

## ***Balance of Care: Dementia Considerations & Supportive Housing***

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## ***Acknowledgements***

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  - BoC Steering Committee and Expert Panel
  
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## Objectives

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*“To determine the extent to which individuals with cognitive impairment waiting for LTC facility placement in the South West LHIN can age-in-place in the community if given access to a range of health and social care services.”*

**And more specifically:**

*“To determine the extent to which supportive housing impacts favorable outcomes (e.g., good for people and good for the system) for persons with cognitive impairment.”*



## South West BoC Sample Individuals Waiting for LTC Placement

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Cognition	Percentage
Intact	36%
Not Intact	64%
<b>TOTAL</b>	<b>2876</b>



## *Assisted Living*

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- *Assisted Living* in the community can take on different forms across Ontario:
  - Attendant Care
  - Cluster Care
  - Retirement Homes/Domiciliary Care
  - Supportive Housing



## *Perceptions of Assisted Living*

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- BoC Expert Panelists generally perceived Assisted Living, in particular Supportive Housing to be cost-effective options for care in the community due to:
  - Less dedicated staff time for coordination
  - Close proximity (enhances communication and minimizes transportation)
  - Flexibility



## ***Supportive Housing***

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Supportive Housing (SH) looks different across Ontario with *no standard*

- Assessments
- Eligibility requirements
- Intake procedures
- Core basket of services

Therefore difficult to estimate extent to which SH models may be cost-effective alternatives



## ***Dementia & Supportive Housing Options***

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Key Considerations for Dementia Care & SH from South West BoC:

- Divert rates were similar between Community Care Packages and SH Packages yet approaches to care differed
- SH offered very "*rich*" packages:
  - Additional in-home monitoring & meal assists
  - ADP assist and/or substitution
  - Role of the informal caregivers may change
  - Respite




## South West BoC Vignette Examples

Vignette	Cognition	ADL Diff	IADL Diff	Caregiver @ home	% of LTC Waitlist
#21 Upperton	Not Intact	None	Some	Yes	(2.6%)
#22 Vega	Not Intact	None	Some	No	(5.6%)




## South West BoC SH Upperton Vignette

- **Not cognitively intact** but functionally independent in all ADLs (exception – ltd bathing assistance)
- **Some** difficulty using the phone, managing medications & preparing meals 
- **Great** difficulty with transportation & housekeeping
- **Live-in caregiver** (53 % spouse; 42 % adult-child)



## South West BoC SH Vega Vignette

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- **Not cognitively intact** but functionally independent in all ADLs (exception – ltd bathing assistance)
- **No** difficulty using the phone 
- **Some** difficulty managing medications & preparing meals
- **Great** difficulty with transportation & housekeeping
- **No live-in caregiver** (75 % adult-child outside home)



## Dementia Considerations

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**Cognition - Not Intact** defined as:

- Short term memory problems
- In specific situations, decisions become poor or unsafe and cues/supervision necessary at those times
- Difficulty finding words/finishing thoughts but if given enough time little or no prompting is required



## ***How the Conversations Changed for Persons with Dementia***

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- “Low needs” clients with caregivers less likely to be brought onto SH (e.g., Upperton considered like Copper)
- Pre-existing clients in physical and/or cognitive decline would be accommodated where possible (e.g., maintaining pre-established routines with informal caregiver partnering; capacity issues)
- Admittance/maintenance of clients with dementia onto SH dependent on safety (e.g., risk for wandering leaving water running; medication tampering; inappropriate clothing)



## ***Summary***

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- Key Factors that influenced SH care package decisions for persons with dementia include:
  - Presence of a live in caregiver (overnight monitoring)
  - Previous knowledge of the client/routines
  - Consistency of staff
  - Type of setting/environmental design
  - Physical needs of client
  - Ability to manage/accommodate “behaviours”



## *Final Conclusions*

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- The extent to which SH impacts favorable outcomes for persons with cognitive impairment appears largely contingent upon:
  - Regional availability (critical mass)
  - Target population (eligibility criteria & impairment level)
  - Goal(s) of the SH program (rehab; 'til death do us part?)
  - Degree of support / resource capacity (consistency & SKA's)
  - Presence of a caregiver (proximity/ expectations of caregivers)



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## **Thank You** **BoC: Dementia Considerations & Supportive Housing**

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