FAR SOUTHWEST VIRGINIA
REGIONAL GERIATRIC SERVICE
MASTER PLAN

Developed by the Regional Geriatric Services Committee of the
Southwest Virginia Behavioral Health Board.

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FAR SOUTHWEST VIRGINIA REGIONAL GERIATRIC SERVICE MASTER PLAN

MISSION

To create a comprehensive and integrative System of Care in far Southwest Virginia to serve older individuals with mental illness, intellectual disabilities and/or substance use disorders. The System of Care would be characterized by a variety of services and supports aimed at assisting individuals to achieve a high quality of life consistent with values of self determination and empowerment.

INTRODUCTION

It is well known that the overall population in the United States is aging and living longer. Our systems of care will be steadily burdened by the needs of this ever-growing population. Far Southwest Virginia, including six Community Services Boards (New River Valley Community Services, Mount Rogers Community Services Board, Highlands Community Services, Cumberland Mountain Community Services, Planning District I Behavioral Health Services, and Dickinson Behavioral Health Services), has an aging population that is growing at an alarming rate, much faster than state and national patterns. By the year 2010, the percentage of Virginians who will be 60 years of age and older is projected to be 18.4, while the percentage for Far Southwest Virginia is 22.1 (see Appendix A). Much of our region is struggling with shortages of primary care providers and mental health professionals. The Virginia Department of Health has designated more than half the region as a Health Professional Shortage Area. More alarming is that the whole region is classified as a Mental Health Professional Shortage Area (see Appendix B). This growing need coupled with an area that has limited resources and many gaps in care generates great concern regarding how Health and Human Service systems will be able to respond. Lack of critical resources and issues regarding access for existing resources frequently results in a system functioning consistently in a crisis mode where tensions are high and services are marginal.

The Southwest Virginia Behavioral Health Board, serving the Far Southwest Virginia Region, is committed to effectively utilizing existing resources and to advocating for comprehensive geriatric services for its citizens.

CURRENT AND FUTURE TARGET POPULATION FOR GERIATRIC SERVICES

Two categories of individuals will need services and supports from the Community Services Boards and State Facilities. The first category is aging consumers receiving services from the Community Services Board for an existing disability/challenge and who may also be experiencing normal issues that come with age including dementia, physical limitations and chronic medical problems. The second category is aging residents who are unknown to the Community Services Board who either have not accessed care for their disability/challenge in the public sector or are experiencing later life mental health symptoms. Either category of individuals could be living in the community or an assisted living or nursing home facility.

The presence of a mental illness, intellectual disability or a substance use disorder impacts the life expectancy of persons as they age in different but very significant ways. Recent studies have shown that persons with a serious mental illness who are treated in the public health system have lost 10 years of their life expectancy in the last decade. They now die 25 years younger than the general population. The reasons for this are multi-dimensional but one result is that persons with a serious mental illness have substantially increased risks of comorbid complications as they age. Common issues of aging are present in individuals with mental illness at a much earlier age than with the general population. There may be many similarities in how life expectancy is impacted by a substance use disorder, but this is not the case for those with an intellectual disability.

While the life expectancy of persons with intellectual disabilities has increased to the point where those with a mild intellectual disability are expected to live nearly as long as the general population, there are broadening disparities of life expectancy as the intensity of the disability increases. Aging persons with an intellectual disability have higher levels of health needs, and/or different patterns of health needs. Risk factors associated with lifestyle (smoking, drinking, etc.) are uncommon, but other issues, such as self-injury and pica, may be part of a specific intellectual disability or genetic syndrome. Also, individuals with an intellectual disability will experience epilepsy, GERD, sensory impairments, dementia, dysphagia, dental disease, musculoskeletal problems and even accidents much more commonly.

There may be several complicated medical issues entangled in an older person's needs when they have a mental illness, intellectual disability or a substance use disorder, one of the more challenging being the presence of a brain injury. Additionally, individuals may have special and unique needs such as being a military veteran, having a forensic status, living with aging caregivers or being homeless.

COMPONENTS OF CARE

To begin to effectively address the needs of the aging population, a System of Care would be developed to include the following:

- Centers of Excellence placed strategically throughout the Far Southwest to include expert diagnostic and treatment services in both an outpatient and an acute inpatient setting as well as community education and consultation services and training and support for Community Services Board and Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) Facility staff, long term care facilities, Area Agencies on Aging, caregivers and other stakeholders.

- Geriatric Services Programs at each Community Services Board to create a focus on the unique needs of older individuals and to direct the Board's geriatric care services.

- Specialized Mobile Teams of mental health, intellectual disabilities and substance abuse professionals to provide intensive short term treatment interventions, linkages and consultation with on-going services, including long-term care facilities, Area Agencies on Aging, caregivers and primary medical care providers. Teams would be designed to provide crisis stabilization as well as on-going supports and linkages.

- Geriatric Assistance Funds to assist older individuals with complex needs to receive targeted supports to assist them in securing and maintaining the least restrictive care. The fund would also assist in securing guardianship as needed.

- Availability of specialized day support options in each Community Services Board for older individuals with mental health, intellectual disabilities and/or complicated substance abuse needs. Individual supports from Geriatric Case Managers would also be available to coordinate care and collaborate with public and private service providers.

- Local Geriatric Advisory Councils to include broad stakeholder participation to evaluate services, respond to on-going needs, coordinate care and collaborate on issues. Councils would cover one or more Community Services Boards depending on needs and would include the following representatives:

    - Area Agencies on Aging
    - Nursing Homes
    - Assisted Living Facilities
    - Primary Care Providers
    - DSS – Adult Protective Services
    - DMHMRSAS Facilities
    - Community Services Boards
    - Public Health
    - Families and consumers
    - Providers of Public Guardianship

- Far Southwest Geriatric Training and Workforce Consortium funded to oversee and address the training needs of the Region in cooperation with local Community Colleges, Virginia Tech, Radford University, Emory and Henry College, King College, Virginia Intermont College, Appalachian School of Pharmacy, East Tennessee State University, etc., to provide certificate and degree programs in geriatric care and to fund training events through local Geriatric Advisory Councils with a focus on creating and maintaining an expert workforce.

CURRENT RESOURCES

The Regional Geriatric Services Committee surveyed the six Community Services Boards, Southwestern Virginia Mental Health Institute and Southwestern Virginia Training Center to determine the availability of services for the aging population within general adult services and the availability of services specifically provided to older adults (see Appendixes C and D). It is clear that a variety of services exist; however, most are embedded in the service structure for the general adult population. A few services exist that are provided exclusively to the aging population and the majority of those services are in state facilities.

While most Community Services Boards do not have programmatic divisions overseeing geriatric care, there is a growing focus on recruiting (and training) staff with geriatric expertise.

Community Services Boards and State Facilities are committed to maximizing resources and to capitalizing on the many strengths of the region. Strengths of the region include:

- Close community and family ties that create a strong cultural dynamic
- Community Services Boards and Facilities have a history of good communication and collaboration
- Supportive regional structure for service development exists through Southwest Behavioral Health Board
- Southwestern Virginia Mental Health Institute provides excellent geriatric care and is willing to offer consultation to the community as is Southwestern Virginia Training Center
- Two PACE programs have been funded in the Region
- Many stakeholders have expressed interest in a collaborative model of geriatric care
- Community colleges and universities in the Region are offering, or plan to offer, education opportunities in gerontology.

CONCLUSION

The Southwest Virginia Behavioral Health Board remains committed to maximizing existing resources, collaborating with appropriate stakeholders and to maintaining an unwavering focus on the needs of our consumers as they age. A comprehensive and supportive system of care will clearly require new resources.

A goal for FY09 is to establish or strengthen Local Geriatric Advisory Councils in distinct geographic areas. Individualized treatments and supports exist for some elderly consumers, yet the system, in regard to geriatric care, remains predominantly crisis focused. A publication of the U.S. Department of Health and Human Services titled, "Community Integration for Older Adults with Mental Illnesses: Overcoming Barriers and Seizing Opportunities," emphasizes that:

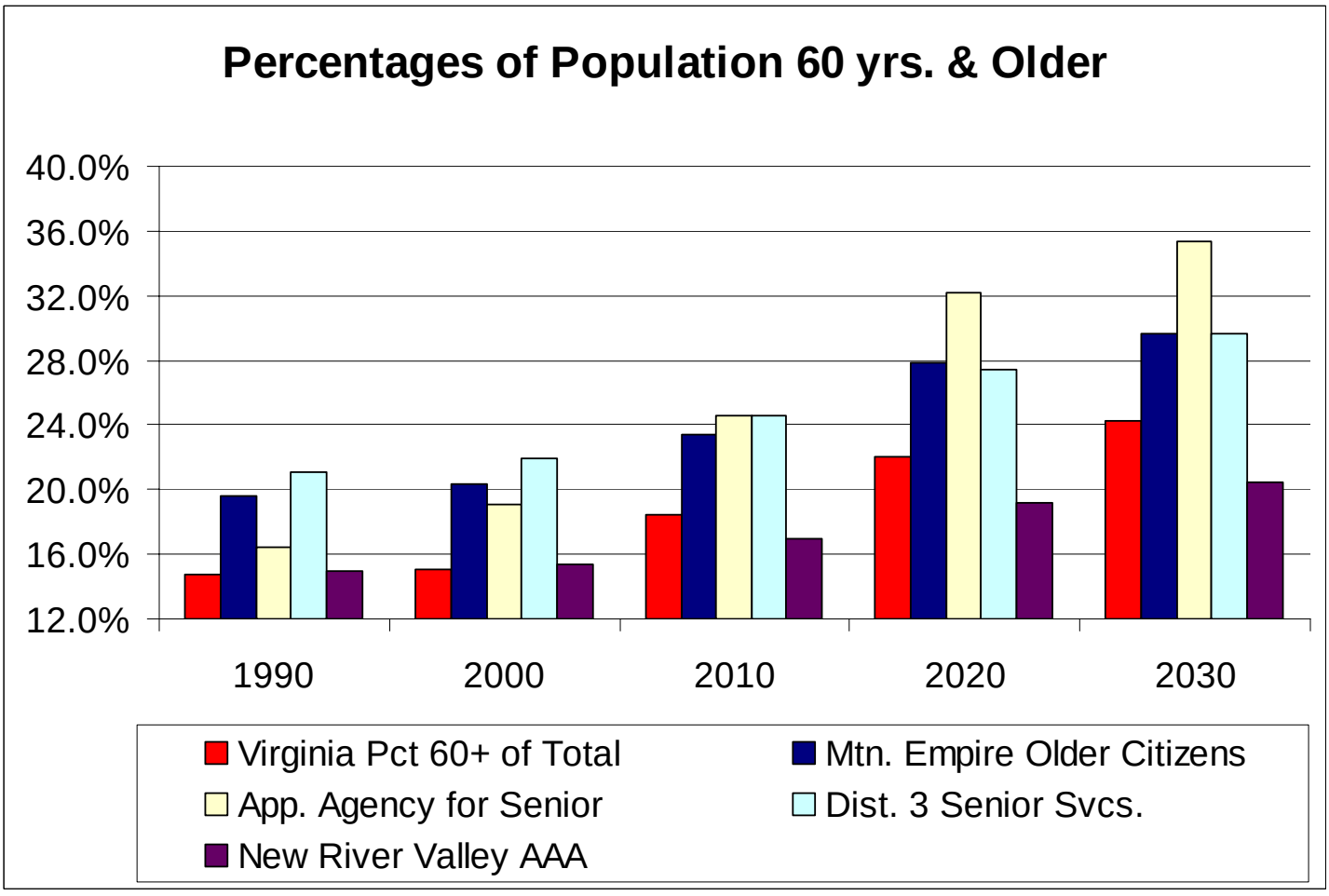
> Numerous fiscal, service system, clinical, and societal barriers make it difficult for older adults with serious mental illnesses to find long-term, community-based treatment, housing, and supports. Current reimbursement and fiscal policies tend to favor inpatient versus outpatient care; medical versus psychological care; acute versus chronic care; and more restrictive versus less restrictive care. In particular, Medicaid funding is largely focused on institutional services, and Medicare coverage for mental health services is limited.

Though progress is being made on the local, state and federal level in the care of older adults with mental illness, intellectual disabilities and/or substance use disorders, much remains to be done to meet the growing demand and to achieve fundamental person centered recovery-based transformation.

Appendix A

VEC Populations Projections

	Virginia Total Persons	Far SW Total Persons	Virginia Pct 60+ of Total	Mtn. Empire Older Citizens	App. Agency for Senior	Dist. 3 Senior Svcs.	New River Valley AAA
1990	6,187,358	546,025	14.7%	19.6%	16.4%	21.1%	15.0%
2000	7,078,500	564,464	15.1%	20.4%	19.1%	21.9%	15.4%
2010	7,892,900	570,800	18.4%	23.4%	24.6%	24.6%	17.0%
2020	8,601,900	581,100	22.0%	27.9%	32.2%	27.4%	19.2%
2030	9,275,101	592,500	24.3%	29.6%	35.3%	29.6%	20.5%



Mtn. Empire Older Citizens is: Lee, Scott, and Wise Counties and the City of Norton
Appalachian Agency for Senior Citizens is: Buchanan, Dickenson, Russell and Tazewell Counties
District 3 Senior Services is: Bland, Carroll, Grayson, Smyth, Washington, and Wythe Counties and the City of Bristol and Galax
New River Valley AAA is: Floyd, Giles, Montgomery, and Pulaski Counties and the City of Radford

VEC Populations Projections

	Virginia Total Persons	Far SW Total Persons	Virginia Pct 60+ of Total	Far SW Pct 60+ of Total
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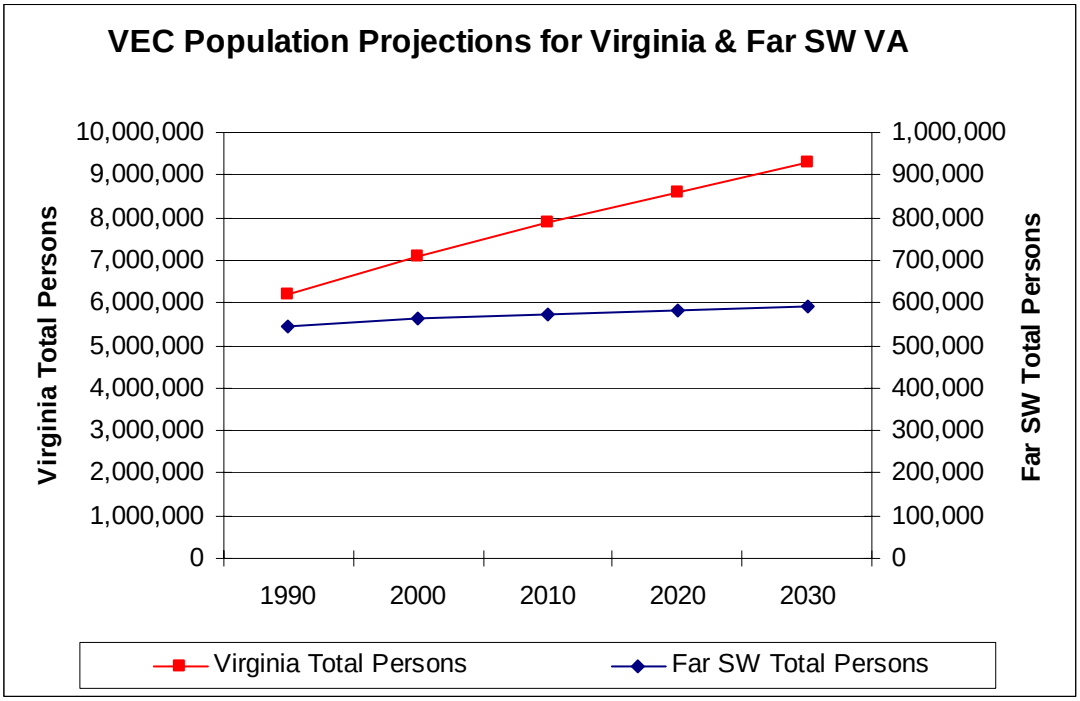
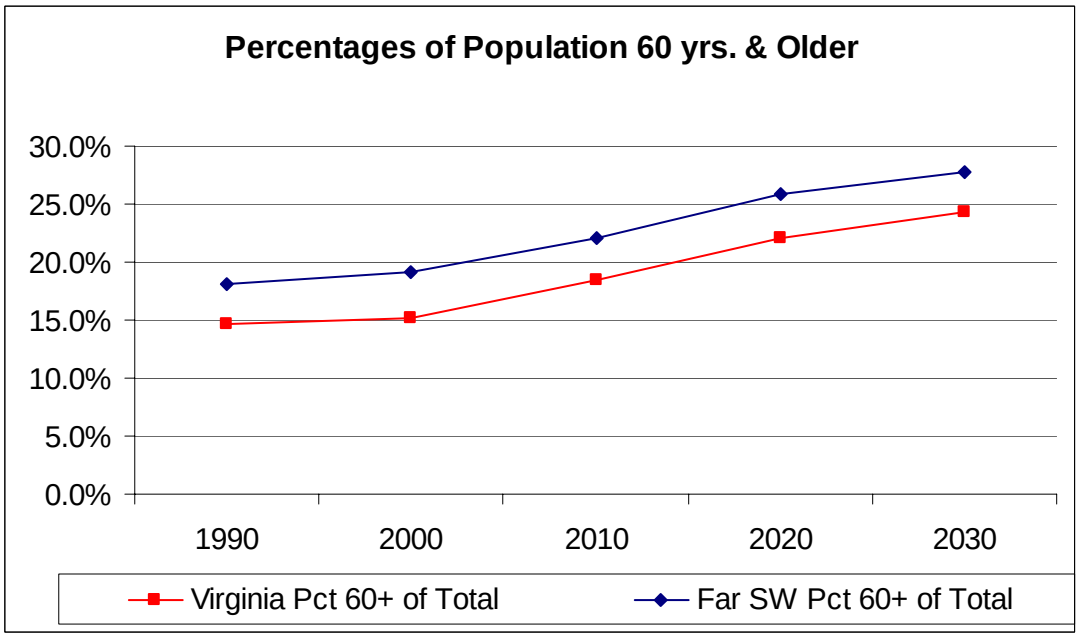
2020	8,601,900	581,100	22.0%	25.8%
2030	9,275,101	592,500	24.3%	27.7%





Virginia Primary Care Health Professional Shortage Areas (HPSA)

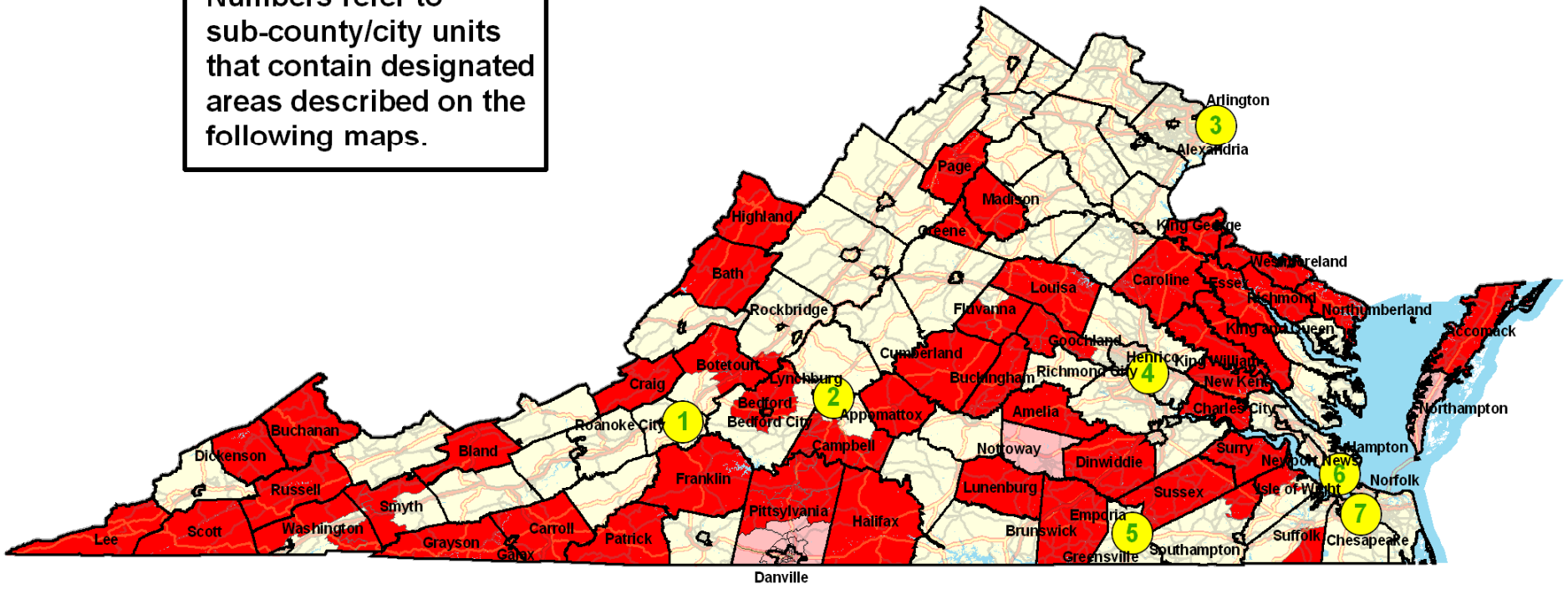
Updated 09/01/2007

Only counties/cities that contain HPSAs are labeled.

Numbers refer to sub-county/city units that contain designated areas described on the following maps.

Geographic HPSA =

Population HPSA =



Primary Practice Opportunities of Virginia
http://www.ppova.org

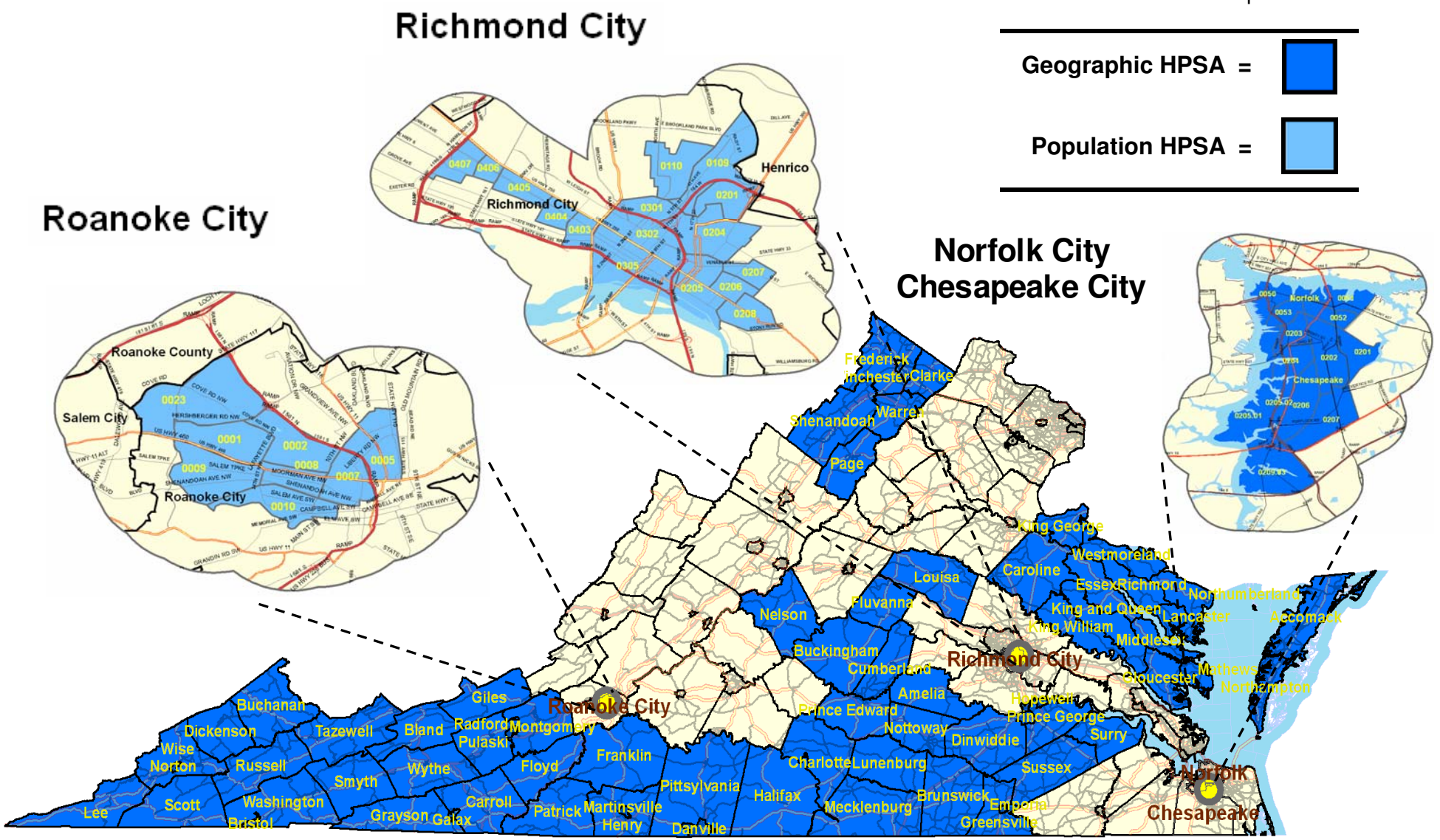
Advancing Health Equity
Office of Minority Health and Public Health Policy
For All Virginians

Phone: 804-864-7435
Toll Free: 800-694-7349

Appendix B

Virginia Mental Health Professional Shortage Areas (HPSA)

Updated 09/01/2007



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Regional Geriatric Services Committee

Workgroup of the Southwest VA Behavioral Health Board

2.) Matrix of Services; General Adult Services which includes services to Older Adults

SERVICES	Agency / Facility							
	CMCS	DCBHS	HCS	MRCSB	NRVCS	PD1 BHS	SWVTC	SWVMHI
Mobile Team for Assessment & Service Provision.				Y [1]	Y		Y [2]	
Assessment / Consultative Teams			Y	Y	Y	Y	Y	Y
Day Support Programs including OA	Y	Y	Y	Y	Y	Y	Y	
Staff Training that includes issues of OA.	Y	Y	Y	Y [3]		Y	Y	Y
Advisory Councils; Intra-agency on OA issues, needs, etc.	Y						Y	
Housing Supports that includes OA.	Y	Y	Y			Y	Y	
Transportation Support that includes OA.	Y	Y	Y	Y	Y	Y	Y	Y
Guardianship supports that includes OA.			Y	Y [4]	Y [4]	Y	Y	Y
Medical Services for Adults, that may include OA. May be a mobile team.							Y	
Co-Occurring Tx for OA with SA issues.	Y	Y	Y	Y	Y	Y		Y
Co-Occurring Tx for OA with MR diagnosis.	Y	Y	Y	Y	Y	Y		
Inter-Agency Cooperatives; may include nursing homes, DSS, HUD, etc.	Y	Y [5]	Y	Y	Y [6]			

Regional Geriatric Services Committee

Cell: E4
[1] **Comment:** Derek Burton:
PACT team; Crisis Services, Mental Health Supports

Cell: H4
[2] **Comment:** Derek Burton:
Consultation & Technical Assists only for Community referrals.

Cell: E7
[3] **Comment:** Derek Burton:
Training within different programs; i.e. Counseling Ctr. Inservices.

Cell: F11
[4] **Comment:** Derek Burton:
NRV and Planning District III do have Public Guardianship programs. Case loads are very limited.

Cell: C15
[5] **Comment:** Derek Burton:
Nursing home, DSS, PACE.

Cell: F15
[6] **Comment:** Derek Burton:
66 Bed ALF

Appendix D

Regional Geriatric Services Committee

Workgroup of the Southwest VA Behavioral Health Board

Matrix of Existing Services; Specifically for Older Adults (OA)

SERVICES	Agency / Facility							
	CMCS	DCBHS	HCS	MRCSB	NRVCS	PD1 BHS	SWVTC	SWVMHI
Mobile Team for Assessment & Service Provision.								
Assessment / Consultative Teams								**Y**
Day Support Programs for OA								
Staff Tarining that is specific to OA.				**Y** [1]			**Y** [2]	**Y**
Advisory Councils; Intra-agency on OA issues, needs, etc.		**Y**			Y			
Housing Supports that are specific to OA.							**Y** [3]	
Transportation Support								**Y**
Guardianship supports.								**Y** [4]
Medical services for OA issues; if community based this could be a mobile team.								**Y**
Co-Occurring Tx for OA with SA issues.								**Y**
Co-Occurring Tx for OA with MR diagnosis.							**Y**	
CSB Geriatric Services Programs.								
Inter-Agency Cooperatives; may include nursing homes, DSS, HUD, etc.	**Y** [5]			**Y** [6]		Y		

Regional Geriatric Services Committee

1 **Cell:** E7
Comment: Derek Burton:
Crisis Services

2 **Cell:** H7
Comment: Derek Burton:
"Very Little; recent training is one instance of this"

3 **Cell:** H9
Comment: Derek Burton:
A few "Geriatric" areas on campus of TC.

4 **Cell:** I11
Comment: Derek Burton:
"Evaluation"

5 **Cell:** B16
Comment: Derek Burton:
PACE

6 **Cell:** E16
Comment: Derek Burton:
District III; MD Team; Elderly MH Committee; Geographic Team.