

## Case Study

### Available Telephone Services for Older Virginians Who Are Deaf or Hard of Hearing

by Clayton E. Bowen, Relay and Technology Programs Manager, Virginia Department for the Deaf and Hard of Hearing

#### Educational Objectives:

1. To identify signs of hearing loss in older adults.
2. To introduce the Virginia Department for the Deaf and Hard of Hearing (VDDHH) and some of its programs and services.
3. To examine three VDDHH services and qualification guidelines.
4. To review how service recipients benefit from these programs.

#### Background

According to the National Institutes of Health (NIH), hearing loss is one of the most common conditions affecting older adults. Approximately 17 percent, or 36 million, of

American adults report some degree of hearing loss. There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old, or older, have a hearing impairment. Men are more likely to experience hearing loss than women.

People with hearing loss may find it hard to have a conversation with friends and family. They may also have difficulty understanding conversation in a crowd; understanding certain people's voices; responding to warnings, and hearing doorbells and alarms. Some may not want to admit to having trouble hearing. Older adults who can't hear well may become depressed or may withdraw from others to avoid feeling frustrated or embarrassed about not understanding what is being said. Sometimes they are mistakenly thought to be confused, unresponsive, or uncooperative just because they don't hear well.

The Virginia Department for the Deaf and Hard of Hearing (VDDHH) and Virginia Relay pro-

vide the most up-to-date technologies and assistive devices to enable people who are deaf, hard of hearing, deafblind, or who have difficulty speaking, to communicate via a standard telephone network.

We will review the signs of hearing loss; Virginia Relay services administered by VDDHH, and three programs that offer no, or low-cost telecommunications equipment for older adults and others who are deaf or hard of hearing: the Technology Assistance Program (TAP), TAP for Veterans, and iCanConnect.

#### Indications of Hearing Loss

In order to identify a need for assistive devices, such as hearing aids or telephones with amplified ringers and volume/tone controls, one must be able to identify the signs of hearing loss. Ask yourself, or those you suspect having a hearing loss, the following questions:

1. Do you have a problem hearing over the telephone?
2. Do you have trouble following the conversation when two or more people are talking at the same time?

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3. Do people complain that you turn the TV volume up too high?
4. Do you have to strain to understand conversation?
5. Do you have trouble hearing in a noisy background?
6. Do you find yourself asking people to repeat themselves?
7. Do many people you talk to seem to mumble (or not speak clearly)?
8. Do you misunderstand what others are saying and respond inappropriately?
9. Do you have trouble understanding the speech of women and children?
10. Do people get annoyed because you misunderstand what they say?

If the answer is “yes” to three or more of these questions, consider a hearing evaluation with a physician or a certified audiologist. Additionally, consider the services of the Virginia Department for the Deaf and Hard of Hearing or one of the other service providers listed in our resource list.

### **Virginia Relay**

A free public service, Virginia Relay connects people who are deaf, hard of hearing, deafblind, or who have difficulty speaking with standard telephone users, relaying the conversation between both parties. Relay services are available 24 hours a day, 365 days a year, with no limit on the number or length of calls a user may make. Anyone may initiate a Virginia Relay call, anytime, by simply dialing 7-1-1. After reaching Virginia Relay, callers give the Virginia Relay Communications Assistant (CA) the phone number of the person or business they wish to contact. Once a connection is made, the CA relays the

conversation between both parties. Virginia Relay users can establish a personal profile that will let the CA automatically know their calling preference, whether TTY (text telephone), VCO (voice carry-over), HCO (hearing carry-over) or Voice. All information is confidential, and a password is required to access and/or edit a profile. A Relay Choice Profile saves time and speeds up Relay calls dramatically. For multiple users calling from the same business or home location, Virginia Relay offers a Multi-User Relay Choice Profile (MURCP).

By law, the CA communicates the typed or spoken words exactly as given and maintains absolute confidentiality about all conversations. To ensure equal access, CAs type everything they hear, including background noises and voice intonations. There is no charge to use Virginia Relay within the local calling area, and there are no set-up fees, even for calls made from public and TTY pay phones. Long-distance calls are billed to the indicated provider of choice (if there is no designated preferred long-distance carrier, calls are billed through Virginia Relay’s own long-distance provider at a discounted rate.)

### **Types of Relay Services**

#### ***TTY (Text Telephone)***

People with hearing or speech loss commonly use a TTY to make calls. A TTY looks much like a phone, except for a typewriter-style keyboard with letters and numbers and a text screen. During Relay calls, TTY users type their side of the conversation and read the other party’s response on their TTY’s text

screen.

#### ***VCO (Voice Carry-Over)***

This feature is for people who can speak clearly, yet have hearing loss significant enough to keep them from understanding what is being said over a standard telephone. Using a specially designed telephone that also has a text screen, VCO users speak directly to the person being called. In response, the words of the person being called are typed by the Virginia Relay Communications Assistant (CA), and VCO users read those words on their phone’s text screen. No typing by the VCO user is required.

**Two-Line VCO:** This feature allows Virginia Relay VCO users with two telephone lines to use one line for speaking directly to the person they are calling and the other line to receive the text of that person’s conversation.

#### ***STS (Speech-To-Speech)***

For people with mild to moderate speech difficulties who can hear clearly over a standard telephone, Virginia Relay offers Speech-To-Speech, or STS. Convenient and easy to use, STS requires no typing or special equipment. The feature is ideal for those with speech limitations due to cerebral palsy, multiple sclerosis, muscular dystrophy, Parkinson’s disease, stroke, stuttering, or traumatic brain injury. On an STS or HCO call, the CA will then ask if you want him or her to play an active or passive role during the call. If the STS user wants the CA to play an active role, the CA will repeat everything the user says to

the other person. When asked to take a passive role, the CA will only intervene or facilitate upon request.

### ***HCO (Hearing Carry-Over)***

For people with significant speech disabilities who can hear what is being said over the telephone, there's Hearing Carry-Over, or HCO. During an HCO call, the person with the speech disability uses a TTY or similar device to type his or her side of the conversation.

### ***Captioned Telephone (CapTel®)***

Virginia Relay CapTel service is designed for individuals who have difficulty hearing on the telephone and are able to speak for themselves. Through the use of a CapTel phone, users listen while viewing word-for-word captions of what's said to them during phone conversations. Captions appear on the bright, built-in display screen of the CapTel phone just moments after the other party has spoken. Individuals who are hard of hearing; late-deafened; deaf with understandable speech, or who have a cochlear implant, but who can no longer use an amplified phone, benefit from using Virginia Relay CapTel. Web and mobile versions of CapTel are also available for PC/Mac, Smartphones, and Tablets.

### **TAP**

Virginia's Technology Assistance Program (TAP) provides telecommunications equipment to all qualified applicants whose disabilities prevent them from using a standard telephone. To qualify for the program, individuals must be deaf,

hard of hearing, deafblind, or have difficulty speaking. Applicants must also be Virginia residents and meet income eligibility requirements that are based on household income and family size. There are no age restrictions but applications from minors must be co-signed by a parent or legal guardian.

Equipment is provided to qualified individuals on a Loan-to-Own (L2O) basis. This gives qualified recipients up to 30 days to decide whether to keep, exchange, or return the equipment. If, following the 30-day period, the recipient thinks that the device enables him or her to communicate successfully over the phone, he or she retains ownership of the device.

Assistive devices available through TAP L2O include:

- TTY's (text telephones)
- Amplified telephones
- Voice Carry-Over (VCO) phones
- CapTel®, captioning telephones
- Outgoing speech amplifier phones
- Signalers for the phone and door
- Hearing Carry-Over (HCO) phones
- Other devices available by special request

All devices through TAP carry a one-year manufacturer's warranty, and training on use of the equipment is available. TAP participants can apply for new equipment every four years.

VDDHH outreach specialists can also provide information and referral for assistive technology devices, demonstrate proper equipment use, highlight key features of various devices, and identify vendor

options and discounts for applicants. For more information, contact the VDDHH outreach office in your area.

### **TAP for Veterans**

Military veterans and surviving family members living with hearing or speech loss are also eligible to apply for no-cost telecommunications equipment through the Technology Assistance Program (TAP).

To qualify, you must be:

- A veteran with a hearing or speech loss and proof of an Honorable Discharge.
- A veteran with a hearing or speech loss and documentation of a service-related disability rating from the U.S. Department of Veterans Affairs.
- A surviving spouse or child of a veteran who was killed in the line of duty and has a hearing or speech loss.
- An active member of the Virginia National Guard with a hearing or speech loss who has completed the required initial active-duty service.

### **iCanConnect**

Administered by VDDHH in cooperation with the Department for the Blind and Vision Impaired, iCanConnect Virginia provides no-cost communications technology, along with installation, training and support, to low-income Virginia residents who are DeafBlind. Available assistive devices and software include screen enlargement software, screen readers, computers, signalers, braille displays, mobile devices, and more. A qualified iCanConnect Virginia equipment

specialist helps qualified applicants identify the best equipment for their needs and provides any necessary training and support.

iCanConnect ensures that low-income individuals who have combined hearing and vision loss can access telephone, advanced communications, and information services. This program was mandated by the 21st Century Communications and Video Accessibility Act of 2010 and established by the Federal Communications Commission.

To qualify for the program, applicants must:

- Have combined vision and hearing loss to be considered DeafBlind as that term is defined by the Helen Keller National Center Act. A practicing professional who has direct knowledge of the individual's vision and hearing loss, such as vision- or hearing-related professionals, educators, medical professionals, or community-based service providers, must verify that the individual is DeafBlind.
- Have an income that does not exceed 400 percent of the Federal Poverty Guidelines (FPG). Applicants who are enrolled in federal subsidy programs with income thresholds lower than 400 percent of the FPG are automatically deemed income eligible for this program. Applicants who are not enrolled in a qualifying federal low-income program must be deemed eligible by review of a recent income tax return or other means.

### Case Study 1

Mr. Campbell first noticed his hear-

ing loss while serving in Vietnam as a member of a Marine Corps infantry company. While on night patrol, he discovered that he couldn't understand what was said when people whispered into his ear. After leaving Vietnam, he hid his hearing loss as best he could. However, while on subsequent night patrol training, his secret was uncovered when his commanding officer noticed that he was unable to hear and ordered his medical evacuation.

Mr. Campbell was transported to a Naval Hospital, where he was placed with a group of people who were all experiencing hearing loss and fitted with an early-model hearing aid, a large body pack that he wore on his belt with a big, thick cord that attached to a headpiece. He spent two months at the hospital, learning oral rehabilitation and speech reading skills. The hospital recommended that he be medically discharged from the military, but he was proud of his career as a Marine and appealed the decision. He was allowed to stay on active duty, but he had to retrain in a new occupational field and agree to not to be exposed to loud noises.

He earned his bachelor degree in psychology and a master degree in education while still on active duty and went on to have a successful military career as a drug and alcohol counselor. After his retirement, he transitioned into the corporate world but still struggled at times to adjust to his 60 percent hearing loss.

"At the time, I knew nothing about hearing assistive technology," he says. "I remember sitting up in my hotel room at night, wearing my

hearing aids, trying to sleep and just hoping that I would hear the phone, the door, or the alarm clock, because if I laid down without my hearing aids I couldn't hear any of it. It was a big shock to me the first time I went to a Hearing Loss Association of America (HLAA) meeting, and someone told me about the Shake Awake alarm clock. It was just so enlightening and remarkable to me that I lived through all of those years of work until my retirement without any one ever telling me that these things were out there."

In addition to hearing aids, Mr. Campbell also uses a hearing loop at home when he watches television and in his classrooms when he teaches. At home and at work, he uses CapTel phones, a technology that he loves even though the high-security environment at his government office sometimes makes use of the captioning service difficult. Because he knows first-hand how hard it can be for people newly diagnosed with hearing loss to find the information and resources they need, he is now dedicated to educating both audiologists and consumers about the various forms of hearing assistive technology that are available.

"Because of my service connection, I get a free hearing aid evaluation every three years, and that can be extremely valuable to people who need it. Veterans have two years after they come back from deployment to get free medical care through the Department of Veterans Affairs, and I encourage all veterans to schedule a free audiological evaluation at their local VA office. For veterans experiencing hearing

loss, I urge them to seek out their local HLAA chapter, and use the Internet to learn everything they can about hearing loss and hearing assistive technology. Be aware of the huge array of services available through Virginia Relay and the Virginia Department for the Deaf and Hard of Hearing. Don't wait as long as I did to find answers as to what's out there."

## Case Study 2

Mrs. Morrison is 68 years old and lives in a housing complex for older adults. Legally blind and severely hard of hearing, she was having difficulty working her microwave and stove, getting around in the community, and accessing the telephone. She received independent living services, including orientation and mobility training related to her vision loss, through the Department for the Blind and Vision Impaired. However, her hearing loss was causing her the most anxiety. Problems included difficulty hearing on the telephone, knowing when the telephone was ringing, hearing the alarm on her clock, knowing when someone was at her door, and knowing when the smoke alarm was activated. She loved her apartment but felt alone and cut off from people because of her hearing loss. She was afraid she would oversleep and miss her ride to her medical appointments. Her neighbors would often tell her that they had knocked on her door, but she never answered.

Through the programs at VDDHH, Mrs. Morrison received a loud ringing telephone with an adjustable volume and tone control; a tactile alerting device to let her know

when the telephone was ringing, when the alarm clock and smoke detector were activated; as well as a portable doorbell. She was provided with an alerting device receiver that lets her know, through different vibration patterns, which alerting device is activated. She now feels safe in her apartment, can communicate over the telephone, and is not afraid she will miss visitors. "I feel like I have my life back."

## Conclusion

Virginia Relay and the VDDHH can help older adults and other individuals with hearing loss to stay connected with family, friends, and their community, and to communicate fully through a wide range of services and programs. People who have difficulty using the telephone may qualify for one or more of several low or no-cost equipment distribution programs, and are urged to contact their local VDDHH office to explore what adaptive equipment and services might be best for their individual needs.

## Study Questions

1. What are the major signs of hearing loss in older adults?
2. What services does Virginia Relay offer to connect people who are deaf, hard of hearing, deafblind or who have difficulty speaking with standard telephone users?
3. What are the three low or no-cost equipment distribution programs available in Virginia for qualified older adults and other individuals who have difficulty using the telephone?
4. How can difficulty or inability to communicate using the telephone affect daily life for older adults with

hearing loss?

## Resources

### Hearing Loss Association of Virginia

Virginia State Chapter Coordinator  
Donald Doherty  
[dondoherty@mchsi.com](mailto:dondoherty@mchsi.com)

### -Central Virginia Chapter (Charlottesville area)

Kristin Koch  
[drkoch@evolutionhearing.com](mailto:drkoch@evolutionhearing.com)  
Ron Keeney  
[Ron@KeeneyArchitecture.com](mailto:Ron@KeeneyArchitecture.com)

### -Greater Richmond Chapter

Linda Wallace  
[grhearingloss@verizon.net](mailto:grhearingloss@verizon.net)  
[www.hlagreaterrichmond.com](http://www.hlagreaterrichmond.com)

### -Rappahannock Chapter

Arva Priola [apriola@cildrc.org](mailto:apriola@cildrc.org)

### -Virginia Beach Chapter

Donald Doherty  
[dondoherty@mchsi.com](mailto:dondoherty@mchsi.com)  
[www.hlaavirginiabeach.com](http://www.hlaavirginiabeach.com)

### Helen Keller National Center, Senior Adult Services

Paige Berry [paige.berry@hknc.org](mailto:paige.berry@hknc.org)  
[www.hknc.org](http://www.hknc.org)

### iCanConnect

National Deaf-Blind Equipment Distribution Program in Virginia  
[www.icanconnectvirginia.com](http://www.icanconnectvirginia.com) or contact VDDHH at (800) 552-7917 (voice/TTY), (804) 662-9502 (voice/TTY), or [frontdesk@vddhh.virginia.gov](mailto:frontdesk@vddhh.virginia.gov)

### National Institutes of Health

<http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html>

**Technology Assistance Program (TAP) and TAP for Veterans**  
[www.vddhh.org/tapabout.htm](http://www.vddhh.org/tapabout.htm)  
(800) 552-7917 (voice/TTY)

You may also contact the VDDHH outreach office nearest you. For a list of office locations, visit [www.vddhh.org/orproviders.aspx](http://www.vddhh.org/orproviders.aspx) or call (800) 552-7917 (voice/text).

**Virginia Department for the Blind and Vision Impaired**

Elizabeth Spiers, Program Director,  
Deaf-Blind Services  
[elizabeth.spiers@dbvi.virginia.gov](mailto:elizabeth.spiers@dbvi.virginia.gov)

**Virginia Relay**

[www.varelay.org](http://www.varelay.org)

Contact the Virginia Department for the Deaf and Hard of Hearing at (800) 552-7917 (voice/TTY) or [frontdesk@vddhh.virginia.gov](mailto:frontdesk@vddhh.virginia.gov).

**About the Author**



Clayton Bowen is the Relay and Technology Programs Manager at the Virginia Department for the Deaf and Hard of Hearing (VDDHH). He has been with VDDHH since 1988. An active member of the National Association for State Relay Administration, he has served on the National Interstate Telecommunications Relay Services Council and has participated in numerous FCC disability advisory groups. You may contact Clayton at [clayton.bowen@vddhh.virginia.gov](mailto:clayton.bowen@vddhh.virginia.gov).

**Editorials**

From the  
**Director, Virginia Center on Aging**

Edward F. Ansello, Ph.D.

***Preventing Financial Exploitation***

Aging brings lots of good things but, for increasing numbers, it also brings victimization. Door-to-door hucksters, scam artists, and even family members are exploiting older adults, draining their financial resources. A year ago, elder law attorney Chris Desimone wrote a helpful case study, the lead article in the spring issue of *Age in Action*, entitled Protecting the Vulnerable: Free Ways to Prevent Financial Exploitation. But the matter won't just go away, and we need to be vigilant.

VCoA has, for several years, labored in these fields. Our **Virginia Elder Justice Training and Services** project, a partnership with the Virginia Department for Aging and Rehabilitative Services and other statewide and local collaborators, has been tackling exploitation, as well as the often-related aspects of elder abuse and neglect. The project, directed by Dr. Paula Kupstas, with strong involvement by VCoA's Ruth Anne Young, Courtney O'Hara, and Lisa Furr (who is now with the Office of the Attorney General), is focusing its work in the geographic area of Washington County and the City of Bristol in Southwest Virginia. Supported by a grant from the USDOJ Office on Violence Against Women, project team members in 2014 conducted, among other things: two cross-disciplinary trainings on abuse in later

life for victim and aging service providers; two basic Law Enforcement trainings on abuse in later life for officers serving in this region; an Advanced Law Enforcement Training in Financial Exploitation and Neglect for professionals in this region, delivered by a four-person team of two national experts, a local Commonwealth's Attorney and an Assistant Commonwealth's Attorney; a needs assessment to identify service gaps for victims of abuse in later life there. The project team also employed findings from this survey to establish new services for survivors of abuse in later life, including a new Abuse in Later Life Specialist position within District 3 Governmental Cooperative; and worked to create a new emergency fund and emergency housing for victims of abuse in later life with caregiving needs. We are hardly alone in confronting exploitation.

The federal **Consumer Financial Protection Bureau (CFPB)** offers many practical resources to avoid or combat financial exploitation no matter where one lives (see [www.consumerfinance.gov](http://www.consumerfinance.gov)). CFPB says it works to educate: "An informed consumer is the first line of defense against abusive practices." CFPB reports include: Consumer voices on credit reports and scores; Financial well-being: The goal of financial education; and Snapshot of reverse mortgage consumer complaints December 2011-2014. CFPB encourages consumers to Submit a Complaint if they have experienced difficulties with a financial product and it will forward it to the company. Also, it encourages consumers to Tell Your Story, good or bad, in order "to create a fairer marketplace."

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The CFPB has dedicated pages on Financial Protection for Older Americans to give “information and tools to navigate safely through financial challenges.” The *Money Smart for Older Adults-Prevent Financial Exploitation* curriculum is a 53-page examination of scams and identity theft practices, and what the individual can do to prevent or respond to them; *Money Smart* has both online PDF versions and printed copies that will be shipped free of charge. The CFPB also addresses financial caregiving, again with downloadable PDF and printed shipped versions of *Managing Someone Else’s Money*, designed for those with powers of attorney, court-appointed guardians, trustees, and government fiduciaries. These are excellent resources and are available in bulk.

On another positive note, the **Squared Away Blog** recently (March 17, 2015) reported initiatives by banks to prevent financial exploitation of older adults. Under the heading of Saving Products Deter Senior Fraud, Squared Away told the following stories.

“Ken Osborne became vigilant about safeguarding his 81-year-old mother’s savings as her memory loss set in. She often failed to recall what she’d said during frequent, unsolicited phone calls from people prying into her personal life and financial affairs. ‘She’s vulnerable,’ Osborne, a resident of Jacksonville, Florida, says about his mother who lives 140 miles away.

Osborne took preventive action. He signed his mother up for a debit card funded by, but segregated from, her primary bank account.

Osborne maintains a \$500 balance in the card account, giving his mother the freedom to spend her own money, whether for groceries or a church excursion to North Carolina, while giving him control of the nest egg to protect her from herself and others.

Sold by True Link, the debit card is among a handful of new financial products capitalizing on what the Senate Committee on Aging called an ‘invisible epidemic.’ The incidence of fraud is rising, especially online, and experts warn that aging baby boomers will increasingly be the targets. True Link chief executive Kai Stinchcombe was moved to form his San Francisco start-up after his grandmother started writing small checks adding up to more than \$1,000 a month to a multitude of soliciting charities.

Banks, which often become aware of fraud against seniors, are also in a position to help. California now holds bank employees liable for failing to immediately report suspicious transactions and elder financial abuse to local law enforcement or adult protective agencies. The Bank of American Fork in Utah went further, introducing anti-fraud accounts for seniors in 2011 after seeing problems ranging from an older woman who repeatedly wired money to a lottery in Spain to a man with a drug problem looting his elderly mother’s account.

The Utah community bank’s anti-fraud product also has two separate accounts. The elderly customer has sole control over her primary savings account holding the bulk of her assets. A smaller secondary checking account is established for a

caregiver or family member who needs access to help the senior with day-to-day expenditures. The customer can also grant a trusted family member the ability to go online and monitor the seniors’ or caregivers’ transactions in the primary or secondary account. Although the product isn’t a big money-maker, Tracey Larson, vice president, said, “We’re hoping more people use it in the future.”

Osborne selected from True Link’s online menu of monitors and approvals for his mother’s debit card. He has prohibited ATM withdrawals over \$50, cash-back purchases, and purchases charged to the card by telemarketers, casinos, liquor stores, charitable organizations, overseas organizations, and problem merchants that have been identified by True Link. He also receives text messages describing purchases over \$100. His mother no longer has carte blanche, but the True Link card preserves her dignity. For example, if her friends take her out to lunch on Sunday, he said, it ‘gives her the ability to pay her way or pick up the tab for everyone’.

Unfortunately, financial exploitation of older adults isn’t going away. Demographic trends would suggest just the opposite, with greater numbers of us achieving late life every day. We each need to be aware and proactive.

## Editorials

### From the **Commissioner, Virginia Department for Aging and Rehabilitative Services**

Guest Editorial by Bob Brink,  
Deputy Commissioner

For the past three months, a major focus of attention in Richmond has been the General Assembly Building at 9th and Broad Streets. For much of the year, the GAB stands nearly empty, inhabited only by the relatively few permanent House and Senate staff with offices there, and by members in town for the day to attend the occasional committee or study commission meeting.

But in January and February, the hallways, elevators, and committee rooms of the GAB are packed from early in the morning to late at night with members, staff, lobbyists, and visitors. While the House and Senate are in session, every available moment is used to process the thousands of bills and resolutions that are introduced each year.

Under the Virginia Constitution, the General Assembly is in session in a two year cycle, dictated by the Commonwealth's budget process. In even-numbered years, the main item of business is to put together a budget for the succeeding two years. This is the "Long Session" of 60 days. Then, in odd-numbered years such as 2015, the General Assembly convenes in a "Short Session" of 45 days to make mid-course corrections to the second year of the budget, based on updated revenue projections and expenditure needs.

Last year's "Long Session" went even longer than usual. The House and Senate concluded their 60 days without consensus on a budget plan, due largely to a disagreement on whether to extend health care to around 400,000 uninsured Virginians through expansion of the Medicaid program under the Affordable Care Act. It wasn't until late in the spring that the two bodies finally came to agreement. The process in 2014 was complicated further by discovery of an unexpected revenue shortfall totaling hundreds of millions of dollars, forcing a drawback in numerous previously planned expenditures in the budget.

This year's budget process went much more smoothly. The conferees came to agreement on the second year amendments to the budget on time, and the bill embodying those changes actually passed one day before the General Assembly adjourned (rather than as the very last item of business on the last day of the session, as is often the case).

With the state and national economy continuing to recover from the Great Recession, higher-than-projected revenues enabled the legislature to fund items that had been deferred for several years. The budget provides for a 1.5 percent increase in the state's share of teacher pay and a two percent increase in pay for state police and other state employees. It also includes \$27 million in economic development incentive funding. In the health and human resources portion of the budget, the House and Senate once again refused to endorse Medicaid expansion, meaning that Virginia will forego between \$4 and \$5 million a day

that the Commonwealth would otherwise receive from Federal funds. The legislature did, however, add \$3.1 million for free clinics and \$1 million for community health centers to expand services to low-income Virginians.

Several programs and services that are of particular importance to the aging community received favorable attention in the budget. It provides \$3.5 million from the General Fund and \$3.5 million in Federal funding to increase the rates for personal care and respite care services by two percent in Fiscal Year 2016. The current rate for consumer-directed care is \$8.86 an hour in Virginia outside Northern Virginia (NOVA) and \$11.47 per hour in NOVA. For agency-directed care, the rate is \$12.91 an hour in non-NOVA Virginia and \$15.20 per hour in NOVA.

The House and Senate also adopted an amendment modifying the definition of eligibility criteria for the Medicaid Alzheimer's Assisted Living waiver. The new broader definition will expand the number of individuals who may be served by the waiver program, replacing the current definition, which makes eligible those with a diagnosis of Alzheimer's or a related dementia, but doesn't encompass those with other types of dementia.

Additional funding is also provided for two critical programs benefiting the aging population. The Public Guardian and Conservator Program will receive an additional \$500,000 during Fiscal Year 2016. This program provides guardians of last resort for adults 18 years of age and

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older who are adjudged incapacitated and indigent, and who have no family or friends to serve as their guardian. (Additional funding for the Public Guardian program had been provided in 2014 in the initial budget, but this funding was one of the victims of the recalculation that was necessitated by that year's last minute, unexpected revenue short-fall.)

In addition, \$50,000 was appropriated to the Department of Criminal Justice Services to provide training to local law enforcement officers to aid in identifying and interacting with individuals with Alzheimer's disease and related dementias.

On a personal note: After 17 years of observing the budget from the legislative perspective, this was the first time for me to see it from the agency side of the table. One observation remains constant: in a process that is driven by the necessity to arrive at a balance between revenues and expenditures, it is critical for proponents of specific programs and services to marshal the most solid possible arguments and evidence on behalf of those services. The aging-related programs that were successful in this year's budget demonstrated this characteristic.

### Visit Our Websites

Virginia Center on Aging  
[www.sahp.vcu.edu/vcoa](http://www.sahp.vcu.edu/vcoa)

Virginia Department for Aging  
and Rehabilitative Services  
[www.dars.virginia.gov](http://www.dars.virginia.gov)

## 2015 DARS Meeting Calendar

### Commonwealth Council on Aging

April 8, July 8, September 23

### Alzheimer's Disease and Related Disorders Commission

May 26, August 25, December 1

### Public Guardian and Conservator Advisory Board

June 11, September 10,  
November 19

For more information, call  
(800) 552-5019 or visit  
<http://vda.virginia.gov/boards.asp>.

## Alcohol and Aging Awareness Group Needs Assessment

The Virginia Department of Alcoholic Beverage Control (ABC) provides alcohol education and prevention resources across the lifespan. In 2007, Virginia ABC joined with dozens of dedicated partners to form the Alcohol and Aging Awareness Group (AAAG) to address issues specific to the growing population of older adults. To determine the AAAG's focus for the future and how Virginia ABC can best serve their partners, the agency is conducting a needs assessment. Organizations that work with older adults are invited to complete a 10-question survey. The link is [www.surveymonkey.com/s/AlcoholandAging2015](http://www.surveymonkey.com/s/AlcoholandAging2015). If you have any questions, please contact Jennifer Farinholt at (804) 213-4452 or [jennifer.farinholt@abc.virginia.gov](mailto:jennifer.farinholt@abc.virginia.gov).

## The Fight Against Adult Abuse: Lessons Learned Conference

The Greater Augusta Coalition Against Adult Abuse Annual Conference will be held at the Plecker Workforce Center, Blue Ridge Community College, Weyers Cave, VA, on **April 23, 2015**, 9:00-5:00. This conference, co-sponsored by Elder Alliance, Inc. and Blue Ridge Community College, is intended for law enforcement, prosecutors, social workers, and other related professionals. The Keynote Speaker is Randy Krantz, JD, MA, RN, Commonwealth's Attorney for Bedford County, who will present *Preparing for Prosecution of Adult Abuse and Neglect: From the Hospital to the Courtroom*. Other sessions include presentations by Western Union on its Fraud Prevention Program; Legal and Therapeutic Considerations for Emergency Custody of Vulnerable Adults; The Sexual Abuse Case of Miss Mary and the film, *He Wouldn't Turn Me Loose*; and a panel presentation on lessons learned in the fight against adult abuse.

This conference is free of charge, but a donation of \$10/person is appreciated to defray costs for a provided lunch. For more information, please contact Anne See at (540) 433-1830. To register, visit: <https://fs21.formsite.com/ascott/form17/index.html>.

## The Virginia Center on Aging's 29th Annual Legislative Breakfast

VCoA hosted its 29th annual breakfast on January 28, 2015, at St. Paul's Episcopal Church in Richmond. We were pleased with the robust turn out, after last year's snow and ice-hampered experience. We drew attendance from members of the General Assembly, their staffs, the Executive Branch, state departments, Councils, and colleagues in agencies and organizations across Virginia.

VCoA hosts this annual breakfast to inform the General Assembly, which created it in 1978, of progress in meeting our three fundamental mandates: interdisciplinary studies, research, and information and resource sharing. We take this opportunity in January to review our activities in the calendar year just concluded. As has been the case for so long, we are pleased that so many partners helped us all to achieve so much. VCoA trained, consulted, researched, or collaborated in every region of the Commonwealth in calendar year 2014.

We began to use a motto a couple of years ago, one that sums up nicely the collaborative nature of our work across Virginia: *"Aging, we're all in it together."*

You can see our 2015 Legislative Breakfast Power Point presentation by visiting our website at [www.sahp.vcu.edu/vcoa](http://www.sahp.vcu.edu/vcoa).



**Top Left:** Sen. John Miller; Rick Jackson, Riverside Center for Excellence; and John Skirven, Senior Services of Southeastern Virginia

**Top Right:** Joe McGreal, Diocese of Richmond Housing Corporation (DRHC); Denise White, Coordinated Services Management; and Randy Scott, DRHC

**Bottom Left:** Bonnie Scimone, Senior Navigator; Thelma Watson, Senior Connections; Ruth Anne Young, VCoA; and Debbie Leidheiser, Senior Advocate, Chesterfield County

**Bottom Right:** Ed Ansello, VCoA; Delegate Sam Rasoul; and Bob Brink, DARS and former Delegate



**Top Left:** Amy Marschean and Shewling Moy, both of DARS

**Top Center:** Attendees listening during VCoA presentation

**Top Right:** Ruth Anne Young, VCoA; and Lisa Furr and Johnetta Guishard, Office of the Attorney General

**Middle Left:** Kathy Vesley-Massey, Bay Aging; and Erika Wood, Northern Virginia Aging Network

**Middle Center:** Bert Waters, VCoA; and Matthew Morgan, DARS

**Middle Right:** Sen. John Edwards and Catherine Dodson of VCoA

**Bottom Left:** Cecil Drain, Dean of Allied Health VCU; and Lex Tartaglia, Assistant Dean; with Jim Warns, Security One Lending, in background

**Bottom Center:** Bill Hazel, Secretary of HHR, and Sen. Emmett Hanger

**Bottom Right:** Rachel Kelly, VCoA LLI Director and Jeffrey Ruggles, VCoA Road Scholar Program Administrator

## Before I Go

### *Time warps for a young surgeon with metastatic lung cancer*

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by Paul Kalanithi, M.D.

*This essay is republished verbatim with permission from Stanford Medicine magazine. The link to the original story in the current issue is: <http://stanmed.stanford.edu/2015spring/before-i-go.html>.*

In residency, there's a saying: The days are long, but the years are short. In neurosurgical training, the day usually began a little before 6 a.m., and lasted until the operating was done, which depended, in part, on how quick you were in the OR.

A resident's surgical skill is judged by his technique and his speed. You can't be sloppy and you can't be slow. From your first wound closure onward, spend too much time being precise and the scrub tech will announce, "Looks like we've got a plastic surgeon on our hands!" Or say: "I get your strategy — by the time you finish sewing the top half of the wound, the bottom will have healed on its own. Half the work — smart!" A chief resident will advise a junior: "Learn to be fast now — you can learn to be good later." Everyone's eyes are always on the clock. For the patient's sake: How long has the patient been under anesthesia? During long procedures, nerves can get damaged, muscles can break down, even causing kidney failure. For everyone else's sake: What time are we getting out of here tonight?

**There are two strategies** to cutting the time short, like the tortoise and the hare. The hare moves as fast as possible, hands a blur, instruments clattering, falling to the floor; the skin slips open like a curtain, the skull flap is on the tray before the bone dust settles. But the opening might need to be expanded a centimeter here or there because it's not optimally placed. The tortoise proceeds deliberately, with no wasted movements, measuring twice, cutting once. No step of the operation needs revisiting; everything proceeds in orderly fashion. If the hare makes too many minor missteps and has to keep adjusting, the tortoise wins. If the tortoise spends too much time planning each step, the hare wins.

The funny thing about time in the OR, whether you frenetically race or steadily proceed, is that you have no sense of it passing. If boredom is, as Heidegger argued, the awareness of time passing, this is the opposite: The intense focus makes the arms of the clock seem arbitrarily placed. Two hours can feel like a minute. Once the final stitch is placed and the wound is dressed, normal time suddenly restarts. You can almost hear an audible whoosh. Then you start wondering: How long till the patient wakes up? How long till the next case gets started? How many patients do I need to see before then? What time will I get home tonight?

It's not until the last case finishes that you feel the length of the day, the drag in your step. Those last few administrative tasks before leaving the hospital, however far post-meridian you stood, felt like anvils. Could they wait till tomor-

row? No. A sigh, and Earth continued to rotate back toward the sun.

But the years did, as promised, fly by. Six years passed in a flash, but then, heading into chief residency, I developed a classic constellation of symptoms — weight loss, fevers, night sweats, unremitting back pain, cough — indicating a diagnosis quickly confirmed: metastatic lung cancer. The gears of time ground down. While able to limp through the end of residency on treatment, I relapsed, underwent chemo and endured a prolonged hospitalization.

I emerged from the hospital weakened, with thin limbs and thinned hair. Now unable to work, I was left at home to convalesce. Getting up from a chair or lifting a glass of water took concentration and effort. If time dilates when one moves at high speeds, does it contract when one moves barely at all? It must: The day shortened considerably. A full day's activity might be a medical appointment, or a visit from a friend. The rest of the time was rest.

With little to distinguish one day from the next, time began to feel static. In English, we use the word time in different ways, "the time is 2:45" versus "I'm going through a tough time." Time began to feel less like the ticking clock, and more like the state of being. Languor settled in. Focused in the OR, the position of the clock's hands might seem arbitrary, but never meaningless. Now the time of day meant nothing, the day of the week scarcely more so.



Photograph courtesy of Paul Hanlon, Stanford University School of Medicine

*Yet there is dynamism in our house. Our daughter was born days after I was released from the hospital. Week to week, she blossoms: a first grasp, a first smile, a first laugh. Her pediatrician regularly records her growth on charts, tick marks of her progress over time.*

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Verb conjugation became muddled. Which was correct? “I am a neurosurgeon,” “I was a neurosurgeon,” “I had been a neurosurgeon before and will be again”? Graham Greene felt life was lived in the first 20 years and the remainder was just reflection. What tense was I living in? Had I proceeded, like a burned-out Greene character, beyond the present tense and into the past perfect? The future tense seemed vacant and, on others’ lips, jarring. I recently celebrated my 15th college reunion; it seemed rude to respond to parting promises from old friends, “We’ll see you at the 25th!” with “Probably not!”

Yet there is dynamism in our house. Our daughter was born days after I was released from the hospital. Week to week, she blossoms: a first grasp, a first smile, a first laugh. Her pediatrician regularly records her growth on charts, tick marks of her progress over time. A brightening newness surrounds her. As she sits in my lap smiling, enthralled by

my tuneless singing, an incandescence lights the room.

Time for me is double-edged: Every day brings me further from the low of my last cancer relapse, but every day also brings me closer to the next cancer recurrence — and eventually, death. Perhaps later than I think, but certainly sooner than I desire. There are, I imagine, two responses to that realization. The most obvious might be an impulse to frantic activity: to “live life to its fullest,” to travel, to dine, to achieve a host of neglected ambitions. Part of the cruelty of cancer, though, is not only that it limits your time, it also limits your energy, vastly reducing the amount you can squeeze into a day. It is a tired hare who now races. But even if I had the energy, I prefer a more tortoise like approach. I plod, I ponder, some days I simply persist.

**Everyone succumbs to finitude.** I suspect I am not the only one who reaches this pluperfect state. Most ambitions are either achieved or abandoned; either way, they belong to the past. The future, instead of the ladder toward the goals of life, flattens out into a perpetual present. Money, status, all the vanities the preacher of Ecclesiastes described, hold so little interest: a chasing after wind, indeed.

Yet one thing cannot be robbed of her futurity: my daughter, Cady. I hope I’ll live long enough that she has some memory of me. Words have a longevity I do not. I had thought I could leave her a series of letters — but what would they really say? I don’t know what this girl will be like when she is 15; I don’t even know if she’ll take to the nick-

name we’ve given her. There is perhaps only one thing to say to this infant, who is all future, overlapping briefly with me, whose life, barring the improbable, is all but past.

That message is simple: When you come to one of the many moments in life when you must give an account of yourself, provide a ledger of what you have been, and done, and meant to the world, do not, I pray, discount that you filled a dying man’s days with a sated joy, a joy unknown to me in all my prior years, a joy that does not hunger for more and more, but rests, satisfied. In this time, right now, that is an enormous thing.

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[Editor's note: Paul Kalanithi died March 9, 2015, at age 37, shortly after *Stanford Medicine* published his essay. He wrote essays reflecting on being a physician and a patient, the human experience of facing death, and the joy he found despite terminal illness. Kalanithi, who had recently completed his neurosurgery residency at the Stanford University School of Medicine and become a first-time father, was an instructor in the Department of Neurosurgery and fellow at the Stanford Neurosciences Institute. His essays, “How Long Have I Got Left?” for *The New York Times* and “Before I Go” for *Stanford Medicine*, reflected his insights on grappling with mortality, his changing perception of time, and the meaning he continued to experience despite his illness.]

## Caregiver Hack-a-thon

Hack-a-thon. Like marathon and telethon, the word suggests endurance and commitment. In late March, the Lindsay Institute for Innovations in Family Caregiving and its parent, SeniorNavigator, hosted a hack-a-thon with a purpose: the *Caring for the Caregiver Hack: Advancing Caregiver Health through Innovations*. Teams of students from seven Virginia colleges and universities (George Mason University, James Madison University, Lynchburg College, University of Virginia, Virginia Commonwealth University, Virginia Tech, and College of William & Mary) converged on Richmond to compete in creating the best application (app) to help caregivers in continuing the bedrock of long-term care, family caregiving.

Caregivers' needs are many and diverse: trying to give the most loving and effective care; identifying available resources to help them; coping with a care recipient's simultaneous chronic conditions; maintaining their own health and nutrition; dealing with the everyday tasks that remain with or without caregiving like shopping, housecleaning, yard work; staying con-



*The Lynchburg College team and their caregiver mentor discuss needs and possible solutions.*



*W&M team members listen to their caregiver mentor.*

nected to family members; and so much more. What creative programs could young minds bring to this age-old reality?

The Lindsay Institute and SeniorNavigator began planning this weekend 18 months ago. Faculty within each of the seven colleges and universities served as “ambassadors between the Lindsay Institute and the schools, helping to identify other faculty “coaches” who recruited 6-7 students from health care, computer sciences, marketing, technology, and other units who would comprise each school’s team. Teams arrived in Richmond Friday afternoon March 20th and early Saturday morning plunged in; they gained a conceptual overview, “Caregiving 101” and “Business Principles 101” descriptive orientations, got matchups with experienced caregivers as team mentors, and then launched into 26 hours of creativity. The Troutman Sanders law firm donated the entire 15th floor of their downtown building for the teams to innovate.

Each team presented its app Sunday afternoon in a 15-minute overview, with already-working links to websites and cell phones. Each explained their prototype, technology infrastructures, caregiving bene-

fits, marketing plan, and future prospects. The randomly-selected order of presentations was as follows: W&M focused on a simple flip-phone text app, since only 7% of current older caregivers have smart phones; W&M’s “Caregiver Direction” featured 20-40 word text information on dementia care, with answers to caregivers’ inquiries being crowd-sourced from former caregivers and others. UVA’s “CareFully” focused on self-care, as 70% of caregivers evidence some symptoms of depression; with mobile phone and web interface, it delivered reminders to exercise, delegate secondary tasks, identify local resources, etc. Virginia Tech’s “Care Food” honed in on the fact that the vast majority of caregivers do the food shopping for the care recipient. It gathered and shared recipes with others, incorporating complex medical restrictions into menu planning and shopping lists; the team proposed marketing the app through alliances with health, advocacy, and grocery organizations. JMU developed the “Duke Juke,” an app whereby the caregiver can remotely activate music earlier selected with the care recipient to calm agitation or stimulate pleasant memories through a retro-looking radio console that also houses a video monitor.

GMU created the “Family Room” as a portal for maintaining intra-family connections, even at a distance. The caregiver can log into the app to record status updates of the recipient’s health and activities, and users can access these updates and click a family timeline graphic of a winding road to zoom in to a given year for written and visual memories. Lynchburg College’s



*The Virginia Tech team wins First Prize of \$5,000 from Lindsay Institute's Gordon Walker and SN CEO Adrienne Johnson.*

app, “Peace of Mind: Bridging the Gap between Healthcare Professionals and Family Caregivers,” acknowledged the on-going concerns of family caregivers even after their care recipient enters a facility. It offered users updates of “human” information about the loved one, such as eating, mobility, and activities reports, rather than lists of lab values, which are drawn from the HL7 Electronic Medical Records of the facility. Finally, VCU developed “VolunTask,” an app for localized or neighborhood aid for caregivers that recognized that 51% of caregivers are ages 18-49. The app populated the geographic area around the caregiver with profiles of others willing to exchange simple services like yard work and grocery shopping and denominated “karma points” for accumulated services provided.

A six-member panel of judges assessed each app for relevance, usability, marketing potential, and other technology and business criteria. Judges included: Gigi Amateau, Chief Impact Officer, United Way of Greater Richmond & Petersburg; Anthony Fung, Deputy Secretary of Technology, Commonwealth of Virginia; David Geen, Vice President

of Digital Technology, Capital One; Mark Hanson, Technology and Product, BeClose; Jerry Hill, Partner and Chief Technology Officer, AuthX Consulting; and Bill Kallio, State Director, AARP Virginia. Members of the audience had the opportunity to vote for their favorite (People’s Choice) app. The Caregiver Hack was so successful that the Lindsay Institute and SeniorNavigator hope to repeat it next year.



*The GMU team receives the People's Choice Award.*

## **Richmond: One of the Best Intergenerational Communities**

Thanks to a university-community partnership between VCU’s Department of Gerontology and Senior Connections, the Capital Area Agency on Aging, the Greater Richmond Region has been identified as one of the Best Intergenerational Communities for 2015. This prestigious award of the Metlife Foundation/Generations United heightens awareness of the importance of intergenerational solidarity in building strong, healthy, supportive communities for all ages.

The historic Richmond Region is rich with traditions, culture and

geography. With over 40 local intergenerational programs, festivals, events, and leisure activities bringing together one million-plus residents, Richmond thrives on meaningful connections between older adults and youth. One community jewel is the James River Park System. This physical environment is an organic forum for recreation and active living, blending together different generations that learn from one another.

The VCU Department of Gerontology and Senior Connections are supporters of CATCH Healthy Habits. This is a national, evidence-based program where adult volunteers teach K-5 students the value of healthy eating and physical activity in an effort to combat obesity and instill lifelong values. This past year, over 150 youth were educated at five sites, more than 20 adults volunteered, and more than 30 older adults engaged in our work. Programs like CATCH Healthy Habits and others stem from Greater Richmond’s intergenerational roots, going back to 1984, when Westminster Canterbury Richmond became an intergenerational shared site after including a Child Development Center with its Continuing Care Retirement Community. CATCH Healthy Habits is a Generations United 2015 Program of Distinction re-designee that was first honored in 2012.

For more information on VCU’s Department of Gerontology, visit [www.sahp.vcu.edu/gerontology](http://www.sahp.vcu.edu/gerontology). For more information on Senior Connections, the Capital Area Agency on Aging, visit [www.seniorconnections-va.org](http://www.seniorconnections-va.org).

## The Longest Day

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The Alzheimer's Association invites you to celebrate the Longest Day by doing what you love.

**The Longest Day** aims to raise funds and awareness for the Alzheimer's Association, and is held annually on the summer solstice, **June 21st**.

On this day, sunrise to sunset consists of approximately 16 consecutive hours. This time symbolizes the challenging journey those living with Alzheimer's and their caregivers face on a daily basis. Individuals across the Commonwealth will come together in support of the Alzheimer's Association and participate in any activity they love.

Some will run. Some will bike. Some will play Bridge. All will be raising funds in honor of someone they love facing the disease.

Registration is simple and can be done online at [www.alz.org/longestday](http://www.alz.org/longestday).

Alzheimer's disease is a global epidemic. Worldwide, at least 44 million people are living with the disease, including 130,000 individuals here in Virginia.

Over five million Americans are living with Alzheimer's disease, and that number is expected to grow to as many as 16 million by 2050.

More than 15 million Americans are Alzheimer's and dementia caregivers, fulfilling a financially, emotionally, and physically draining role.

Whether it's The Longest Day, or any day of the year, the Alzheimer's Association is here to help via their 24/7 Helpline, (800) 272-3900, or online at [www.alz.org](http://www.alz.org).

## Coffee, Aging, and Health

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Opinions wax and wane about the benefits or harms in drinking coffee. While the definitive answer may still be far off, the newest research suggests that the amount of caffeine may be a key factor. Too much caffeine has been associated with increases in bone loss and osteoporosis among those already vulnerable, for example, postmenopausal women. Too much may lead to acid reflux or problems sleeping. On the other hand, coffee's antioxidant characteristics may help protect the heart and moderate coffee drinking may lower the risk for depression. How much is "too much" or "enough"? Part of the confusion in findings, I think, may reflect a fundamental reality of aging, what I call the "geriatric imperative." Time and again research shows that on most measures, from organ functioning to abstract reasoning to socioeconomic indicators, as groups of people age, they grow less alike as a group; that is, their "within group variance" increases. Simply put, we tend to grow less like our age mates as we age. Not surprising, then, that so much research on older adults fails to consolidate around a generalizable finding. Getting back to coffee, apparently we can say this: moderate coffee consumption does

seem to be *good* for us, all things considered. Most healthy adults can safely consume about 400 milligrams of coffee a day. How much is this? In caffeinated coffee, it's about two-four cups, depending on the size of the cup. Decaf is an interesting story. The amount of caffeine in so-called decaf coffee can vary tremendously: Twelve ounces of Dunkin' Donuts decaf contains about 53 mg of caffeine, Starbucks's decaf about 20 mg, and 7-Eleven about 4 mg. Also, the research focuses on coffee itself, without adding any sugar, creamer, dairy, syrup, toppings, or what-have-you.

## Leading the Way in Dementia Care

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The Alzheimer's Association Central and Western Virginia chapter is offering workshops across their region on a **Person Centered Approach to Alzheimer's Care**. Anyone interested in gaining skills and knowledge can attend any of the following:

**April 24, 2015.** Martinsville. Featuring the film: *Alive Inside*.

**April 30, 2015.** University Holiday Inn, Charlottesville. Featuring the film: *You're Looking at Me Like I Live Here and I Don't*.

**June 11, 2015.** James Madison University, Harrisonburg. Film: TBA.

For information, please call (800) 272-3900.

## Arlington County's Proactive Approach to Aging Inmates and Community Re-entry

by Rachel Sparico, MA,  
Arlington County Adult  
Services/APS

The number of older inmates in Virginia is rising. Compared to their non-incarcerated peers, these inmates (ages 50 and above) tend to have more medical and mental health problems at a younger age, likely due to “lack of consistent health care, poor personal health decisions, chronic illnesses due to tobacco, drug and alcohol use and abuse, and the stress of living in prison,” according to the 2009 *Four-Year Plan* of the Virginia Department for the Aging. The Virginia Department of Corrections reported in *State Responsible Offender Population Trends* that 15% of older inmates were released back to the community in 2014. What happens when these older adults are released?

There are many obstacles older adults face in transition. One of the major concerns post-release is securing stable housing, which is often complicated by criminal records, rental history and evictions, and poor credit. Many older ex-offenders lack secure and consistent income to maintain stable housing and are unable to work because of their age, health or a disability. Public assistance programs are often closed to individuals with a criminal history or offender status. Complex medical and mental health conditions pose other challenges. Long-term care facilities,

such as assisted living and nursing homes, may decline to accept individuals with criminal backgrounds. Family members may be unwilling or unable to accept these adults into their homes or families upon release.

Arlington County has initiated a program to address these challenges. Local government and community providers are coordinating efforts to connect these older adults with integrated services prior to release and intensive case management post-release. The *Aging Without Bars* program, piloted in 2014 by the Arlington Department of Human Services in collaboration with the Arlington County Detention Facility, targets older inmates proactively to address issues of housing, economic stability, physical and mental health, and social supports. This voluntary program provides inmates with information on community resources and social services through a six-week course with the ultimate goal of supporting a successful re-entry to the community. The program is implemented through collaboration of jail staff, social services, and community providers.

Every *Aging Without Bars* participant completes an intake assessment which is used to develop an individualized service plan for housing stability and environment, economic stability, mental/behavioral health, physical health, and social supports. Operating under a Housing First model, the assumption is that, once housing stability is achieved, individuals are more likely to improve other areas of need in their lives. Housing options may include emergency shelters, hous-

ing search and location assistance, and Permanent Supportive Housing. Because many inmates lack proper identification documents to obtain and secure stable housing and sufficient income, linkages with Arlington County Detention Facility's Inmate Service Coordinators offer inmates assistance before release with obtaining personal identification documents and health insurance, as well as applying for Social Security and Veterans benefits.

Upon release, *Aging Without Bars* participants receive integrated care coordination to address mental health, substance abuse, and medical conditions, as well as transportation services, appointment coordination, and health education and training. The program tries to involve and strengthen positive support systems like spouses, family members, friends, and faith communities, as well as day programs, support groups, and alcohol and substance abuse programs. Additionally, older ex-offenders who reside locally have the opportunity to access services by contacting Arlington's Aging and Disability Services Division or visiting the Customer Service Center for a comprehensive intake and referral to the program.

Through *Aging Without Bars*, Arlington is working to ensure that older inmates and offenders have a successful community re-entry.

For more information, contact Rachel Sparico at (703) 228-1700 or [RSparico@arlingtonva.us](mailto:RSparico@arlingtonva.us).

## Calendar of Events

### April 11, 2015

*VCU Department of Gerontology's Annual AGE Virginia Awards.* Join us in celebration of Gerontological Excellence. Hosted by Imperial Plaza, a Brookdale Senior Living Community. For information on awards, event sponsorship, or tickets, please email [agingstudies@vcu.edu](mailto:agingstudies@vcu.edu).

### April 16, 2015

*National Healthcare Decisions Day.* This nationwide grassroots event exists to inspire, educate, and empower the public and providers about the importance of advance care planning. For more information, free advance care planning tools, and other resources visit [www.nhdd.org](http://www.nhdd.org).

### April 21, 2015

*Soup for the Caregiver's Soul: Caregiving Conference.* 9:00 a.m. - 3:00 p.m. Southminster Presbyterian Church, North Chesterfield. Keynote speaker is Rosemary Rawlins, author of *Learning by accident: A caregiver's true story of fear, family and hope*. There will be various workshops for caregivers. For information, call (804) 768-7878.

### May 6, 2015

*Chesterfield Triad 16th Annual Senior Day.* 7:30 a.m. - 12:45 p.m. at Victory Tabernacle Church, Midlothian. Learn about services available from local businesses and non-profit organizations to make life more enjoyable and safe. Free entertainment, light breakfast, and door prizes. For information, call (804) 768-7878.

### May 19, 2015

*Open House at Senior Connections, The Capital Area Agency on Aging.* In celebration of Older Americans Month and in recognition of volunteers and community partnerships. 2:30 p.m. - 4:30 p.m. 24 E. Cary Street, Richmond. Light Refreshments. No RSVP Required. For information, call (804) 343-3023 or e-mail [mjames@youraaa.org](mailto:mjames@youraaa.org).

### May 27-29, 2015

*21st Annual Conference of the Virginia Coalition for the Prevention of Elder Abuse.* Virginia Beach Resort and Conference Center. Registration deadline is May 15th. For information, visit [www.vcpea.org](http://www.vcpea.org).

### May 28, 2015

*Bon Secours Successful Aging Forum.* 9:00 a.m. - 3:00 p.m. West End Assembly of God, 401 N. Parham Road, Richmond. Advanced registration required. For information, visit [www.bsvaf.org/successfulagingforum](http://www.bsvaf.org/successfulagingforum).

### June 1, 2015

*2015 Conference on Aging with Lifelong Disabilities.* Presented by the Area Planning and Services Committee on Aging with Lifelong Disabilities (APSC). Doubletree by Hilton Richmond-Midlothian. For information, contact [eansello@vcu.edu](mailto:eansello@vcu.edu).

### June 3-5, 2015

*42nd Annual Conference and Trade Show of the Virginia Association of Nonprofit Homes for the Aging.* The Hotel Roanoke, Roanoke. For information, visit [www.vanha.org](http://www.vanha.org).

### July 27-30, 2015

*Generation ADA: Rise Up! 2015 Annual Conference on Independent Living.* Presented by the National Council on Independent Living. Grand Hyatt, Washington, DC. For information, visit [www.ncil.org](http://www.ncil.org).

### October 7, 2015

*Senior Connections' 12th Annual Empty Plate Luncheon and Awards Ceremony.* 11:30 a.m. - 1:00 p.m. Trinity Family Life Center, Richmond. For information about the event or sponsorships, contact Martina James at (804) 3023 or [mjames@youraaa.org](mailto:mjames@youraaa.org).

### November 17-18, 2015

*Virginia Association for Home Care and Hospice Annual Conference and Trade Show.* The Doubletree by Hilton, Charlottesville. For information, visit [www.vahc.org](http://www.vahc.org).

#### Age in Action

Volume 30 Number 2  
Spring 2015

**Edward F. Ansello, Ph.D.**  
Director, VCoA

**James A. Rothrock**  
Commissioner, DARS

**Kimberly S. Ivey, M.S.**  
Editor

*Age in Action* is published quarterly. Submissions, responses to case studies, and comments are invited and may be published in a future issue. Mail to: Editor, *Age in Action*, P.O. Box 980229, Richmond, VA 23298-0229. Fax: (804) 828-7905. E-mail [kivey220@yahoo.com](mailto:kivey220@yahoo.com).

**Summer 2015 Issue Deadline:  
June 15, 2015**



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## **Mental Health Challenges and Possible Solutions in Aging with Lifelong Disabilities**

***The Annual Conference of the Area Planning and Services Committee  
on Aging with Lifelong Disabilities (APSC)***

**June 1, 2015**

**Doubletree by Hilton, 1021 Koger Center Boulevard, Richmond  
8:00 a.m. - 4:30 p.m.**

### **Topics include:**

Establishing Healthy Relationships  
Commonwealth Coordinated Care  
Crisis Prevention and Response  
Accessing Mental Health Services in the Community  
Introduction to Guardianship  
Governor's Access Plan (GAP) for Mental Health  
Music Therapy and Well-Being  
Living Longer and Maintaining Mental Health

**Registration fee of \$35 includes materials, lunch, and breaks. For information and registration,  
please go to [www.apsc2015.eventbrite.com](http://www.apsc2015.eventbrite.com) or contact [eansello@vcu.edu](mailto:eansello@vcu.edu).**

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