

Case Study

Improving Guardianship Practices through Collaborative Stakeholder Action

By Erica Wood, JD, and Shasta Douglas, MSW



Educational Objectives

1. Describe the purpose of adult guardianship and its effect on fundamental rights.
2. Explain the need for guardianship reform, the obstacles to reform, and what issues need attention in Virginia.
3. Discuss the purpose of state Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) and the creation and accomplishments of Virginia WINGS.
4. Review cases in which a WINGS pilot project supported the needs and rights of adults with guardians.

Background

Suppose an older adult or an adult with a disability is unable to care for herself and is at risk of abuse,

neglect, or exploitation. Perhaps the adult is alone and is about to be evicted, with nowhere to go, or is facing a challenging medical treatment decision but lacks the ability for informed consent or was found comatose on the floor. Maybe relatives or scam artists have drained the estate and fled, or the adult is living in an unsafe environment of squalor. Oftentimes, such adults have some combination of aggravated mental health problems, chronic conditions including dementia, and substance abuse. Or the person may be a transitional youth with an intellectual disability turning 18, faced with the challenges of adult life.

In situations like these, a circuit court in Virginia may determine that the adult cannot make decisions on their own and requires protection. The court may make a finding that the adult is “an incapacitated person” and appoint a guardian or conservator.

A guardian is responsible for personal affairs, including health care, while a conservator manages financial affairs. The guardian and conservator may be, but is not necessarily, the same person or entity. Guardians and conservators are often family members, but may be friends, attorneys, professionals or private agencies, or public guardianship programs.

Guardians and conservators often step in at crisis

Inside This Issue

VCoA Editorial 8
DARS Editorial 10
Thanking VCoA Advisors 12

ARDRAF 2021 Recipient 14
CMP Reinvestment Programs 15
Housing Advocacy 16

Joyful Voices Chorus 17
Calendar of Events 19

points, and aim to remedy urgent problems. They may identify assets or uncover family connections, apply for public benefits, seek restitution of lost funds, or ask the court to void a fraudulent deed or revoke an abusive power of attorney. They may connect with community resources, find affordable and accessible housing, arrange for assisted living or nursing care, and promote contacts that avoid social isolation or restrict harmful contacts (Karp & Wood, 2021). At the same time, however, guardianship and conservatorship take away basic human decision-making rights and, therefore, these court appointments are generally seen as last resort, after considering other less restrictive options, such as advance directives, powers of attorney, trusts, and supported decision-making. And, sadly, some guardians and conservators may take advantage of those they are appointed to protect.

Systemic Improvements Needed

A groundbreaking 1987 *Associated Press* series (Bayles & McCartney) profiling guardianship* as “an ailing system” triggered modern guardianship reform nationally. It highlighted key questions for reform across the country that are still relevant to Virginia practice today: Are appointments being made that are overbroad and/or unnecessary, where a less restrictive option would suffice? Are there solid due process safeguards in the process that prevent unnecessarily stripping a person of rights? Should an incapacity determination be based more on functional abilities than on medical diagnosis? Is there enough court monitoring of guardians? The AP report triggered hearings, investigations, model acts, and state statutory change. As a result of these initiatives, state guardianship laws have improved, but practices on the ground have been uneven.

In Virginia, the General Assembly passed a landmark revision of the guardianship code in 1997 and has continued to make amendments over the years. There have been trainings, conferences, and handbooks. Nonetheless, while statistics are lacking, some practice gaps and deficits remain. In 2021, the General Assembly directed the Joint Legislative Audit and Review Commission (JLARC) “to study the adequacy of Virginia’s system of court-appointed guardians and conservators” (JLARC Joint Resolution, 2021)

including changes in law, as well as training, qualifications, and oversight requirements.

The AP report was almost 35 years ago. While it jumpstarted many reform efforts, change has been inconsistent, leaving many vulnerable older adults and people with disabilities at risk. The increasing aging and disability populations have put strains on courts. Funding for case management, data collection, and court oversight is scarce. Often, judges have general jurisdiction caseloads without an intensive guardianship focus, and judicial turnover can be high. And the cases, often fraught with mental illness, dementia, medications and family conflict, are complex (American Bar Association Commission on Law and Aging, 2020). Neither courts nor legislatures, attorneys, guardianship practitioners, the aging and disability network, nor adult protective services can overcome these obstacles alone. Thus, a 2011 call for collaboration of guardianship stakeholders brought about WINGS.

**State terminology varies. In this article, in referencing issues that are national in scope, the generic term “guardianship” refers to both guardianship and conservatorship.*

WINGS: Working Interdisciplinary Networks of Guardianship Stakeholders

The 2011 Third National Guardianship Summit, sponsored by the National Guardianship Network, urged states to develop Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS) to advance guardianship reform and promote less restrictive options. Following the Summit, states began to pilot WINGS, in some cases with initial funding from the State Justice Institute and the Administration for Community Living. For more information on WINGS see https://www.americanbar.org/groups/law_aging/resources/wings-court-stakeholder-partnerships0/.

WINGS are ongoing partnerships for reform between courts and stakeholders. They drive changes in guardianship policy and practice, and promote less restrictive options. Under the leadership of the court, WINGS convene representatives from diverse agencies to prioritize key issues and work collective-

ly. The idea is that by coming together, stakeholders “can make a positive impact on people’s lives” (American Bar Association Commission on Law and Aging, 2019).

Since 2013, some 25 states have created WINGS, generally under court leadership. Some have received funding from federal and state sources. All have had a broad range of participants who meet regularly, engage in strategic planning, exchange perspectives, and work toward specific changes. Many, but not all, WINGS have remained active, and some have begun to make ripples of change in guardianship practices. As stakeholders have noted, “When everyone is around a table, we can short-circuit problems” (ABA Commission, 2019).

Creation of Virginia WINGS

In 2016, Virginia Chief Justice Donald Lemons created Virginia WINGS, convened by the Office of the Executive Secretary of the Supreme Court of Virginia. At the first WINGS meeting, the Chief Justice framed WINGS as a problem-solving mechanism with the potential to improve adult guardianship. He had appointed a diverse group of members from the judicial, legal, aging, disability, health care, and guardianship arenas. “They began learning from each other right away, as each brought different perspectives and pieces of the guardianship puzzle to the table” (Wood, 2020).

Today, Virginia WINGS has 42 members who meet regularly three times a year, with representation from the court’s judicial services department, the state bar, legal services, health care and long-term care providers, academic centers, community services boards, and aging and disability agencies and organizations, as well as circuit court judges, local courts and agencies, practicing attorneys, and a commissioner of accounts. The Virginia Center on Aging has been an active member since the beginning of the group. During its initial phase, Virginia WINGS set three priorities, creating a workgroup to address each: (1) guardianship and conservatorship data; (2) guardianship training and resources; and (3) monitoring.

Guardianship and Conservatorship Data

Data might not be the first thing that comes to mind in thinking about affecting vulnerable peoples’ lives, but data are critical. Without meaningful data, courts can’t properly oversee guardians and conservators and don’t achieve an accurate picture that shows what should be changed. “Show me the numbers” has been a major element in guardianship reform nationally.

As with most other states, the Virginia judicial system has had very little data on adult guardianship, making it difficult to know the total number of cases, the types and duration of cases, who is serving as guardian and conservator, who is served, and what problems arise. The WINGS data workgroup aims for development and funding of a uniform system for ongoing collection and tracking of timely statewide guardianship and conservatorship data. Responding to the WINGS data discussions, the Supreme Court Office of the Executive Secretary has added some key guardianship/conservatorship elements into the overall statewide circuit court case management system used by most, but not all, of the state’s 120 circuit courts, but some inconsistencies and varying methods of capturing data remain.

Yet, even though we can now begin to track the number of recent guardianship/conservatorship cases in the case management system, we still don’t know the total number of active cases, including the large number that pre-dated the changes, because guardianship cases can last for decades. The WINGS workgroup decided to start by focusing on one local jurisdiction as a test, simply counting and collecting file statistics on the number and kinds of cases.

Guardianship Training and Resources

There is a vast need for training of stakeholders and the public about guardianship, particularly family members who have no experience with such a role. The WINGS training and resources workgroup created an online tutorial and a “frequently asked questions” sheet. They then updated a brochure on the duties of guardians and conservators that clerks provide to those who qualify to serve. Recently posted and distributed throughout the state is a guide for

the public on less restrictive options (<http://vacourts.gov/>, from “Home” under “Quick Links” select “Guardianship and Conservatorship”).

Other resources are in the works. Conservators must submit an inventory of assets, but family members may be daunted by the inventory form asking for information about specific kinds of assets. The WINGS workgroup is creating a sample showing how to fill out the inventory.

Another urgent need is judicial education. With the press of competing cases, Virginia’s general jurisdiction circuit court judges need additional focus on guardianship and conservator practices. WINGS has secured time on an upcoming judicial education agenda. The WINGS workgroup is also developing a judicial checklist to sharpen practices. This checklist could prompt judges to ask: What specific rights should be retained by the adult? What less restrictive options have been examined? Do the proposed guardian and conservator have the qualifications to serve? What is the guardian’s plan for addressing the adult’s specific needs? What should be the amount of the bond? Can the guardianship and/or conservatorship order be limited, preserving some degree of self-determination?

Monitoring of Guardianship and Conservatorship Cases

The “front end” of guardianship is the court’s appointment of a guardian or conservator. The “back end” is post-appointment: what actually happens to the at-risk adult, and are there any interventions the court needs to take. Court “visitor” programs enable the court to put “eyes and ears” on the person and bring to light any problems. Qualified visitors meet with the individual and the guardian to look closely into needs and report back to the court.

The WINGS monitoring workgroup has partnered with Arlington County to create an imaginative visitor pilot program that could be adapted in other areas of the state. Arlington offered several key advantages for creating a visitor program: strong support (including funding) from the County’s Department of Human Services, support from a circuit court judge, and willingness of the clerk’s office to collect the

necessary data to begin the program. This enabled the County to hire a social work monitor to coordinate the effort and serve as visitor. Because the project began during the pandemic in 2020, the initial visits have been virtual.

The hands-on approach of the Arlington visitor pilot is especially important because Virginia is the only state where, instead of reporting directly to the court, guardian and conservator reports initially go to other entities, making for a complex system. A guardian must file an annual report with the local department of social services; and a conservator must file an annual account with the local commissioner of accounts, an attorney appointed by the court to review the conservator’s financial transactions.

The social work monitor targets cases in which guardian reports to the Department of Human Services are delinquent and the court needs information about the person’s welfare. The monitor focuses on supporting the family guardian and linking the guardian to County resources. For example, the guardian may not know or remember that a report is due, may be overwhelmed with caregiving duties, may speak a language other than English, may be unable to find or access County programs, or may have health concerns. The guardian may be out of the County or out of the state and need to be tracked down.

To date, the program has undertaken 41 cases. Of these cases, while some individuals served were older, the majority were young adults with intellectual disabilities living in community settings; and the guardians were primarily middle-aged women who were their parents. In this small sample size, cases involving older adults tended to have more formal supports in place and issues were resolved with minimal assistance from the monitor. In three cases, as a result of the monitor’s findings, the court replaced the guardian, and in two cases, the court plans to transfer the guardianship to other jurisdictions. In one case, the court terminated the guardianship and restored the person’s rights.

The Arlington monitoring pilot has not only helped individuals with guardians (as shown in the case studies below), but also has collected valuable data and insights that have begun to change practices. For

instance, the pilot found that many guardians have difficulty completing the report and accessing services, particularly Hispanic, Black, and Asian guardians and those with limited English proficiency. The pilot spurred the court to send out reminder letters to the guardians about the due date for filing the report. The integration of monitoring and reminder letter efforts resulted in a 72% decrease in delinquent reports. Over a quarter of the guardians reported a high level of stress and appreciated the monitor's assistance. Some guardians had failed to provide routine medical care to the individual, and the monitor's intervention promoted better care. The Arlington pilot made key recommendations, and is developing an action plan for replication, guidelines for guardian training, a training video, and tools for court review.

Case Study #1

Lincoln is a 40-year-old Caucasian male with moderate intellectual disability. Lincoln's older sister, Stephanie, became substitute guardian in 2017 after their father developed dementia. At the time of his sister's appointment, Lincoln lived in a group home in Arlington County and received day support and support coordination services.

After mailing multiple notices due to the guardian's delinquent reporting and receiving no response, the monitor contacted the guardian by phone and learned that shortly after appointment, without gaining prior court authorization, the guardian relocated Lincoln to her home in Prince George's County, MD. Lincoln currently lives in the guardian's home with her three children and their aged father, who now has advanced dementia.

The guardian attributed her lack of reporting to feeling overwhelmed and stressed from the daily challenges of being the primary caregiver for her household. Both Lincoln and his father require some degree of assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, and eating. The guardian was solely responsible for providing personal care, meal preparation, transportation, money management, and more.

The monitor's assessment revealed the guardian lacked any formal support and had minimal informal

support in caring for Lincoln and her father. Neither Lincoln nor his father were connected to any social or supportive services. The guardian was without respite with no relief in sight. The monitor detected clear signs of caregiver burnout.

Most alarming, Lincoln had been without a medical check-up or dental care for over three years despite having been born with Hydrocephalus, a condition requiring the placement of a permanent shunt to drain excess fluid from his brain. Since oversight of medical care is a primary duty of a guardian, the monitor requested that the guardian schedule a medical appointment for Lincoln within a week's time. The guardian initially agreed but failed to take action.

The monitor discussed the case with a supervisor; it was decided that, due to the lack of medical care, a report to Adult Protective Services (APS) was warranted. Jurisdictional boundaries required that the APS report be filed with Prince George's County, Maryland. The monitor collaborated with the APS investigator to provide information and advocacy based on the information shared in the assessment and virtual visit observations. An APS case was opened, and with the support of APS staff the guardian obtained a medical appointment for Lincoln and a referral for specialty shunt care.

At the monitor's request, APS approved Lincoln for "Continuing Services" up to six months, which allowed APS to continue assisting the guardian past the initial investigation period. During this time, Lincoln was successfully approved for Medicaid waiver services available to many individuals with intellectual and developmental disabilities. Services include a personal care attendant, thereby lessening the guardian's daily caregiving burden.

The guardian reflected that while she initially struggled to access services independently, she appreciates the accountability of the process and is grateful for the support. Further, the guardian expressed that the pilot program and subsequent APS involvement helped her to realize that she needs support, and ultimately it alleviated her stress.

Case Study #2

Miguel is a 35-year-old Hispanic male living with Down syndrome. Miguel's father became his legal guardian in 2014 and his sister, Martha, was named as standby guardian. At the time of appointment, Miguel received disability support coordination services through Arlington County and Medicaid waiver services for in-home support.

The monitor was unsuccessful in reaching the guardian by mail or phone to discuss his delinquent reporting. Delinquent notices were returned to sender and the phone number on file was out of service. The monitor searched the county Department of Human Services (DHS) records and located a number for Martha, the sister and standby guardian.

During the initial call with Martha, the monitor learned that the guardian had moved to Guatemala in 2018, taking Miguel with him. The move took place without prior court authorization and unbeknownst to Miguel's service providers, resulting in the termination of his Supplemental Security Income (SSI) benefit.

Martha expressed very serious concerns about the safety and wellbeing of her brother while in her father's care. Family friends living in Guatemala frequently relayed worrisome observations to Martha, including that the guardian and Miguel relocated often, and Miguel was routinely left unattended and, at times, wandered unsafe streets alone at night. Martha worried that Miguel was not receiving routine dental or medical services, including a psychotropic medication that was prescribed in the U.S. and used long-term prior to his out-of-country move. Martha lamented that she did not know who to contact about her concerns and was grateful for the monitor's involvement.

With Martha's assistance, the monitor utilized DHS interpretation resources and finally connected with the guardian, who voiced similar concerns for his son's wellbeing and confirmed that Miguel was currently living in an unsafe neighborhood without adequate medical care. The guardian reported experiencing financial instability and the expiration of his Permanent Resident Card (Green Card), rendering

him unable to bring Miguel back to the U.S. At the same time, the guardian was hesitant to allow Martha to take Miguel back to the U.S., though they had discussed this on multiple occasions in the past.

The monitor counseled the guardian on guardianship responsibilities, namely, that Miguel should have access to the benefits and services to which he is entitled as a U.S. born citizen; the monitor also provided information on the guardian substitution process. Despite the jurisdictional barriers of the case, the Assistant County Attorney agreed to file a motion to substitute Martha as guardian. The monitor had the motion translated to Spanish for the guardian, who in the end agreed to the substitution with assurance that his son would receive access to health care and supportive services.

Shortly thereafter, Martha was appointed as substitute guardian, and approximately one month later travelled to Guatemala to gain custody of Miguel. The monitor supported Martha as she navigated various systems to re-establish Miguel's benefits and services, such as Medicaid, SSI, SNAP, disability waiver services, and medical care. Miguel now resides in Prince George's County, Maryland, with Martha, her husband, and their children. She reports that Miguel is adjusting well and enjoys being surrounded by family.

Conclusion

State interdisciplinary WINGS partnerships can help to improve guardianship practices and promote less restrictive options. Virginia WINGS has functioned as a problem-solving entity under the leadership of the court. WINGS has begun to make differences in the collection of essential data for oversight and evaluation, development of key training resources, and implementation of an innovative monitoring pilot to support family guardians, resulting in better care for adults in need.

Study Questions

1. What are key issues in adult guardianship reform nationally and in Virginia?
2. How can an interdisciplinary problem-solving group like WINGS bring about change?

3. What are ways that WINGS can and has affected individual lives of those under guardianship?

References

American Bar Association Commission on Law and Aging. (2020). *Advancing guardianship reform and promoting less restrictive options: Working Interdisciplinary Networks of Guardianship Stakeholders*.

American Bar Association Commission on Law and Aging. (2019). *Working Interdisciplinary Networks of Guardianship Stakeholders: WINGS state replication guide*. https://www.americanbar.org/content/dam/aba/administrative/law_aging/2019-wings-replication-guide.pdf

Balch, B., (November-December, 2019). Unguarded: A three-part series on how Richmond's guardianship process leaves vulnerable people unprotected, *Richmond Times-Dispatch*.

Bayles, F. & McCartney, S. (1987). *Guardianship of the elderly: An ailing system*, Associated Press.

Karp, N. & Wood, E. (2021). Guardianship: Remedy vs enabler of elder abuse. National Center on Elder Abuse, <https://ncea.acl.gov/>

U.S. Senate Special Committee on Aging. (2018). *Ensuring trust: Strengthening state efforts to overhaul the guardianship process and protect older Americans*.

Virginia Code, Sec 64.2-2000 through 64.2-2029

Virginia's Judicial System website, <http://vacourts.gov/>, from "Home" under "Quick Links" select "Guardianship and Conservatorship"

Wood, E. (February 2020). Virginia WINGS: The Supreme Court of Virginia and community stakeholders work to improve adult guardianship. *Virginia Lawyer*, (68), Senior Lawyers Conference.

About the Authors



Erica Wood served as assistant director of the American Bar Association Commission on Law and Aging, and was associated with the Commission from 1980 to 2020, when she retired. At the ABA, she worked primarily on issues concerning adult guardianship, health and financial decision-making, legal services delivery, dispute resolution, health and long-term care, and access to court. She has participated in national guardianship studies and directed a project on Working Interdisciplinary Networks of Guardianship Stakeholders (WINGS). In 2013, Erica received the Isabella Horton Grant Guardianship Award from the National College of Probate Judges. She is currently serving on the Virginia Commonwealth Council on Aging, the Virginia Public Guardianship and Conservatorship Board, the Virginia Center on Aging Advisory Committee, and the Virginia Supreme Court WINGS.



Shasta Douglas is the coordinator and court-appointed monitor for the WINGS Monitoring Pilot Program. She also assists with the Volunteer Guardianship Program within the Aging and Disability Services Division of the Arlington County Department of Human Services. Shasta earned a Master of Social Work (MSW) degree and an associate degree in Paralegal Studies. Her experience and interests lie in providing supportive services for vulnerable adults and their caregivers.

From the Director, Virginia Center on Aging

By Bert Waters, Ph.D., Associate Director

Actively Engaging with Virginia Center on Aging's Retired Community

For over a decade, as Assistant, Associate, and now Director of the Virginia Geriatric Education Center (VGEC), one of my core responsibilities has been to recruit and maintain a dynamic interprofessional team. Over the years, I have actively maintained relationships with recently retired VCU faculty, and provided them with opportunities to rejoin our university in new academic roles that are in line with their scholarly passions. VCU received an Age-Friendly University (AFU) Global Network designation in June of 2021, following the submission of a 16-page application and report earlier this year describing how the university upholds the [10 Age Friendly University \(AFU\) Principles](#). One of the Virginia Center on Aging's (VCoA) contributions to the report addressed Principle 9, to engage actively with the university's own retired community. These recruitment efforts also pertain to recently retired faculty from other institutions, who have had long-term collaborative relationships with the VCoA, most notably through the VCoA and its VGEC Geriatrics Workforce Enhancement Program (GWEP) grants.

The VCoA has had this model of including recently retired faculty on grants since 2009, when Dr. Joan Wood was instrumental in writing the VCoA's first VGEC grant proposal. They serve as core faculty for the interprofessional GWEP team, which we named the Plenary. Often, their intentions are not to retire from academia, but to leave the administrative responsibilities of a professor so that they will have more time to contribute to their own scholarship and to give back to our community. Dr. Wood, who I met when she was Director of the VGEC in the late 1990s, had recently retired as Director of the Geriatric Education Center at University of San Francisco (USF). Dr. Wood was instrumental in conceptualizing our first successful VGEC proposal, and we modeled our Faculty Development Program after her program at USF. Our interprofessional team, which became the Plenary, met twice monthly for a year to prepare for the proposal submission, and Dr. Wood was there volunteering her time. She then rejoined VCU as an

adjunct faculty after we were funded.

Myra Owens, PhD, a graduate of the Department of Gerontology, was also involved in the initial conceptualization of our VGEC. She then served as a Research Associate at the VGEC until 2019. She retired from a state position during the first five-year cycle of the VGEC grant. Dr. Owens, an applied research and program evaluation expert, led analysis of the data collected and reported results to the grant sponsor, and led efforts to disseminate results in refereed journals. She designed and developed both quantitative and qualitative data collection tools for the VGEC. Dr. Owens, who graduated from the College of Health Professions PhD Program in Health Related Sciences (HRS), served on the HRS Comprehensive Exam Development and Review Committee, and serves on the HRS Steering Committee.

Patricia Slattum, PharmD, PhD, retired as Professor Emerita from the VCU School of Pharmacy in April 2019, where she was director of the Geriatric Pharmacotherapy Program. Dr. Slattum's interests have always included aging issues. She received a Certificate in Aging Studies from the Department of Gerontology in 1992, and was core faculty with the VGEC when its home was in the Department of Gerontology. As another founding member of the Plenary, she also helped conceptualize our current VGEC. After six months of mandatory retirement, Dr. Slattum returned as part-time faculty at the VCoA. She is currently a Co-Investigator for the GWEP grant and a vital member of the VCoA's staff.

Most recently, Jodi Teitleman, PhD, and Ken Faulkner, MA, MDiv, two faculty retirees from the College of Health Professions, joined our Plenary. Dr. Teitleman retired from her full-time position as Associate Professor in the VCU Department of Occupational Therapy in September, 2019. Six months later, she joined the GWEP's Plenary where she assists with developing training content and conference presentations on family caregiving. Her educational

background includes a PhD in Experimental Psychology and Certificate in Aging Studies, and she maintains post-retirement interests in dementia caregiving and political advocacy. Dr. Teitleman always used to explain that she was not an Occupational Therapist, but a Gerontologist in the Occupational Therapy Department. Now she can focus on her passion, gerontology.

Rev. Faulkner served as Assistant Professor in the Department of Patient Counseling from 1997 until his retirement in 2018. I met Rev. Faulkner as a graduate student in the early 2000s. He taught and continues to teach the Ethics and Health Care course in the HRS PhD program. He also had several different clinical roles since joining the VCU Health System in 1991, including Director of Pastoral Care and Advance Care Planning Coordinator for VCU Health until retirement. He joined the Plenary six months after retirement, and continues to contribute with our Advance Care Planning and ethics initiatives. Rev. Faulkner was drawn to join the GWEP because of its strong interprofessional collaboration and the importance of preparing others for service to older adults. He especially appreciates learning from his colleagues in the Plenary.

Regarding the return of faculty from other institutions who partnered with VCU and the VCoA, two come to mind. First is Kathy Fletcher RN, DNP, who was the University of Virginia Lead under our first GWEP grant (2015-18) as well as a prior HRSA Geriatric Education Center grant (2010-15). Dr. Fletcher remained closely affiliated with the VCoA after her retirement from UVA, as community faculty at Riverside Health Systems. Dr. Fletcher led our 40-hour interprofessional Train the Trainer program in geriatrics, which had two clinical themes: care transitions and medication management. She was instrumental in the development of our Evidence Based Practice Falls Prevention curriculum and was a founding member of our Faculty Development Program. Dr. Fletcher passed away in 2019, but her legacy lives on through her mentorship of current VGEC faculty and staff.

Dan Bluestein, a Geriatrician and Family Physician who spent his clinical career at Eastern Virginia Medical School, has joined us. Dr. Bluestein had a

mid-career transition when the opportunity to “grandfather” for Geriatric board certification presented itself. From 1992-2019, Dr. Bluestein taught Geriatrics to Family Medicine residents and other interprofessional learners in a seniors’ clinic with a focus on dementia and as a certified medical director in a large continuing care retirement community. Dr. Bluestein was an active contributor to the VCoA GWEP programs, presentations, and publications, and was a co-author of all GWEP grant competing continuations, including our currently-funded project. Dr. Bluestein retired as Professor Emeritus from EVMS in 2019, and joined VCU and the VCoA as adjunct professor in 2020. He now lends his past experience in Geriatrics, Primary Care, and Long-term Care as a subject matter expert for our VCU nursing home ECHO, a new ECHO concerning dementia in primary care, and an emerging ECHO program on advance care planning. He is also a coauthor of current and pending presentations and publications.

As I come to the close of this piece, I recall my friendship with a fellow graduate student in the Department of Gerontology, in the late 1990s. This was Sung Hong, who was a Certificate in Aging student in Gerontology and a PhD student in the School of Education. Sung would have been labeled a “non-traditional” student in most of VCU’s academic programs, as he was nearing retirement from a successful career as an architect in South Korea, while living in Virginia. I was one of several mid-career Gerontology students returning to graduate school to enhance our careers. The “non-traditional” moniker isn’t applicable for our field, as our students cover the lifespan. Once Dr. Hong completed his dissertation on aging in place of low-income homeowners in 2003, Dr. Connie Coogle recruited him to become a Research Associate at the VCoA, where he continues to contribute to our research projects 18 years later.

Dr. Hong wrote in the final paragraph of his dissertation acknowledgements, “Finally, I would like to thank the late J. Seo, a mentor and friend, who urged me to go back to campus with pen when other of my colleagues headed for the green with club after taking early retirement.” We are so grateful that we can provide an opportunity for Sung, and our other “retired” Plenary members, the paper on which to use their pens.

From the Commissioner, Virginia Department for Aging and Rehabilitative Services

By Charlotte Arbogast, Policy Analyst

2021 Commonwealth Council on Aging Best Practices Awards



Established by the General Assembly, the Commonwealth Council on Aging advises the Governor on issues affecting the 1.9 million Virginians ages 60 and older. With members spanning all 11 congressional districts and a variety of professions, the Council promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians.

The Council's Best Practices Awards serve to encourage organizations across the Commonwealth to develop and support programs and services that assist older adults to age in their communities. The Best Practices Awards recognize and encourage the replication of model programs, particularly those that foster aging in place, livable communities, and home and community-based services. The Council judges nominees on seven criteria, including community impact, potential for replication, innovation, outcomes, and promotion of aging in the community.

The Council has chosen the following awardees in the 2021 competition.

Stable Foundations for Older Adults Experiencing Homelessness, a program started in 2018 by Bay Aging in Urbanna, won the \$5,000 first place Best Practices Award from the Council. The program offers safe housing options and support services for older adults transitioning from homelessness. Bay Aging has successfully bridged the gap between Area Agencies on Aging and the homeless services' Continuums of Care to provide diverse housing opportunities for people exiting homelessness.

Bay Aging has moved 31 new tenants into housing, and an additional 189 older adults have been served by Bay Aging's homeless response system. The average wait time for placement in Bay Aging rental housing is 59 days, a 25% decrease since 2018 when

the program started. Of the 31 older adults served by Bay Aging's housing, only one has exited to an unknown location, evidence of sustained positive outcomes of tenants.

"Since Bay Aging added its homeless solutions programs to its wheelhouse of support services, I have witnessed older adults discover dignity that had been lost through the traumas of homelessness. Bay Aging Apartments and the many services brought to the table work wonders to help tenants regain their health, increase self-sufficiency, and find a sense of community," said Kathy Vesley, Bay Aging President and CEO.

The second place award of \$3,000 honored the **Friends in Schools Helping (FISH)** program from the Jefferson Area Board for Aging (JABA). Established in 2004, FISH is an intergenerational school-based mentoring program that provides volunteer mentors to students who need individualized attention. FISH mentors now serve all across JABA's service area, including Charlottesville City and Albemarle, Fluvanna, Greene, Louisa, and Nelson counties.

During the 2019-2020 school year, 58 FISH volunteers provided support to more than 1,370 students in 21 schools, providing over 2,250 hours of individualized mentoring attention to these students, a value of over \$61,000 to local communities. Looking ahead, the FISH program is excited to welcome 22 new volunteers and several returning FISH volunteers to provide vital support to students during the pandemic.

The third place award of \$2,000 recognized Inova Health System's **Medical House Calls (MHC)** program. The MHC program provides in-home primary care services to older adults above the age of 65 who are homebound in parts of Northern Virginia. MHC opened its doors in 2017 and has continued to expand

the provision of quality in-home care services to its community ever since.

In 2020, the MHC program performed nearly 9,000 patient visits, and, in 2021, vaccinated 655 older adults and caregivers. Between January and March 2021, the MHC program administered 1,260 doses of the COVID-19 vaccine resulting in a total of 655 vaccinated homebound older adults and family caregivers. Looking ahead, the MHC program will soon be expanding to support Medicaid patients and uninsured members in the community, building on a steadfast commitment to ensuring that all community members have access to quality healthcare regardless of their ability to pay.

The following programs also received honorable mentions:

- The Art of Healthy Aging Forum & Expo by Senior Services of Southeastern Virginia, Norfolk
- Virtual Center for Active Adults by Fairfax County Department of Neighborhood and Community Services and ServiceSource, Fairfax
- Home Repair Program by Appalachian Agency for Senior Citizens, Cedar Bluff
- Calling Angels Friendly Caller Program by Arlington Agency on Aging, Arlington
- Benefits Enrollment Center by Senior Connections, The Capital Area Agency on Aging, Richmond
- Virtual Social Visitor Program by Volunteer Solutions, Fairfax

“The pandemic disproportionately affected older Virginians in so many heartbreaking ways. Not only did we experience so much tragic illness and loss of life, older Virginians became immeasurably isolated from their families, friends, and community supports. Many of the Best Practices Awards and Honorable Mentions leveraged technologies and communities to help older Virginians stay connected and receive the support they needed,” said 2021 Council Best Practices Committee Chair, Kathryn Reid.

Since 2012, Dominion Energy has graciously supported the Council’s Best Practices Awards. The Council remains grateful for Dominion Energy’s ongoing commitment to this endeavor.

In lieu of in-person recognition ceremonies, the Commonwealth Council on Aging, in partnership with the Virginia Association of Area Agencies on Aging and Dominion Energy, hosted a virtual reception to highlight the 2021 Best Practices Award winners on August 24th. This webinar event was held as part of the Virginia Governor’s Conference on Aging Webinar Series, which is held the fourth Tuesday of each month from 1:00 to 2:00 pm. To access the recorded webinar or learn more about the webinar series, please visit <http://vgcoa.com/webinar-series/>.

For more information about the Council, the current and previous award winning programs, and how your organization can apply for the 2022 awards, please visit the Council’s website: <https://vda.virginia.gov/boardsandcouncils.htm>.

DARS 2021 Meeting Calendar

The DARS advisory boards meet quarterly and are open to the public. For information, call (804) 662-9333 or visit vda.virginia.gov/boardsandcouncils.htm.

Commonwealth Council on Aging
September 22

**Alzheimer’s Disease and Related
Disorders Commission**
December 14

**Virginia Public Guardian and
Conservator Advisory Board**
November 9

Thanking Those Who Have Served as Advisors

By Edward F. Ansello, PhD

The Virginia Center on Aging has had many successes since its enactment by the General Assembly in 1978. These would not have been possible without the guidance, insights, and encouragement of the members of our Advisory Committee. This entity has variously been called the Advisory Committee and the Advisory Council, and for a period of time there was a parallel group composed exclusively of leaders from VCU called the University Council; the latter was folded into the Advisory Committee about 15 years ago.

Whatever the entity's nomenclature, these members contributed their time and talents in advising us on our initiatives, helping to nurture our successes.

The following individuals served us and served Virginia. They include members of the General Assembly; Commissioners of Health and Human Resources, Aging, Social Services, Rehabilitative Services, MHMR-SAS, Welfare, and other state agencies; local community agencies; faculty from various institutions of higher education across Virginia; VCU's President's Office, Vice Presidents of Health Sciences, Deans, department heads, and other leaders; local community healthcare providers, directors of Area Agencies on Aging, elder law attorneys, and advocates for older adults; and so much more.

I have recently editorialized about my preference for leadership from the middle. One cannot lead from the middle unless surrounded by good people. This was made possible over my 32 years as Director of VCoA by the generosity of spirit of those who are named here. I remember Advisory Committee meetings with thoughtful discussions, unexpected insights, shared concerns, and deliberative strategies to secure needed ends. And, of course, sometimes the simple enjoyment of each other's company. I will always be grateful for their commitment to the well-being of older adults and their families. Thank you.

Donald J. Abraham, PhD
Rev. Gwen Andrews
Paul Aravich, PhD
Richard A. Arenstein
Thomas C. Barker, PhD
Frank R. Baskind, PhD
Linda W. Baughan, DDS
Kathryn Beall
Beverly S. Beck, RN, MEd, MBA
James Bennett, MD, PhD
Daniel Bluestein, MD, MS, CMD
Judith B. Bradford, PhD
Barbara Brant, RN, MS
Hon. Robert Brink
E.T. Buchanan, PhD
Collinson P.E. Burgwyn, Jr
Peggy Byrd, RN, MS
Hon. Betsy B. Carr
Julie Christopher
Jean Cobbs, PhD
Jessica L. Coleman, MD
MaryEllen Cox, *Chair*

Martha Curtis, BFA
Russell H. Davis, PhD
S. Robert Davis, MA
Hon. Jay DeBoer, JD
Altamont Dickerson, Jr., PhD
Joseph DiPiro, PharmD
Cecil B. Drain, PhD
Marcia DuBois, MS
Madeline Dunstan, MS, CSA, *Chair*
William F. Egelhoff, MBA, MDiv
Rozanne Epps, BA +
Jonathan Evans, MD
David Fauri, PhD
Wilda Ferguson, MSW, MPA
Edward L. Flippen, Esq
Jack Freund, MD
Donald C. Gehring, JD
Patricia Giesen
Timothy L. Gresham, BS
Phyllis Grooms-Gordon
W. J. Hagood, MD
Hon. Franklin P. Hall +

Joseph Harbaugh, JD
 David H. Harpole, MD
 Donald L. Harris, MPH
 David Hartman, PhD
 James Hinterlong, PhD
 Suzanne Holroyd, MD
 Robert D. Holsworth, PhD +
 William A. House
 Lindsay Hunt, DDS, PhD
 Ronald J. Hunt, DDS, MS
 Paul G. Izzo, JD, *Chair*
 Janice Jackson
 Sarah Jenkins
 Christine J. Jensen, PhD
 Adrienne M. Johnson, MS
 Gary Johnson, DED
 John E. Jones, MD
 C. Gordon Keese, PhD
 Hermes Kontos, MD, PhD
 Michael E. LaBouve, PhD
 John Lambert, PhD +
 Hon. Benjamin J. Lambert, III
 Alan L. Landis, EdD
 John W. Lemza, PhD
 Helen Leonard
 Richard W. Lindsay, MD
 Hon. Mary Marshall
 Christopher M. McCarthy, CELA
 Hon. Jennifer McClellan
 William Heyward McElveen, MSW
 Ann Y. McGee, EdD
 Doris Anne Miller
 Thomas Mulligan, MD
 Linda Nablo
 Kenneth J. Newell, BS
 Hon. John O'Bannon, III, MD
 Deborah D. Oswalt, JD
 Iris A. Parham, PhD
 Mary C. Payne, BS
 Sherry E. Peterson, MSW
 William H. Peterson, PhD
 Paul E. Petrie, MFA
 Martha B. Pulley
 John Quarstein, MA
 Sheldon Retchin, MD, MPH
 Ronald P. Reynolds, PhD
 S. J. Ritchey, PhD
 Steven B. Robbins, PhD
 Karen A. Roberto, PhD

Saundra C. Rollins, MSSW, *Chair*
 James Rothrock, MS
 Dorothy M. Rowe, PhD
 David Sadowski, BS
 Constance Saltz, PhD
 Linda C. Sawyers, PhD
 Robert L. Schneider, PhD, *Chair*
 Keith Shelton, PhD
 Ralph E. Small, PharmD
 Mark E. Smith, MPA
 Beverley Soble, MSW, *Chair*
 William R. Stewart, PhD
 Robert B. Stroube, MD, MPH
 Saundra B. Stroube, MD, MPH
 Michael L. Sugg
 Alexander Tartaglia, DMin
 Marcia A. Tetterton, MS, *Chair*
 Susan Urofsky
 Bobby Vassar, JD
 Gordon Walker, MS
 Thelma Bland Watson, PhD
 E. Ayn Welleford, PhD
 J. Michael Whitehill, DDS, MS
 Frank Whittington, PhD
 Charlotte Wilhelmi, MA Ed, CAGS
 Joseph Wittemann, PhD
 Erica F. Wood, JD
 Jean F. Wyman, PhD, RN
 Victor Yanchick, PhD

+ VCU Board of Visitors

How to Support VCoA

By partnering with VCoA through a financial gift, you increase our capacity to improve the lives of older Virginians. Help us bring our expertise into the fields of health care, research, law enforcement, aging services, and more. [Join us today with your gift, large or small.](#)

Thanks for being a part of our team!

Commonwealth of Virginia

Alzheimer's and Related Diseases Research Award Fund

Delayed Grant Award

2021-2022 Alzheimer's Research Award Fund Recipient

The Alzheimer's and Related Diseases Research Award Fund (ARDRAF) was established by the Virginia General Assembly in 1982 to stimulate innovative investigations into Alzheimer's disease and related disorders along a variety of avenues, including the causes, epidemiology, diagnosis, and treatment of the disorder; public policy and the financing of care; and the social and psychological impacts of the disease upon the individual, family, and community. The ARDRAF competition is administered by the Virginia Center on Aging in the College of Health Professions at Virginia Commonwealth University. Questions about the projects may be directed to the investigators or the ARDRAF administrator, Dr. Constance Coogle (ccoogle@vcu.edu).

GMU

Nadine Kabbani, PhD, Alessandra Luchini, PhD, and Amarda Shehu, PhD

Mechanisms of Amyloid Interaction and Signaling through the Nicotinic Receptor

Alzheimer's Disease (AD) is marked by chronic neurodegeneration in areas of the brain that utilize acetylcholine for signaling and transmission. While many of the current medications aim to restore acetylcholine (cholinergic) signaling by inhibiting its breakdown or mimicking its presentation, emerging approaches that target amyloid beta present new strategy options in AD treatment. Transformative drug development, however, is stymied by barrier gaps in understanding the emergence of pathogenicity in amyloid protein systems, a problem that exists in AD and other neurodegenerative disorders such as Parkinson's disease. To this end, the investigative team will use a new approach that combines innovative methods in protein science and structural and cell biology to study mechanisms of beta amyloid (A β)-mediated signaling on target nicotinic receptors in human neural cells. Focusing on both the proteins and lipids, they aim to uncover salient mechanisms that bridge cholinergic and amyloid systems in the pathology and potential treatment of AD. (Dr. Kabbani may be contacted at 703-993-4406, nkabbani@gmu.edu; Dr. Luchini may be contacted at 703-993-8945, aluchini@gmu.edu; Dr. Shehu may be contacted at 703-993-4135, amarda@gmu.edu)



Civil Monetary Penalty: Reinvestment Programs

SFY 2022 Projects Announced and Advanced Information on New Solicitation

The Virginia Department of Medical Assistance Services (DMAS) is pleased to announce the State Fiscal Year 2022 (SFY 22) awardees of Civil Monetary Penalty (CMP) Reinvestment Funds. The Virginia CMP Reinvestment Program (CMP-RP) awards funds annually to projects approved by the federal Center for Medicare and Medicaid Services (CMS) to improve the quality of life or care for residents of Virginia's nursing facilities. The CMP Reinvestment Fund is a federal fund collection of imposed penalties against certified nursing facilities deemed in non-compliance. A portion of these funds is returned to the states and may be used to fund projects that directly benefit individuals residing in a nursing facility.

DMAS announced the solicitation of applications in January 2021. Applicants submitted a cover letter during February and a formal application in March 2021. Applicants could request funding for up to three years for projects that demonstrate a direct benefit to residents of Virginia's nursing facilities. DMAS reviewed projects to ensure compliance with these and other parameters set forth by CMS before forwarding applications to CMS for final determinations.

Not only were there an unprecedented number of applications received by DMAS, but also CMS approved an unprecedented nine projects for funding! As a result, the following projects will be implemented in nursing facilities in the Commonwealth over the next one to three years:

Java Music Program

Three awardees will receive CMP-RP funds to implement the Java Group Programs. These are resident peer support and mentoring programs that work together to reduce social isolation and loneliness in order to create meaningful participation and emotional engagement opportunities. The three entities approved to use CMP Reinvestment Funds to implement the Java Programs are:

- Birmingham Green
- Friendship Health and Rehab South
- LeadingAge Virginia

Action Pact Household Model Training, Bridgewater Retirement Community

This project partners Bridgewater Retirement Community with Action Pact, a consulting company specializing in culture change, to recalibrate team members on the goals and ideals of culture change and to improve resident quality of life through PersonFirst care.

Opening Minds through Art, LeadingAge Virginia

"Opening Minds through Art" (OMA) is a three-year training and certification program open to all nursing facilities in Virginia to develop therapeutic group intervention for older adults living with dementia; it provides intergenerational person-centered engagement by using the creation of abstract pieces of art to enhance the quality of life for residents.

Culture Change Sustainability at Richfield Living, Richfield Living

Richfield Living nursing care residents recently moved from the medical hallways model into the household model of the newly opened Health Center, thus requiring staff training to maximize the benefits for the residents within this new physical environment. The project goal is to perpetuate Action Pact staff training in the household model of care delivery to the point of sustainability and improved quality of resident life.

Positive Approach to Care, Riverside Center for Excellence in Aging and Lifelong Health

This program of interactive training workshops in nursing facilities uses Teepa Snow's evidence-based Positive Approach to Care® (PAC) philosophy

and care partnering techniques, including Positive Physical Approach™ (PPA™) and Hand Under Hand™ (HUH™). Learners will develop new skills related to approach, cueing, and connecting with people living with dementia, creating a positive and caring environment. The project aims to 1) certify additional PAC trainers in Virginia and 2) make sustainable improvements in the quality of dementia care in three nursing facilities.

Development of a Trauma-informed Care: Resilience and Well-Being Toolkit for Nursing Facilities, VCU Gerontology

The project will develop the content for a stakeholder-designed Trauma-informed Care: Resilience and Well-being Toolkit created with nursing facility provider input using the community-based participatory action research (CBPAR) approach. The final toolkit will be designed and built as an accessible, user-friendly digital product that will contain various best-practice resources and tools that users can download and apply to their communities.

Snoezelen Sensory Items, Virginia Veterans Care Center

The Virginia Veterans Care Center plans to create a Snoezelen space for residents living with dementia. The Snoezelen space will incorporate auditory stimulation and sensory activities that have been shown to enhance mood, motivation, and cognition and to increase awareness and attention in residents.

The CMP-RP Team at DMAS is excited to partner with these awardees on their meaningful and impactful projects. More information about each of these projects can be found on the DMAS website at <https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/civil-monetary-penalty>.

State Fiscal Year 2022 Upcoming Cycle

The next opportunity to apply for the use of CMP Reinvestment funds in Virginia is right around the corner. Be on the lookout for a Medicaid Bulletin and Request for Applications (RFA) outlining the

application requirements and deadlines. If you would like to be added to the list of parties to receive communications regarding the upcoming cycle, please reach out to the CMP-RP Team at CMPFunds@dmas.virginia.gov. Information about funding guidelines and previously funded projects can be found at <https://www.dmas.virginia.gov/for-providers/long-term-care/programs-and-initiatives/civil-monetary-penalty/>.

Housing Advocacy



The Virginia Poverty Law Center (VPLC) has published a short pocket guide on housing advocacy for those who have been

evicted or are threatened with eviction, as well as for those who advocate for low-income tenants. Older adults are often especially vulnerable. This brief guide outlines the eviction process in Virginia across its nine steps. This guide explains what happens at each step from Notice of Default or Termination through Court Date, Extended Redemption, and Eviction by the Sheriff. The guide offers information and is not meant as legal advice. In fact, it suggests that one should “Get Legal Advice as Soon as Possible.” It lists both the Eviction Legal Helpline (1-833-No-Evict) and how to find your local legal aid office (1-866-LEGL-AID).

VPLC’s pocket guide offers short overviews of Where and How to File, Preparing Your Case, and What Happens in Court. The non-profit VPLC’s phone number in Richmond is 804-782-9430. Visit their website at <http://housing.vplc.org>.

The Joyful Voices Chorus for Persons with Dementia



Joyful Voices is a community chorus for singers with Alzheimer's and other dementias and their caregivers. Based at Salisbury Presbyterian Church

in Midlothian, VA, which freely offers space in the Fellowship Hall for weekly rehearsals and two yearly concerts, it engages participants in life-affirming activities.

The group got its start in the fall of 2017, when co-founders, Dr. Mark Patterson, Laura Miles, and Artistic Director, Joanne Sherman traveled to Minneapolis, MN to sit in on a couple of Giving Voice Chorus rehearsals (Giving Voice was referenced in the spring 2020 *Age in Action*). The Giving Voice Chorus has assisted others throughout the US to establish dementia choruses in their home communities. Dr. Patterson and Ms. Sherman used the "Giving Voice Initiative" template to develop a successful dementia chorus back in Midlothian. Giving Voice recently held a virtual International Leadership Gathering in July 2021 with directors and researchers from many countries, including the USA, Canada, British Columbia, Australia, and Scotland.

Joyful Voices emerged after a year of planning, preparation, raising community awareness, and a trial run that included some additional training for volunteers. Its leadership kicked off the first *Joyful Voices* rehearsal in September 2018. Volunteer singers are a vital part of the chorus, for they assist and support both those dealing with dementia and their caregivers.

The chorus sings both old and new songs; they learn vocal technique and ensemble skills and share musical memories together. No vocal experience is required, just a love of singing. *Joyful Voices* welcomes any person with memory loss or dementia who wants to make good music and good friends. They sing together to "Simulate the Mind, Energize the Body, and Elevate the Spirit." Members strive to defy dementia, one song at a time.

Since its inception, *Joyful Voices* had grown to include over 70 members and accomplished three well-received concerts before the COVID pandemic hit in March 2020, taking away the opportunity to meet in person. Members spent that spring and summer having Zoom coffee chats and sessions with different special "themes," including fun sing-alongs. Due to the pandemic, all weekly rehearsals for the fall and spring semesters in 2020-2021 were held on Zoom.

According to Joanne, "*We all missed singing together on a regular basis and, in September of 2020, we began weekly Zoom rehearsals on Thursday mornings. I am SO proud of our members. They faced daunting technology challenges head on, and they conquered them! We even made two virtual videos and a full spring 2021 Concert Showcase. We do not currently have all our members participating since some are in senior residences or memory facilities and do not have the technology to Zoom. Others simply cannot relate to a screen.*"

Despite COVID, the members have had several "safely distanced" in-person social events to keep the



chorus family together. They had two tailgate gatherings with entertainment, one with a Celtic fiddler and the other with a guitar and vocal artist, and some ice cream treats. One “Happy Hour” included a ‘bring your own dinner’ and a concert by a guitar/fiddle duo. At a spring 2021 Picnic, the entertainment was a fun ukulele ensemble, and *Joyful Voices* sang along. In addition, the chorus enjoyed three collaborative Zoom sing-alongs with another dementia chorus based in Eau Claire, Wisconsin.



The *Joyful Voices Chorus* for persons with dementia and their caregivers is committed to preserving the dignity of its participants and volunteers. They receive media clearance from all involved and communicate regularly with participants, volunteers, and sponsors through a Constant Contact newsletter. They maintain regular, close ties with the Greater Richmond Alzheimer’s Association and are one of its Early Stages Support Group Activities. The non-profit currently has five members on the Board and an extensive network of volunteers. Additional members and volunteers are ALWAYS welcomed. WHY are music and a choral experience so important to those living with Alzheimer’s and other forms of dementia?

- Music-related memory is stored in an area of the brain that is not affected until the very late stages of Alzheimer’s.
- Singing helps maintain and simulate cognitive growth. It promotes relaxation as well as feelings of emotional and social well-being. It inspires a sense of self confidence.
- Caregivers who participate also report a feeling of improved well-being and a reduction in depression and emotional stress.
- Some of our focus on stretching, movement, posture, and good singer’s breathing helps to support improved energy, less stress, and greater confidence.
- Rehearsals offer an inclusive, non-judgmental, and supportive atmosphere where singers, caregiv-

ers, and volunteers are all important contributors to the team effort.

- Persons living with Alzheimer’s are constantly being told what they no longer can do. *Joyful Voices* tells them and SHOWS them what they CAN do!
- The *Joyful Voices Chorus* uses the power of singing to move people with memory loss and their care partners to rediscover themselves, make friends, laugh together, and contribute to their community.

Joyful Voices is currently resuming in-person rehearsals. Each weekly meeting begins with a 30-minute social and vocal warmup time in the large Fellowship Hall of SPC, after which members rehearse for 30 minutes in the large church sanctuary (all safely distanced). Choir leadership constantly assesses the pandemic’s effects in the area, ready to modify plans as needed. Please check out the website at www.JoyfulVoicesChorus.org and ‘like’ our FaceBook page at <https://www.facebook.com/Joyful-VoicesChorus>.

Volunteer Inquiries: Melissa Phillips,
joyfulmelissaspc@gmail.com

Questions: Joanne Sherman, Artistic Director, (804) 794-5311 x128, JoyfulVoicesSherman@gmail.com

Calendar of Events

November 3-5, 2021

[Moving Forward Together](#). 45th Annual Conference of the National Consumer Voice for Quality Long-Term Care. Virtual event.

November 4, 2021

[Unclaimed Property](#). Part of the Fall Lunch & Learn Triad Series presented by Aging Together. Free webinar; registration required. 12:00 p.m. – 1:00 p.m.

November 9, 10, 16, 17, 2021

[Wellness: The Great Reset](#). International Council on Active Aging Virtual Conference, Leadership Summit & Expo 2021.

November 9-11, 2021

[Virginia Health Care Association / Virginia Center for Assisted Living 2021 Fall Summit & Expo](#). The Hotel Roanoke & Conference Center, Roanoke.

November 10, 2021

[The Road Ahead: Get Ready for Your Third Chapter](#). Virtual event presented by Senior Connections, The Capital Area Agency on Aging. 2:30 p.m. - 3:30 p.m.

November 10-13, 2021

[Disruption to Transformation: Aging in the “New Normal.”](#) Gerontological Society of America’s 2021 Annual Scientific Meeting. Virtual.

November 17, 2021

[2021 Advance Care Planning Professional Learning Series: Aligning Healthcare Technology with ACP and Person-Centered Care: 21st Century Innovations](#). Live webinar presented by Honoring Choices Virginia. Free; advance registration required.

November 17, 2021

[Virginia Association for Home Care and Hospice 2021 Annual Conference](#). Virtual breakout sessions.

December 5-8, 2021

[Institute for Healthcare Improvement Forum 2021](#). Virtual event.

December 6-10, 2021

[From Ageism to Age Inclusion](#). Generations Forum presented by the American Society on Aging. Virtual.

December 6-10, 2021

[2021 Home & Community-Based Services Conference](#). National conference of ADvancing States. Hybrid. Marriott Baltimore Waterfront.

January 26, 2022

[Virginia Center on Aging’s 36th Annual Legislative Breakfast](#). For information, contact ksivey@vcu.edu.

February 5, 2022

[Adapting and Advancing: IPE in a Post-Pandemic World](#). Emswiler Interprofessional Symposium. Presented by VCU’s Center for Interprofessional Education and Collaborative Care. Online for hybrid participation and in-person at Lewis Ginter Botanical Gardens, Richmond.

February 19-20, 2022

[Virginia Pharmacists Association 2022 Midyear Conference](#). The Hotel Roanoke, Roanoke.

March 14-16, 2022

[Virginia Assisted Living Association’s 2022 Spring Conference](#). Newport News Marriott at City Center, Newport News.

Age in Action

Volume 36 Number 4: Fall 2021

Edward F. Ansello, PhD, Director, VCoA
Kathryn Hayfield, Commissioner, DARS
Kimberly Ivey, MS, Editor

Age in Action is published quarterly (January, April, July, October). Submissions and comments are invited, and may be published in a future issue. Send submissions to ksivey@vcu.edu.

**Winter 2022 Issue Deadline for Submissions:
December 15, 2021**



Virginia Center on Aging

at Virginia Commonwealth University, Richmond, Virginia
vcoa.chp.vcu.edu

Staff:

Director

Edward F. Ansello, PhD

Associate Director

Bert Waters, PhD

Associate Director for Research

Constance L. Coogle, PhD

Program Manager, Abuse in Later Life Project

Courtney O'Hara, MEd

Project Coordinator, Abuse in Later Life Project

Catherine MacDonald, MS

Research and Evaluation Specialist; Assistant Professor

Sarah A. Marrs, PhD

Education Coordinator

Jenni Mathews, BS

Research Analysts

Shannon Arnette, MS

Maddie McIntyre, BA

Annie Rhodes, MS

Grants Manager

Kimberly Ivey, MS

Research Associates

Sung Hong, PhD

Lifelong Learning Institute in Chesterfield

Rachel Ramirez, Executive Director

Stacey Kalbach, Office Manager

Carri Pandolfe, Program Coordinator

Virginia Geriatric Education Center

Patricia W. Slattum, PharmD, PhD, Co-Principal Investigator

Daniel Bluestein, MD, MS

Patricia Bonwell, PhD

Ken Faulkner, MA, MDiv

Robert Fix, PhD, MS, OTR/L

Kevin Grunden, MS, CCC-SLP

Bonita Hogue, PhD

Jodi Teitelman, PhD

Advisory Committee:

Madeline Dunstan, MS, Chair

Paul Aravich, PhD

Frank Baskind, PhD

Daniel Bluestein, MD, MS

Hon. Betsy Carr

Marcia DuBois

Christine Jensen, PhD

Adrienne Johnson, MS

John Lemza, PhD

Richard W. Lindsay, MD

Hon. Jennifer L. McClellan

Susan Parish, PhD, MSW

Sherry Peterson, MSW

Elvin Price, PharmD, PhD

Beverly Soble, MSW

Frank Whittington, PhD

Erica F. Wood, JD



Virginia Department for Aging and Rehabilitative Services

www.vadars.org

Staff:

Commissioner: Kathyryn Hayfield

Wendy Boggs, No Wrong Door Expansion Coordinator

Tanya Brinkley, Fiscal Specialist

John Carpenter, Director of Administration

Brenda Cooper, Program & Compliance Analyst

Marcia DuBois, Deputy Commissioner / Director, Division for Community Living

Jacqueline Freeze, External Aging Services Auditor

Liz Havenner, No Wrong Door Trainer & Options Counseling

Monica Jackson, Monitoring Specialist

Sara Link, No Wrong Door Director

Nancy Lo, GrandDriver Coordinator

Patti Meire, Public Guardian Program Coordinator

Kathy Miller, Director, Aging Programs

Sara Morris, MS, No Wrong Door Project Coordinator

Erika Okonsky, No Wrong Door Expansion Specialist

Andi Platea, Falls Prevention Coordinator

Rosemary Seltzer, No Wrong Door Governance Specialist

Cecily Slasor, Administrative Assistant

Nick Slentz, Human Services Program Coordinator

Pam Smith, VICAP Director

Maurice Talley, Finance & Grants Management Administrator

Liza White, Lifespan Respite Voucher Program Coordinator

Eleanor Williams, Disability Programs Specialist

George Worthington, Dementia Services Coordinator

Kelly Wright, Nutrition Program Coordinator

Commonwealth Council on Aging:

Members

David Broder

Harvey Chambers, CSA

John Countryman, PhD

Deborah Davidson, RN

Jennifer L. Disano

Amy Duncan

William Gorman

Carter Harrison

Carla Hesseltine

Tresserlyn L. Kelly

Diana M. Paguaga

Debbie Preston, MS

J. Tina Savla, PhD

Beverly Soble, MSW

Deborah Taylor

Michael Wampler

Jay White, EdD

Roland Winston

Erica Wood, Esq

Ex Officio Members

The Hon. Daniel Carey, MD, *Secretary of Health and Human Resources*

Resources

Kathryn Hayfield, DARS

Tara Davis-Ragland, DSS

Deborah Silverman, VAAAA

Terry A. Smith, DMAS



The New Normal: Mastering the Challenges of Aging with Dignity and Style

*The Southern Gerontological Society's
43rd Annual Meeting and Conference*

**Sheraton Panama City Beach Golf & Spa Resort
Panama City Beach, FL
April 5-9, 2022**

Call for Abstracts is open until November 30th.
Final selections will be made by December 17th.

www.southerngerontologicalsociety.org/meeting.html

age
in action

Thanks for reading our Fall 2021 issue!



Virginia Commonwealth University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, gender, age, religion, ethnic origin, or disability. If special accommodations are needed, please contact Dr. Edward F. Ansello, VCoA, at (804) 828-1525.