2017-2019 Commonwealth Council on Aging
Best Practices Awards

2017 WINNERS

First Place Award ($5000): Senior Services of Alexandria's (SSA) Grocery Delivery Program, "Groceries to Go", offers grocery shopping and delivery service to seniors living in Alexandria who are unable to go to the grocery store to shop for food due to a disability or limited mobility. These clients have reached a stage in their lives of not being able to shop independently, do not have the technical capabilities or income to use an online grocery delivery service, and are not yet ready for Senior Services' Meals on Wheels program. Through this program, SSA staff partners with two local grocery stores, coordinates volunteers to shop for and/or pick up groceries from the store, and deliver the groceries with no delivery charge to seniors. At the senior's home, the volunteer helps put away groceries, checks on the well-being of the senior, and assesses whether the client could benefit from additional services from SSA, the City of Alexandria, or other community non-profit organizations. This program is allowing seniors in the community to remain in their own homes longer and with more independence.

Second Place Award ($3000): The Family Caregiver Lunch and Learn Program of the Peninsula Agency on Aging, Inc. (PAA) provides family members the hands-on skills they need to provide safe, quality care for their loved one at home. Developed in partnership with Thomas Nelson Community College, Riverside Center for Excellence in Aging and Lifelong Health and others, the program, based on the Virginia Department of Medical Assistance Services' Certified Nursing Assistant curriculum, provides non-professional caregivers the tools they need to provide the increasingly more complex care they are required to provide such as bathing, med management and skin care to their loved one. Since 2014, the program has been offered as a monthly lunch and learn series, which better meets the time constraints of caregivers. Initially offered in the Williamsburg area, the series was so well received, that in 2016 PAA launched a second series in the Hampton/Newport News area. PAA has also designed a series for local businesses to offer onsite as a lunch and learn to their employees. Businesses have the opportunity to select from a menu of topics that best meet the unique needs of the working caregiver.

Third Place Award ($2000): The Seniors-In-Touch Visit Program was developed in 1997 by the Chesterfield County Sheriff's Office to recognize the special needs of the senior citizen population living in the county and to provide a means to maintain frequent personal contact with them through phone calls and personal visits. The Chesterfield County Sheriff's Office recognizes the contributions and value of these members to our community. To qualify for weekly visits, the member must be a Chesterfield County resident age 65 or older, lack family members living near their residence (within 30 miles), lack strong support from civic or religious organizations and/or exhibit health issues or medical needs. Our senior members receive weekly phone calls from Sheriff's Office personnel to check on general health, plans for the week and any personal needs. Once a week deputies or part-time civilian employees visit for approximately one hour to discuss

events of the day and address any needs that have arisen since the most recent phone call or visit. The deputies assist with various needs around the home. For those with limited mobility, the deputy provides physical support for necessary chores. In most cases, these seniors are aging in place and our deputies relay pertinent information to assist them in their desire to remain independent and informed.

2017 HONORABLE MENTIONS

- Patients recently discharged from hospitals are vulnerable to unplanned readmissions due to lack of education about their self-care, medication management, and skills of effective communication with health providers. The **Hampton Roads Care Transitions Project** (HRCTP), led by Senior Services of Southeastern Virginia (SSSEVA) is changing that scenario as it reduces preventable hospital readmissions/medication issues for high-risk patients ages 60 and older with chronic health diagnoses. Through HRCTP's coaching, of patient and caregiver, and medication management programs, seniors are empowered to advocate for themselves with physicians, pharmacists, and other providers. Patients with chronic health diagnoses better manage their conditions post-discharge and learn to recognize "red flag" symptoms requiring early intervention. This initiative program couples transitions coaching with medication management using Care Transitions® Intervention (CTI) and HomeMeds® evidence-based models for a unique approach in care transitions. SSSEVA works with care transitions teams from Sentara Healthcare, Southampton Memorial Hospital, and supervised doctoral students from Hampton University's School of Pharmacy to deliver interventions and track patient outcomes.
- **VAAACares** is the statewide expansion of the Eastern Virginia Care Transitions Partnership (EVCTP). Endorsed by the Virginia Center for Health Innovation, VAAACares is an Area Agency on Aging (AAA) collaboration to deliver services for the Commonwealth Coordinated Care Plus population, hospital systems and public and private insurers. The VAAACares program serves as a one-stop shop for comprehensive care coordination, care transitions, and a host of other home and community based services provided by AAAs that support the health and safety outcomes for Virginias with multiple chronic health conditions and disabilities. Improving the likelihood of a successful recovery process post-discharge, and including less risk of readmission requires more than the care at the hospital and doctor's office. To successfully bridge the gap between acute care and community settings, VAAACares coordinate with the patients transitioning from hospital to home or from another care facility to home. Social determinates impact our physical, mental and social well-being. Only by going to the homes and learning more about the patients can we begin to execute meaningful plans of care that lead to 1) successful

recovery; 2) reduced readmissions; 3) lower healthcare costs; and 4) improved communication between patients and their primary care providers.

- The Regional Older Adults Facility Mental Health Support Team (RAFT) is a mental health program serving adults, aged 65 and older, in Region II (Arlington, the City of Alexandria, Fairfax, Loudoun and Prince William Counties). The program began in 2008 and supports the discharge of Northern Virginia individuals who are currently psychiatrically hospitalized at Piedmont State Hospital or other local or state psychiatric hospitals or who are at risk of psychiatric hospitalization due to symptoms of mental illness or dementia with challenging behaviors. The program provides intensive, wraparound multidisciplinary mental health treatment to older adults to remain safely in their community setting. The program incorporates evidenced based practices including Integrated Collaborative Care: a team approach involving the individual, psychiatric care,

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2018 WINNERS

First Place ($5,000): Rebuilding Together Arlington/Fairfax/Falls Church has developed a new delivery system called Rebuilding Together Express to make home modifications and repairs to help many more low-income seniors age in place in their homes. For the past 29 years, Rebuilding Together-AFF has mobilized scores of community partners and hundreds of volunteers each year to make health and safety repairs at no charge to low-income homeowners. But so many older homeowners' need for limited repairs and home modifications to age in place far outstripped capacity to respond. Similar to the supermarket express lane, Rebuilding Together Express offers much faster service for "fewer items." Small teams of 4-5 volunteers typically work 4-5 hours on each home and spend about $400 - $500 for materials to correct 30 health and safety hazards common in older homes. Fall safety is a top priority, with grab bars, double stair rails, comfort-height toilets, and brighter lighting leading the list of repairs. But Rebuilding Together Express also addresses fire safety, security, moisture and ventilation problems, and energy upgrades. Rebuilding Together Express teams completed 35 homes in 2017. Camaraderie among volunteers is steadily increasing their ranks and building capacity will be for at least 50 homes in 2018.

Second Place ($3,000): The Caregivers Community Network (CCN) is a collaborative effort between Valley Program for Aging Services (VPAS) and James Madison University's Institute for Innovation in Health and Human Services (JMU-IIHHS). It is the only program in the state of Virginia which pairs college students with caregiving families to provide intergenerational care and in-home caregiver respite. Students enroll in Issues and Applications of Family Care Giving: Interprofessional Perspectives which is the elective course affiliated with CCN. They are trained to work with older adults, especially those who are frail and who have cognitive impairments. Students are paired and spend 3 hours each week in local homes where they offer respite to caregivers. They work closely with each family to determine the needs and interests of the care recipient, and they plan activities accordingly. While many of our students are nursing and health science majors, CCN's work is a non-medical model and is based on the social and emotional aspects of care.

Third Place ($2,000): The Dementia Care Coordination Program is a model integrated and coordinated care system for individuals with dementia and their caregivers undertaken in partnership between the Jefferson Area Board for Aging (JABA), the University of Virginia's Memory and Aging Care Clinic (MACC), and DARS. The partners developed this program with the aim of creating a replicable best practice for dementia care coordination in Virginia. Individuals with a recent diagnosis of a neurodegenerative process causing dementia (such as Alzheimer's disease) or Mild Cognitive Impairment are eligible for the program. JABA and MACC each hired a Care Coordinator (CC) with backgrounds in health, social work or nursing, and experience in aging, medical or mental health. A comprehensive 30-hour training program was developed using

existing materials available through the Commonwealth of Virginia (alzpossible.org) and the Alzheimer's Association and others. In addition, CCs are certified as Options Counselors under Virginia standards and utilize the statewide No Wrong Door (NWD) tool. CCs provide coordinated care including options counseling, education on dementia, behavioral symptom management training and expert consultation, and eligibility assistance. Both CCs are embedded in the MACC and work in partnership with the interdisciplinary care team.

2018 HONORABLE MENTIONS

The Council gave honorable mentions to the following organizations:

- RVA Reassurance Roundtable of metro Richmond, including: Commonwealth Catholic Charities; Jewish Family Services; Senior Connections, Capital Area Agency on Aging; FeedMore; Office of the Senior Advocate – Chesterfield and Henrico counties and the City of Richmond; VCU Health's Geriatric and Continuum Services; Shepherd's Center of Richmond; Better Housing Coalition; Hanover County Resources; and Greater Richmond Age Wave
- Riverside Center for Excellence in Aging and Lifelong Health, Williamsburg, for Microlearning: Little Message with a Big Impact
- Loudoun County Area Agency on Aging, for its Caregiver Program

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2019 WINNERS

First Place Award ($5,000): GrandInvolve brings older adults into Fairfax County's Title I Elementary Schools to volunteer in individual classrooms, offering their skills and talents to work directly with students. GrandInvolve volunteers regularly work in their assigned schools and engage in a variety of helpful activities designed by the teachers. They work directly with students either individually or in small groups. They assist with reading and math, material preparation, library services, mentoring, kindergarten readiness and after school programs. They frequently assist with evening activities. All these activities support the goal of improving school success for Fairfax County Public Schools (FCPS) students. Each school which hosts the GrandInvolve program provides a staff member (usually a guidance counselor) who places each volunteer with a teacher after interviewing the volunteer, and surveying the teachers. Once placed, volunteers come at least once a week for several hours. The volunteer returns to the same classroom each time they visit and their volunteer hours are tracked by the front office. Each school has a lead volunteer – called a School Action Team Volunteer – who works within the surrounding community, recruiting volunteers and setting up partnerships which benefit school goals. GrandInvolve leadership teams have developed plans to expand to all 50 Title 1 Schools in the County by 2024. There are currently 160 GrandInvolve volunteers in 18 schools in classrooms of about 25 students.

Second Place Award ($3,000): The Hampton Roads division of Senior Living Guide is excited to announce **The Legacy Sessions**, a new project designed to promote understanding and appreciation for our senior citizen population. Thirty two theater students from Salem High School met with 32 senior residents at Marian Manor Assisted Living in Virginia Beach over the period of three separate visits in November and December of last year. The high school students interviewed the seniors on their philosophies and accomplishments in life. Their observations culminated in a program at Salem High School on December 17, 2018. During this time, the students presented monologues as if they themselves were the senior speaking about their life to the audience. The participating seniors from Marian Manor were in attendance and treated to instrumental music, caroling, and holiday hors d'oeurvres all performed and prepared by instrumental, vocal and culinary students at Salem High School. A visual arts department senior student designed the logo and marketing poster.

Third Place Award ($2,000): Senior Connections is actively involved in the effort to help prevent readmissions with a **Care Transitions Program** in many hospitals within our region with the goal of intervening while the patient is still in the hospital, and continues in the home providing needed resources and support for both the newly released patient and when present, their caregiver. The evidence-based Coleman Coaching Model – Eric Coleman, MD, MPH, and team, University of Colorado Health Services Center - is used to support discharged residents to remain

in their homes, while also serving as a link to our agency's services. By using the Coleman Coaching Model, the coaches are able to encourage the discharged patient to reconcile medication, set a 30-day goal, start of list of questions for the physician and identify red flags to allow him/her and any caregiver assistance to react sooner to avoid another hospital stay. The Coaches also have the opportunity to help the discharged resident access other needed support services through the area agency on aging. She/he might also benefit from home delivery of meals, prescription procedures, and assistance with planning finances and budgets. In addition, Senior Connections can connect him/her to other community resources through programs such as Friendship Cafes that offer nutritional and social aspects of a long-range plan. Thus he/she remains socially connected, an additional health benefit.

2019 HONORABLE MENTIONS

- **Fairfax County Neighborhood and Community Services (NCS) for its Senior Center Inclusion Services**, which provides support for people of all abilities to participate in activities within 14 NCS Senior Centers. This program has become a change agent in transforming the Senior Center community in Fairfax County to operate with more inclusiveness for people with disabilities.
- **Peninsula Agency on Aging for its Memory Café**, which provides much needed socialization opportunities for individuals with dementia and their caregivers/partners. The Memory Café is currently offered twice monthly at two locations in Williamsburg and attracts approximately 15-20 individuals and their caregiver/partner each session. In 2019, the program will expand to include offerings in the Hampton/Newport News area.
- **Jefferson Area Board for Aging (JABA) for its Open Enrollment Insurance Counselling Mobile Unit**, which brings JABA's highly trained volunteer insurance counselors to community hubs in rural areas during the annual Medicare Open Enrollment period. The number of rural seniors served between 2015 (year before Mobile Unit began) and 2018 grew from 307 to 819, a 266% increase. JABA plans to continue to expand the Mobile Unit's reach in future years.
- **Appalachian Agency for Senior Citizens (AASC) for its Generations Intergenerational Day Center**, which serves children as young as 6 weeks old to seniors over 90 years of age. Generations Intergenerational Day Center offers children the opportunity to take part in carefully selected, supervised activities with senior citizens.