

**DRAFT Minutes**  
**Aging Services Community Forum**  
**August 26, 2021**

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

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

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

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

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

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

- David Cooper, Director of the Thurman Brisbane Homeless Shelter in Fredericksburg: Homelessness among the elderly is a big issue, especially individuals with dementia who may need supportive housing or memory care; Representation of aged homeless at the state and regional level
- Jordan Miles, Piedmont Senior Resources Area Agency on Aging: It goes back to funding, which is needed to tell their story in a dedicated way.

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

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

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

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

- Collaboration and innovation could begin funding. In addition to AAAs partnering with the CSBs, they could partner with the community action agencies, who do a lot of housing. The state could use funding to incentivize that kind of collaboration and innovation.
- Denise Scruggs, Beard Center on Aging: There should be quarterly or annual meetings to share community collaborations that are underway for peer-to-peer learning on lessons learned; state has done great things for aging but we need to go beyond state agencies to include non-profits and other businesses.
- Bobby Vassar, Bay Aging: Kathy Vesley was going to make the point that raising the profile of aging operations will bring funding because they will be on par in the eyes of funding operations like DMAS. The recognition is important for getting contracts to do the cooperative activities. AAAs can make a bigger contribution, especially with the number of seniors growing, and they need the clout and posture to be able to do that.
- Diane Watson, Spring Hill Community Village and Fairfax Commission on Aging: We need more gerontologists, so perhaps there is a way to subsidize their education in exchange for a commitment to spend a certain amount of time in the gerontology field.
- Denise Scruggs, Beard Center on Aging: We should financially award organizations that are doing well. For example, have an incubator and then share that information with other areas.
- Senator Monty Mason: I would like to ask for a different angle on your question: If you are a AAA that or any group that is currently collaborating or innovating in areas like transportation and mental health, who would those professionals call at the state government level to share their collaboration and innovation and either offer or ask for help in those areas?
- John Scurvy: Under the Older Americans Act, the State Unit on Aging is required to work with other agencies to develop services and an environment for people as they age. However, ideally, that would be done as a member of the Governor's cabinet to be able to get the respect from other departments. That would foster buy in to focus on older adults in all areas including economic development, housing, transportation, law enforcement, public security, and health.
- Brian Beck, Appalachian Agency for Senior Citizens: He wants to highlight what others have said about need for funding and funding flexibility for innovation. With a growing aging population there needs to be medical care specific for individuals with Alzheimer's and dementia, as well as collaboration on transportation and housing. AAAs all have the same core mission but are serving different demographics and funding flexibility would support pilots and creative solutions. In his area, they have one in four residents over 60 years old.
- Courtney Tierney, Director of Social Services in Prince William County: State systems have to talk for collaboration. The jurisdictions also don't line up between CSBs, AAA, local health districts, and AAAs, so that makes collaboration more difficult. More funding is needed for collaboration, especially for those with multiple service areas.
- Bert Waters, Virginia Center on Aging: We do have statewide funding for both the Alzheimer's and Related Disease Award Fund and grants for geriatric training and education. The new deadline is September 3<sup>rd</sup> and they have been working with AAAs to do behavioral health education. He is in listening mode and plans to ask the federal government for more funding for their geriatrics workforce enhancement program.

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

#### CHAT SUMMARY:

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

- Daphne Eaton: More funding is needed.
- Tiffany Speas: With 20% of the population, Aging should have a place at the table with the Governor (Department level); robust and flexible electronic referral system that also connects to healthcare providers
- Courtney DSS: Funding and flexibility which allows consumer direction; encourage HUD 202 and 811 housing sites to using AG for services; Uniform Consent
- VPAS-Beth Bland: Increase funding, reduce funding restrictions, update DARS service standards; affordable housing communities; transportation; share best practices
- Eileen McCartin-NVRC-DHPP: Assistive technology, education and funding for older adults to maintain their independence, especially for those with hearing loss (provided example in chat); certificate training and well-paying jobs for caregivers, DARS work with community colleges; PSAs to raise the visibility of aging in place issues in different languages; internet connectedness; universal design; Increase Medicare payment rates for basic care provision
- Ellie Rest: Increase funding, especially for adult services and home-based care services; put adults at the forefront so they can serve as their own decision maker
- Barbara Eger-Klatt-NVRC-DSSCP: Scholarships for deaf nurses and CNAs; Aging Cabinet to include deaf seniors; digital divide and better technology devices
- Bert Waters, Virginia Center on Aging: Integrating services between the AAAs and CSBs; <https://musicmem.gmu.edu>;
- Lori Epik: Funding earmarked for aging; Governor's strategic plan; all agencies work with community leaders on aging population; enabling people to stay in the workforce
- Bruce Craig: Facilitate collaboration on health, transportation, and community services since they are compartmentalized in organizational structure and legislation; aging agency must sign off on other department initiatives that impact aging
- Marty Tennille: Funding
- Judy Hackler: Have sufficient funding at all levels of care to facilitate choice. Virginia should have assisted living as an HCBS; Promote and train aging services occupations; No Wrong Door and agency website information is good but fragmented, for example the full continuum of care including assisted living is listed across DARS, DBHDS, DMAS, etc.
- Bea Sykes, PAA: Mindset of teamwork and flexibility for AAAs; a strategy to raise visibility to give Aging its own department; better coordination between Governor's office and state unit on aging (e.g. investing in Unite Virginia instead of No Wrong Door)
- Wendy, Arlington Neighborhood Village: Age friendly is active in Arlington; need real stories of the aging highlighted in the media; once new agency is created, a high-level working group; partnership between government and non-profit agencies
- Pat Beech: Deaf and hard of hearing services

- Emily: Funding for organizations like Villages
- Denise Scruggs, Beard Center of Aging: Involve public and private stakeholders including those who are not usually included; PSAs especially for caregivers; safety net funding for assisted living and memory care for those ineligible for Medicaid; address the digital divide; Aging Cabinet; agree with a separate Department of Aging; public private partnerships
- Mary Nunnally: Easily available information for caregivers including training family doctors on resources; services and outreach that is culturally and linguistically appropriate
- Mittie Wallace: Homeless especially for the elderly with dementia and mental health issues; look at innovations in other states
- Norman Reid: Maximize contracts with elderly, such as involve elderly in day care for young children; liked the idea of an incubator
- Destiny LeVere Bolling: Grassroots strategies to raise awareness and promote resources
- Harrison Dixon: Encourage each locality to incorporate Universal Design in building new homes; tie collaboration and innovation to funding
- Rebecca Brown-Senior Services of Southeastern VA: Dementia services for individuals who cannot afford memory care and those who are in shelters and PSH
- Courtney DSS: Permanent Supportive Housing
- Christy Jensen: Highlight champions of aging so we can remain a destination for retirees; Riverside could use their microlearning sessions to inform policy makers and the public about aging issues
- Matt Jones: Including community members on a permanent advisory board; celebrate caregivers
- Jacquie Woodruff: Aging Cabinet (seconded by Bea Sykes, PAA)
- On laura: Funding is the biggest issues. Aging also needs a rebrand in Virginia and centralized messaging to counter the siloes.
- Beth Girone: Marketing campaign
- Chris Miller: Learn from pandemic which showed gaps in services
- Cedar Dvorin: Adequately fund the Long-Term Care Ombudsman; better outreach
- Josh Gemerek, Bay Aging: Housing, health, and transportation must be integrated to support community living of older adults; offer a wide range of affordable housing options (and listed available programs)
- Anita White: More forums with AAA Board members; technology challenges
- Carol Sale, WHF: Agree with a separate aging agency since DARS focuses on disability and aging gets lost in the process; intergenerational day centers
- Norman Reid: Rappahannock Rapidan CSB includes the AAA as a component of its organization; transportation; best practices in other states
- Emily: Integrate working relationship with AAAs and community partners; initiatives like technology
- Rosella Ann: Multi-disciplinary team meetings between community providers (Wendy from Arlington agreed)
- John Whitley, PAA Board: Seat at the table
- Caleb Perkins-AASC: Start with building local cohesion around goals and then work upwards to promote similar goals to the state

- Annette Clark: Gerontologists
- Kathy Miller: An Aging Cabinet would have a greater impact than an aging agency
- Darryle Brown: Bring all that serve aging to the table
- Cindy Phillips: Affordable housing more options for seniors
- Ronna: Services for deaf/hard of hearing seniors, which are distinct from those who are culturally deaf
- MaDena DuChemin: Similar structure as Diversity, Equity & Inclusion, which has been a priority for the state
- Kim Tarantino: Peer-to-peer (echoed Denise Scruggs)
- S Douglas, Fauquier County DSS: The Children Services Act as a model
- Emily Slunt, LOWLINC Village: Involve private partnerships and support Villages
- Holly D'Heron: Multi-disciplinary teams at the local level
- Beth Girone, Fredericksburg City Dept. of Social Services: They have a regional interagency workgroup focused on aging that works well.
- Heather Board: Include aging services in Unite Virginia
- Chris Miller: Use the NWD platform as a vehicle for collaboration
- Pete Costigan: Encourage AAAs to combine their programs where appropriate with other agencies like K-12
- Anjanette Gilbert: Funding for local social services: adult services, Guardian Program, Adult Protective Services, staff and training
- In answer to Senator Mason's question about who aging providers should call to share successes or challenges: Wendy from Arlington said the only person she knew to call is her state representative; Denise Scruggs said they had to search for that information themselves, Bea Sykes said they would call USAging
- Ayn Welleford, Gerontologist for Community Voice: Regional coalitions like Age Wave plans and the Longevity Project; funding and incentives for collaboration
- Tom Dowling: geriatric training

## **Attachment 1: Full Transcript**

Martha Roherty: Good evening and welcome to the stakeholder forum about elevating Virginia aging. My name is Martha Roherty and I am the Executive Director of ADvancing States.

ADvancing States represents all state aging and disability agencies across the nation of 56 states and territories that have aging and disability programs and we're very pleased to have the opportunity to do this presentation and listening forum tonight. We wish we could have done it in person, but with COVID we were concerned about the gathering of too many people.

Just as a reminder, you saw it already, but the event is being recorded and we will be writing up a final report to submit and we won't be identifying anybody's name specifically. We're just going to be sharing things. You also have the opportunity to submit your comments in writing to us. The address will be provided at the end of the presentation, but I can give it to you right now, because it's simple. It's [informva@advancingstates.org](mailto:informva@advancingstates.org).

The one other thing I wanted to say is that we have interpreters. You can use the speaker view to see the people speaking and see the interpreter. If you don't want to see the interpreter, go up to the view options get to the gallery, and then you won't have to see them.

Now, with next slide please, it's my pleasure to introduce Secretary Carey, who was appointed Secretary of Health and Human Resources by Governor Ralph Northam in January. Prior to his appointment, Dr. Carey worked as a cardiologist and serves as Senior Vice President and Chief Medical Officer at Centra. In his current role, Dr. Carey is passionate about expanding access to affordable health care for Virginians, improving the Commonwealth's behavioral health and developmental services, and making meaningful progress on health and human resources issues. Also joining Secretary Carey is Deputy Secretary Catie Finley. She has been on the work group elevating aging, and she is also joining us here tonight.

Dan Carey: Thank you so much, should I go ahead and proceed.

Martha Roherty: Yes, please.

Dan Carey: Well, first of all thank you Martha and your leadership and helping us drawing in so many voices that are so important to this process. And also thank you so very much to Deputy Secretary Catie Finley who's been leading this effort from HHR connecting with many groups and making sure that all the voices are heard and that really is the genesis of tonight's session. In addition, I would also like to thank our whole HHR team that are supporting this process. Assistant Secretary Corey Pleasants has also been significant and so thank you again Corey for your efforts.

So thanks everyone for being on the call tonight. This is our aging services community forum, as part of our work group, and this is a great opportunity for us to listen. And our discussion today

will inform that aging services work group which is examining ways to elevate aging services within state government here in Virginia. This study is happening at a critical time.

Nearly one in five Virginians are expected to be 65 years or older by 2030, an increase from 12% since 2010, and we want to allow Virginians whenever possible to age in place in their communities and to ensure long term care settings provide high quality and accessible care when necessary.

Senior services are wide-ranging and complex, from healthcare to transportation and workforce development and we want to make sure our growing aging population is considered in all policies and programs. The pandemic has further revealed the importance of having a strong infrastructure to support seniors and further leverage the opportunities provided by an aging and for an aging population.

For example, the Department of Aging and Rehabilitative Services (DARS) and the Area Agencies on Aging have used innovative practices during this time to adapt during COVID, provide options counseling, at home services, meal and medicine delivery, and vital community connection.

This whole person approach addresses both health and the social determinants of health, which we know impact as many, or as much as, 80% health care and health outcomes. Food is medicine, housing is healthcare and social connectedness is necessary for overall well-being.

Senior themselves have also stepped up during the pandemic. More than 200 doctors and nurses came out of retirement, to help with the response and more than 5000 seniors volunteered with the medical reserve corps for a total of over 220,000 hours of service.

And I'm also proud of our vaccine rollout which prioritize access for older Virginians. And I can just comment, as a volunteer vaccinator and frequent visitor to those large-scale community-based events around the Commonwealth, our seniors were getting their shots right in very early on. But guess what? The volunteers were seniors. And they were so much invested, our seniors, in the overall health of the community. For me, they were so powerful to buck up my spirits, as we confronted the pandemic together and all the hopefulness that come from that comes from vaccination.

In addition, we've also had a number of budget wins, such as a funding increase for the Virginia Center on Aging, an increase in Medicaid reimbursement rates for personal care attendants, and an increase in the auxiliary grant rate.

While I'm proud of the work the administration has done there's also still much that needs to be done.

Which is why we are seeking your input on ways to further elevate aging services in state government here in Virginia. Today's discussion will be facilitated, and be a discussion, by Martha Roherty and ADvancing States.

As you know, they are a well-respected national organization, who is co-facilitating the work group along with myself, Deputy Secretary Catie Finley and Assistant Secretary Corey Pleasants, that I mentioned earlier. So thank you again for participating this evening and I look forward to hearing the discussion and now I'll turn it back over to Martha Roherty, the Executive Director of ADvancing States.

Martha Roherty: Thank you, Secretary Carey I'm going to go right to the next slide and talk about the agenda for tonight.

As we're doing the introductions right now, I did want to highlight my team that's been working on this.

I don't know if many of you saw in the beginning of the presentation Kathy Greenlee was highlighted and Kathy has been brought back to our organization.

She was the former Assistant Secretary for the Office of Community Living and she's been helping us on this project as a former Secretary on Aging from Kansas. She has been interviewing a lot of the stakeholders. I wanted to highlight her. We also have Adam Mosey, who is our Director of Aging Policy, and Eden, who has been doing an amazing job of helping to schedule everything.

We're going to go through the background information and then have a conversation with all of you, and then talk about our next step, so next slide please.

So, the appropriations act that was passed during the 2021 special session in Virginia. It's the intent of the General Assembly that aging services being elevated in importance within state government, to include consideration of reestablishing a separate agency under the Office of Health and Human Resources. Part of that act also included the establishment of a work group to look at elevating aging.

Tonight we also have members of the work group participating in the audience and we thank them for both for their time on the work group, but also their time here to listen to your concerns and ideas.

The key responsibilities as a work group include examining promising practices from other states, the work group has already heard some of the State examples and we have three states coming in a few weeks to also brief the work group about some of the things that are happening in other states.

The workgroup will also evaluate the most appropriate place that aging services, adult services, adult protective services, and auxiliary grant program should be placed within the Commonwealth.

The third thing is that it will seek information about organizational structures to help elevate aging. We have already highlighted some of the ways that other states are structured to the workgroup. Then the work group is tasked with developing a transition plan for any proposed changes.

So, I thought this was a really important slide to include. We asked the work group members to really discuss what does elevating aging look like and I thought that these were really great ideas that they had. One is to increase the visibility of aging issues.

The second is supporting focused and dedicated leadership. The third one is having a collaborative seat at the table and state government. The fourth is coordinating activities between programs and agencies, this is fostering innovation and, lastly, but most important point is creating a positive perception of aging.

Tonight we're really going to focus on getting input on four key areas including establishing goals and outcomes for elevating aging. And the second is raising the visibility of aging issues. The third is improving coordination and leadership across state government and the fourth is fostering collaboration and innovation.

What we're going to do, is after each of the discussion questions we'll have people raise their hand and come up and share some of their thoughts about each of the topics if you want to. Either put your comments in the chat or you can raise your hand and we will highlight you and bring you up to the stage so that you can share your ideas.

So the first is what should the goal of the State be to ensure that aging issues are elevated and what is the outcome that you hope to achieve by elevating aging.

So with that we are going to see who wants to come up to the stage.

iPhone TJMIII: Yeah, it's great to be with you all, as for the first discussion point, I would say that making it, you know, the funding would be number one. Increasing that and having that staying at an elevated level, as it has with all these relief programs. But to increasing the flexibility and not having so much rigidity with the funding that we get in terms of what we can and can't do with it right now. We're under the major declaration disaster and so that allows us to have lots of flexibility, and I think we should.

I think it helps out the area agencies on aging, like the one I work for, to have that continued flexibility because you can move quickly. You can move a lot quicker. And, you know, whether it's something like chore or some other program you can move money from for home delivered meals really quickly to another pot of money and the outcome would be getting more direct services quicker to older adults.

Martha Roherty: Thank you for that. The next person is Matt.

Matt Jones: Yes, hi, good evening.

So, as far as what the goal of the state should be in ensuring that aging issues are elevated, I think that

a lot of times older adults are not seen. And so just making people aware that there are issues out there and what the issues are related to older adults in the Commonwealth. And then making sure that we have some additional education workers who are being educated, especially, you know, home health agencies. We need more people, more CNAs on the ground. And then one thing I worked for Chevrolet also. You know we're running into, especially right now, is issues around housing and accessible, affordable housing.

Martha Roherty: Thank you for that and I apologize to Wendy from Arlington Neighborhood Village, because I skipped over you and I didn't intend to, so do you want to share.

Wendy, Arlington Neighborhood Village: Sure. Thanks. More than thanks, everyone else on the call. My name is Wendy and I'm the Executive Director of Arlington neighborhood village and Martha is smiling because she and I have not seen each other for several years. I used to be at the National Council on Aging and before that was at the Corporation for National Service.

Villages are volunteer led organizations that are helping older adults, age in place and stay in their homes. We provide transportation, rides to medical appointments. We do shopping for people, minor home chores, help them with technology. You name it, we've got volunteers doing it. And by having volunteers doing it we're reducing the cost to the system, overall. But the bottom line is what I see every day are older adults who need help and it's older adults in every spectrum of our economic environment and they need serious help. I mean, these are people who are aging in their homes by themselves often.

Many times for me, single females aging at home, but the needs that they have are significant, they are every day. They need to have programs, and we need to have funding to support their needs. So I appreciate all of the sort of high-level goals that are discussed in this in terms of you know, making sure we see older adults, making sure that they're heard. But really, it's services that they need, and we need to be pretty clear about the range of services they need, and how we can address those services and the tools and resources that we can apply to that problem.

So thanks, very much for the opportunity to make that sort of passionate plea.

Martha Roherty: It's really great to see you again. Denise.

Denise Scruggs- Beard Center on Aging: Denise I'm with the Beard Center on Aging at the University of Lynchburg, and one of the things that I think we could look at is making aging well an opportunity across the state.

We still see a lot of issues in our rural areas. We are just not meeting the needs of people in our rural areas. And we know that's going to get worse as we lose younger people in these areas.

And there's nobody to take the place to make sure people are at home and well or that they're able to get into retirement communities. For we know affordability is a real issue for people with services and housing alone.

We're having a housing crisis down here and that we have a lot of people that aren't able to afford housing. We just worked with a few people being evicted because they went off of rents they can't afford it just working. And what I see the outcome to be is that we can age well throughout the Commonwealth, regardless of where we are.

That we have the services that we need and the resources that help us stay at home, as long as we can, but also can help us get to other levels of care when we need it, thank you.

Martha Roherty: Thank you very much, I think let's move on to the next question. Thank you, and you can continue to put your comments on that first question into the chat I see that the chat is very active.

What are some strategies that could raise the visibility of aging issues in the Commonwealth? So do people have ideas of how we could raise the visibility of aging issues? I could give some examples from other states to get the conversation started.

Some of the States, I think, including Virginia, has an age-friendly initiative. Several States have developed master plans on aging where they bring together, public and private enterprise to talk about issues of aging. And all of the state agencies and many of the local agencies and private enterprises are involved and included into the master plan on aging.

Those are just two examples, but if you have other examples of things that you think that would help to raise the issues of aging in the Commonwealth, that we would really like to hear about that. I see a couple raised hands. I'm going to go with David Cooper first, please.

David Cooper: Yes, thank you, good evening all I'm the director of the Thurman Brisbane homeless shelter in Fredericksburg Virginia.

I'd like to begin by raising the issue currently homeless elderly. I'll give you a quick example. We have a 73-year-old in the shelter with dementia and virtually no place to be able to house this gentleman. So I think it's important that representation of the homeless population of adults be raised in considered.

Because that's a special population that once they exit the shelter will need affordable supportive housing and, in some cases memory care.

Martha Roherty: Thank you David.

Martha Roherty: TJMIII.

iPhone TJMIII: That's me, Jordan Miles, I'm with Piedmont Senior Resources Area Agency on Aging, the best people in the workforce in the Commonwealth. I think it goes back to funding us once again. So I'm getting on the train. We don't have the funding to tell our story in a dedicated way and I think that would help a lot if we were able to better promote yourself ourselves in terms of what the aging have to deal with.

Martha Roherty: Thank you next is John Skirven.

John Skirven: Yes, good Good afternoon. This is John Skirven and I'm the retired CEO from Senior Services of Southeastern Virginia. And I'm actually currently working with the planning council in Norfolk on aging homeless individuals who are medically complex.

The question is what are some strategies that could raise the visibility. I think the first, it would be the recognition that 20%, one in five Virginians are not only people who have needs, but also people who have assets. Their strategy would be to have a strong State unit on aging that is able to engage with other state offices to develop the state level leadership that can work hand in glove with the local leadership that your national award-winning area agencies already have in place.

The second is that their strategy would be to initiate from the governor's office an agenda for an aging Virginia much as was done in the General Assembly back when Randy Forbes was in the area, and that's a few years ago.

Those would be my two recommendations.

Martha Roherty: Thank you for those. Let's see, I have two more, Ellen.

Ellen Phipps: Okay, hi, Ellen Phipps, I'm the executive director for Aging Together in central Virginia, based in Culpeper.

I think that, in terms of strategies and raising visibility of aging issue, I mean, in a broad sense, I feel that a lot of aging issues have been raised through the pandemic, because obviously older adults were impacted more than any other segment of the population. And so I I just feel that a lot of spotlight was given to older adults, especially those long term care.

But we what we saw, you know, we really, we highlighted a lot of the problems that existed and I'm not sure that we really addressed them.

I don't know exactly what strategies, I think, legislation, looking at ratios in nursing homes and long term care, but I feel that it's an area where we, we have an opportunity, because the spotlight is there, but I'm not sure we're doing enough.

Martha Roherty: Thank you for that. Jimmie Carter.

Jimmie Carter: Thank you, good evening I'm Jimmie Carter. I'm a chair of aging for Bay Aging. We serve one of the most elderly regions of the State. Two of our counties, like Northumberland county, are the two most elderly contiguous rural counties in America, indicative of our service area.

I had to step out of a board of supervisors meeting, I'm in my car, I'm getting ready to go back in, but I just wanted to go on record that Bay Aging feels strongly, our board and agency both believe, that that the citizens of the Commonwealth and the Commonwealth and the US as providers would be well served by having aging reinstated as an independent department.

I think, for all of those reasons that the committee outlined earlier everything from focus to collaboration to innovation to positive perception, we agree with all of that, and we just want to go on record as saying, that we appreciate the work that's going into this and we passionately want to encourage that that this becomes an independent department of aging again. Thank you.

Martha Roherty: Thank you. Marty Tennille.

Dr. Marty Tennille: Peninsula Agency on Aging, Marty Tennille, Hampton, Newport News, Williamsburg. Whatever we do, we still have to have enough funding. That's all I can say. You got to put the money where the action is, I just want to be sure we have enough to back us.

Martha Roherty: Thank you for that. John Whitley.

John Whitley: I think the bottom line with all of this is that aging has to be considered within the Commonwealth. I'm John Whitley, I'm a board member for Peninsula Agency on Aging. I am speaking not representative of the board, but as an integral part of the board.

I was addressing the issue related to the importance and significance of aging as a primary focus for how our government responds to its population.

When you have 20 to 21% of the population under one umbrella that shows significance for our having a department of aging, that is of equal status as with transportation or education.

So, I share the push for the level of respect, though, for aging and the level of respect for who and how we do what we do in reference to aging every single person is affected by the aging process, especially those within certain age categories, thank you.

Martha Roherty: Thank you, John.

Diane Watson: Hello Diane Watson with the Spring Hill Community Village in Northern Virginia and also the Mount Vernon representative on the Fairfax Commission on Aging.

I concur with everything you've said about highlighting those things that became visible, more visible during the pandemic. But I also want to stress the fact about some issues that are with us long term, the hearing issues in particular.

Hearing affects not only the older person, but many other demographics, as well, and I think one way that we could increase the visibility is when new buildings are being built up to make sure that there are some special effects noted that would allow people who have hearing issues, hard of hearing to have whatever they need. That they would be able to come and participate in anything that would lessen have a focus on things right, let them speak.

Martha Roherty: Thank you. The next one, is how would you improve coordination and leadership across state government on programs related to older Virginians.

I just love, by the way, all of the ideas that are coming in through the chat, we are absolutely taking notes and will capture all of those for the work group members.

Martha Roherty: Does anybody have thoughts on how you would improve coordination and leadership across state government and programs related to older Virginians.

Martha Roherty: Okay, and we have iPhone TJ.

iPhone TJMIII: That's my phone, it is probably screwed up because I set it up, but I'm going to steal from what some of my other colleagues have said. It would be excellent to see some integration, especially with the mental health crisis that we're dealing with in the United States. Virginia has had to close five of the single staff of the State hospitals.

I mean that's a huge deal and that impacted the elderly and I don't think people understand that. I really don't. So I think integration. I sit on the Community Services Board for this area in southside Virginia and I think integration of CSB and AAAs would go a long ways in terms of helping the most vulnerable populations.

You know personally that those that elderly people suffer from, you know, not only mental health and substance abuse, I mean we've got clients who are alcoholics and it's horrible and they need help and they can't get that help for a plethora of reasons, so that would help.

Martha Roherty: Okay, thank you. Next is Matt Jones.

Matt Jones: I'm Matt Jones, the care coordination manager for Senior Connections, the Capital Area Agency on Aging. We serve the capital area in Richmond in the seven surrounding counties.

I would like to second what the gentleman just said that we need to bring together our disparate groups, I mean the CSB and AAAs are one thing, with their other state agencies that serve older adults and Virginians generally. If we had some way to meet to discuss issues or, to

be able to refer to one another and much more easily. There's a lot of issues between our system or our database system that we use called Peer Place and other systems between state agencies, they don't interact very well if they do at all, it makes referrals very difficult.

So being able to have groups come together sit down and be able to share that information with each other and coordinate our programs across the board, to be able to help folks, I think would be a really, really good place to start.

Martha Roherty: Thank you for that Matt. And I see that Diane Watson's hand is raised.

Diane Watson: I do have another comment.

In talking of mental health issues, we know we have the serious mental health conditions and everything but fear anxiety depression, maybe not clinical depression.

That we know that there are not enough practitioners versus people that are needed, I would want to see maybe some peer support training people who are non-medical, that might be leaders of neighborhoods or church groups, let them be trained to be a support for people in the neighborhoods or wherever.

That they could vent to people sometimes, either because of money, insurance, stigma, whatever they might be more apt to talk to people who are in their age group and support and also have a list of practitioners that when somebody identifies something that requires more intense training that they be willing to see these people on a case by case basis.

Also, we have known for many years that the older population and the younger population need specialized care where medicine is concerned, in terms of dosages and things like that.

But generally, in the medical world it seems like there's doctors retiring or doctors not accepting Medicare. I think we need to have some sort of incentive to have gerontologist on the scene to raise the scope of the older population, thank you.

Martha Roherty: Thank you. Rebecca Brown.

Rebecca Brown-Senior Services of Southeastern VA: Yes, this is Rebecca Brown with Senior Services of Southeastern Virginia and the Southeastern Virginia Coalition for Homeless Elders and I feel that these leaders really need to understand the population that they are serving. So they really need to make sure that those with lived experience support and inform the work that they're doing, be at formerly homeless elders residence who live long term care and, of course, the very hardworking employees and outreach workers who are in the trenches doing the work. Thank you.

Martha Roherty: Thank you Rebecca. The last area that we're going to touch on is how could the Commonwealth foster collaboration and innovation.

Obviously any ideas that you have in any of the areas will you can share those now too. If you have any other thoughts again, the chat has been wonderful in terms of all the ideas that are coming forward.

And so, we're looking for ways in which the Commonwealth can foster collaboration and innovation and create a sense of collaboration among all the agencies that serve aging.

Martha Roherty: Any thoughts. Okay, we have our favorite iPhone.

iPhone TJMIII: I mean so yeah and sorry to monopolize things with my voice, but I guess the Commonwealth somehow incentivizing more collaboration and innovation.

You know something like that. That's what comes to me first.

Martha Roherty: Can you elaborate on that what would that look like?

iPhone TJMIII: It could begin with funding. I mean you know, and I know you know, and all that almighty dollar I mean we were talking about the gentleman mentioned earlier, you know CSB and partnering with AAA's. I mean maybe those, say we partnered with you know, a CSB or the Community action agency, who does a lot of housing.

And see we use AAAs but they don't do housing, so we reach out the CILS a lot. And you know, obviously building relationships, because they can always be better, especially with the CSB and the way they're put together. But anyway, maybe using some sort of incentive to say, listen, if you collaborate and if you, you know, offer these innovative ideas to the State in terms of your partnership, well, we will give you more flexibility, maybe even more funding means because, again, it all comes down to it, a lot of it comes down to the money, I will say all of it. So yeah.

Martha Roherty: Thank you very much. Okay, so we have Denise Scruggs.

Denise Scruggs- Beard Center on Aging: Hi, this is Denise Scruggs again and I just like to add to what was just said, and that I think if we could offer local or regional areas, education, resources and support to develop their own community collaboration, because we have excellent collaboration is already going along across the state. But helping others that don't have it know how to do it, and maybe even having quarterly or annually opportunities that these collaborations can get together and share what they found worked and didn't work and talk about the challenges and the success and again, you know working off of learning from each other peer to peer.

Martha Roherty: Thank you. Bobby Vassar.

Bobby Vassar, Bay Aging: Hello, yes, I'm Bobby Vassar with Bay Aging and I talked with Kathy Vesley who hadn't been able to get her volume fixed, but the point she wanted to make gives that raising profile of aging operations in Virginia will give us the access to the funding through contract and other means that we were not able to have now. We are on par and the eyes of operation, such as DMAS and other funding operations and the state.

We would be able to do the contracts to do the Co-operative activities that will bring about the funding and the recognition of the important work that aging does and can do more of. And conduct where we expect and are seeing numbers growing and the need for the services growing with the numbers and level of sophistication now that Area Aging Agencies on Aging and others have. We can make a bigger contribution, and so what's needed is the level of recognition that will give us the clout and the posture to be able to do that.

Martha Roherty: Thank you Bobby and thank you for filling in for Kathy I felt badly for her.

Martha Roherty: Diane Watson.

Diane Watson: Diane from the Fairfax Commission on Aging and SpringHill Community Village, I'm sorry to keep coming back, but ideas keep coming in. After a while, in terms of innovations and incentivizing things, I go with the idea that the aging population is going to need that medical care and I'm focusing on gerontologist that we don't have very many.

Diane Watson: Perhaps there could be some way of helping to pay for that extra education to have them and, in return, the gerontologist agrees to spend X amount of years in that field repaying that cost and helping out with the particular situations and hopefully that trend would continue.

Diane Watson: Just to offer thought.

Martha Roherty: Thank you. And Denise Scruggs, I couldn't tell if you have your if you had your hand up and took it down.

Denise Scruggs- Beard Center on Aging: No, I did not, but I will say this, I love the idea that in the past in the state, we recognize innovative programs and ideas already.

And I think as much as we can to continue to reward, again, organizations that are doing well and possibly offer more of a financial support to those programs sort of like an incubator home to that idea. Then we can present to other places, that maybe hadn't even thought about it or don't know where to go, but kind of serving or developing an incubator, if you will, for new ideas that we can see if they work and look at apply them and other place.

Martha Roherty: Thank you. Monty Mason.

Monty Mason: Yes, ma'am good evening how are you?

Martha Roherty: I'm great how are you?

Monty Mason: Fine, thank you. So I asked for this study, and so I would like to ask for a different angle on your question.

Denise mentioned good collaboration taking place already. So, if you're a AAA or any group that is currently collaborating well, or if you're a group trying to who has innovated an idea towards transportation or mental health, or we're trying to wrestle with a problem on those topics, who would the professionals on this call call with the state government level today to share their successful collaboration, that may be useful in another part State or to share their innovative idea or ask for help to innovate further?

Monty Mason: Thank you, ma'am.

Martha Roherty: Thank you Monty for throwing that question out and if anybody wants to answer it any of the Area Agency folks that are on the call that'd be great and in the meantime we'll hear from John Skirven.

John Skirven: Yes, thank you. I want to address the question of Commonwealth fostering collaboration, the state unit on aging currently.

Under its requirements, through the Older Americans Act is required to work with other all other state agencies to develop services and activity that would create a better environment for people as they age. And so that leads to the need for the state unit on aging to have the authority.

However, that is done. But ideally, I think, as a member of the governor's cabinet, to be able to get the respect from the other departments necessary for them to buy in to developing their focus on issues affecting older adult. I'm thinking of economic development, housing, transportation, law enforcement. You know, public security, health. Each of those state units ought to be having a large chunk of what they worry about being older adults and, that being successfully organized through the state unit on aging.

Thank you.

Martha Roherty: Thank you.

Martha Roherty: Any other people up for feedback?

bbeck: Yes, I'm Brian Beck with Appalachian Agency for Senior Citizens and what many others have touched on is funding and funding flexibility for innovation.

I do think that anything new, anything innovative, is going to require new funding. And with a growing aging population, dementia and Alzheimer's is increasing the medical aspects of care and providing that care.

Bringing groups together, and the collaboration needed for housing and transportation. There just has to be new funding or a new flexibility in the funding to allow for those things to happen. So I mean the possibilities are definitely there, but it does start with funding the fastest growing population and, while all triple A's have a similar core mission, we're all serving different slightly different demographic groups, whether it's race or income level.

And you know aging touched on there above the current aging population and in this part of the state and PSA too, we are also we're one in four so we already are there, and you know kind of my one in five most of the time though we're 27% over 60 so.

The ability to be able to pilot and challenge, some of the norms and do some new creative things is kind of required no additional funding. So that's all I have, thank you.

Martha Roherty: Thank you, Brian. Courtney.

Courtney DSS: Hi I'm Courtney Tierney, I'm director of social services in Prince William County, formerly Director of the Area Agency on Aging in Prince William.

And I think if you're talking about collaboration, you've got to have uniform consent. You've got to have state systems that talk. And you've got to have service areas that might not match perfectly before a triple A to have to work with six or seven departments of social services.

And three CSBs and two health departments, or whatever. Just getting around the table is the effort and then it's hard to even move further. So more funding, for sure. And more funding for collaboration. For those areas that have multiple service areas I think would be a good thing to help with collaboration thanks.

Martha Roherty: Thank you Courtney. And Bert Waters.

Bert Waters Virginia Center on Aging: Hi I'm Burt waters I'm the director of the Virginia Geriatric Education Center, which is that the Virginia Center on Aging at VCU.

And we do have statewide funding for both the Alzheimer's and related disease award fund, which is mostly focused on researchers, but we also have a grant fund that's geriatric training and education initiative that really first service providers.

This new deadline is September 3<sup>rd</sup>, so it's pretty soon. We work a lot with the some of the triple A's. We've been doing a lot of behavioral health education with about seven of the Area Agencies on Aging over the last year.

And we really are in a listening mode right now so I'm listening to what your needs are. I'm going to the feds for increased funding for our geriatrics workforce enhancement program and I'm also going to talk to our senators about this in the next couple of weeks and we're hoping that there's more national level geriatrics funding and that's my spiel.

Martha Roherty: Thank you for.

Tonight, has been just flown by and the feedback has been extraordinary. I cannot, I couldn't read all the chat while we were facilitating so I can't wait to download all the chat and see what was shared. Can you put the last slide up?

So we did want people, as you were leaving, to complete a very short survey.

That will help us to see how we can improve what we're doing here and also get some more of your ideas and thoughts. You can use your either your phone or you can click on the link. If you wake up in the middle of the night, like I often do, and say "Geez, I should have said that," please feel free to email us at [informva@advancingstates.org](mailto:informva@advancingstates.org) and we will take all of those things into consideration.

And to stay tuned for additional opportunities to provide feedback we will be in touch with you all.

Thank you so much and have a really great evening.

DRAFT

## ATTACHMENT 2: Chat Box

Eden Taylor: InformVA@advancingstates.org

John Whitley, PAA Board: The Virginia Department for the Aging must hold the same position/status as the other departments presently in state government.

Wendy, Arlington Neighborhood Village: Please also include adequately funding services for older adults.

Daphne Eaton: I second and third funding!

Tiffany Speas: The goal should be to represent 20% of the population by having a place at the table with the Governor (Department level).

Courtney DSS: Funding and Flexibility with Funding which allows consumer direction.

VPAS - Beth Bland: Increase funding, reduce funding restrictions, update DARS service standards.

Eileen McCartin - NVRC -DHHP: Assistive technology education and funding for older adults to learn how they can maintain their independence, especially persons aging in to hearing loss who need resources to reduce isolation and continue to live independently.

Ellie Rest: Absolutely increase funding, especially for adult services home-based care services.

Barbara Eger-Klatt - NVRC DSSCP: Need to provide scholarships for deaf nurses or CNAs and funding for deaf seniors to remain at home if they prefer.

Ellie Rest: Agree with Wendy - focus on social determinants of health.

Bert Waters Virginia Center on Aging: Integrating services between CSB's <https://www.dbhds.virginia.gov/community-services-boards-csbs> and AAA's <http://vaaaa.org/>  
Lori Epik: By having funding embedded in the appropriate service agencies. With funding being earmarked for aging, it would no longer become an option for providing a service.

Bruce Craig: To facilitate collaboration and unity in addressing the health, housing, and community supportive services which are compartmentalized in legislation and organizational structures.

Dr. Marty Tennille: Be sure enough funding is appropriated for programs decided upon.

Judy Hackler (VALA): Having sufficient funding options for all levels of aging services is crucial for the elevation of aging services in Virginia. Allowing individuals to choose where they age is also important as many funding options have restrictions on settings, which result in the

exclusion of desired aging settings such as assisted living from many of the funding programs. Many other states have successfully authorized assisted living as a home and community-based setting, and Virginia could elevate aging and increase the available housing options by also having assisted living as an HCBS.

Lori Epik: Include it in the Governor's strategic plan for needs of citizens of the Commonwealth.

Bea Sykes, PAA: The goal of the state should be that they should have a mindset of teamwork and flexibility with AAA's to, together accomplish the goal of serving older adults.

Wendy, Arlington Neighborhood Village: Age Friendly is active here in Arlington, VA.

Pat Beech: Please keep in mind — Deaf / Hard of Hearing services for Senior Citizens. Also, Deaf-Blind services.

Emily: Would like to see funding to support volunteer-based agencies such as Villages located in VA.

Eileen McCartin - NVRC -DHHP: Certificate training for caregivers that leads to well-paying jobs for caregivers

Denise Scruggs- Beard Center on Aging: Definitely involve a variety of private and public stakeholders around the state

Dr. Marty Tennille: Dr. Marty Tennille PAA - Be sure to allocate enough funding to fulfill the goals decided upon.

Eileen McCartin - NVRC -DHHP: PSA's that show vignettes of people's lives at home or in care and assistive tech or strategies that work could raise the visibility of aging issue.

Mary Nunnally: Specialized populations and Caregivers need help. Information is not out there and not accessible. I'm a former family Caregiver and could not find resources, nor could I get agencies to return my calls/email related to needs for my Deafblind mother when I relocated her to my area. I had to attend an online conference in NOVA to learn about service options that may be helpful in Richmond. From that I learned that we could have set up in-home hospice months ago, not days before my mother passed.

Denise Scruggs- Beard Center on Aging: Definitely PSA's would be helpful.

VPAS - Beth Bland: Create more affordable housing communities.

Mittie Wallace: Not only focus on homeless elderly, but elderly who have dementia and mental health issues. We see this more and more as seniors are aging in place.

Norman Reid: Maximize contacts between the elderly and other demographic groups in the community. For example, involve elderly in day care for young children.

Courtney DSS: Virginia struggles with fractured service areas. The service areas of AAA, CSB, DSS, CIL, Health Dept need to align. It is now confusing for customers and professionals. No Wrong Door needs to move forward.

Judy Hackler (VALA): It would be great if Virginia were to help promote and to train for occupations within aging services at high school, community colleges, trade schools, and universities to increase the available employment pool to provide the much-needed services at the various levels of aging.

Destiny LeVere Bolling: I truly believe one grassroots type strategy could be op-eds and letter to the editors in newspapers and advertisements. To raise awareness and promote access to the resources that exist, you must meet the community where they are - especially in rural and/or low-access internet communities.

Harrison Dixon: If we are serious about aging in place, the State could raise visibility of the aging population by encouraging each locality to incorporate Universal Design in building new homes.

Denise Scruggs- Beard Center on Aging: Identify safety nets for those needing help paying for assisted living or memory care when they are not eligible for Medicaid. Many are falling through the cracks and this is leaving family members who need support in dangerous situations.

Rebecca Brown-Senior Services of Southeastern VA: Dementia services and supports for low income seniors who cannot afford appropriate, private pay memory care to assist in keeping them out of unnecessary institutionalized care AND to this end supports for those cognitively impaired residents in shelters, PSH and other housing (aside from at home with friends/family).

Barbara Eger-Klatt - NVRC DSSCP: Keep in mind that most assisted living facilities do not have staff equipped to deal with deaf and deaf-blind seniors and need to hire deaf nurses fluent in American Sign Language

Courtney DSS: Permanent Supportive Housing is essential for people experiencing homelessness who are older with underlying health conditions. It is not just about affordable housing but housing with support.

Christy Jensen: Highlight individuals who are champions of aging and can speak effectively about the opportunities to age well in Virginia. We remain a destination for retirees and we want them to remain healthy, safe, and engaged.

Matt Jones: Including community members on a permanent advisory board.

Wendy, Arlington Neighborhood Village: Individual stories of the hundreds of people we are helping or trying to help every day; getting exposure in media so our general population

appreciates these life stories and the challenges older adults are facing daily. The real face of aging is hidden. It's not a tan couple on bikes looking at the sunset.

Jacque Woodruff: Governor should establish an Aging Cabinet similar to the Children's Cabinet.

Ellie Rest: Whatever strategy is used, we must put at the forefront that adults have the right to live how they choose and to serve as their own decision maker, unless they have been determined unable to do so.

Denise Scruggs- Beard Center on Aging: We need to address the digital divide that exists for many older adults along with the lack of viable internet services available.

Bea Sykes, PAA: I second the older adult (aging) cabinet

Eileen McCartin - NVRC -DHHP: PSAs in various language options and advertising in non-English language publications.

On Laura: Funding is the biggest issue overall. And...Aging needs a rebrand in VA (which also takes funding). Lastly, we have so many silos. Virginians are confused where to turn. The messaging needs to be centralized.

Beth Girone: We need a statewide marketing campaign that focuses on the aging issues to include a variety of media platforms to increase awareness and to draw attention to these issues.

Denise Scruggs- Beard Center on Aging: I agree with the need for an older aging cabinet.  
Chris Miller: Thank you Ellen! Let's learn from what the pandemic showed us in terms of where the breaks were, who was most vulnerable, what was uncovered in terms of how Virginia was treating it's older citizens.

Barbara Eger-Klatt - NVRC DSSCP: I agreed about the aging cabinet however please make sure you included deaf, hard of hearing and deaf-blind candidates as well.

Courtney DSS: More HUD 202 and 811 housing sites should use AG for services, the example is Willow Oaks at Birmingham Green.

Bea Sykes, PAA: A strategy to raise visibility of aging issues in the commonwealth is to give it it's own Virginia Department.

Christy Jensen: Celebrate the role of family caregivers and care partners who do so much for older community members - 1 million of our 8 million residents are caregivers or care partners for a relative and most are for relatives over the age of 50.

Denise Scruggs- Beard Center on Aging: I agree about the need for a separate Department of Aging

Cedar Dvorin (she/her): The Long-Term Care Ombudsman program needs to be adequately funded.

Tom Dowling: Do you have any representation in your community aging form concerning deaf and hard of hearing?

Mary Nunnally: Services and outreach provided in culturally and linguistically appropriate.

Eileen McCartin - NVRC -DHHP: yes! acoustics in buildings are so important!

Josh Gemerek - Bay Aging: Bay Aging believes strongly that housing, health and transportation must be seamlessly integrated to support community living for older adults. Our housing programs work to create affordable living settings with support services.

Barbara Eger-Klatt - NVRC DSSCP: Use the idea from Dr. Bill Thomas of Eden Alternative - creative living space for elderly and optimistic way of life for elderly.

Denise Scruggs- Beard Center on Aging: Increase coordination of leadership across the state by offering regional and state meetings to address local and state concerns

Anita A. White (she/her): Have more forums with the AAA Board members and the community that is being served.

David Cooper: Representation of the special population of aged homeless is needed at the state and regional levels. The Brisben Center (80 bed homeless shelter) in Fredericksburg is experiencing an increase of aged homeless. Those with special health care needs do not have sufficient, affordable re-housing opportunities with the supportive services needed to meet their needs in twilight years. My earlier point has to do specifically with the aged with dementia.

Wendy, Arlington Neighborhood Village: Certainly, once a new agency is created, you will want a working group that is cross agency so that Aging, Housing, Transportation, etc., are working together and tapping into each other's resources; initially at a high level to ensure that it gets the Governor's attention.

Carol Sale - WHF: I also agree with the idea of creating a separate agency for aging in VA - DARS focuses very heavily on disabilities, which is important, but unfortunately as a result - Aging Services tends to get lost in the process.

Eileen McCartin - NVRC -DHHP: Work with community colleges, and Dept of Aging and Rehab Services, to provide training programs that lead to good jobs with the elderly and that lead to career development path.

Norman Reid: Rappahannock Rapidan CSB includes the AAA as a component of its organization. The integration at the region-wide level appears to be working quite well.

Bert Waters Virginia Center on Aging: Geriatric Training and Education Initiative September 3, Deadline for grant funding. <https://vcoa.chp.vcu.edu/programs/geriatric-training-education-initiative/>

Ellie Rest: We cannot forget the role that Adult Protective Services and Adult Services (DSS/DARS) plays in this whole process.

Emily: Integrate working relationships between Areas on Aging and volunteer organizations focused on services for the older adults with funding being directed to targeted initiatives such as technology to serve our older adults.

Courtney DSS: Uniform Consent between agencies! AAA/CSB/CIL/DSS/Health etc.

Tiffany Speas: Yes, Courtney. YES!

Barbara Eger-Klatt - NVRC DSSCP: I would start at local level with transparency at all levels – start small.

Rosella-Ann: Multi-disciplinary team meetings would be a great way to share and so use client needs in each community.

Wendy, Arlington Neighborhood Village: I agree wholeheartedly with getting input/knowledge from County offices, profit and nonprofit agencies that could identify what works well, where there are obstacles and recommend solutions.

Denise Scruggs- Beard Center on Aging: Identify ways to increase input from long term care communities and other local organizations that serve older adults but who are not typically brought to the table to participate in these types of discussions regarding statewide issues. People support what they help create.

Josh Gemerek - Bay Aging: Bay Aging is a firm believer in offering a wide range of affordable housing options through programs such as service-enriched age- and income-restricted rental housing with project-based subsidy (HUD 202 & LIHTC), tenant-based vouchers (Housing Choice Voucher Program), weatherization assistance, emergency home repair, indoor plumbing rehabilitation, Community Development Block Grant (CDBG), Rapid Rehousing, Coordinated Entry and the list goes on. It is important for DARS to collaborate with Virginia Housing, Dept of Housing and Community Development, USDA RD and HUD.

Norman Reid: Transportation is an area of great need in getting seniors to services and medical appointments. Perhaps closer coordination with the state's transportation programs, including funding, would be effective.

John Whitley, PAA Board: The Virginia Department for the Aging must hold the same position/status as the other departments presently in state government. There must be A SEAT

AT THE TABLE and PRESENCE IN THE ROOM at the Cabinet level. If we don't make AGING as a top priority of our Commonwealth by having consistent and constant FOCUS ON AGING, we will continue to use 'aging' as only a label used to select and ignore THE AGING.

Carol Sale - WHF: It would be great to look into opportunities to create “day centers” which incorporate both children AND seniors...perhaps separate sides but have them come together for breakfast or lunch and provide time when seniors could read to the children....intergenerational interaction is so important

VPAS - Beth Bland: Agreed, transportation is a HUGE need.

Eileen McCartin - NVRC -DHHP: For example, re: coordination, Northern Virginia Resource Center for Deaf and Hard of Hearing Persons has online social chats with Sign Language Interpreter students at community and 4-year colleges who meet online with signing Deaf seniors to provide training and practice for the students and social opportunities for the Deaf Seniors. It's a great mix!

Caleb Perkins-AASC: I feel that it is important to start at the bottom. A foundation must first be created by way of smaller workgroups based upon regional viewpoints. Work upward in such a way that each regional group work to influence their communities and local governments. When local cohesion has been formed in various areas of the state, that assists the overall goal by promoting similar goals throughout the state. The groups could work together quarterly to improve goals and develop plans to help create more visibility.

Annette Clark: Yes, for the Gerontologist input!

Denise Scruggs- Beard Center on Aging: I agree with Caleb Perkins.

Mary Nunnally: Thanks for bringing up Doctors. Family Doctors need training too so they can advise families/caregivers about resources too. Need to be more proactive and less reactive.

VPAS - Beth Bland: Identify best practices and share.

Norman Reid: For innovation, look for best practices in other states.

Lori Epik: Aging touches us cross every demographic and agency. Having agencies identify how they can initiate services and/or collaboration with community leaders to meet the needs of the aging would be helpful.

Barbara Eger-Klatt - NVRC DSSCP: Need better wireless services provider for elderly - some don't have internet services.

Kathy Miller: Having an Aging Cabinet would have a greater impact than a separate department. In the past when there was a separate department, it had little clout because of its small size.

Bruce Craig: Make it mandatory that aging sign off on major initiatives of other agencies which impact older adults.

Denise Scruggs- Beard Center on Aging: Offer support, education, and assistance in developing collaborations on aging on regional levels and offer annual opportunities to get together and share successes and challenges.

Bert Waters Virginia Center on Aging: Collaboration can continue here: <https://musicmem.gmu.edu/> George Mason University just received funding for Music and Memory: Studies of the Music & Memory program have found that personalized music has the potential to awaken certain aspects of the personality of a resident with moderate to advanced-stage dementia. This awakening may allow the largely non-verbal individual to communicate with his family and caregivers, sing and experience joy and love, and even less agitation. These calmer moments can also indirectly improve staff work experiences and caregiver quality of life.

Darryle brown: Bring all people to the table that serve the senior population and bring seniors to the table to see what they feel that they need. We need a holistic approach.

Anita A. White (she/her): Ensure older Americans are included in the world of technology. Older Americans are not getting the information because of their technological challenges.

Tiffany Speas: A robust and flexible electronic referral and data system would help. It would also be great to be connected through the system with healthcare providers to enhance the continuum of care.

Teresa Fontaine: Coordination and leadership across state govt. on programs related to older Virginians would innately improve if aging at the state level is elevated!!

Cedar Dvorin (she/her): We need to do better outreach to get ideas & needs for services from those we serve who are harder to reach.

Barbara Eger-Klatt - NVRC DSSCP: Need a better technology device for seniors at their home - means innovative ways to get them involved.

Christy Jensen: Our Center, Riverside CEALH, prepares and offers microlearning lessons. These are brief, less than 10 minutes, on-demand and highly engaging lessons. We would be interested to prepare more of these lessons that would elevate older adults and aging issues, highlighting why Virginia cares about older adults and aging across the lifespan. These would be informative to our state leadership as well as those of us who serve or could serve older residents.

Cindy Phillips: There needs to be more affordable housing. Most senior income-based housing has 2-3 year waiting list.

Ronna (she/her): Apologies if this is a duplicate: It's very important to differentiate the needs of seniors with age-related hearing loss and those who are culturally Deaf. Their access needs are different, and Deaf seniors tend to be isolated within long-term care facilities, adult day care, in-home care, etc.. We also need more equity statewide so Deaf seniors don't have to leave their community to be able to have the resources they need.

MaDena DuChemin: This may have already been said as I was having technical difficulty getting on tonight. Using similar structure that the State has used for Diversity, Equity, & Inclusion. The State has made this a priority and fostered collaboration among groups across the State. Wendy, Arlington Neighborhood Village: Partnerships between government agencies and nonprofits; are there ways to incentivize businesses to make a contribution to innovative initiatives that improve quality of life for older adults?

Kim Tarantino: I agree with peer to peer, Denise! We can learn so much from one another! S Douglas, Fauquier Co DSS: In the 90's, we worked to create a system of care for our "at risk youth and families" and our Comprehensive (Children's) Services Act was developed. Maybe this can be a collaborative model to bring key stakeholders to the table. The CSA model has multidisciplinary teams at the direct case worker level, the jurisdictional level and the state level.

Emily Slunt, LOWLINC Village: Involve private partnerships with community initiatives. Provide support for development of new Villages in the State.

Holly D'Heron: More emphasis on multidisciplinary teams within communities. it can be challenging to get law enforcement, CSBs and other local entities to recognize the benefits of a multidisciplinary team.

Beth Girone: Beth Girone, Assistant Director for the Fredericksburg City Dept. of Social Services - we have created a regional work group comprised of several agencies that provide services to the aging population that meets regularly to discuss issues that affect how services are provided, where gaps may be, how we can coordinate efforts and collaborate on solutions. It would be great to have these types of committees' partner on a larger scale in each community to make a bigger impact and a way to share successes.

Heather Board: Ensure that aging services, resources and providers are included as part of the Unite Virginia initiative.

Bea Sykes, PAA: Improved coordination between the Governor's Office and the State Unit on Aging. For example, DARS has been supporting NWD for many years and then the Governor gave \$10,000 to Unite Virginia instead of investing in a NWD program.

Harrison Dixon: Harrison Dixon, Senior Citizen. In order to encourage collaboration and innovation, the State has to reduce territorial emotional drives by tying collaboration and innovation to funding.

John Whitley: Level of Recognition is assured by STATUS in the structure of state government by creating THE DEPARTMENT FOR THE AGING.

Mittie Wallace: From Mittie with Fauquier DSS--think outside of the box. outside of the state--look at other state models like CA

Chris Miller: Use the NWD platform as a vehicle/space for collaboration. Recently DARS TBI program received federal funding that will include partnering with NWD to improve access and to use their ever growing tools and resources.

Pete Costigan: Pete Costigan JABA Board member. One way to increase visibility of the work and needs of aging agencies may be to, where appropriate, encourage aging agencies to combine their existing programs with programs of other agencies serving other segments of the population that, typically, have more visibility than aging agencies do. One obvious candidate for this combining would be agencies related to k-12 education and aging agencies.

Lori Epik: Given that people are staying in the workforce longer, and are NEEDED to accomplish the mission of their agency or business, being able to enhance a person's ability to remain employed as long as they are invested should be considered.

Eileen McCartin - NVRC -DHHP: Universal design needs to be applied to all facets of building, infrastructure and Internet access so older adults can stay in touch

Anjanette Gilbert: Funding is needed to adequately address local social services - Adult Services, Guardian Program and Adult Protective Services programs. With increase in aging population, there will be a need for increase in staff. Funding is necessary for enhanced training. Thank you for your attention to the needs of the aging.

Wendy, Arlington Neighborhood Village: Good question - the only person I know to call is my state representative (I am a nonprofit aging leader).

Denise Scruggs- Beard Center on Aging: I know we are not usually able to find this information unless we dig for it ourselves.

Dr. Marty Tennille: Yes, funding is paramount. Marty Tennille, PAA, VA Peninsula

Norman Reid: I think the idea of an incubator is a good one. A series of challenge grants from the state for specific trial innovations might generate some good ideas. But it would then be essential to harvest the ideas that work really well and get them communicated to other areas

of the state. So, foster experiments and then collect and publicize and promote the best results achieved.

E Ayn Welleford, Gerontologist for Community Voice: Regional coalitions like Age Wave plans and Longevity Project for a greater Richmond are community driven and were created to spotlight best practices, convene across agencies, raise elder voices. Community solutions meeting community identified needs.

Denise Scruggs- Beard Center on Aging: We need to expand the definition to beyond state agencies and have the public/private interaction.

Eileen McCartin - NVRC -DHHP: Looking more closely at how Medicare pays for services is important. There are patients who need better basic care (bathing, feeding, turning, etc.) but those services are not reimbursed well by Medicare, whereas other services such as PT, OT, speech etc. are well reimbursed. Basic care provision needs to be reimbursed at a higher level.

Judy Hackler (VALA): Virginia has done a great job of developing programs to connect people with support services and information, such as the Virginia No Wrong Door and information on the various agencies' websites; however, the information is very fragmented and often does not include the full spectrum of aging services, such as assisted living. VALA often gets requests for help from individuals seeking care for loved ones, including from Virginia's own elected officials. We often have to provide them with links to multiple websites of state agencies including the VDSS, the VDH, the DBHDS, DMAS, DARS, etc. order to find the various components needed to find care and supports for their loved one to age in Virginia, including funding options, eligibility criteria, forms to be completed for the various components, and more.

John Whitley: State Unit on Aging must be THE DEPARTMENT FOR THE AGING. The issues are PRESENCE and POWER. If AGING is not treated as important as transportation, education, etc., we will NEVER address AGING as a priority.

Bea Sykes, PAA: To answer Senator Mason's question, honestly, we would call USAging (formerly N4A). They seem to really promote and be on the lookout for innovation while state agencies seem not to.

E Ayn Welleford, Gerontologist for Community Voice: Funding and real incentives for collaborations.

Karen Darner: Karen Darner, Alz Commission of VA member - please have more frequent meetings such as this to bring group together for this kind of Sharing throughout the state. Today is a beginning, and I love the sharing of needs and resolutions to the similar problems or concerns. Very helpful.

Ellen Phipps: Thank you for the opportunity!

Tom Dowling: geriatric training?

John Whitley: Thank you Senator Mason for being present tonight to show your commitment to and support for THE AGING.

Pearl Barnett: <https://survey.alchemer.com/s3/6499419/Elevating-Aging-Community-Forum-Satisfaction-Survey>

Denise Scruggs- Beard Center on Aging: I agree with Judy that the state has done great things already to improve aging services over the last decade. However, we need to go beyond just working with state agencies. Funding and much support services for older adults comes from non-profits and other businesses outside the state structure. They are also catching the people who are falling through the cracks of our current state programs and services. I would love to be involved if we ever do this.

Mary Ann Batsche: Great discussion! Thank you!

Barbara Eger-Klatt - NVRC DSSCP: Suggest to consider creating an office for deaf, hard of hearing and deaf-blind aging services at state level - not to overwhelm with VA Dept of deaf and Hard of hearing organization.

Pearl Barnett: <https://survey.alchemer.com/s3/6499419/Elevating-Aging-Community-Forum-Satisfaction-Survey>

MaDena DuChemin: Thank you.

Kim Tarantino: Great forum, thank you!