

December 10, 2012

POSITIVE LIVING FOR OLDER ADULTS AND INDIVIDUALS WITH DISABILITIES

2012



Positive Living for Older Adults and Individuals with Disabilities

Positive Living *Defined*

Individuals live independently in the community or in the least restrictive environment

- Individuals are *self-determined*
- Individuals are *civically and socially engaged*
- Individuals are *physically and mentally healthy*
- Individuals have *safe, affordable, accessible, and secure housing*

Our Guiding Principles

- Assure single point of entry for aging and disability services
- Offer a continuum of services, with a focus on prevention and inclusion
- Maximize resources/eliminate duplication
- Build community capacity by leveraging resources
- Person-Centered approach; best possible outcomes for the client/recipient
- Integration of services; a system of care/services/support
- Focus on vulnerable population
- Promote and maximize independence
- Sensitive to the unique needs of the culturally diverse populations

Current Population Served

Fairfax County residents and those residing in the cities of Fairfax and Falls Church

- Older adults
- Caregivers
- Individuals with disabilities
- Individuals and families with, or at risk, of developmental delay, intellectual disabilities, mental illness, and alcohol or drug abuse or dependency

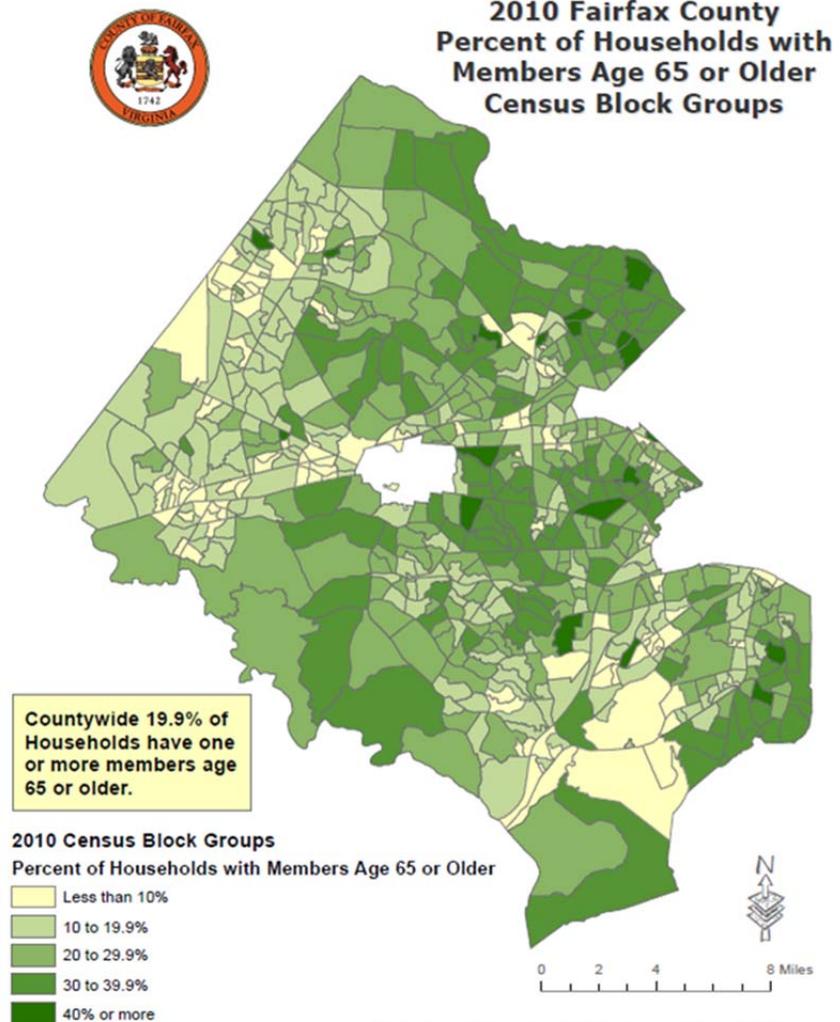
Services Include

- Adult Day Health Care
- Adult Protective Services
- Assessment and Engagement Services
- Behavioral Health Support Services
- Benefits/Access Insurance Counseling
- Care Management/Social Work
- Caregiver Support and Respite
- Community Based School Transition
- Community Education and Outreach
- Congregate Meals
- Crisis Intervention and Assessment
- Day Support and Employment Services
- Early Intervention Services
- Health and Wellness Services
- In-Home Care
- Inpatient and Outpatient Services
- Intensive Community Treatment
- Intensive Support Coordination
- Jail and Court Based Services
- Job Training
- Legal Services
- Meals on Wheels
- Medical Services
- Northern Virginia Long Term Care Ombudsman
- Nursing Homes and Assisted Living
- Real Estate and Car Tax Relief
- Residential Treatment Services
- Senior Centers
- Senior Housing
- Senior Plus
- Supportive and Therapeutic Residential Services
- Therapeutic Recreation
- Transportation
- Volunteer Services

In the numbers....

Factors influencing services to current population

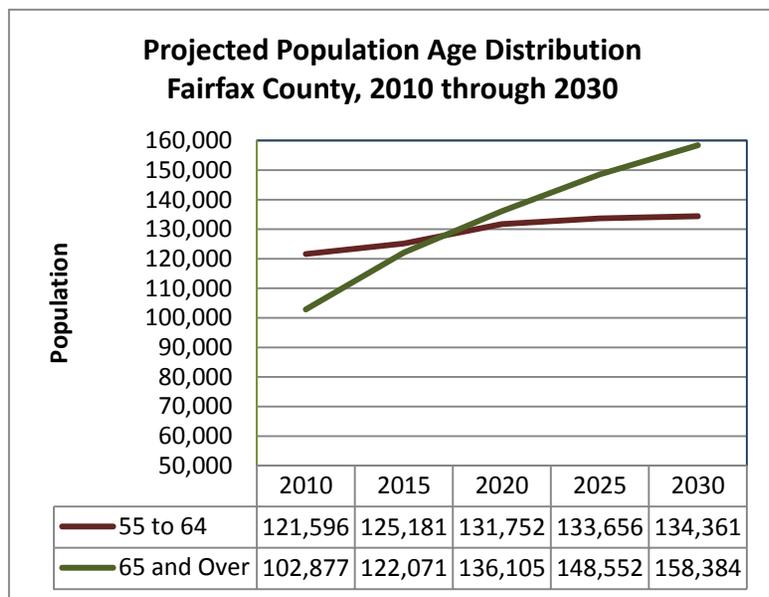
- 1 in 5 households in Fairfax County has a member 65 years or older living in them.
- The number of older adults in Fairfax is increasing. There is an estimated 106,000 older adult members (65 and over) living in Fairfax County. By 2030 there will be an estimated 158,000.
- With increasing life expectancies, more of the working age population is part of the “sandwich” generation, those caring for both children and older adults. These caregivers may care for their elders for a longer period of time. Longevity also means that there are older adults with their own health and financial needs caring for other older adults, such as siblings, spouses, and even their parents.
- The incidence of disabilities among older adults –everything from arthritis to Alzheimer’s – doubles every five years after the age of 65. Because the oldest baby boomers will turn 75 in 2021, it is anticipated that the need for assistive services and programs will accelerate rapidly after 2020.
- More older adults are working. In 2010, 23.2% of the Fairfax County population, age 65 and older, was employed compared to 18.6% in 2000.
- An estimated 4.8% of persons age 65 and older in our community are below poverty (ACS 2010).



In the numbers.... continued

Factors influencing services to current population

- In FY 2012, the Department of Family Services’ Aging, Disabilities and Caregiver unit assisted around 13,000 callers with information about services and resources for older adults, people with disabilities, and caregivers, an increase of approximately 2,000 from FY 2011.
- An estimated 19,846 grandparents live with their grandchildren under age 18. Of these grandparents, more than one in four are responsible for caring for their grandchildren (2011 ACS).
- 2010 median household income for all households in Fairfax County is \$126,196 – for households headed by persons 65 or older median household income is \$91,334 (2010 ACS).
- An estimated 2.7% of persons age 65 or older lack health insurance (2009 ACS).



- The average family caregiver is between the ages of 40-65, with 60% working outside the home.
- County employers have a stake in the county’s system of long term care services, as businesses incur high costs in terms of decreased productivity by stressed working caregivers. A study by MetLife estimates the loss to U.S. employers to be between \$17.1 and \$33.6 billion per year. This includes replacement costs for employees who quit because of overwhelming caregiving responsibilities, absenteeism, and workday interruptions. (*Metropolitan Life (MetLife) Mature Market Institute, 2006*).

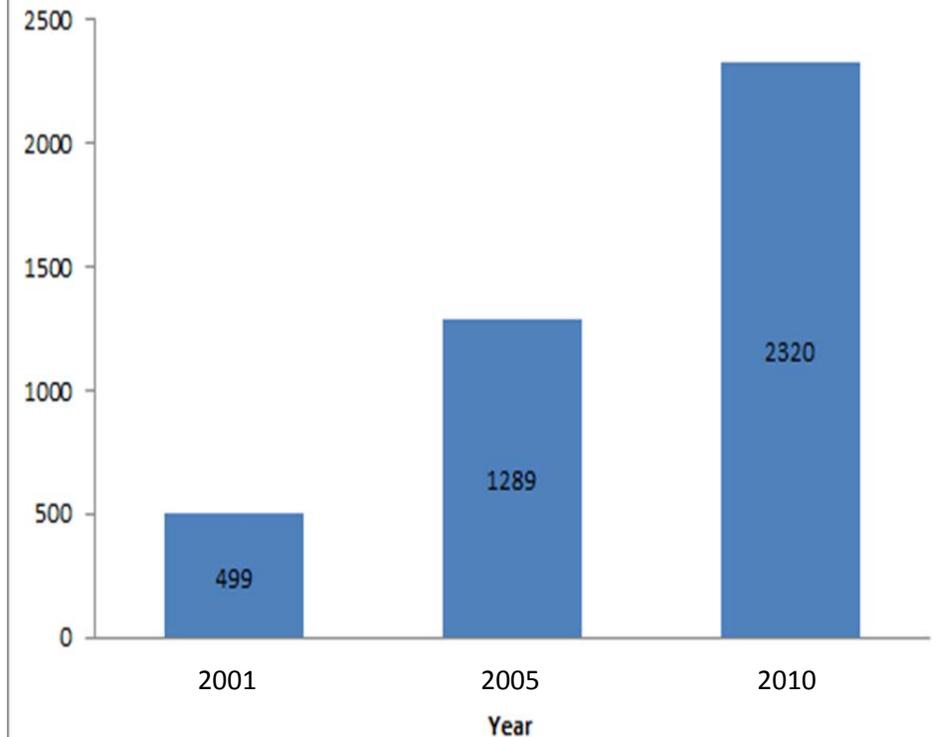
Aging and Diversity

- 6.4% of persons, 65 and older, living in Fairfax, in 1980 were minorities; by 2010 that number more than quadrupled to 27%.
- A growing number of Fairfax households speak a language other than English at home (34 percent). Over 100 different languages are spoken at home by students enrolled in the Fairfax County Public Schools (FCPS).

Those with Disabilities

- People with disabilities in the Fairfax area are almost twice more likely to live below poverty than people without disabilities: 7.8% versus 4.1% locally.
- People with disabilities in the Fairfax area have an employment rate of 70.6%, whereas people without disabilities have an 81.2% employment rate.
- In 2010, the Fairfax County Population was 1,081,004. The prevalence of Intellectual Disabilities is 1-3% of the general population (or 10,810 – 32,430 residents).
- Approximately 6% (or 1 in 7) of Americans live with a serious mental illness (64,860 Fairfax County residents).
- Of all people diagnosed as mentally ill, 29% abuse either alcohol or drugs (18,809 Fairfax County residents).
- Fairfax County 2011 Youth Risk Survey – 29.2% of students surveyed reported that in the 12 months prior to survey administration, feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Number of Fairfax County Students with Autism by Year



Population-focus areas of our work

....some examples

Older and Active Adults

The average recipients of this focus area are older adults, age 55 and over, who want to be civically and socially engaged. The Department of Neighborhood and Community Services provides volunteer, social opportunities and a variety of physical activities for this population. Often times, this population wants to be involved in the leadership and planning of these activities, many of whom are recent retirees who are exploring their next chapter.

Vulnerable or Incapacitated Adults in Need of Protection

Older adults (age 60+) or incapacitated adults (age 18+) who are at risk of abuse, neglect, or exploitation live in private homes, nursing or assisted living facilities, group homes or hospitals. An average Adult Protective Services client is a 75 year old female, living in a house or apartment, and she is neglecting herself due to dementia or medical conditions. She is not able to follow-up on medical care or care for herself and her home. Another average Adult Protective Services client also has medical conditions or dementia and is living with an elderly relative who is not able to provide the needed day-to-day care. Adult Protective Services social workers help to arrange: medical care, in-home care, and transportation; and connect with families, volunteers, and other community supports, and sometimes coordinate out-of-home placements and guardianships.

Older Adults in Need of Extra Help

The average recipient of services in this target population is 82 years old, female, with significant cognitive impairments (i.e. 89% have Alzheimer's disease and other forms of dementias) and or physical impairments (i.e. Parkinson's, chronic lung and heart disease, stroke, arthritis, hearing and vision impairments, etc). The impairments result in the need for assistance with activities of daily living (ADL) such as walking, eating, toileting, dressing, etc. In fact 94% have two or more ADLS. The program allows family members to go to work and know their loved ones are safe as approximately 70% of our family caregivers work.

Adults with Disabilities in Need of Transitional and Long Term Care

Many individuals with disabilities rely on a continuum of long term services and supports to lead successful, self-determined lives. Persons with an intellectual disability or are at risk for developmental delay may start services shortly after birth and receive services throughout their lifetimes. This can include early intervention services, special education through the school system, support coordination and employment services upon graduation, and residential services when primary care gives age or individuals desire more independence. Persons with mental illness or substance use disorders may also require longer term care via case management, employment/day services and residential services. Many of these individuals receive additional county and community based services to support their transitional and long term care needs.

Focus of Cross-cutting Human Services System Work

(What is being done to address factors influencing the population HS serves)

Volunteer Coordination and Management

Annually, staff across the county collaborates to recruit volunteers for 17 agencies, and more than 200 new volunteers of all ages are recruited to assist adults with disabilities and older adults. The Department of Family Services, Health Department, and the Department of Neighborhood and Community Services have recently centralized functions of volunteer management to improve recruitment, matching, and training of volunteers. The Fairfax-Falls Church CSB coordinates its own internal volunteer program, but actively refers volunteers to other human service agencies when the interest/skills of the volunteer or needs of another agency result in a more appropriate placement.

Front Door Services

The Department of Family Services, Health Department, and the Department of Neighborhood and Community Services are implementing plans to improve access to their services with an integrated assessment and referral process; one phone number is being advertised for senior centers, adult day health, Adult Services, Adult Protective Services, and the Fairfax Area Agency on Aging; and an Internet request for services information form has been enhanced.

Cross System Planning

Staff from the Departments of Family Services, Health, Housing and Community Development, Community Services Board and Neighborhood and Community Services are working together to identify areas where services can be provided in a more cost-efficient manner. Teams are working on service redesign 1) at co-located sites 2) cross system performance measures (including Results Based Accountability), and 3) more user-friendly web information.

Meals on Wheels and Congregate Meals

Work is being done with food vendors to develop menus that have universal appeal and are healthy for all. In Fiscal Year 2012, 121,135 congregate meals were provided to 1,822 older adults in senior centers and adult day health centers. In the same time period, 184,476 meals were served to 679 Meals on Wheels participants.

Stakeholders, Relationships and Partners

....*some examples*

Boards, Authorities, and Commissions

Advisory Social Services Board
 Fairfax Area Commission on Aging
 Fairfax Area Disability Services Board
 Fairfax - Falls Church Community Services Board
 Health Care Advisory Board
 Human Services Council
 Long Term Care Coordinating Council
 Therapeutic Recreation Advisory Council

Community Partners

AARP
 AASuccess
 Adams Center
 Alzheimer's Association
 Asian Pacific American Cultural Arts Foundation
 Auspicious Cloud Monastery
 Boat People SOS
 Buddhist Association of America
 Chinese American Association in Virginia
 Evergreen Home Care
 Fairfax County Adult Day Care Health Care Associates

Community Partners - continued

Fairfax County Long Term Care Coordinating Council
 Fairfax County Public Schools
 George Mason University
 Inova Health Systems
 Japanese American Care Fund
 Korean Community Service Center of Greater Washington
 LifeCircle Alliances
 National Alliance on Mental Illness
 Northern Virginia Aging Network
 Northern Virginia Vietnamese Senior Citizen Association
 NoVaHealthFORCE
 Organization of Chinese American Women
 PCA Program for Ethnically Diverse Population
 Regional CSB Partnerships
 SeniorNavigator
 Specially Adapted Resource Clubs (SPARC)
 Substance Abuse and Addiction Recovery Alliance

Community Partners - continued

Silver Lights Seniors Association
 The Arc of Northern Virginia
 vaACCSES (Virginia Association of Community Rehabilitation Programs)
 Virginia Ability Alliance
 Virginia Association of Community Services Board
 Vietnamese Community of DC, MD and VA
 Vietnamese Senior Citizen Association of Greater Washington

Revenue Sources

Donations and Fees
 Fairfax County and Cities of Fairfax and Falls Church
 Virginia Department for the Aging
 Virginia Department of Behavioral Health and Developmental Services
 Virginia Department of Medical Assistance Services
 Virginia Department of Rehabilitative Services
 Virginia Department of Social Services

Providers of Contract Services

Fairfax County uses more than **181 contracts with partners** totaling an estimated **\$28 million annually** for services related to provision of services and supports to older adults and persons with disabilities.

- Nearly 80% of these contracts are with nonprofit providers; the remainders are with for-profit companies.
- A large percentage of total county funding for direct services in this focus area is contracted out.

Some examples of our vendors include....

- Alzheimer's Family Day Care Center
- CHIMES, Virginia
- Community Living Alternatives
- Community Residences
- Community Systems, Inc.
- Didlake Inc.
- Easter Seals
- E-TRON Systems, Inc.
- Every Citizen Has Opportunities, Inc. (ECHO)
- Gabriel Homes, Inc.
- Hartwood Foundation, Inc.
- Jewish Foundation for Group Homes
- Job Discovery, Inc.
- Korean Senior Center
- Langley Residential Support Services, Inc.
- Linden Resources
- Maxim
- MVLE, Inc.
- Pathway Homes, Inc.
- PRS, Inc.
- Resources for Independence of Virginia, Inc.
- ServiceSource, Inc.
- St. Coletta Day Support Program
- St. Johns Community Services, Inc.

Trends affecting capacity of the human services system

Federal Trends:

- ✓ Uncertainty in Funding
- ✓ Unknown Impacts of the Patient Protection and Affordable Care Act
- ✓ DOJ settlement

- There continues to be uncertainty in funding at the federal level to programs in our human services system. Automatic budget cuts to federally funded programs (known as Sequestration) slated for January 1, 2013 may have a negative impact on local programs such as Meals on Wheels and congregate meals at senior centers.

- The full impact of the Supreme Court ruling on the Patient Protection and Affordable Care Act is still an open question and may not be decided for months to come. Regardless of the ruling, Virginia is moving to offering managed care for persons receiving Medicare and Medicaid. Medical providers are implementing programs to prevent re-hospitalization of persons with chronic conditions. Medical providers are emphasizing holistic education of patients, so that patients can better manage self-manage their care.
- In August 2008, the United States Department of Justice (DOJ) initiated an investigation of Central Virginia Training Center (CVTC), pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA), which found that the Commonwealth fails to provide services to individuals with intellectual and developmental disabilities in the most integrated setting appropriate to their needs. On January 26, 2012, Virginia and DOJ reached a settlement agreement that resolves DOJ's investigation of Virginia's training centers and community programs and the Commonwealth's compliance with the ADA and Olmstead with respect to individuals with intellectual and developmental disabilities. Services to be provided under the DOJ agreement include, but are not limited to, the addition of Medicaid Waiver Slots and an Individual and Family Support Program, crisis services and crisis stabilization, supported employment and integrated day activities, and community living options.

Trends affecting capacity of the human services system

State Trends:

- ✓ Cumulative State funding cuts
- ✓ Increase in Waiting lists for ID services
- ✓ Increase in ITC services
- ✓ Increase in EDCD waivers; cost savings for Fairfax County
- ✓ System-wide Person Centered Approach
- ✓ Serving individuals with autism spectrum disorder

- Traditionally, significant County general fund dollars support long term care services. With years of cumulative funding cuts by the state, and the potential for federal funding cuts, Fairfax may not be able to maintain its current quality and depth of services. Potential cuts in State funding threaten Medicaid waiver services and service providers, local area agencies on aging and Health Department programs.
- Waiting lists for community services for those individuals with Intellectual Disabilities continue to increase. As of December 1, 2012, 1,254 Fairfax County residents were on waiting lists for intellectual disability services. Of these 1,254 people, 889 were Medicaid Waiver eligible and of these 889 individuals, 501 people were considered “urgent” need. The state does not provide any general funds for ID services.

- The number of families seeking services for their children from the Infant and Toddler Connection has increased 44% from FY 2010 (789 eligible children) to FY 2012 (1,155 eligible children). These increases are directly attributable to the continuation of unprecedented growth in the number of children requiring Part C services. State and federal funding has not kept pace with increased contractor expenses to provide clinical and therapeutic services, increased personnel costs (i.e., service coordinators) to maintain compliance with mandated timelines, and increased infrastructure costs related to the necessary oversight, monitoring and training/consultation required to support the delivery of parent coaching/primary provider model. Future state and federal funding is uncertain.

State Trends Continued

- The Medicaid Elderly or Disabled with Consumer Direction (EDCD) Waiver funds personal care, respite, or adult day health care for eligible persons with disabilities. Due to the EDCD waiver, Fairfax County has saved significant local dollars. In past legislative sessions, there have been attempts to reduce state funding by reducing eligibility and capping services. In FY 2012, 784 preadmission screenings were conducted, a 34% increase since FY 2008. Of the 784 screenings, 142 were for children under the age of 18. The number of screenings for children is due to the waiting lists for other Medicaid Waivers. Virginia Code requires that the assessment for these services be conducted by a team composed of a local Public Health nurse and a Social Services (Department of Family Services) social worker.
- Continued work needs to be done to ensure a person centered approach system wide. This approach will affect individuals across all ages and disability populations, affording them personal choices, easier access to needed long term supports, and services that are integrated, individualized and simple to use.
- During its 2008 session, the Virginia General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) staff to examine the services available to Virginians with autism spectrum disorders (ASDs) in the Commonwealth. In June 2009, JLARC published its report and found that “while several public programs exist to diagnose, treat, and manage ASDs, those tend to be inadequately coordinated and cannot fully meet the needs of Virginians.” In response to the JLARC recommendations, which included establishing “Community Services Boards (CSBs) as the single point of entry for the Developmental Disability (DD) System, including serving individuals with ASDs,” the Department of Behavioral Health and Developmental Services created a detailed action plan in November 2010. The plan, with input from multiple state agencies and stakeholders, was presented to the General Assembly during its 2011 session. General Assembly action, including amendment to the State Code, has not taken place. State funding has not yet been allocated to CSB’s for this purpose.

Trends affecting capacity of the human services system

Local Trends:

- ✓ Aging workforce and the Capacity to meet the projected demand
 - Aging Primary Care physicians
 - Aging registered nurse population in Virginia
 - Increase Aging Workforce
 - Overall shortage in health care related jobs in Northern Virginia
- ✓ Age Readiness
- ✓ Aging in Place Initiatives
 - PACE
 - Village Models
- ✓ Transitioning to Adult Services
- ✓ Growth in Reporting Suspected Abuse, Neglect or Exploitation

Aging Workforce and the Capacity to Meet the Projected Demand

- In 2010, 39 percent of all primary care physicians in the area were age 60 or older. New physicians entering the medical profession are less likely to elect primary care, and those who do choose a primary care practice are not entering at a rate fast enough to replace those who are leaving.
- Half of all registered nurses, in the Commonwealth of Virginia are expected to reach age 65 by 2014; between 20-25 percent (18,248 – 22,810) are likely to reduce their work hours in preparation for retirement.
- According to a Northern Virginia Health Care Workforce Alliance report in 2005 the health care providers in Northern Virginia are facing shortages in key direct patient care positions. An estimated 2,800 FTE vacancies out of an estimated 23,500 employed FTEs exist in the health care job categories studied. The Northern Virginia shortage is projected to increase to 16,600 vacant positions by 2020 without additional interventions. Key drivers include: Significant population growth; Increase demand for health care due to aging population; Aging health care workforce; Shortage of nursing and allied health faculty; demanding work and non-competitive salaries.

Local Trends Continued

- The county is expected to have a rapidly increasing population of persons age 65 and older as the Baby Boom generation ages. As of 2011, the oldest boomers turn 65 but the greatest impacts will occur when the boomers reach age 80 beginning in 2026. Beginning in 2010, the U.S. and Fairfax County will experience a decline in the number of working age persons (ages 20 to 64 years) per person of retirement age (age 65 years and older). In Fairfax County the worker/retiree ratio will decline from 6.7 workers/retiree to 4.8 workers/retiree in 2030. (Anticipating the Future: A Discussion of Trends in Fairfax County 2011)

Age Readiness

- Age Readiness is examining how well prepared a community or organization is to meet the needs of older adults who plan to remain in the community and who are living longer than the generation before them. Additionally, the older spectrum includes multiple age groups resulting in numerous challenges to program planning and development. The interests and abilities of the younger side of the spectrum are different and often do not align with those on the higher end (older) of the spectrum. The biggest challenge is meeting the needs of the younger population without compromising current practices, services, and programs for the older adults (with a varying age range) of the spectrum.

Aging in Place Initiatives

- A public-private partnership to support implementation of PACE (Program of All-Inclusive Care for the Elderly) services in Fairfax County is designed to increase service capacity for older adults and adults with disabilities. PACE is a community-based alternative to nursing home care for adults 55 years and older who meet the criteria for both Medicaid and Medicare. An interdisciplinary team provides comprehensive care for all services needed by participants to include primary health care, hospitalizations, medications, home care, physical and occupational therapy, adult day health care services, and nursing home care when needed. The benefits of PACE include a high level of customer satisfaction, cost savings, predictable expenditures and the opportunity for older adults to remain in the community and out of institutional settings. PACE is funded by a capitated amount from Medicare and Medicaid for each participant to cover the cost of all care provided. Inova Health System opened its first PACE site in 2012 in space donated by the County for 3 years at Braddock Glen.

Local Trends Continued

Villages are community-based organizations designed to help members remain independent and in the community of their choice. Members define the type and scope of services, and may include persons of all ages or be age-specific. Each is unique and may include aspects of the following models:

- 1) The **“Neighborhood Network”** model provides information and assistance to members. It is informal and does not utilize paid staff. Groups meet on a regular basis to hear speakers on topics of interest selected by members. Community Based Serving organizations are often encouraged to participate and collaborate to provide services to the community in a coordinated way. Staffed by volunteers, some offer a local office, phone number and website to contact for information about resources. Members can also request or provide assistance to others on an informal volunteer basis. Groups using this model have formed in Reston and McLean.
- 2) The **“All Volunteer”** model organizes community volunteers to provide services and support to others and there are no paid staff. In some cases, hours donated by volunteers are “banked” and can be used in the future when or if the volunteer needs services or assistance. Most include organized social activities. Mosby Woods Village uses the all-volunteer model.
- 3) The **“Concierge Village”** is a non-profit model that coordinates access to an array of services through vetted providers including transportation, home repairs, care coordination, lawn work, technicians for computers, etc. Most also include social and educational activities. They are operated by paid staff. Some, called “Volunteer First” models, coordinate volunteers for some services and use vetted providers when volunteers are not available. Members arrange for services by calling a central phone number and pay annual dues that can range from \$500 to \$800 per year for an individual and as much as \$700 to \$1,200 for a couple. Some villages offer scholarships or subsidies to pay dues for those who can’t afford them. Groups using this model have formed in Mount Vernon and Lake Barcroft.

Transitioning to Adult Services

Special education graduates leaving the Fairfax County Public Schools expect services to continue seamlessly as they transition to adult services. In reality, adult services, unlike school services, are not entitlements. Therefore, services such as day support or employment may not be available. Students “graduate” to the couch or an alternative setting whereby skills learned in school may be lost.

Growth in Reporting Suspected Abuse, Neglect or Exploitation

Reports of suspected abuse, neglect, or exploitation involving older adults or incapacitated adults under age 60 are investigated, and protective services are provided. In FY 2012, 1,040 reports were investigated, an 18% increase since FY 2008.

Contributing or Restricting Factors

- Transportation** Transportation continues to be a challenge, and this will likely worsen with time as older adults and those with disabilities, including the younger adult population, increases. The demand for services is greater than the resources available. The adult day health care centers, senior centers, and Senior + continue to have waiting lists for transportation options because of resource limitations.
- Housing** Older adults and people with disabilities are a vulnerable portion of Fairfax County's citizenry. They need safe, affordable, accessible, and barrier free housing stock and supports to continue to live in the community. Even with the dip in housing prices, Fairfax County continues to be an expensive place to live. Many older adults and people with disabilities are unable to afford high rents and mortgages or renovate their homes to accommodate their changing physical needs.
- Employment** Older adults and people with disabilities can be gainfully employed if proper jobs and supports are available in the community. High unemployment and fewer community based jobs limit the opportunity for these populations to participate in their communities and attain a personally desired quality of life.
- Access** Access to medication, treatment, prevention, acute, diagnostic, laboratory, case management, and basic services are affected when individuals cannot afford to seek care or meet eligibility requirements.
- Language/Culture** There can be significant challenges for families, older adults, and caregivers isolated by language and/or culture. They often face loneliness and depression, are unaware of opportunities and services, and sometimes find services culturally inappropriate or difficult to access.
- Financial Resources** Financial resources to provide services are limited, creating increased competition to access those resources.
- System Navigation and Lack of Knowledge about Available Resources** The human services system is large, complex, and confusing. Older adults and people with disabilities often do not seek services or receive the benefit of all services without assistance in navigating the system and coordinating an approach.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

- The Department of Family Services' cluster care model of providing task based home based care services, volunteer services, and home delivered meals to eligible older adults and adults with disabilities provides coordinated and efficient services to support living in the community. In FY 2012, 642 eligible adults who needed more support in their homes were screened for Medicaid funded services. In FY 2012, almost 2,600 persons living in their own homes received case management services, and 83% of them remained living in community homes.
- The Health Department's Adult Day Health Care Program provides services to all who qualify, irrespective of their income. Fees are based on a sliding scale. In FY 2012, the ADHC program served 327 participants. Last year approximately 654 family caregivers benefitted from the program as they received respite while their loved one attended one of the Centers. Approximately 30% of the participants are from an ethnically diverse community. Participants may not be left unsupervised for extended periods of time due to their cognitive and physical impairments. The impairments result in the need for assistance with activities of daily living (ADL) such as walking, eating, toileting, dressing, etc. In fact 94% have two or more ADLs. Additionally 73% meet the functional criterion for nursing home placement. The program allows family members to go to work and know their loved ones are safe as approximately 70% of family caregivers work. The average family caregiver is between the ages of 40-65, 60% worked outside of the home and 93% said that the ADHC Program helped them keep their loved one at home in the community. Over 10% of the family caregivers are caring for their aging parents while supporting their own children.
- The Fairfax-Falls Church Community Services Board (CSB) partnership with Quality of Life (QoL) Pharmacies enabled in-house pharmaceutical services to be created at the Woodburn and Gartlan Community Mental Health Centers. This partnership enables consumers to access medications while they are at the CSB sites for appointments and have a pharmacist available for consultation. The long-term benefit of both increasing individuals' knowledge of their medications as well as providing a convenient service is a great addition to the service mix.
- The Department of Neighborhood and Community Services (DNCS) in collaboration with George Mason University offers a curriculum, *Your Next Chapter – Too Young to Retire*, for upcoming and recent retirees exploring meaningful opportunities and interests, and supports "age ready" seniors in developing a plan for the next chapter in their life.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

Continued

- The Fairfax-Falls Church Community Services Board (CSB) Entry & Referral call center is the starting point for accessing intellectual disability, mental health or substance abuse services through the CSB. The goal of the call center is to refer people to the right service in the most efficient manner. The call center is staffed by professionals from all CSB service areas. Staff assigned to the call center speak English and Spanish and may access other language resources when needed.
- Senior+ programs, a DNCS and Easter Seals partnership, are available for seniors ages 55+ with minor cognitive and physical disabilities. This program bridges the gap between programs for fully independent seniors and those who require assistance to allow seniors with disabilities to enjoy the wide range of programming found at the county's full services senior centers. It enables participants to be in the least restrictive environment and maintain as much independence as possible while reducing loneliness and isolation. Fees are based on a sliding scale. In FY 2012 Senior+ served 215 participants. This is a 65% increase over FY 2011.
- Almost 15,000 older adults are members of 76 senior clubs and organizations that receive information and support from the Fairfax County Senior Citizens Council which is supported by Fairfax County staff. In FY 2012, there was an annual attendance of 287,339 in Senior Center programs across the 13 county senior center programs; more than half of the seniors attend 2 or 3 times per week.

EFFECTIVE SERVICE DELIVERY AND APPROACHES

Needs more work or support

- System Transformation to a more person centered approach, builds on the strength and talents of the individual with disabilities or an older adult. The person centered process develops an individual plan for and works toward what an older adult or an individual with a disability wants for his/her future.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

EFFECTIVE SERVICE DELIVERY AND APPROACHES

Needs more work or support

Continued

- Care coordination for persons with chronic health conditions is a core focus of health reform. Good coordination of medical care and community services can prevent hospitalizations and improve health outcomes. PACE is a model for comprehensive coordination of medical care and community services, but serves a select group (age 55+, has Medicare/Medicaid, and meets Medicaid preadmission criteria for nursing home). Formal partnerships between medical providers and community support providers, along with financial support, are necessary to implement expanded care coordination for persons with chronic health conditions.
- Therapeutic Recreation Services (TRS) offers 14 programs for adults (ages 23+) with varying disabilities. TRS currently serves 286 adults (ages 23+) with disabilities (ranging in age from 23-71). Those that started in adult social clubs at age 23 are now in their 60's and their needs are increasing, their level of independence in leisure activities is decreasing, aging related disabilities are taking effect and their leisure interests are far different from the 23-35 year olds also in the club. This group needs a higher level of support/supervision and their leisure planning has vastly different requirements than those in the younger age category so additional resources are needed to provide a different kind of programming for the aging adults with disabilities.

COMMUNITY CAPACITY BUILDING

- In FY 2012, volunteers from the Department of Family Service contributed 72,367 hours of service for older adults and adults with disabilities at a value of **\$1,757,794**; Community Services Board volunteers contributed 24,746 hours at a value of **\$601,080**; Health Department volunteers contributed 8,857 hours at a value of **\$245,136**; Department of Neighborhood and Community Services volunteers contributed 43,639 hours at a value of **\$1,059,991**.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

COMMUNITY CAPACITY BUILDING

Continued

- Yes! You Can Live Well Virginia!, a partnership between the Health Department and ElderLink/Department of Family Services, along with the Department of Neighborhood and Community Services, helps older adults and adults with disabilities manage their chronic health conditions. Funded through a grant from the Virginia Department on Aging, this program is a six week series of workshops. Trained volunteers lead classes in faith communities and community based organizations.

COMMUNITY CAPACITY BUILDING

Needs more work or support

- A major focus of the Long Term Care Coordinating Council's Services for Young Adults with Disabilities Committee has been the establishment of an autism day support and pilot employment program for young adults with Autism Spectrum Disorder (ASD). Young adults with ASD that age out of the school system have often been without services and have been left at home with little or no support. The Committee targeted this need and has developed a cooperative model that includes a day support program operated jointly by the Jewish Social Services Agency (JSSA) and the SPecially Adapted Resource Club (SPARC), along with an enhanced employment program sponsored jointly by PRS, Inc., the Community Services Board and the state Department of Rehabilitative Services. JSSA raised \$13,000 in donations to begin a pilot program to be operated by SPARC at the county-owned McLean Community Center. The program opened in October 2011. The partners are seeking greater outside funding to establish a program to serve 30 or more participants.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

BUSINESS PROCESS IMPROVEMENTS

- An Aging and Disability Resource Center is a model that provides a single entry point for older adults and adults with disabilities and their families to access services and/or receive information and advice about resources available to them in their communities. Aging and Disability Resource Centers have received federal support in other states, but Virginia has only partially implemented the model. The Department of Family Services has integrated intake, information and assistance for the Area Agency on Aging, Adult Services, Adult Protective Services, and Disability Services, Planning and Development. Plans are underway to advertise one phone number and to have an Internet request for services form for the above services, the Health Department's adult day health services and the Department of Neighborhood and Community Services' senior centers. The Coordinated Services Planners will serve as back-up when the advertised phone number cannot be answered due to call volume.
- Led by the Office of Public, Private Partnership a volunteer management software will be implemented, county wide, to improve efficiencies by consolidating the management of volunteer recruitment, placement and training. In addition, a Volunteer Coordinator position was established in DFS to collaborate with NCS and HD in an effort to enhance the capacity to serve older adults and individuals with disabilities by increasing the use of volunteers.
- The Fairfax-Falls Church Community Services Board (CSB) and the Health Department are working to improve quality of care, usability & accessibility, cost savings, consumer access to information, efficiency through data exchanges, and reporting outcomes through the use of Electronic Health Records (EHR). The CSB implemented its new electronic health record on March 1, 2012. The Health Department is in the process of reviewing proposals for a new EHR system.
- With declining state and local budgets, local resources have been fully subscribed for the health safety net (behavioral, oral, medical). This has led to under-funded and fragmented processes for older adults and persons with disabilities. The county is working to develop community strategies to ensure that special needs populations, including older adults and younger adults with disabilities, have access to coordinated care and appropriate services.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

COMMUNICATION WITH STAKEHOLDERS

- CSB Office of Consumer and Family Affairs acts as a resource for stakeholders. The CSB Office of Consumer and Family Affairs provides oversight and technical assistance to consumer-run programs (four recovery centers and an employment center), coordinates peer-specialist training and helps organize community advocacy efforts on behalf of the CSB. The Office works in partnership with a network of advocacy agencies including, but not limited to The Arc of Nova, Voices for Virginia's Families, and NAMI in addition to coordinating our activities through several county and CSB advisory groups. The office monitors and follows up on human right complaints in the CSB system.
- The Fairfax-Falls Church Community Services Board (CSB) convenes two workgroups – Intellectual and Developmental Disabilities (semi-monthly) and Substance Abuse Disorders/Mental Health (monthly) which provide forums for stakeholders to discuss issues pertinent to the disability and the service system.

LEVERAGING RESOURCES/PARTNERSHIPS

- The Department of Neighborhood and Community Services, award winning program, utilizes community facilities and volunteers to implement a variety of health and wellness activities and programs in a designated area of the county. In FY 2009, the Burke/West Springfield Center With Out Walls (CWOW) began. Currently, this program uses 16 different facilities at no cost and 29 volunteers to operate the program. On average, 265 older adults participate per each eight week session. 94% of the participants report the program made them feel healthier, 85% have indicated they have learned new skills, and 76% have indicated that have made new friends. This program has been recognized as a national model for building healthy communities for active aging. Currently, the program is being expanded to the Great Falls community.
- One strategy in place to attract the age ready senior is the Volunteer Building Director program. This allows greater flexibility for these individuals to have access to county facilities while reducing reliance on county staff. The program enables a group of individuals to use the facility with volunteers serving as building managers. The end result is greater utilization of facilities in the evening which supports age ready seniors who still work and drive.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEVERAGING RESOURCES/PARTNERSHIPS

Continued

- In addition to providing services directly, the CSB partners/contracts with numerous Fairfax County based private not for profit, civic, and advocacy organizations, the business and faith communities, institutions of higher education, and individuals. These partnerships enable the CSB to leverage financial, human and material resources and educate the community about disabilities directly and through each contractor/partner.

LEVERAGING RESOURCES/PARTNERSHIPS

Needs more work/support

- The Fairfax-Falls Church Community Services Board (CSB) established an independent 501(c)(3) not for profit corporation, Fairfax REACH (Resilience, Education, Advocacy, Community, Hope), to develop, facilitate and support innovative solutions to address unmet or otherwise under-resourced needs of the CSB service system. Fairfax REACH board and organizational development is under way, along with a number of other general activities to create and share a public profile.

WORKFORCE DEVELOPMENT

- The Disability Services Board sponsors an annual recognition, the Martha Glennan Employer of the Year award for local employers of persons with disabilities. Disability Services Planning and Development in conjunction with the Disability Services Board also sponsors a mentoring day for high school students with disabilities and the John Hudson summer internship for five college students with disabilities.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

WORKFORCE DEVELOPMENT

Continued

- A Career (Individual) Development Process is being utilized to insure the continuity of services in the human services system by enhancing the competencies (qualifications) of employees to better compete for position vacancies which may occur within the Fairfax County government and strengthen the agency's ability to provide quality services by encouraging employees to gain or enhance the competencies (knowledge, skills, and abilities) necessary to carry out the requirements of their positions, and gain or enhance the competencies (knowledge, skills, and abilities) necessary for professional growth and development.
- System wide training for Community Services Board (CSB) staff and partners through the internet: The Northern Virginia Joint Training Coalition represents agencies and programs that provide services to individuals with intellectual disabilities, mental illness, or substance-use disorders throughout the region. The Coalition has worked together since September 2003 to consolidate and standardize staff training efforts that meet many of the mandatory training requirements. Since its inception, the Coalition's efforts resulted in time and cost efficiencies for both employees and employers.
- The CSB has established an eLearning course catalog with 480 competency-based courses for staff use, to include behavioral health care and organizational/professional development courses. Online opportunities are an efficient and effective method for training delivery.
- The CSB established a workforce collaborative across levels of care to enhance system wide capacity to provide services to individuals with co-occurring disorders (mental illness and substance use disorders).

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

WORKFORCE DEVELOPMENT

Needs more work/support

Continued

- Recruitment and retention of people working as direct support professionals to support community living for older adults and adults with disabilities is essential for home care agencies and group homes. Wages for these positions, however, are low, and turnover is high. The county does not seem to have a means to influence the marketplace related to direct support professionals.
- By 2030, it is predicted that a significant number of older adults will have 5 or more chronic conditions. Success in supporting these individuals in the home and community depends in a large part on an adequate workforce of medical and non-medical support staff and accessible health care. Although these are issues that will affect other populations, they are pronounced in the field of aging because the increasing gap between the number of individuals reaching older age and the number of professional and direct support workers trained in geriatrics or gerontology. In addition, high turnover rates due to absence of health benefits, low wages and inadequate training, exacerbate the problem. For older adults more so than any other age group, continuity of care is vital. Maintaining a long term relationship with a PCP and with direct support workers is associated with better health outcomes for patients at a lower cost.

LEGISLATIVE or REGULATORY

Areas to Address with the BOARD OF SUPERVISORS

- With a growing number of older adults and adults with disabilities living in the community, there is a growing need for Public Guardians. Virginia established a Public Guardianship program in 1998, but it is underfunded, and there are even now insufficient slots (Fairfax County has 18). The Virginia Public Guardian and Conservator Advisory Board released a recent report that noted that an additional \$5,000,000 is needed to meet the needs of persons who are on waiting lists, unserved areas of the state, and persons who if they had community decision makers could transition from training centers. The current state budget for the Public Guardianship Program is \$877,000.

WHAT IS WORKING AND WHAT NEEDS IMPROVEMENT

LEGISLATIVE or REGULATORY

Continued

The Board of Supervisors annually adopts a “Human Services Issues Paper” that incorporates a number of priorities for legislative action at each session of the Virginia General Assembly. The 2012 paper includes the following issues:

- Expand Virginia’s Medicaid program under the federal Affordable Care Act to include all individuals with incomes up to 133% of the federal poverty level.
- Maintain and expand Medicaid waiver services to further emphasize home and community-based care and address huge waiting lists and poor provider reimbursement rates.
- Maintain or expand General Fund appropriations for home and community-based services provided through local area agencies on aging.
- Support coordinated strategies to meet the growing need for psychiatric services for older adults, promoting recovery and community inclusion.
- Support an increase in the monthly rate for Auxiliary Grants (currently \$1,112 statewide and 15% higher for Northern Virginia at \$1,279), the elimination of the local 20 percent match, and the portability of auxiliary grants so that the grant support is tied to the individual and not to an assisted living facility, as is currently the case.
- Support maintenance and expansion of services that promote the independence, self-sufficiency, and community integration of youth and adults with disabilities through direct state General Fund monies on an annual basis.
- Support reinstatement of state funding sufficient to enable every locality, either singly or regionally, to have a Disability Services Board (DSB).
- Support ensuring the inclusion of people with disabilities throughout the Commonwealth by increasing accessibility.
- Support state funding for additional Adult Protective Services social workers and Eligibility Workers.
- Support the continuation of efforts for mental health reform at the state level and support additional state funding, as part of the promised down payment of such funding to improve the responsiveness of the mental health system.
- Support increased capacity to address substance abuse and use issues through robust community based prevention programs.

Resources

Local Government agencies and resources

- 1) Department of Family Services: <http://www.fairfaxcounty.gov/dfs/>
- 2) Health Department: <http://www.fairfaxcounty.gov/hd/>
- 3) Fairfax-Falls Church Community Services Board: <http://www.fairfaxcounty.gov/csb>
- 4) Department of Neighborhood and Community Services: <http://www.fairfaxcounty.gov/ncs/>
- 5) 50+ Action Plan: <http://www.fairfaxcounty.gov/dfs/olderadultservices/pdf/50plus-action-plan-final-report-2010.pdf>
- 6) SeniorNavigator: <http://www.seniornavigator.org>
- 7) disAbilityNavigator: <http://www.disabilitynavigator.org>
- 8) 2011 Fairfax County Youth Survey Results: <http://www.fairfaxcounty.gov/demogrph/youthpdf.htm>
- 9) Prevention toolkit: <http://www.fairfaxcounty.gov/ncs/prevention/toolkit.htm>
- 10) Human Services Resource Guide: <http://www.fairfaxcounty.gov/hsrg/>

Behavioral Health

- 11) Josiah H. Beeman Commission Reports: http://www.fairfaxcounty.gov/opa/beemancommission/finalreport/jhbc_final_report.pdf and <http://www.fairfaxcounty.gov/csb/reports/beeman-implementation-plan.pdf>
- 12) Virginia Department Behavioral Health and Developmental Services: <http://www.dbhds.virginia.gov/>
- 13) US Dept. Health and Human Services , SAMSHA - <http://www.samhsa.gov/>

Community and Public Health

- 14) County Health Rankings 2011, Robert Wood Johnson Foundation: <http://www.countyhealthrankings.org/>
- 15) Mobilizing for Action through Planning and Partnership (MAPP), Fairfax County Healthy Communities 2020 planning report from Partnership for Healthier Fairfax: <http://www.fairfaxcounty.gov/hd/mapp/pdf/comm-health-assessment.pdf>
- 16) Designing healthy communities: <http://www.cdc.gov/healthyplaces/>
- 17) Commonwealth of Virginia Department of Health: <http://www.vdh.state.va.us>
- 18) American Public Health Association: <http://apha.org/>
- 19) Investing in Healthier Communities: <http://www.cdc.gov/communitytransformation/>

Health Care Reform

- 20) Virginia Health Reform Initiative: <http://www.hhr.virginia.gov/Initiatives/HealthReform/>
- 21) US Department of Health and Human Services: <http://www.hrsa.gov/index.html> and <http://www.cms.gov/Center/healthreform>
- 22) Recommendations to the Fairfax County Health Care Reform Implementation Task Force: <http://chpre.org/wp-content/uploads/2012/04/Final-GMU-Fairfax-County-FINAL-Report-4-3-12.pdf>