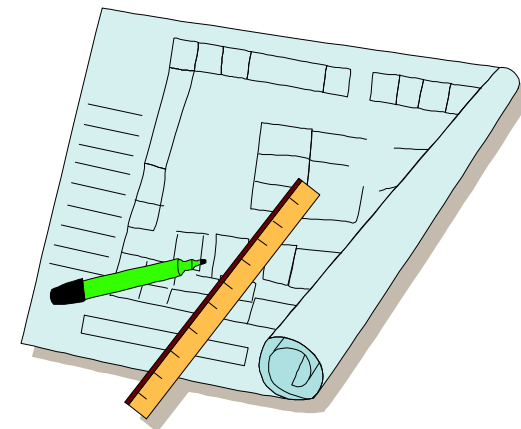


QUALITY OF LIFE IN THE THIRD AGE

Blueprinting

Best Practices

in Transition Planning





Why Blueprinting?

Move to evidence-based practice:

- Build transition-planning best practice on knowledge of service providers
- Define best practice more clearly
- Strengthen support to clientele



Why Transition Planning?

- Historically people died soon after retiring
- Today people are living many years beyond retirement age
- How do we ensure older adults with developmental disabilities enjoy their old age?



OPADD

Transition Planning Blueprint

Informed by:

- A decade of cross sector work
- Innovative projects
- Knowledge exchange
- Transition planning studies



Why Transition Planning to Older Adulthood?

- Aging is more than grey hair and glasses
- Avoid victimization during the aging process
- Maintain Quality of Life

Transition Planning Defined

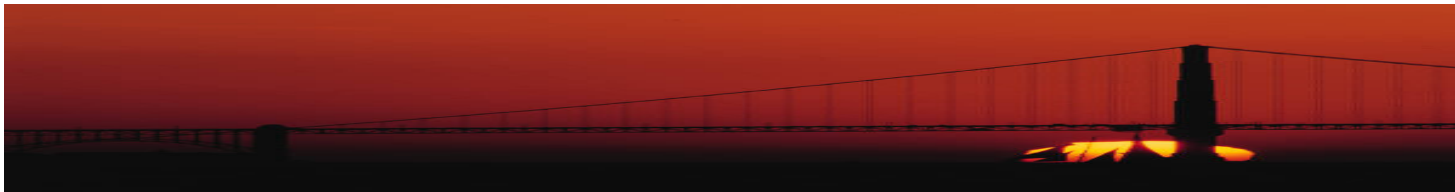
- Transitioning to older adulthood
- A planned process
- Anticipatory
- Adaptive
- Continuous





Transition Planning Defined

Supporting individuals to adapt
to the aging process through
the third and fourth ages of life





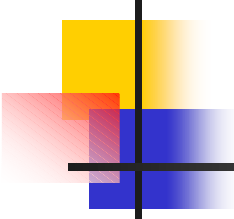
Living Longer - the Life Cycle

- First Age – learning
- Second Age – work/family
- Third Age – living
- Fourth Age - aging



Living Longer – Third Age

- Period between retirement and senescence
- Generally a 30 year span
(55 to 85 years of age)
- Onset and duration varies for individuals



Living Longer – Fourth Age

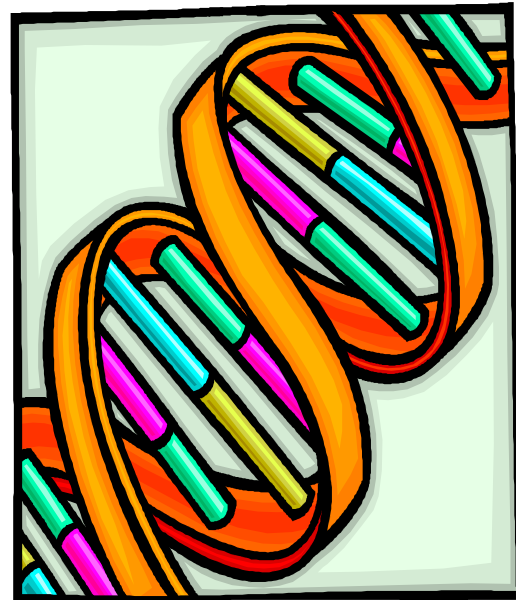
- More marked decline in functioning
- Prevalence of frailty
- Psychological mortality
(loss of identity and sense of control)
- Death



Best Practices in Transition Planning

EIGHT ELEMENTS:

1. Documentation
2. Quality of Life
3. Health Monitoring
4. Training

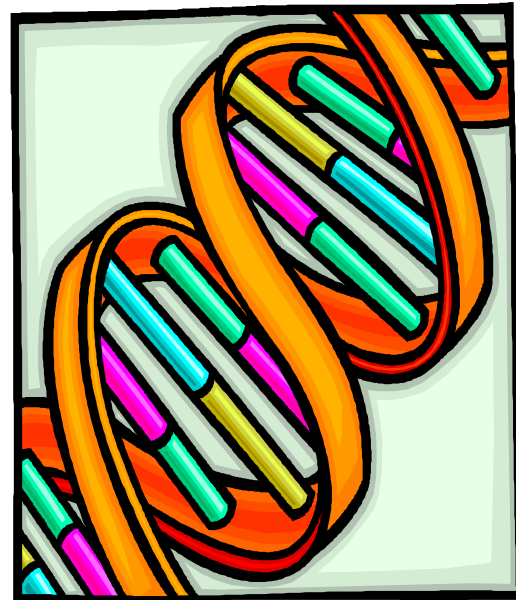




Best Practices in Transition Planning

EIGHT ELEMENTS:

5. Partnerships
6. Advocacy
7. Funding
8. Maintenance





Documentation

Statement of Best Practice

Caregivers supporting adults with a developmental disability implement effective documentation processes to record baseline and age-related changes and maintain a profile of each individual during the aging process



Documentation Checklist

Documentation is based on:

- ✓ A defined process for recording changes
- ✓ A consistent format
- ✓ A clear set of information items



Documentation Checklist

Documentation:

- ✓ Begins prior to onset of visible aging
- ✓ Uses clear criteria to initiate transition planning
- ✓ Creates a baseline for each person



Documentation Best Practice

What others are doing:

a psychosocial assessment is completed regarding the client's social, medical and psychological histories...mental and physical abilities at the time of admission...strengths and needs are identified...



Documentation Best Practice

What others are doing:

We maintain documentation on all of the folks we support...a baseline for each person...against which daily observations are compared



Documentation Best Practice

Building Best Practice:

- ✓ Assess what's in place
- ✓ Identify what's missing
- ✓ Build your documentation practice
- ✓ Test and revise



Quality of Life

Statement of Best Practice

Caregivers supporting adults with a developmental disability use a Quality of Life model that provides perspective on the whole person during the aging process....



Quality of Life

Statement of Best Practice

...Quality of Life frames transition planning in terms of the individual's needs so planning is free of sector boundary issues and inclusion remains a driving force throughout the life cycle



One Quality of Life Model

Three domains:

1. Being
2. Belonging
3. Becoming

More info about the
Centre for
Health Promotion
Conceptual model:

[http://www.utoronto.
a/qol/concepts.htm](http://www.utoronto.ca/qol/concepts.htm)



Quality of Life Checklist

- ✓ Quality of Life framework in place to make transition planning decisions
- ✓ Encompasses full range of aging process
- ✓ Considers the individual's experience of aging



Quality of Life Checklist

- ✓ Includes provision for substitute decision-making
- ✓ Addresses impact of aging on other people
- ✓ Considers risk factors unique to the individual



Quality of Life Best Practice

What others are doing:

...planning for the future as a key for quality of life, not just the present

The setting needs to be able to offer suitable care to meet the holistic needs of the individual



Quality of Life Best Practice

What others are saying:

Needs to be developed as a universal model of support...

Quality of life - measurements should be standardized



Quality of Life Best Practice

Building competence with Q of L:

- ✓ Identify and adopt a Quality of Life framework
- ✓ Use a checklist to assess the individual's Quality of Life
- ✓ Provide training in using the model



Health Monitoring

Statement of Best Practice

Caregivers are engaged in continual monitoring of the health status and mental health of older adults in their care; such monitoring is carried out on a daily basis through observation, regular consultation and client appointments with various health care and mental health Practitioners.



Health Monitoring Checklist

- ✓ Support practice includes systematic support for health and mental health
- ✓ Health status is monitored and documented during aging process
- ✓ Care staff understand age-related healthcare needs



Health Monitoring Checklist

- ✓ Staff are aware of risks associated with specific genetic disorders
- ✓ Staff are skilled in professional consultation, assessment and intervention with health/mental health practitioners



Health Monitoring Best Practice

What others are doing:

Important partner in this area is the CCAC and Regional Geriatric Program...dementia screening; risk assessments by CCAC, RGP and OTs...

We have hired a Health-Care Coordinator who works with our staff in consultation with the medical professionals



Health Monitoring Best Practice

What others are saying:

Important partners in this area are the CCAC and Regional Geriatric Program...risk assessments by CCAC, RGP and OTs; important to have external individuals monitor individuals since direct care staff may not realize...risky areas



Health Monitoring Best Practice

What others are saying:

Monitoring of a person's physical or mental health will only be as effective as the professional's level of training...
training is critical...



Health Monitoring Best Practice

Building Best Practice:

- ✓ Establish requirements for health and mental health monitoring
- ✓ Identify staff training needs
- ✓ Engage healthcare experts for training and consultation



Health Monitoring Best Practice

Building Best Practice:

- ✓ Identify existing health and mental health services and resources available to general population and those specialized services for older adults such as Psychogeriatric Resource Consultants (PRCs)



Training

Statement of Best Practice

Caregivers in the developmental services and seniors services systems engage in cross sector and other training programs that provide them with requisite skill sets to support individuals with a developmental disability as they age



Training Checklist

Skills required to support people as they age:

- ✓ The aging process
- ✓ Transition planning to older adulthood
- ✓ Health care and health conditions
- ✓ Mental health and emotional issues
- ✓ Dementia



Training Checklist

Skills required to support people as they age:

- ✓ Orientation to both service sectors
(developmental services and seniors)
- ✓ Effective working relationships with counterparts in the other sector
- ✓ Orientation to coordinated access processes
(CCAC and MCSS Coordinated Access Programs)



Training Checklist

Skills required to support people as they age:

- ✓ Individualized care planning / person-centred planning
- ✓ Quality of Life model(s)



Training Best Practice

What others are saying:

More comprehensive training needs to be available to all staff

Unless sectors are crossed we will not know what opportunities are available to staff...Sharing is necessary to best meet the needs of persons...



Training Best Practice

What others are saying:

Cross sector workshop content is great to show factual evidence of how aging takes place and helps people recognize the changes in people they support



Training Best Practice

What others are saying:

Now that the population in our residential services is beginning to age, we need to refocus our efforts to accommodate issues associated with aging



Training Best Practice

What others are saying:

Generally staff do not have time to seek out information or stay on top of the changing needs unless someone in the organization does some seeking for them or arranges training...



Training Best Practice

What others are saying:

Much more work on values and philosophy of support, myths, coping skills

More comprehensive training needs to be available to all staff



Training Best Practice

What others are saying:

Sustained use of printed material,
meetings and in-house seminars

Greater use of job shadowing,
exchange visits and on-line training



Training Best Practice

Building Best Practice:

- ✓ Review current training processes & curricula
- ✓ Identify gaps
- ✓ Engage partners in the other sector
- ✓ Confirm required training allocations



Partnerships

Statement of Best Practice

Caregivers are aware of the systems offering appropriate planning and service delivery options for older adults with a developmental disability. Caregivers engage in partnership arrangements with other service systems to facilitate transition planning and concurrent access to developmental services and seniors services



Partnerships

Statement of Best Practice

Caregivers are aware of the systems offering planning and service delivery options for older adults with a developmental disability. Caregivers engage in partnership arrangements with other service systems to facilitate transition planning, access to needed developmental services and seniors services and ongoing client support.



Partnerships Checklist

Service provider:

- ✓ Is engaged with a cross sector committee on aging and developmental disabilities
- ✓ Establishes cross sector partnership ventures for training, planning and development of service delivery models
- ✓ Formalizes cross sector working relationships via joint meetings, protocols, policies and explicit principles



Partnerships Checklist

Service provider:

- ✓ Ensures partnership also allows for support to the client following admission to a program in the other sector; this may include staff working cross sector



Partnerships Best Practice

What others are doing:

We are on a sub committee of the Developmental Services Planning Group that specifically deals with seniors. This committee has membership from both the developmental services and long term care sectors



Partnerships Best Practice

What others are doing:

We create partnerships around specific members... We currently are connected to CCAC to support one man in his home ...also have a member...living in LTC...We provide support for her medical appointments ensuring she has access to ...support outside the LTC facility...



Partnerships Best Practice

What others are doing:

We are engaged through the OPADD initiatives

cross sector exchanges...organized through the Niagara Network and OPADD



Partnerships Best Practice

What others are saying:

There is a great deal of opportunity for joint training, protocol development etc. between the two systems

We wish to see further collaboration between the two sectors and desire to be part of it



Advocacy

Statement of Best Practice:

Service providers in developmental services and seniors services work with planning and funding bodies to build awareness of the phenomenon of aging and developmental disabilities and propose changes in service delivery and planning processes that build system capacity



Advocacy Checklist

The service provider:

- ✓ Monitors and confirms trends in the needs of older adults with developmental disabilities
- ✓ Works with the regional committee on aging and developmental disabilities to confirm emerging issues and trends in transition planning and identifies needed resources & regulatory amendments



Advocacy Best Practice

Service providers are reasonably strong at:

- Monitoring and adjusting plans for individual clientele
- Working with a committee on aging and developmental disabilities to confirm emerging issues and trends and identify needed resources or regulatory amendments



Advocacy Best Practice

Service providers are generally less strong at:

Monitoring to confirm trends and applying that knowledge to re-shape the service system



Advocacy

Building Best Practice - what OPADD is saying:

Transition planning into the third age for adults with a developmental disability is a new phenomenon which the system has not yet fully embraced in its planning processes, service delivery, training and education. Consequently, the acceptance of older adults with a developmental disability varies among jurisdictions and among service providers.



Advocacy

Building Best Practice - what OPADD is saying:

OPADD is working to make the system aware of the changes required to ensure effective support for people with developmental disabilities as they age. However, the system must take on the work and re-shape itself to meet this emerging challenge.



Funding

Statement of Best Practice

The organization ensures appropriate staffing requirements to implement transition planning to older adulthood on a case by case basis. This may include staff support as the client accesses programs in the other sector



Funding Checklist

Staffing requirements for each individual are determined in a deliberate and explicit manner which includes consultation and collaboration with:

- ✓ The individual client (to the extent possible)
- ✓ The individual's support circle
- ✓ Staff who work with the client
- ✓ The service provider(s) in the other sector



Funding Checklist

Staffing requirements for each individual are determined in a deliberate and explicit manner which includes consideration of:

- ✓ The differences they will encounter in accessing a program in the other sector
- ✓ Cross sector planning process



Funding Checklist

Resource requirements for transition planning are identified. Specific strategies to realize these requirements may include:

- ✓ Re-allocations of internal agency funds
- ✓ Additional external fund-raising
- ✓ Funds from the agency's foundation
- ✓ External fund-raising
- ✓ Funding from the government of Ontario



Funding Best Practice

What others are doing:

60% of DS agencies who provided data indicate they ensure appropriate staffing requirements to implement transition planning to older adulthood on a case by case basis



Funding Best Practice

What others are saying:

We need education and back fill for staff; using additional staff to help transition client over a period of three months, including a social worker.



Funding Best Practice

What others are saying:

Funding for transition planning and shared staffing supports is not supported financially within our region and needs to be. Currently it is absorbed out of existing agency allocations.



Funding Best Practice

What others are saying:

This is a challenge, for individuals that move from our system to long term care we fund transition staffing, but can only afford about 4 hrs a week for long term support.



Funding Best Practice

What others are saying:

There needs to be additional funding coming from either or both MCSS and MOHLTC to plan for and meet the needs of people aging and transitioning to aging programs and supports.



Funding Best Practice

How others are funding:

DS Agencies Reporting	Actual	Should
Internal reallocations	30 %	40 %
External fund-raising	10 %	16 %
Foundation	13 %	26 %
Government of Ontario	10 %	50 %



Funding Best Practice

Average annual cost of direct supports to client

Orientation Visits	\$ 800.00
Staff Travel	\$ 400.00
General Staff Support	\$ 2100.00
Specific Staff Support	\$ 1900.00
Other (liaison, consultation)	\$ 300.00
Total Average Cost - Direct to Client	\$ 5500.00

\$ averages based on information provided by a sample of 16 DS agencies, large/small, urban/rural.



Funding Best Practice

Average cost of supports to other agency

Discharge Planning	\$ 300.00
Orientation	\$ 200.00
Staff Training	\$ 400.00
Consultation	\$ 300.00
Trouble-shooting	\$ 400.00
Other (on-call, appointments, etc.)	\$ 1400.00
Total Average Cost – Agency Support	\$ 3000.00



Funding Best Practice ?

Average Cost Transition Planning Support Per Client	
Direct Client Support	\$ 5500.00
Support to Receiving Agency	\$ 3000.00
Total Average Cost Per Client	\$ 8500.00



Funding

Building Best Practice:

- ✓ Identify requirements
- ✓ Develop and implement a plan to realize requirements
- ✓ Advocate for resource requirements based on documented and realistic targets



Maintenance

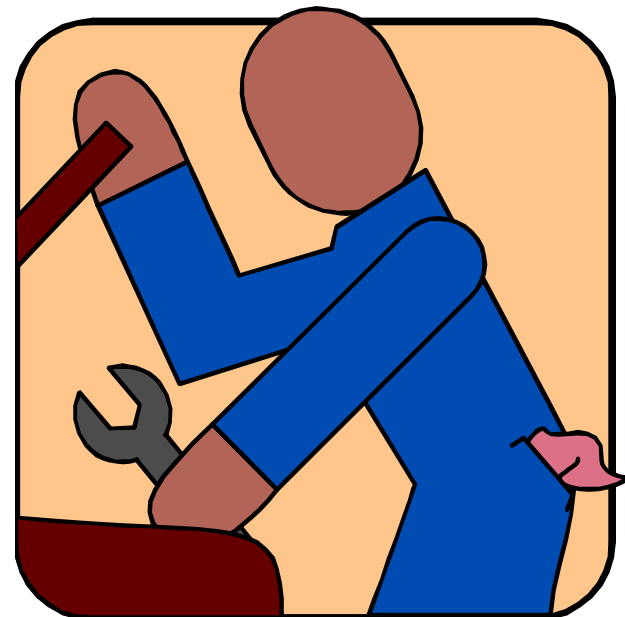
Statement of Best Practice

The service provider ensures that attention is paid to maintaining effective transition planning and support processes both within the organization and with the other sector

Maintenance

Transition planning is an ongoing process:

The commitment is
to the individual
not to the service
sector





Maintenance

Maintenance provides an ounce of prevention:

Maintenance avoids breakdowns in cross-sector working relationships when a crisis occurs





Maintenance Checklist

The service provider ensures that:

- ✓ Transition planning and support processes remain current and effective
- ✓ Working relationships with planners and service providers in the other sector are explicit



Maintenance Checklist

The service provider ensures that:

- ✓ There is a process in place for both organizations to review the relationship together at regular intervals



Maintenance Best Practice

What others are doing:

A developmental service provider and their respective LTC/seniors community programs partner each identify a key contact. The contacts are responsible to monitor and resolve relationship issues. Annual meetings are held to evaluate the relationship and determine any required adjustments



Maintenance Best Practice

What others are doing:

An agency has appointed a specialist to provide communication and linkages with their respective LTC/seniors community programs partners



Maintenance

Building Best Practice:

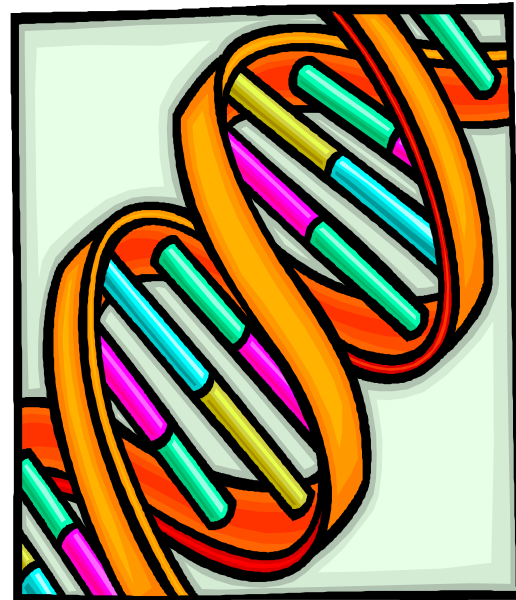
Affirm that maintaining the relationship with each partner in the other sector is an integral part of transition planning and allocate the appropriate resources to the maintenance role



Best Practices in Transition Planning

EIGHT ELEMENTS:

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2. Quality of Life
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4. Training

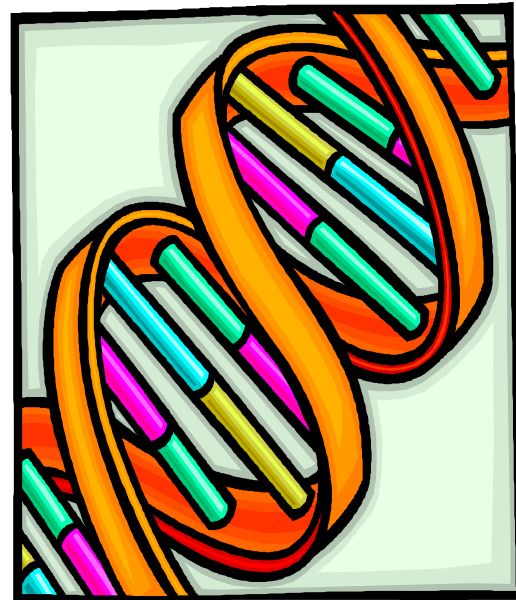




Best Practices in Transition Planning

EIGHT ELEMENTS:

5. Partnerships
6. Advocacy
7. Funding
8. Maintenance



Why Transition Planning Best Practice?

To Realize the Vision:

That older adults with a developmental disability have the same rights to support and services as all older Ontarians

