central State Hospital (CSH) located in Petersburg, Virginia and serves the Greater Richmond Region of Virginia, providing forensic psychiatry and civil admissions ranging from short-term treatment to long-term intensive treatment for the most seriously mentally ill. The current bed operational capacity and admission statistics for adults age 60 and older are as follows:

Central State Hospital	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Adult Civil	100	Civil	1	3			2	
		Civil TDO	3	3	3	2	1	5
Forensic	177	Forensic TDO	4	6	1	2	4	2
		Other Forensic	13	12	15	10	22	10
CSH Total	277	Total	21	24	19	14	29	17

Southern Virginia Mental Health Institute

Southern Virginia Mental Health Institute (SVMHI), in Danville, Virginia provides person centered individualized treatment using the principles of recovery to promote hope, self-determination, and empowerment. The primary goal is to maximize favorable outcomes for those individuals served as they make safe return to their chosen community. Essential elements of treatment focus on self-direction, respect, responsibility, and the use of peer support. Treatment is holistic; strength-based, and is non-linear. The current bed operational capacity and admission statistics for older adults are as follows:

SVMHI	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Adult Civil	48	Civil	1	12	9	5	9	8
		Civil TDO	9	15	20	7	10	8
Forensic	24	Forensic TDO			2		1	
		Other Forensic	1	1	1	3	2	3
SVMHI Total	72	Total	11	28	32	15	22	19

Northern Virginia Mental Health Institute

Northern Virginia Mental Health Institute (NVMHI), located in Falls Church, Virginia, was established in January 1968 as a short-term hospital to provide intensive treatment to individuals with acute mental health needs living in Northern Virginia. The current bed operational capacity and admission statistics for older adults are as follows:

NVMHI	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Adult Civil	96	Civil	18	23	17	19	15	3
		Civil TDO	14	7	5	9	1	3
Forensic	38	Other Forensic	2		2		2	1
NVMHI Total	134	Total	34	30	24	28	18	7

Western State Hospital

Western State Hospital (WSH), located in Staunton, is a new state-of-the-art, facility. The current bed operational capacity and admission statistics for older adults are as follows:

WSH	Bed Capacity	Type of Admissions	FY10	FY11	FY12	FY13	FY14	FY 15 (YTD)
Adult Civil	216	Civil	21	23	31	23	28	9
		Civil TDO	5	2	1	3	6	6
Forensic	28	Forensic TDO	2	2	1	3		3
		Other Forensic	6	4	5	5	5	3
WSH Total	244	Total	34	31	38	34	39	21

Specific treatment services at geriatric treatment centers and other state hospitals include:

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

In addition to the services described in the preceding section, these facilities continue to provide psychosocial rehabilitation (PSR) or active treatment mall services. PSR includes a range of interventions that are intended to promote optimal performance in areas of behavioral management, cognition, interpersonal skills, self-care, and leisure time development. PSR interventions for older adults include communication skills, reminiscing, physical fitness, leisure skills, relaxation skills, community outings, kitchen activities, music, money management, patient and family psycho-education, and independent living skills. Examples of specific PSR health care/wellness, education, and recreation activities provided to older adults follows.

Healthcare/Wellness:

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

Education:

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

Recreation:

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

The Department also operates Hiram Davis Medical Center (HDMC) in Petersburg to provide medical services for individuals in our state hospitals as well as individuals from the community with intellectual/developmental disorders. The following table shows a breakdown of the number of older individuals served Between FY 2010 and FY 2015(YTD).

Hiram W. Davis Medical Center																		
Aging Population Served FY2010-FY 2015																		
	FY10		Total	FY11		Total	FY12		Total	FY13		Total	FY14		Total	FY 15 YTD		Total
	F	M		F	M		F	M		F	M		F	M		F	M	
60-64	1	4	5	1	6	7	5	4	9	1	6	7	2	4	6	2	4	6
65-74	3	5	8	0	2	2	1	3	4	2	5	7	7	9	16	6	6	12
75-84	1	4	5	2	3	5	0	2	2	3	3	6	2	5	7	1	2	3
85 +	1	2	3	1	1	2	0	0	0	1	2	3	0	0	0	0	0	0
Total	6	15	21	4	12	16	6	9	15	7	16	23	11	18	29	9	12	21

State Training Center Older Adult Services

The DBHDS operates four training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. Southside Virginia Training Center closed on June 30, 2014. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development. All training centers are certified by the U.S. Centers for Medicare and Medicaid (CMS) as meeting Medicaid intermediate care facility for individuals with intellectual disability (ICF/ID) standards of quality. The use of training centers has been declining for many years, and this trend led to the decision to close four centers by 2020.

While the Department is able to identify numbers of individuals aged 60 and older being served in training centers, there are no specialized or discrete “geriatric” beds or units.

CVTC															
	FY10		Total	FY11		Total	FY12		Total	FY13		Total.	FY14		Total
	F	M		F	M		F	M		F	M		F	M	
60-64	28	45	73	24	37	61	27	36	63	26	36	62	25	29	54
65-74	33	27	60	31	25	56	31	33	64	34	33	67	36	30	66
75-84	7	9	16	6	7	13	8	6	14	7	6	13	5	7	12
85 +	5	1	6	5	1	6	5	1	6	5	0	5	5	0	5
Total			155			136			147			147			137
SEVTC															
	FY10		Total	FY11		Total	FY12		Total	FY13		Total.	FY14		Total
	F	M		F	M		F	M		F	M		F	M	
60-64	4	7	11	4	7	11	2	5	7	2	8	10	3	6	9
65-74	4	3	7	4	4	8	5	5	10	3	5	8	1	4	5
75-84	2	0	2	2	0	2	1	0	1	1	0	1	0	1	1
85 +	1	0	1												
Total			21			22			19			20			16
NVTC															
	FY10		Total	FY11		Total	FY12		Total	FY13		Total.	FY14		Total
	F	M		F	M		F	M		F	M		F	M	
60-64	10	7	17	9	12	21	8	11	19	8	11	19	6	6	12
65-74	4	5	9	6	5	11	9	6	15	9	7	16	10	6	16
75-84	0	0	0	1	1	2									
85 +	1	0	1	1	0	1	0	0	0	0	0	0	0	0	0
Total			27			33			34			35			30
SVTC															
	FY10		Total	FY11		Total	FY12		Total	FY13		Total.	FY14		Total
	F	M		F	M		F	M		F	M		F	M	
60-64	16	12	28	17	16	33	18	17	35	16	17	33	9	8	17
65-74	8	7	15	5	7	12	6	9	15	6	4	10	8	4	12
75-84	4	8	12	4	5	9	3	2	5	2	3	5	1	3	4
85 +	1	4	5	1	4	5	0	5	5	0	4	4	0	1	1
Total			60			59			60			52			34
SWVTC															
	FY10		Total	FY11		Total	FY12		Total	FY13		Total.	FY14		Total
	F	M		F	M		F	M		F	M		F	M	
60-64	6	8	14	8	9	17	8	12	20	7	13	20	5	13	18
65-74	8	13	21	9	11	20	9	11	20	11	9	20	10	10	20
75-84	3	3	6	2	4	6	1	5	6	1	7	8	1	8	9
85 +	0	0	0												
Total			41			43			46			48			47

As of January 2015, 264 older adults were receiving services in the Training Centers.

Forensic Services for Older Adults

With regard to the impact of the aging population on forensic services, we are seeing differing trends amongst the various legal status categories. Overall, research has shown that as individual's age, their risk for involvement in the criminal justice system decreases. As a result, we see relatively few older adults requiring forensic mental health services. However, with the overall growth in the sheer numbers of older adults, we anticipate a slight overall increase in the demand for forensic services. The following trends and implications are anticipated for each of the various legal categories:

- **Competency Restoration** – Currently we receive relatively few court orders to provide competency restoration services to older adults. As we expand the availability and quality of outpatient based competency restoration services, we anticipate a slight decrease in the number of individuals requiring inpatient care in our state hospitals. We anticipate a slight increase in the number of individuals who will require outpatient restoration services. This will result in a slight increase in the needed funding for outpatient restoration services.
- **Emergency Treatment from Jail** – DBHDS receives relatively few requests for older adults who are jailed but require emergency (inpatient) mental health treatment. Research consistently shows that as individual's age, their risk for being jailed decreases and there is no reason to believe we will see a change in this trend. However, because there will be more individuals classified as older adults we do anticipate a very slight increase in the sheer number of older adults who require inpatient services.
- **Not Guilty by Reason of Insanity Acquittees** – Overall, individuals adjudicated Not Guilty by Reason of Insanity have relatively long lengths of stay in our state hospitals. There are also a significant minority who are treatment refractory and require a high level of structure and supervision to manage their illnesses and risk factors, and this level of services currently does not exist in the community. In the next 5-10 years, we anticipate an increase in older adult NGRI acquittees. Many of these have spent large periods of their lives institutionalized and have co-morbid, significant medical issues. We anticipate these individuals will require higher levels of medical care than our current acquittees and this will become more costly to the Department. Individuals adjudicated NGRI are not eligible for benefits (as long as they remain hospitalized) thus the cost of care is paid for by the Commonwealth.
- **Individuals found to be Sexually Violent Predators** - Overall, individuals adjudicated Sexually Violent Predators (SVP) have relatively long lengths of stay in our state facility (The Virginia Center for Behavioral Rehabilitation – VCBR). Most of these individuals come to VCBR after serving sentences in the Virginia Department of Corrections.

Overall, the trend is for individuals convicted of sexual offenses to serve longer sentences, thus we anticipate an increase in admissions of older adults to VCBR. We are already seeing an upward trend in older adults being committed to our care and also are experiencing a spike in the health care costs associated with treating this population. We anticipate this trend will increase in the coming years and we also anticipate increasing costs for medical care for this population. Given their unique legal status, it is often very difficult to transfer these individuals to community based care, even when their risk of sexual re-offending is felt to be manageable, thus compounding the problem.

Community Services Boards

Community Services Boards, contracted by the DBHDS, are the single point of entry into the publicly funded behavioral health and developmental services system. These entities have the responsibility and authority for assessing individual needs, providing an array of services and supports within available resources, and managing state controlled funds for community based services. While there are limited state controlled funds in the service delivery system identified specifically for the service needs of adults age 60- and older, there are two funded innovative programs provided by CSB's specifically to the older adult population. These programs were identified as best practice services on page 9 (Region II RAFT Program) and page 10 (Hampton/Newport News CSB). Specific funding detail is contained on page 27.

3. Identify current agency programs specifically designed to serve older Virginians that fall into any of the following eight categories:

- **Health Care/Wellness**
- **Education**
- **Public Safety (including Adult Abuse Prevention)**
- **Recreation**
- **Housing**
- **Accessibility (including Livable Communities <http://www.vadrs.org/vblc/>)**
- **Financial Security**
- **Transportation**

The Virginia Department of Behavioral Health and Developmental Services Office of Behavioral Health Wellness (DBHDS OBHW) is deemed with developing substance abuse prevention and mental health wellness strategies across the lifespan. Currently we are in a process of strengthening our system to utilize data driven decision making by having a Social Indicator Study completed that will assist in targeting our efforts by identifying needs based on population, geography, age, gender and other demographic factors. Additionally, we will have data to identify specific needs such as alcohol, prescription drugs, depression, anxiety and other specific areas. To date, we have had a difficult time obtaining data on the aging population as it relates to these issues so the Social Indicator Study will be quite beneficial to our efforts.

The Virginia Office on Substance Abuse Prevention (VOSAP), which is housed at the Alcoholic Beverage Control Board (ABC) Education office, has chosen the older adult population as a target because of suspecting that alcohol abuse is a problem due to risk factors such as isolation and pain. These are also risk factors for mental health challenges such as depression and suicide. DBHDS OBHW is a part of the VOSAP Collaborative which is comprised of state agencies and other stakeholders working to prevent substance abuse. DBHDS OBHW facilitates Virginia's Suicide Prevention Steering Committee, comprised of key stakeholders from state agencies and community groups that address this issue. They are currently in the process of revising the Suicide Prevention Across the Lifespan Report to include the most recent data. Through these partnerships, we hope to provide the synergy needed to address these issues. Currently, Portsmouth CSB is looking to target the aging population through a SAMHSA curriculum – Promoting Mental Health and Prevention Suicide: A Toolkit for Senior Living Communities.

Community Service Boards (CSB's) deliver community behavioral health and developmental services, either directly or through contracts with private providers. In the Tidewater region, the Hampton-Newport News CSB has implemented assistance with transportation for senior's medical appointments and has found this has increased compliance to appointments. The agency feels it will improve overall healthcare/wellness. Also, the Geriatric Interagency Task Force meets monthly to find solutions to the issues facing older adults who have behavioral health care issues that require specialized care. The group's mission is to promote, facilitate and advocate for increased capacity and ease of access to treatment for older adults experiencing behavioral issues on the Virginia Peninsula.

In Northern Virginia CSBs, the RAFT program fills a vital community need for individuals who need assisted living or nursing home level care and are ready to be discharged from a state psychiatric hospital or are at risk of going to a state psychiatric hospital. RAFT is funded by a grant from the state of Virginia and a Federal Block Grant and is administered by Arlington CSB. The goal of the program is to allow individuals to live in the least restrictive environment possible in a location that is close to home and easily accessible for family and friends. RAFT provides the following services:

- Multidisciplinary evaluation
- Comprehensive plans of care
- Case management and coordination with physicians and other agencies
- Regular medication monitoring and evaluation
- Individual, group and family therapy sessions
- 24 hour consultation to facilities and mental health training for staff

Individuals Served: Individuals 65 or older who meet these eligibility criteria:

- Have a diagnosis of serious mental illness or dementia with behavior problems

- Are residents of Arlington, Fairfax, Prince William, Loudoun Counties or the City of Alexandria.
- Are in need of assisted living or nursing home level care
- Have a history of psychiatric hospitalization or are at risk of hospitalization

4. Is your agency able to meet all of the service demands of older Virginians for the services listed above? If there are any instances where the demand for services exceeds your agency's ability to meet the demand, please indicate the service and the extent of the unmet demand. Also, if your agency maintains waiting lists for services, please provide this information, including the waiting list numbers for each service.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public mental health, developmental, and substance abuse services system. The Central Office, state facility, and CSB Partnership Agreement describes this relationship. The agreement is on the Department's web site at:

<http://www.dbhds.virginia.gov/library/document-library/15%20pc%20partnership%20agreement%20final.pdf>.

When an individual is determined clinically ready for discharge at one of the seven adult state mental health facilities, the CSB is expected to take immediate steps to finalize the discharge plan. However, "clinical readiness for discharge" does not by itself determine when a person will be discharged. A person's actual discharge is also a result of availability and suitability of community services and supports that the person needs to live outside of the hospital. The lack of acceptable, available and appropriate community services may result in delayed discharges. An individual is added to the Extraordinary Barriers List (EBL) if a CSB cannot complete a discharge within 30 days of the date the person was determined clinically ready for discharge.

In December 2014, there were 144 individuals on the EBL, with 52 of them being older Virginians within the age range of 60 to 94. This is 36% of the total amount of individuals listed for having extraordinary barriers in the adult state mental health facilities. For older Virginians, the amount of time an individual has been on the EBL ranges from 35 days to 1500 days. Piedmont Geriatric Hospital hosts the largest amount of geriatric individuals receiving mental health treatment in our state facilities and reportedly have 23 individuals listed on the EBL.

The barriers for each individual on the EBL are identified by the CSBs. These barriers include: no willing provider due to the nature of the patient's legal charge, being a sex offender, having complex medical conditions, and/or having a history of violence. Although some older Virginians in the state mental health hospitals have been accepted at residential programs, assisted living facilities, or a nursing home, they have not been discharged because the accepting facilities do not have available and/or appropriate beds. Additionally, there are 16 individuals on

the comprehensive EBL because they either lack guardianship or are in the process of obtaining a guardian; 13 of these individuals are within the age range of 50 to 94. Seven of the older Virginians on the EBL are forensic patients waiting on conditional release or currently on 48-hour passes. Some individuals are waiting on funding sources, due to their Medicaid pending, requesting Discharge Assistance Program (DAP) funds, or going through Money-Follows the Person process. Individuals in the state facilities' care may need continued annual funding after their discharge to help support them in the community. Two of the individuals will need up to \$50,000 annually, five will need up to \$75,000 annually, and one will need up to \$100,000 annually.

The number of individuals aged 60 and over on the EBL is likely to increase if resources in the community for older Virginians with a history of mental illness are not made more readily available. The world's population is aging rapidly. Older individuals face special physical and mental health challenges that need to be recognized. The most common neuropsychiatric disorders in this age group are dementia and depression. According to the World Health Organization (2013), the total number of people with dementia is projected to almost double every 20 years, to 65.7 million in 2030 and 115.4 million in 2050. Discharging individuals with dementia to the community from the state psychiatric facilities is challenging. Many nursing facilities, other residential placements, and community services programs are not sufficiently trained, and do not feel comfortable treating an individual with complex needs.

Mental health has an impact on physical health and vice versa. For example, older adults with physical health conditions such as heart disease have higher rates of depression than those who are medically well. Conversely, untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease. Therefore, it is imperative that the state mental health facilities and community resources for older Virginians began to equip themselves to handle complex medical problems as well as provide preventive mental health services for high-risk populations. While there has been an increased focus on this type of integration, access remains limited.

5. Provide the number of persons, by gender if available, who received services from the agency in each of the past five state fiscal years (FY 2010 through FY2014) who fell into the following age ranges: 60-64; 65-74; 75-84; and 85 and older. If your agency lacks specific information about the numbers of older Virginians it serves but has other evidence indicating that it is serving more or fewer older Virginians than it has in the past, please describe the basis for that estimation.

The information provided below in the chart is a summary of the number of individuals, age 60 and over, which have received mental health, ID/DD, substance abuse, and emergency services by the 39 CSBs and one Behavioral Health Authority. Each year since 2010, the numbers of

older adults the CSBs serve have increased. For example, in 2014 the CSBs increased their service delivery to older adults by 1,088 more when compared to 2013.

CSB	FY2014	FY2013	FY2012	FY2011	FY2010
Alexandria	367	354	331	343	315
Alleghany-Highland	165	154	136	141	140
Arlington County	571	569	514	475	483
Blue Ridge	621	528	513	491	422
Chesapeake	368	326	288	402	470
Chesterfield	296	294	270	264	219
Colonial	506	507	408	365	348
Crossroads	397	369	245	249	220
Cumberland Mountain	271	297	270	259	236
Danville-Pittsylvania	356	332	343	279	285
Dickenson County	110	91	95	93	69
District 19	408	384	340	329	335
Eastern Shore	215	183	170	146	124
Fairfax-Falls Church	1,150	1,183	1,081	959	938
Goochland-Powhatan	68	79	52	56	48
Hampton-Newport News	875	794	837	774	899
Hanover County	156	139	108	125	114
Harrisonburg-Rockingham	206	198	175	169	184
Henrico Area	512	513	496	487	461
Highlands	482	465	440	418	443
Horizon	697	635	633	551	517
Loudoun County	271	248	239	227	233
Middle Peninsula-Northern Neck	349	337	348	353	371
Mount Rogers	590	530	462	446	443
New River Valley	444	395	353	372	330
Norfolk	507	491	566	460	468
Northwestern	383	353	313	332	335
Piedmont	404	379	359	342	314
Planning District I	348	368	355	326	328
Portsmouth	245	156	215	185	191
Prince William County	331	292	283	273	277
Rappahannock Area	464	454	422	363	345
Rappahannock-Rapidan	421	382	359	332	341
Region Ten	729	625	539	479	432

CSB	FY2014	FY2013	FY2012	FY2011	FY2010
Richmond	898	717	735	700	696
Rockbridge Area	178	164	147	137	162
Southside	275	270	238	216	209
Valley	371	377	326	327	315
Virginia Beach	664	652	602	381	343
Western Tidewater	234	231	213	238	214
Virginia Totals	16,903	15,815	14,819	13,864	13,617

6. Referring to the services or funding you described in item two, describe any services or funding provided to older Virginians for which the accessibility or availability varies considerably in different parts of the Commonwealth.

Key components of effective aging and behavioral health partnerships that result in positive health impacts for older adults and improved service delivery systems include advocacy resulting in financing, policy, or program change that increases or improves access to health service and directed funding that develops statewide delivery systems that link aging and behavioral health services.

As previously mentioned, the CSBs provide a number of services to older adults directly or through a contractor. CSBs strive to support the care of older adults with intellectual disabilities, mental illness, or substance use disorders, and their families. However, there are limited state controlled funds provided to CSB's for services specifically tailored for older adults. Hampton Newport News CSB and Northern Virginia RAFT Programs are funded by the state to implement innovative programs designed to address the needs of this population. These programs are further described throughout this report. Below is a table demonstrating how the funds are divided between the two programs.

<u>MH Geriatric Services Total Funding</u>	
Federal Funds	\$ 1,000,000.00
State General Funds	\$ 522,500.00
Total Program Funding	\$ 1,522,500.00

<u>Arlington CSB</u>	
Federal Funds	\$ 500,000.00
State General Funds	\$ 522,500.00
Total Program Funding	\$ 1,022,500.00

<u>Hampton-Newport News CSB</u>	
Federal Funds	\$ 500,000.00
State General Funds	-
Total Program Funding	\$ 500,000.00

Inpatient geriatric services are provided by four state mental health facilities including Catawba Hospital, ESH, PGH, and SWVMHI. These hospitals are located in health planning regions 1, 3, 4, and 5. However, they all accept older adults from various parts of the state because there are few providers who will accept older adults in need of psychiatric acute care. Below is a table of the budgeted amounts for these facilities.

State Hospital Geriatric Care Services

Fiscal Years	Total	General Funds	State Funds
FY 2010	\$42,936,075	\$6,230,783	\$36,705,292
FY 2011	\$42,511,014	\$14,962,310	\$27,548,704
FY 2012	\$42,278,511	\$13,137,822	\$29,140,689
FY 2013	\$44,286,868	\$16,774,819	\$27,512,049
FY 2014	\$38,742,264	\$11,570,696	\$27,171,568

Due to the limited available resources for crisis stabilization specifically for older adults, there is a need for early identification of high-risk individuals and families, preventive measures, and mental health promotion. Early identification strategies could include increased outreach and prevention efforts by:

- Offering mental health education and outreach in locations frequented by older adults and their families, such as doctors' offices, senior centers, and religious organizations;
- Encouraging joint efforts between health, mental health, and aging services care providers;
- Supporting self-help groups;
- Providing opportunities for older adults to have a voice in the development of their own programs;
- Increasing opportunities for meaningful work, both paid and volunteer;
- Supporting research on effective prevention strategies; and
- Utilizing funds to implement and evaluate prevention models that address mental health, are holistic, and culturally acceptable.

7. Over the next five to 10 years, in what ways do you anticipate that an aging population will impact your agency's services, funding streams, or policies? Consider the impact from an increase in the number of older Virginians and whether the needs of older Virginians will differ from those of today's older adults. Please include any anticipated impacts upon

the cost of services, changes in type of services or the manner of service delivery, or modifications to agency policies, staffing needs, or procedures.

DBHDS will need to address the problems related to adult mental health by committing both financial and workforce resources to ensure that treatment is both accessible and adequate. Treatment approaches need to reflect a recovery model with effective community-based services to ensure that the older adults have services and supports to prevent crises, promote stability and specialized services. According to the John A. Hartford Foundation (2011), individuals in the Baby Boom generation are shown to have a higher risk for depression, anxiety disorders, and substance use disorders. As Baby Boomers age, the number of older people with mental illness will grow, likely increasing the need for treatment by DBHDS.

The shortage of mental health professionals available to provide services to older adults with mental health conditions is steadily rising and there is a critical lack of geriatric specialists within the psychiatry, psychology, social work, and nursing disciplines. DBHDS will need to address the workforce shortage and train all of our health professionals who see older adults so they sensitive to their unique needs. DBHDS should support the relationship with the GMHP's efforts to encourage professional consultation on the Continuum of Care Model and regional efforts to actualize best practices in communities across Virginia. Partnerships with various institutes, colleges, and programs are encouraged such as the VCU Department of Gerontology, Virginia Center on Aging, Riverside Center for Excellence in Aging and Lifelong Health, and the Virginia Healthcare Association. These organizations could assist with educating and training mental health professionals and other direct care workers. The Older Adults Mental Health Needs Assessment survey results will provide additional feedback on funding, the manner of service delivery, policies and procedures, as well as training needs.

8. Please describe the primary steps that should be taken at the federal, state, or local levels to meet the future demands of older Virginians and to make services delivery more effective and efficient.

Virginia serves many older adults with psychiatric needs in its state psychiatric hospitals and geriatric centers rather than in the community. However, the behavioral health services infrastructure in Virginia needs strengthening in order to meet the current and future needs of older adults. Specialized crisis response, intervention, and ongoing treatment services and supports for older individuals with behavioral health disorders are not widely or routinely available. The provision of those specialized services is complicated by the lack of providers trained to serve older individuals with mental health or substance use disorders.

Although some older adults living in nursing facilities are receiving case management and other specialized services, long-term care facilities that lack access to psychiatric care have difficulty

managing the behavioral challenges of residents with behavioral health disorders. This inability to manage behavior problems can translate into injuries to the individual or other residents and to caregivers. At times, long-term care facilities respond to behavior problems with an over reliance on medications or by transferring those individuals to community hospitals or to state hospital geriatric centers.

The accelerated growth of individuals with proportionately greater and more expensive healthcare needs will place increased pressure on health care services, including Virginia's behavioral health services system. To this end, it is imperative that training in geriatric mental health be expanded and incorporated into curriculum for health care professional education, especially for physicians, nurses, psychiatrists, psychologists, social workers, mental health counselors, peer specialists, and rehabilitation specialists.

The vast majority of older adults with a mental health or substance use disorder also have other chronic conditions. In addition, people with a serious mental health condition are at increased risk for other general health conditions. Thus, it is critical to integrate mental health and substance use with other health services including primary care, specialty care, home health care, and residential-community-based care. Treatment models for older adults with mental health or substance use disorders must be well coordinated and respond to the unique needs of a population with growing health issues.

More individuals demand alternative "aging in place" community and home-based services. This includes educated primary care providers equipped to manage and treat minor psychiatric conditions in older adults, short-term respite care that includes psychiatric treatment, assisted living and nursing facilities with integrated psychiatric treatment options. Also critical is the need to offer payment systems where the money follows the person, and enhanced availability of programs such as the PACE Model to provide Medicaid coverage of psychiatric care in the individual's own residence.

There is a need to build a system where prompt recognition and treatment of mental, neurological and substance use disorders in older adults is considered best practice. A supportive legislative environment based on accepted human rights standards is required to ensure the highest quality of services to people with mental illness and their caregivers. A service system that is built on the available evidence of best practices for treating older adults will include:

- Outreach services, including community education and training, prevention and early intervention efforts, and screening and early identification;
- Community-based, multidisciplinary, geriatric mental health treatment teams;

- Comprehensive home and community based services, including integration with primary care, case management, peer and consumer-run services, caregiver supports, crisis services and long-term care;
- Mental health promotion interventions that seek to improve the quality of life for older adults, not simply mitigate the negative effects of aging; and
- Policy and legislative changes that address the problems of workforce development, funding, research, coalition-building and integrated service systems.

9. Identify the extent to which your agency provides “customer-oriented” publications and websites that are designed to be “senior-friendly.” If the information you currently provide is not readily accessible to older Virginians, please identify any steps your agency is taking to improve their access to this information.

Utilizing effective communication practices is critical for determining appropriate diagnosis, treatment, and delivery of services in the behavioral health and developmental service systems. State hospitals and training centers operated by the DBHDS shall ensure that meaning access for all individuals receiving their services and for individuals’ authorized representatives who help them to make informed decisions. This policy ensures compliance with § 51.5-40 of the Code of Virginia, Title VI of the Civil Rights Act of 1964 and the Americans for Disabilities Act (ADA) of 1990, The Joint Commission (TJC) standards and federal and state regulations.

DBHDS has also launched a new agency website designed with a high level of ADA & Web Accessibility Initiative compliance. The WAI develops guidelines to help make websites accessible to people with disabilities. Creating a site that is WAI compliant makes the site more accessible to users with disabilities, including those with low vision, and the focus on providing non-text equivalents (e.g., pictures, videos, and pre-recorded audio) of text increases the benefits for all users

10. Describe any other services or programs that your agency plans to implement in the future to address the impact of the aging of Virginia’s population.

State hospital geriatric centers are working with nursing facilities across Virginia to encourage and support the transition of individuals residing in the state facilities to the community. The goal is to reduce or divert older adult admissions from state hospitals and increase discharges to the community. DBHDS encourages the use of trial visits prior to discharge and teams of the clinical staff to provide telephone consultation, site visits, and other support to community caregivers, to assist with older Virginians integration into community settings.

DBHDS, CSBs, and other stakeholders have worked together to develop regional model programs via collaborative evidence-based practices. Communities are working towards

providing direct services and building the necessary infrastructure to support expanded services for meeting the diverse mental health needs of older individuals. This foundation is critical for delivering and sustaining effective mental health outreach, treatment and prevention services, as well as resources to support the direct delivery of services.

As previously mentioned, the Regional Older Adult Facilities Mental Health Support Team (RAFT) is managed by Arlington County Senior Adult Services. RAFT makes it possible to discharge seniors from Piedmont and Eastern State Hospitals to closer-to-home, less restrictive nursing homes and assisted living facilities. In addition, RAFT seeks to divert seniors in Northern Virginia from being admitted to state hospitals by placing them in a Northern Virginia nursing home or assisted living facility. In 2014, Hampton Newport News Community Services Board started providing in-home respite care to qualified families for a less than industry standard price. Qualified recipients include those caring for older adults with intellectual disabilities.

With increased responsibility placed on DBHDS and CSBs to serve older adults in community settings, DBHDS is working to develop and implement a comprehensive plan for Geriatric Services including examining opportunities for public and private development of specialized community-based services for individuals currently residing in state hospital settings. Additionally, these efforts promote the vision of an integrated model for the delivery of specialized clinical behavioral health services for older adults by offering a continuum of care through choice of providers and shared commitment to ensure the proper level of care. Additionally, this initiative recognizes the importance of ongoing collaboration with CSBs, community providers of aging services, and other community organizations to increase the capacity for aging in place, when appropriate, for older adults. There are plans to continue to provide training to long-term care facilities, primary care providers, and family caregivers on interacting with older adults with behavioral or mental health issues. Among the outcomes that could be achieved with adequate staffing and supporting infrastructure include:

- Implementation of program initiatives that monitor outcomes in different types of supportive living situations.
- Development and dissemination of a directory of older adult service models organized by regions.
- Provision of technical assistance and training and education on best practices for serving older adults.
- Improved monitoring and accountability of specialized services.
- Regional specialized Geri-psychiatric behavioral health mobile teams and specialized assisted living and nursing home teams.
- Increased discharge assistance funding.
- Regional private bed purchase funds for geriatrics.
- Specialized services and supports that incorporate evidence-based and best practices.
- Strategic planning activities.

When older adults receive treatment under a TDO in community hospitals, they have often experienced placement issues that resulted in stays beyond the reimbursable timeframe. Therefore, many hospitals are reluctant to accept these individuals. Community hospitals and the state geriatric centers need to continue to work closely with the Regional Utilization Management Committees to coordinate and manage transfers from community hospitals to the state facilities. This would enable community hospitals to accept more TDOs and provide acute treatment to individuals who otherwise would have been admitted to a state facility for a potentially much longer average length of stay.

11. Please indicate if your agency is experiencing an increase in employees retiring later and describe any actions your agency is taking or plans to take to accommodate its aging workforce with innovative practices.

DBHDS Human Resource (HR) professionals have supported the department’s focus to build a culture that supports and engages workers of all ages now and in the future. This includes offering flexible work schedules, telework, and encouraging active participation in the CommonHealth initiatives. Our aging workforce has received these options positively. Based on our current classified workforce of 7,267, it appears that only 3% of our workforce retired in 2014. The table below provides data on the number and age of retiree from the past five years at DBHDS:

DBHDS Service Retirement by Year

Year	Avg. Age	Number
2014	62.7	223
2013	63.0	158
2012	61.7	191
2011	61.5	200
2010	61.5	232
5 Year Average	62.0	1,004

Note: Number Service Retirements and average age.

There has been a 1% increase in the average age of retirement over the past 5 years. The difference when comparing 2010/2011 to 2014 is a 1.9% increase. The average age of retirees has increased from years 2010 and 2011 to 2014 by 1.2 years.

HR professionals will be at the forefront of DBHDS’s efforts to meet the challenges and make the most of the opportunities accompanying an aging workforce. Additionally, HR will be taking

the lead of preparing DBHDS for a more demographically diverse workforce. The first step will be to learn as much as possible about the expected demographic shifts that are likely to affect the industry and organization. To prepare for potential gaps resulting from the loss of older workers, DBHDS has recently developed SystemLEAD, a leadership program focusing on development of mid-level managers and “high performers” as a means to prepare for succession planning and to keep the experience of valued workers within the system. Other plans include increasing training and/or cross-training efforts and the development of succession plans.

REFERENCES

John A. Hartford Foundation: 2011 Annual Report (2011). Retrieved February 4, 2015 from: http://www.jhartfound.org/images/uploads/reports/JAHF_2011AR.pdf

Mental Health America Position Statement 35: Aging Well (2011). Retrieved January 23, 2015 from: <http://www.mentalhealthamerica.net/positions/aging-well#end17to25>

Older Americans Behavioral Health Issue Brief: Series Overview. Retrieved January 23, 2015 from <http://www.ncoa.org/improve-health/center-for-healthy-aging/content-library/Series-Overview-Issue-Brief-1.pdf>

Substance Abuse and Mental Health Services Administration: Issue Brief 1- Aging and Behavioral Health Partnerships in the Changing Health Care Environment (2012). Retrieved February 4, 2015 from: http://www.aoa.acl.gov/AoA_Programs/HPW/Behavioral/docs2/Issue%20Brief%201%20Partnerships.pdf

Virginia Department of Behavioral Health and Developmental Services (2013). Comprehensive State Plan 2014-2020

Virginia Department of Behavioral Health and Developmental Services (2009). Comprehensive State Plan 2010-2016

Virginia Department of Behavioral Health and Developmental Services. Departmental Instructions 209 (RTS) 95: Ensuring Access to Language and Communication Supports

World Health Organization: Mental Health and Older Adults (2013). Retrieved January 23, 2015 from: <http://www.who.int/mediacentre/factsheets/fs381/en/>