



## **Arlington in 2030 – A Livable Community for All**

### **Elder Readiness Plan**

December 2006

### **Part II: Recommendations of the Elder Readiness Task Force**

**Crosscutting and Implementation Recommendations**

**GOAL: Arlington enables its aging population to have equal access to Arlington’s array of housing, transportation, recreation, health care and lifestyle choices so that they can continue to contribute and remain valued members of the community as long as possible.**

**OVERVIEW: Increased communication between agencies, providers and consumers, and increased use of volunteers are needed in all areas to achieve an elder-ready community.**

**Strategy #1: Enhance communications on elder issues, programs and services.**

#	Recommendation	Results	Lead Agency & Others	Timeframe
C-1	Develop and implement a communication plan to educate the community on existing services and how to plan for needs as people age (e.g., housing, leisure, services and health, universal design) through workshops, brochures, videos, libraries, one-on-one counseling, etc.	Communication Plan developed and implemented. Public is well informed and knowledgeable about services and how to plan for their needs as they age.	AAA, CMO, designated position	Short-term
C-2	Designate a County position to serve as a communications specialist for aging services and issues; serve as liaison among agencies.	Positive user evaluation of materials/services.	AAA	Short-term
C-3	Designate a person in each agency responsible for being informed on aging issues; serve as internal advocate for elders’ needs and incorporate aging issues into agency planning; review publications/policies with an eye toward elders. Representatives to meet as an interagency group for ongoing planning and to develop a menu of activities and services.	Elder issues are incorporated in departmental plans. Publications, services and facilities are easily used by elders.	CMO, County Department Directors	Short-term

C-4	Ensure cultural diversity in programs and materials developed as a result of the Task Force, including more non-English publications and use of AT&T language line by all departments and County funded services.	Increased participation by diverse population groups in programs.	All implementing programs; designated non-profit agency	Short-term
C-5	Provide in-service training to County staff related to specialized needs of those elders with declining capacities.	Increased knowledge of elder needs by County staff.	DHR	Short-term
C-6	Use cable TV channels to design and target programming to Arlington elders.	Arlington elders have access to a primary communications venue.	CMO	Mid-term
<b>Strategy # 2: Expand services through use of trained volunteers.</b>				
<b>#</b>	<b>Recommendation</b>	<b>Results</b>	<b>Lead Agency &amp; Others</b>	<b>Timeframe</b>
C-7	Provide a Volunteer Coordinator to recruit, train and supervise a cadre of volunteers for general services to elders. New services could include assessing home safety.	Increased services, community involvement, and greater knowledge of programs elders could be using.	Designated non-profit agency.	Mid-term
C-8	Foster intergenerational activities, e.g. community service by teens at nursing homes, shoveling snow for elders.	Increased services to elders and increased involvement of school children with elders.	Schools community services coordinator	Mid-term
	DHR = Department of Human Resources			
<b>Strategy # 3: Implement the Task Force recommendations.</b>				
<b>#</b>	<b>Recommendation</b>	<b>Results</b>	<b>Lead Agency &amp; Others</b>	<b>Timeframe</b>
C-9	Identify the Commission on Aging (CoA) as the lead to monitor implementation of this Plan and advocate for desired programs.	CoA identifies & pursues action steps to implement recommendations; tracks progress.	County Board	December 2006

C-10	Identify or create a non-profit agency whose mission is to ensure Arlington is an elder-friendly community. This 501(c) (3) entity would provide services and include a fund-raising arm, and a volunteer component.	Non-profit agency identified or created.	AAA, ADSD, PRCR, ACF	Short-term
C-11	Fund a position responsible for implementation of this Plan.	Position funded; plan adjusted as needed and implemented.	County Board	
C-12	Prepare an annual report.	Community is updated on the progress of this plan.	Designated staff	Ongoing
AAA = Agency on Aging; ACCF = Arlington County Civic Federation; ACF = Arlington Community Foundation; ADSD = Aging and Disability Services Division; AIC = Arlington Interfaith Council; CoA = Commission on Aging; PRCR = Parks, Recreation and Cultural Resources				

<b>Housing</b>				
<b>GOAL: Provide affordable, appropriate and accessible housing options.</b>				
<b>OVERVIEW: Arlington should prepare for the variety of housing options that will be needed by the greatly increased number of elders, utilizing existing housing resources when possible. Options for middle-income elders are presently non-existent and improvements are needed to the quality of service in long-term care residences.</b>				
<b>Strategy #1: Provide a range of housing choices serving a range of income levels.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
H-1	Identify selected elevator buildings with high concentrations of older residents to host a “concierge service” to allow elders to age in place. Make this information and linkage service available to all building residents irrespective of age, to both eliminate potential stigma and make service delivery more cost-effective. Services to which residents are referred may be available on a sliding-scale fee.	Increased use of services by elders in participating buildings.	ADSD, CoA, HD, designated non-profit agency.	Short-term
A concierge (supportive services coordinator) would provide information about and linkage to public and private services.				
H-2	Encourage neighborhood associations with high concentrations of elders to implement “neighbor watching out for neighbor.”	Increase in elders receiving neighborhood support.	NCAC	Mid term
H-3	Develop an assisted living residence at Oak Springs for persons over age 50 with mental or cognitive disabilities. Assisted living residence begins operation by December 2008.	Improved quality of life for persons age 50 and over with mental or cognitive disabilities.	ADSD, VOA	Short-term

H-4	Facilitate the establishment of service coordinators in HUD financed independent living facilities for elders.	Increased use of services by elders in participating buildings, increasing independence.	ADSD, Owners of HUD assisted residences	Mid term
H-5	Raise the asset limit in the Housing Grants program from \$35,000 to \$200,000, bringing more comparability of eligibility between owners and renters.	Renter households with assets above \$35,000 added to the Housing Grants program and enabled to remain in their homes.	EID, HC, CoA	Short-term
H-6	Amend the Zoning Ordinance to apply its Affordable Housing requirements to new construction Continuing Care Retirement Communities to provide units for low and moderate income elders.	CCRC units available in Arlington to low and moderate income elders.	PC, HC, CPHD, ADSD	Short-term
H-7	Encourage the development of Accessory Units (AUs) and co-housing options by amending the Zoning Ordinance.	Increased housing options for elders. Increased number of elders enabled to remain in homes of their choice.	CPHD, PC, HC; HD, ADSD	Mid-term
An Accessory Unit (AU) is a separate living unit (containing both a separate kitchen and bath) in or on the property of a single-family residence, e.g. English basements, garage units.				
Co-housing would allow 6-8 elders to live as a community, with community meals and socialization opportunities but separate living space (with a full bathroom and limited kitchen facilities). See <a href="http://www.cohousing.org/overview.aspx">http://www.cohousing.org/overview.aspx</a> for more information.				
ADSD Aging and Disability Services Division; CPHD = Department of Community Planning, Housing and Development; EID = DHS Economic Independence Division; DHS = Department of Human Services; HC = Housing Commission; VOA = Volunteers of America; PC = Planning Commission; NCAC = Neighborhood Community Advisory Council				
<b>Strategy #2 Encourage provision of a safe and accessible environment.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
H-8	Include information on visitability and universal design in the County’s overall communication campaign and building code information.	Information on visitability and universal design disseminated. Increase in accessible design features in homes and private/public facilities.	CoA, CDCAC, DP, AAA, CPHD	Short-term

H-9	Develop a checklist of desirable accessibility features (with emphasis on no-cost/low cost adaptations) for different types of structures (single-family homes, apartments, office buildings, retail space). Develop set of standards for accessibility (similar to LEEDs “green building” standards) for use by development professionals.	a. Public is aware of universal design features, visitability, home modification options. b. Developers and other professionals utilize universal design features.	CPHD, DAC, CoA	Short-term
H-10	Review private site plans and plans for new County facilities, parks and pools for accessibility beyond those required by the ADA, with the intent to provide recommendations for increased accessibility.	Increase in easier access and use of private and public spaces by all.	DES, DAC, CoA	Mid-term
H-11	Involve mortgage lenders in providing incentives for inclusion of visitability and universal design features in new homes or homes being rehabilitated.	Loan incentives offered. Increase in accessible design features in homes and private/public facilities.	Mortgage lenders, HD, HC, ADSD	Short-term
H-12	Encourage mixed-use development with high quality pedestrian environments; provide neighborhood uses and public space design that elders can use independently.	Increase in accessible public space environments.	CPHD, DES, PC	Short-term
H-13	Promote inclusion of elder-friendly design features in “green” buildings (e.g., acoustics).	Increase in accessible design features in “green” buildings.	CPHD, DES, PC	Mid-term
CMO = County Manager Office; DAC = Disability Advisory Committee; TBD = To be determined				

**Strategy #3: Enhance the living environment for elders in Long Term Care Residences (LTCRs).**

#	Recommendation	Results	Lead Agency & Others	Timeframe
H-14	Establish a regional family council to serve residents of nursing homes and assisted living residences, thus promoting community involvement in LTCRs.	Increased number of LTCR family councils; increased support for LTCR family councils, leading to improved LTCR quality of care.	ADSD, LTCR Commission, Ombudsman	Short-term
H-15	Develop a pilot program with a nursing home to	Development of LTCR	ADSD, LTCR	Mid-Term

	facilitate a culture change to provide more resident-centered care.	practices focused on resident-centered care in nursing homes; improved quality of care.	Commission, Ombudsman	
H-16	Develop a mechanism for emergency service personnel to report areas of concern identified at LTCRs to the LTCR Commission.	Resident care problems at LTCRs identified, facilitating action by LTCR Commission; improved quality of care.	LTCR Comm, ADSD, OEM, Police, Fire Department, Ombudsman	Short-term
H-17	Develop and fund a model program for provision of special services (e.g. mental health, recreation) at LTCRs.	Improved quality of care and quality of life for LTCR residents.	ADSD, LTCR Commission, Ombudsman	Mid-term
LTCR = Long Term Care Residence (LTCRs include nursing home, assisted living facilities, and senior independent living facilities.); OEM = County Office of Emergency Management; Omb = Northern Virginia Long Term Care Ombudsman				



<b>Supportive Services and Health Care</b>				
<b>GOAL: Ensure access to key supportive and health services.</b>				
<b>OVERVIEW: A variety of supports are needed to allow persons with physical and/or cognitive impairments to live in the home of their choice with safety. In addition to meeting the strong preference for elders to live at home, remaining in the community reduces demand for assisted living and nursing homes.</b>				
<b>Strategy #1: Enhance access to the array of community based services needed by elders with declining physical and or cognitive abilities.</b>				
	<b>Recommendation</b>	<b>Results</b>	<b>Lead Agency &amp; Others</b>	<b>Timeframe</b>
SS-1	Encourage faith-based groups, civic associations and service clubs to develop senior ministries or senior outreach programs, including friendly visiting.	<ul style="list-style-type: none"> <li>a. Senior ministries established at 5 congregations.</li> <li>b. Senior outreach programs established by 5 civic associations and/or service clubs.</li> <li>c. Training provided by ADSD.</li> <li>d. Increased number of elders receiving community support.</li> </ul>	<ul style="list-style-type: none"> <li>a. Non-profit agency, OSAP, AIC and its members.</li> <li>b. Non-profit agency, Civic Federation, service clubs</li> <li>c. ADSD/OSAP</li> </ul>	Mid-term

SS-2	Provide regular assessment and monitoring for elders who have long-term care management needs and neither meet the Va DSS income eligibility guidelines or have sufficient funds to pay for a private geriatric care manager.	Increase number of elders who have care management to enable them to remain in their homes as long as feasible.	ADSD, non-profit agency	Mid-term
SS-3	Expand in-home services to facilitate more elders' capacity to remain in the residence of their choice, including homemaker/personal care service, availability of 7-day-per-week visits for medication administration; subsidized emergency alert systems; minor home repairs; handyman, cleaning and chore services.	Decrease in number of elders, a) living in unsafe situations, or b) having to move from Arlington, or c) moving to care facilities.	ADSD, non-profit agency	Mid and long term
SS-4	Open Walter Reed Adult Day Health Care program and provide subsidies on a sliding scale for low income participants by February 2007.	Increase in number of elders receiving services, and at Walter Reed.	ADSD	Short term
SS-5	Create a program that uses staff to offer a range of options for surrogate decision-making for incapacitated adults.	Increase availability of guardians, conservators, representative payees, agents under health and financial powers of attorney	ADSD, non-profit agency	Short-term
SS-6	Use assistive technologies (AT) to foster elder's independence; make occupational therapy assessments available to people with declining physical and/or cognitive capacities. Provide AT and assessments on a sliding fee scale.	Increased use of technological innovations.	ADSD, OSAP, non-profit agency	Mid-term
SS-7	Enhance geriatric mental health resources to serve elders where they live, at home, in assisted living residences or nursing homes; provide psychiatric hospitalization in Northern Virginia.	Increased number of elders receiving mental health support services in the community.	DHS - ADSD, & Behavioral Health	Short-term
SS-8	Develop an in-home substance abuse program that serves older adults plus outreach to identify clients who cannot come to treatment centers.	Increased number of elders receiving substance abuse services.	DHS Behavioral Health	Short-term
SS-9	Support the development of Northern Virginia PACE	Increased number of elders	Fairfax County,	Mid-term

	(Program of All Inclusive Care of the Elderly) sites to provide another alternative to institutional care.	receiving services in non-institutional setting.	ADSD	
<b>Strategy #2: Increase the safety and independence of elders living at home.</b>				
	<b>Recommendation</b>	<b>Results</b>	<b>Lead Agency &amp; Others</b>	<b>Timeframe</b>
SS-10	Expand availability and affordability of emergency alert systems, such as Life-Line, cell phone programs, the "Vial of Life". Combine with electronic health records as these become available.	Increased use of emergency alert systems.	Hospitals, EMS, ADSD, non-profit agency	Short-term
SS-11	Use trained volunteers to offer safety checks of the home and accessibility features; counsel residents on what to do in an emergency.	Reduce injuries that lead to premature institutionalization.	SALT Council Fire Department, non-profit agency, hospital	Short-term

## Transportation

**GOAL: Ensure accessible, affordable, reliable, safe transportation.**

**OVERVIEW: Increased Transportation options are essential to maintain the independence and self-sufficiency that are so highly valued by elders, that enable them to contribute to the community and that postpone their institutionalization.**

### Strategy #1: Provide flexible alternatives to the single-occupancy-vehicle (SOV) trips.

#	Recommendation	Results	Lead Agency & Others	Timeframe
T-1	Expand paratransit options, including basic STAR service to include service for persons with temporary disabilities, door-to-door assistance, and subsidies for low-income persons.	Increased use of paratransit services.	DES	Short-term
T-2	Resume STAR same-day service.	Meet unscheduled needs.	DES, Arlington Transit	Mid-term
T-3	Improve MetroAccess certification process.	Meet 21-day requirement.	DES, WMATA	Short-term
T-4	Encourage use of bicycles by providing covered bike parking storage, bike routes to shopping areas and bike racks at destinations; identify "safe routes."	Increased use of bicycles by elders.	DES	Mid-term
T-5	Provide alternatives to car ownership by expanding marketing of "car-share" programs to elders.	Increased use of car share programs by elders	DES	Short-term

### Strategy #2: Attract more people to use transit more often by providing easy-to-use service where and when it's needed.

#	Recommendation	Results	Lead Agency & Others	Timeframe
T-6	<ul style="list-style-type: none"> <li>• Improve the transit experience               <ul style="list-style-type: none"> <li>— Utilize low-floor, no-step vehicles on all routes, (particularly in areas of high elder populations)</li> <li>— Expand use of Smartrip Cards to ART &amp; other</li> </ul> </li> </ul>	Increased use of buses by elders. Increased positive evaluation of transit experiences by elders.	DES	Mid-term

	<p>service providers.</p> <ul style="list-style-type: none"> <li>— Expand installation of bus shelters w/benches with armrests at appropriate heights.</li> <li>— Provide easier to read maps &amp; schedules, (e.g. larger print).</li> <li>— Provide one-on-one training to prospective new users of transit service.</li> <li>— Target driver training for elder-specific issues.</li> <li>— Target driver training for elders</li> <li>— Market transit options directly to seniors, including all promotional materials.</li> </ul>			
<b>Strategy #3: Create unitary resource center for transportation assistance.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
T-7	Create a one-stop-shop for information about and linkage to public and private transportation services, e.g. navigate system on behalf of resident.	Increased use of public and private transportation services by elders.	DES, ADSD	Mid-term
T-8	Establish a mobility management program, i.e., help elders assess their abilities and need for transportation service and assist them to access available service; explore feasibility of the STAR call center filling this role.	Increased use of transportation services by elders.	DES, ADSD, Arlington Transit	Mid-term
<b>Strategy #4: Continue to improve walkability.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
T-9	<ul style="list-style-type: none"> <li>• Expand use of accessibility-enhancement technologies, such as:                             <ul style="list-style-type: none"> <li>— Count-down pedestrian signals,</li> <li>— Audible/tactile alerts,</li> <li>— ADA compliant curb ramps, using up to date VDOT standards,</li> </ul> </li> </ul>	Increase in elder-friendly pedestrian environments.	DES, CPHD	

	<ul style="list-style-type: none"> <li>— ADA compliant, smooth &amp; level walking surfaces on sidewalks,</li> <li>• Expand implementation of 6-ft. min. sidewalk clear-zones (5 Ft min. in single family residential areas),</li> <li>• Require vehicular and pedestrian connectivity of street networks,</li> <li>• Expand pedestrian oriented development standards to all parts of the County,</li> <li>• Upgrade deficient streetscapes including sidewalks, crosswalks, streetlights,</li> <li>• Reinforce safe pedestrian design practices, e.g., using pedestrian friendly walking surfaces</li> </ul>			
T-10	Educate pedestrians on safe methods for crossing streets and educate drivers on proper behavior around pedestrians.	Reduction in pedestrian injuries.	DES, ADSD	Short term
<b>Strategy #5: Ensure safer older drivers.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
T-11	Advertise existing driver training courses and make self-assessment tools available.	Increased use by elders.	AAA, AARP	Short-term
T-12	Offer guidance for older drivers in selecting appropriate vehicles and assistive technology.	Positive evaluation by elders of service.	AAA, AARP	Short-term
T-13	Publicize availability of DMV specialized testing for driver skills, capacity and judgment.	Increased use of specialized testing by elders.	DES, PRCR, ADSD, Police	Short-term

<b>Community Involvement</b>				
<b>GOAL:</b> Encourage participation in civic, cultural, educational, social and recreational activities.				
<b>OVERVIEW:</b> Continued and increased participation in community activities will improve the physical and mental health of older persons and elders' contributions and voluntarism will enrich the community.				
<b>Strategy #1:</b> Seniors will have a variety of ways to connect with their communities, including civic engagement and social opportunities.				
#	Recommendation	Results	Lead Agency & Others	Timeframe
CI-1	Enhance appeal and relevance of senior centers with signage, staffing, up-to-date facilities and furnishings for effective use by elders.	Increased participation of elders in senior center activities.	OSAP	Short-term
CI -2	Designate staff to provide "one stop" access at senior centers to community services, including internet resources, regular visits from a) mental health specialists, b) information and referral counselors, c) volunteer matching coordinators and d) employment counselors.	Access to services through senior centers. Increased employment and volunteer placement opportunities.	OSAP, ADSD, DHS Offices of Employment and Volunteer Coordination	Short-term
CI-3	Develop plan to provide transition assistance to newly- or nearly-retired adults, especially on volunteer or civic activities.	Increase in mid-life adults and elders finding new community roles.	Senior Centers, Employment and Volunteer offices, public schools, colleges	Short-term

<p>CI-4</p>	<p>Identify ways of using elders' wisdom and experience as positive resources for problem solving and creative change.</p>	<p>More use of seniors as resources to address community needs.</p>	<p>Wisdom Works/OSAP Volunteer &amp; Employment Centers, Arlington Learning in Retirement (ALRI)</p>	<p>Short-term</p>
<p>CI-5</p>	<p>Highlight the use of libraries as a resource for elder information, e.g., information kiosks.</p>	<p>Increased access to information through Libraries.</p>	<p>Libraries</p>	<p>Short-term</p>



<b>Legislative Initiatives</b>				
<b>GOAL: Pursue legislative and regulatory changes to ensure availability of appropriate programs and services to meet elder needs.</b>				
<b>OVERVIEW:</b> Certain legislative changes are necessary to achieve access to and quality of institutions and services, since these often depend on federal and/or state requirements and financial assistance.				
<b>Strategy #1: Improve quality of care in nursing and rehabilitation centers.</b>				
#	Recommendation	Results	Lead Agency & Others	Timeframe
L-1	Revise Virginia’s Medicaid criteria for admission to nursing homes – currently the most stringent in the nation.	Increased number of elders eligible for nursing home care and community-based waiver care under Medicaid.	ADSD, LTCR Commission, CoA, CMO, NVAN, LTC Ombudsman, DMAS	Long-term
L-2	Increase Medicaid payments to providers for purpose of raising pay to direct care workers to promote staff retention.	Decrease in nursing home direct care staff turnover; improved ability to attract qualified staff; improved quality of care.	ADSD, LTCR Commission, CoA, CMO, NVAN, DMAS	Long-term
L-3	Enact state staffing standards and enhanced mandatory training requirements for LTCRs.	Increase in staff capacity to meet needs of nursing home residents; improved quality of care.	ADSD, LTCR Commission, CoA, CMO, NVAN, LTC Ombudsman, DMAS	Long-term
DMAS = Virginia Department of Medical Assistance Services; NVAN = Northern Virginia Aging Network				

<b>Strategy #2: Assist elders to avoid or delay institutionalization.</b>				
L-4	Increase Medicaid payments to providers of community based waived services, e.g., adult day health care, personal care.	Decrease in turnover of community based care staff; improved ability to attract qualified staff; improved quality of care.	ADSD, LTCR Commission, CMO, CoA, NVAN, DMAS	Long-term
L-5	Raise the Medicaid personal maintenance allowance from 165% of Supplemental Security Income (SSI) to 300% of SSI.	Increase in number of nursing home eligible persons enabled to live at home	ADSD, LTCR Commission, CMO, CoA, NVAN, DMAS	Long-term
L-6	Provide points in awarding of tax credits for the use of universal design features in single family and multifamily construction.	Increase in number of single family and multi-family facilities with universal design features.	CoA, NVAN, HD, VHDA	Long-term
<b>Strategy #3: Encourage purchase of long-term care insurance.</b>				
	Recommendation	Results	Lead Agency & Others	Timeframe
L-7	Support Virginia's participation in the Long-term Care Insurance Partnership as provided in Deficit Reduction Act of 2005.	Assure individual's access to community and/or facility based long-term care. Preserve Medicaid for individuals without other options.	ADSD, LTCR Commission, CMO, CoA, NVAN, DMAS	Short-term
<b>Strategy #4: Facilitate the development of assisted living residences.</b>				
	Recommendation	Results	Lead Agency & Others	Timeframe
L-8	Raise the state payment for assisted living (auxiliary grant) to an adequate level.	Increase in number of low-income persons using assisted living services in Arlington (or Northern Virginia).	ADSD, LTCR Commission, CMO, CoA, NVAN	Long-term
L-9	Pursue elimination of the requirement in federal	Avoid building of kitchens	ADSD, HD,	Mid-term

	regulations pertaining to HUD subsidies that units in assisted living facilities have full kitchens.	that are not used and are dangerous to residents. Requirement eliminated.	CMO, CoA, NVAN	
HUD = U.S. Department of Housing and Urban Development				