



VDA WEEKLY E-MAILING

April 29, 2014

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NASUAD Weekly Update

Here is a link to the weekly National Association of States United for Aging and Disabilities (NASUAD) update where you can sign up or view the current and archived editions:

<http://www.nasuad.org/newsroom/friday-update>

2014 Virginia Governor's Housing Conference

Kathy B. Miller, MS, RN, Director of Long-term Care

Note: The web links in this document may change over time. DARS-VDA does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

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2014 Virginia Governor's Housing Conference **CALL FOR PROPOSALS**

*The program committee for the Virginia Governor's Housing Conference is accepting proposals for concurrent sessions to be offered during the 2014 conference in Norfolk on Oct. 29-31, 2014. Proposals may be submitted by [submit a proposal](#). The deadline for submission of all proposals is **Friday, May 9, 2014 at 5 p.m.***

The Governor's Housing Conference has a broad range of attendees from many professional sectors including nonprofit organizations, foundations and other philanthropic donors, affordable housing developers, economic developers, local government elected officials, design professionals, financial institutions, government agencies, private developers, real estate professionals, educational institutions trade organizations, community-based and faith-based organizations and public housing providers.

Innovative proposals are being sought to address a broad range of housing, community and economic development issues. For example, session topics could address:

- *Safe and Affordable Housing Options*
- *Healthy Communities*
- *Innovative Approaches to Affordable Housing*
- *Neighborhood Economic Development*
- *College- and University-Based Revitalization Research*
- *Roles of Community Anchor Institutions*
- *Data Trends, Research and Housing Policy*
- *Rural Housing and Community Development*
- *Strategies to Address Homelessness*
- *Green Building and Energy Efficiency*
- *Special Needs Populations*
- *Housing Counseling and Financial Literacy*



- *Fair housing*
- *Reaching and servicing diverse populations*

The conference will offer 90-minute concurrent sessions, as well as 30-minute informational snap sessions. The snap sessions are designed to provide brief and basic information about a specific topic or initiative. Each 90-minute concurrent session will be limited to three (3) panelists. Your proposal can recommend one additional person to serve as moderator or the program committee can provide one for the session. The snap sessions are limited to one speaker. The program committee will review and evaluate all proposals on a competitive basis. Due to session limitations, the conference cannot accommodate all proposed sessions, and the planning committee may merge topics or speakers to best accommodate the need. Because of the complexity in scheduling around other conference activities, presenters will need to be flexible in availability and the acceptance of assigned time slots. Notifications regarding the status of proposals will be sent by Friday, June 27, 2014.

All selected conference presenters will receive a complimentary conference registration that enables full participation in all conference activities, except any conference tours. Lodging and travel should be arranged by presenters, as these costs will not be provided by the conference. All selected conference presenters will be required to provide biographical information by Friday, September 5, 2014.

Our goal is to ensure that our conference participants are presented with a wide array of informative, relevant, and substantive topics. Your participation will assist us in achieving that goal. We look forward to hearing from you. For additional information or questions, email shea.hollifield@dhcd.virginia.gov.

*The deadline for submission of all proposals is **Friday, May 9, 2014 at 5 p.m.***

*Proposals may be submitted at
<https://dmz1.dhcd.virginia.gov/GHCSites/SessionProposal/>.*



Mosquito-borne Viral Diseases in Virginia and Among Travelers

Kathy B. Miller, MS, RN, Director of Long-term Care

A new mosquito-borne illness called Chikungunya, or CHIKV disease, has recently been identified in the Caribbean and South America. Although it has not yet been reported in the United States, health care practitioners are being notified to consider this illness when patients present with a high fever, headache, muscle aches, joint aches and rashes. Virginia residents are already at risk for other mosquito-borne illnesses, including West Nile virus, LaCrosse or California encephalitis and eastern equine encephalitis. Please see the letter from Dr. Marissa Levine, State health Commissioner.

April 21, 2014

Dear Colleague:

As State Health Commissioner, first let me thank you for all you do to protect and promote the health of the people of Virginia. For my part, I will provide periodic updates on timely, relevant public health issues in an effort to enhance your situational awareness as you work to continually improve patient outcomes. You may be hearing about many important emerging diseases, such as Ebola virus disease (see <http://www.cdc.gov/vhf/ebola/>), however, today, at this time of seasonal change, I am providing an update on arthropod-borne viral infections, or arboviral infections, that occur most commonly through the bites of infected mosquitoes. Among the arboviruses known to be endemic to Virginia, West Nile virus (WNV), La Crosse encephalitis virus (LACV, also known as California encephalitis virus by laboratories), and eastern equine encephalitis (EEE) cause the most arboviral illness in Virginia. Exposure can cause fever and headache and lead to meningitis or encephalitis.

Chikungunya virus (CHIKV), an imported arbovirus that could potentially affect Virginia residents, has recently surfaced in the Americas. In December 2013, a case of CHIKV disease was identified in St. Martin Island in the Caribbean Region. By April 4, 2014, more than 3,290 confirmed CHIKV cases were identified in the Caribbean islands and in the South American nation of French Guiana. CHIKV causes symptoms similar to those caused by dengue fever virus (DENV), with high fever (>102°F) often accompanied by headache, nausea, myalgia, arthralgia, and rashes. Chikungunya disease may also cause debilitating polyarthralgia and arthritis; in contrast, dengue fever is more likely to produce hemorrhagic signs and symptoms.

I have three recommendations for your practice related to patients with symptoms consistent with

these diseases:

1. Enhance your awareness and understanding of emerging arboviral diseases such as CHIKV including important mosquito exposure prevention steps your patients can implement.
2. Given the mobility of the population, ensure a complete travel history in your H&P.
3. Report any suspected CHIKV to your local health department (www.vdh.virginia.gov/LHD/index.htm).



A female *Aedes albopictus* mosquito feeding on a human host. (Centers for Disease Control and Prevention Photo/James Gathany)

Over the past decade, the number of dengue fever cases identified in Virginia residents with recent travel to endemic countries has increased. Now that chikungunya virus is also established in the Americas, we recommend that you to also be on the lookout for any imported chikungunya cases. Chikungunya disease and dengue fever are both transmitted by several of the same mosquito species, including the Asian tiger mosquito (*Aedes albopictus*), the most common nuisance mosquito in Virginia. Because both CHIKV and DENV can circulate from infected people to local mosquitoes, local transmission of disease could potentially occur in Virginia. By reporting any suspected chikungunya disease cases to your local health district (www.vdh.virginia.gov/LHD/index.htm), you can aid in the early identification of the introduction of CHIKV into our mosquito populations, which, in turn, can inform local mosquito control efforts.

Recording a patient's travel history and illness onset date is of utmost importance when an arboviral infection is suspected. Consider chikungunya in patients with acute onset of fever and polyarthralgia with recent travel to endemic areas including the Caribbean. Testing for CHIKV is



available through commercial laboratories or through the Centers of Disease Control and Prevention (CDC). To facilitate testing through the CDC, please contact your local health district and refer to www.cdc.gov/chikungunya/index.html for specimen submission guidance. For more information, please see the Guidelines for Preparedness and Response for Chikungunya Virus Introduction in the Americas: www.cdc.gov/chikungunya/index.html.

The approach of Virginia's peak mosquito season is a good reminder to not only maintain vigilance for endemic arboviruses (WNV, LACV, EEE) but also for any imported arboviruses. To prevent all arboviral infections in Virginia, encourage your patients to minimize mosquito bites by avoiding areas infested by mosquitoes or, when in those areas, to use mosquito repellents. As weather permits, patients may also wear long-sleeved clothing and socks to minimize bites. Additional control measures include maintaining screens on windows and doors and regularly dumping containers that hold water and breed mosquitoes, including buckets and birdbaths. In addition, encourage all traveling patients to check CDC travel notices for important health advisories before traveling to specific destinations (www.nc.cdc.gov/travel/notices).

Close coordination and collaboration between governmental public health and the clinical community is a priority of mine as State Health Commissioner. We at VDH are evaluating various communication methods to streamline the dissemination of public health information and improve your ability to have "just in time" public health information relevant to your patient care needs. Those approaches will include the appropriate use of mobile platform technology and social media, and the promotion of public health reporting, including electronically through ConnectVirginia, the statewide health information exchange. My colleagues and I will seek your input and feedback on the most effective and efficient means to communicate. In the meantime, dissemination of timely, important public health will be done through the currently available methods.

Thank you for the work you do each day to protect the health status of all Virginians.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner



DIVISION FOR THE AGING
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES



ACL Webinar on Elder Abuse and Neglect of Persons with Dementia- What We Know and Where We Are Going

Charlotte Arbogast, MSG, Dementia Services Coordinator



UPDATES

April 23, 2014

ACL Webinar on Elder Abuse and Neglect of Persons with Dementia- What We Know and Where We Are Going

Thursday, May 8, 2014 from 3:00 p.m. to 4:15 p.m. Eastern

This webinar is the next session of the ACL Alzheimer's Disease Supportive Services Program Technical Assistance Webinar Series. The purpose of the webinar series is to provide helpful, current, and applicable information for professionals who work with people with dementia and/or their caregivers.

This particular webinar will focus on elder abuse and neglect as it relates to people with dementia. Participants will learn about:

- The incidence and prevalence of elder abuse, especially abuse of those with dementia
- Tips for screening and assessing for elder abuse in the population of people with dementia



- Programs that are addressing elder abuse among the population of people with dementia

[Registration](#) is required. After registering, you will receive a confirmation email that includes the link you will need to enter the webinar on May 8th.

For instructions on how to connect to the webinar by telephone, contact Sari Shuman by email at sshuman@alz.org or by telephone at 312-335-5823.

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SUICIDE PREVENTION TRAINING FOR MENTAL HEALTH CLINICIANS

Elaine S. Smith, MS, RD, Program Coordinator

Most mental health clinicians have had little or no formal training in assessing suicide risk, yet they are often called upon to do so. **Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians (RRSR)** has been developed by the American Association of Suicidology specifically to fill this training gap. RRSR is an advanced, interactive training based on established core competencies that mental health professionals need in order to effectively assess and manage suicide risk in their patients. The program has several components, including a web-based assessment; two on-line, self-paced modules; a two-day face-to-face workshop; and post-workshop mentorship through on-line learning activities.

RRSR is appropriate for any mental health clinician working with patients on an ongoing basis. Participants can include licensed private counselors, licensed clinical social workers, clinical psychologists, psychiatrists and psychiatric nurses, addiction counselors, licensed marriage and family therapists and pastoral counselors.

Additional information about RRSR is available at <http://www.suicidology.org/web/guest/education-and-training/rrsr>

The Virginia Department of Health will host 4 RRSR trainings in 2014. This training is for all mental health clinicians, regardless of your place of work. Some of you may be familiar with another suicide prevention training offered, ASIST. Please refer to the attached document for an explanation as to who should attend ASIST and who should attend an RRSR training.



Through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) this training will be offered at **no cost** to 50 participants; the training is typically valued at \$250 a participant. All training materials will be provided.

The training will be from 8:30-4:45 both days. One hour will be given for lunch; meals will be "on your own".

Because of the demand for seats, please register only if you are able to attend the full two days, and are not 'on-call' for other duties during that time.

2014 Training Dates, Locations, and Registration:

June 3-4, 2014

Virginia Beach, VA

<http://www.surveymonkey.com/s/RRSRVirginiaBeachJune2014>

June 24-25, 2014

Richmond, VA

<https://www.surveymonkey.com/s/RRSRRichmondJune2014>

July 8-9, 2014

Roanoke, VA

<http://www.surveymonkey.com/s/RRSRRoanokeJuly2014>

July 15-16, 2014

Fredericksburg, VA

<https://www.surveymonkey.com/s/RRSRFredericksburgJuly2014>

If you have any questions, please contact:

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ASIST or RRSR?

Two trainings available to Virginia communities.

ASIST (“Applied Suicide Intervention Skills Training”) is suicide prevention 'first aid' for frontline and natural helpers (school counselors/psychologists/social workers, campus support staff, RDs, advisors, case managers, first responders police/correctional/juvenile justice staff, foster care staff, clergy, etc.). ASIST participants will learn the skills necessary to identify and intervene with a person at risk and then make a referral to the next level of care.

RRSR (“Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians”) is for the clinicians who receive those referrals, make decisions about emergency care and/or typically provide longer term treatment as a mental health care service provider. RRSR focuses on strategies for assessment, treatment planning and documentation when working with at-risk clients. The following people should attend an RRSR training: private counselors, clinical social workers, psychologists, psychiatrists, psychiatric nurses, addiction counselors, marriage and family therapists, and pastoral counselors.

If you still have questions about which training you should attend, please feel free to contact the VA Suicide Prevention Program at 804-864-7736. Some clinicians take both, which is fine for those who can afford the time. Use your judgment to know which of the two is best suited to the staff you have in mind.