

MINUTES
BARONS SOUTH COMMITTEE
APRIL 15, 2011
Minutes revised May 3, 2011

The meeting of the Barons South Committee was called to order at approximately 9:30 AM by Steve Daniels Co-Chair

In Attendance:

Steve Daniels – Co-Chair
Marty Hauhuth – Co-Chair
Barbara Butler
Jo Fuchs-Luscombe
Rev. Ed Horne
Sharon Rosen
Yvonne Senturia
John Thompson
Paul Van Orden
Ken Bernard
Gail Kelly, Assistant Town Attorney
Shelly Kassen, Selectwoman

Planning and Zoning: Shelly announced that a straw vote was conducted and the results were 5-2 in favor of the text amendment.

Board of Finance: Appraisal was set aside as members of the finance board do not see the point of investing in an appraisal at this point. They should re-visit this issue perhaps at the time of an RFP.

Jewish Home Visit: The group who attended the visit will pool their notes and prepare a written outline of the experience and insights. We need to refine out key questions for visits to other facilities. Yvonne stated that she was going to have a meeting with the director of The Greens at Wilton and a follow up visit to JHE on May 5, 2011.

Yvonne Senturia's Literature Review Presentation: The following is a brief outline of key points discussed.

1. State of Connecticut – The State's direction in long term care is for individuals to age in place. This focus is based on public health and fiscal policy. Money Follows the Person (MFP) is a demonstration project to allow institutionalized individuals to return to the community. CT Home Care Program for Elders (CTHCPE) is a diversion program; funds that would otherwise be used to pay nursing facilities are used to keep individuals at home. This is a waiver program and individuals must meet both a financial as well as a functional test.

In 2008, 3,529 people discontinued their participation in MFP and 49% of those went into long term care. The primary reasons were needing more services than could be provided at home (such as 24 hour supervision), family request for nursing home placement, need for personal care assistance, inadequate affordable, accessible supportive housing, dementia and other behavioral issues. According to agencies there was inadequate or no available informal support, difficulty finding and coordinating community based services, and need for intermediate levels of care, mental health services, and assisted transportation.

2. Affordable Housing with Services. Independent senior housing organized to meet changing needs. Not congregate housing but supportive services available on a voluntary basis when needed and wanted. This is the future of senior housing.

3. Definition of Facilities for Seniors- from SWCAA website. www.swcaa.org

a. Skilled Nursing Facility: A place of residence for people who require constant nursing care and have significant deficits with activities of daily living. Payment source – Medicare, Medicaid, LTC insurance or Private Pay depending on facility.

b. Assisted Living Facility: A place of residence which provides supervision or assistance with activities of daily living, coordinates services by outside health care providers, and monitors residents' activities to help to ensure health, safety and well being. Assistance by the facility may include administration or supervision of medication and/or personal care needs. All meals and activities are provided by the facility. Majority of AL is private pay.

c. Independent Retirement Housing: This type of housing refers to any housing arrangement designed for seniors who do not need daily assistance with medical or personal care. All these facilities require any medical or personal care services to be provided by local visiting nurse or homecare agencies. This type of housing can be for profit, subsidized or municipal housing for low-income seniors. In addition, there are cooperative or condominium living as well.

d. Congregate Senior Housing: As defined by the State of Connecticut, Congregate Housing for the Elderly must provide at least one meal per day in a communal setting, housekeeping and 24-hour security. Each resident must have an apartment with a kitchen and bath. Some congregate housing has staff to assist in accessing home care services if needed. There are age and income requirements for congregate housing.

e. Residential Care Home: An institution with personnel that can provide meals, shelter and laundry for two or more unrelated people. In addition, there must be personal who can provide services that do not require training or skills of a licensed professional caregiver. These services may include assistance with bathing, dressing and supervision of medications which are self administered. They are licensed care homes.

f. Senior Subsidized Housing: Rental housing where residents can receive subsidies to reduce the rental costs. The subsidies can be from the state or federal government or from endowments. There are income and age requirements to be eligible. These are basically independent senior housing. An example is Kingsway in Norwalk.

4. Affordable Senior Housing with Services: Independent senior rental housing, purposefully organized to meet residents changing needs for assistance and supportive services available on a voluntary basis when they need them and when they want them. This helps to preserve resident autonomy and independence, and offers economies of scale in the targeting and delivery of services. Often can rely on existing infrastructure of already developed service networks. Home health agency may be part of the LTC facility with a wellness service program through the Center. Several existing communities (housing plus services) within driving distance to visit.

6. Skilled Nursing Facilities: It is becoming a national movement to move away from the medical model to more person directed care, and creating environments that feel more home-like than institutional. Direction of skilled nursing care is going toward the small house or household model. The Green House model is a trade marked concept within the framework of the small house model.

7. Essential Elements of the Greenhouse Model:

- a. Physical Structure: Small, private rooms and bathrooms with access to outdoors.
- b. Dining at one table with staff and residents eating together. Kitchen is available for the residents.
- c. Staffing: Consistent assignments; CNA trained and allowed to do everything with the exception of what a specialist must do. CNAs provide direct care and are a self managed team.
- d. Elder centered care
- e. Normalized engagement
- f. Diverse and stable casemix

Pros:

Individualized and flexible care can be provided with this model.

Better behavioral care provided

Communal eating benefits food intake

Cons:

Social Engagement for those with dementia

There is only one existing urban large scale SNF in the Green House Model. The Leonard Florence Center for Living, Chelsea, MA is a six story 100 bed facility, with ten 7,000 square foot Green Houses. Some are for long term care, some short term rehab, and one for Lou Gehrig patients.

Dr. Nancy Sheehan of UCONN Storrs holds a PhD in Human Development with a focus on residential environments and long term care, as well as senior housing and housing policy. Yvonne has a meeting scheduled with Dr. Sheehan for April 25th.

Final Discussion: We discussed the need for public meeting with community groups and public forums of speakers to the community.

Next meetings 4/28/11 at 4:30 PM
5/6/11 at 9:30 AM
5/20/11 at 9:30 AM

Meeting was adjourned at approximately 11:15 AM

Respectfully submitted:

Sharon H. Rosen