

The Next Frontier:



Long-Term Care Without Warehousing

For much of the nation, government priorities are shifting away from taking care of needy populations like the frail elderly. The number of older people will grow at a terrific rate when the Baby Boomers reach 60 and 65. Not all of them will need help with long-term care, but those who do will outnumber those of today. We are told that persons over the age of 85 are the fastest growing part of the population and governments are not well prepared for the anticipated growth in demand for long term care. This section introduces three innovative approaches to long-term care, with government subsidy, that are alternatives to “traditional” nursing homes.



The Green House Project

The Green House project, developed by Dr. William Thomas, is intended to de-institutionalize long-term care by eliminating large nursing facilities and creating habilitative, social settings for seniors to live in. The Green House Project moves away from the institutional model of nursing homes and borrows from the highly successful group-home model used with troubled teens.

Its primary purpose is to serve as a place where elders can receive assistance and support with activities of daily living and clinical care, without the assistance and care becoming the focus of their existence.

The first such nursing home is located in Tupelo, Mississippi and was built by Mississippi Methodist Senior Services. Phase One of the 120-bed project includes four homes. A typical Green House is a self-contained dwelling for seven to 10 people designed to look like a private home or apartment and blend into the surrounding community.

The homes in the Tupelo Green House project are new and have their own driveways, barbeque grills and lawns. Residents have private bedrooms and full baths, share family style meals, and enjoy more freedom of movement than

traditional nursing homes. The Green House developers have been creative in meeting state requirements without taking away the “homey” feel. Certain telltale signs of a nursing home, such as a nurse’s station, have been moved behind closed doors. Lights over each door that signal assistance is needed are incorporated into a unique design.

One important aspect of the Green House project is the family-style meals. Research shows that elders in need of constant care benefit from taking their meals in communal settings. By cooking the meals in the homes, residents are more likely to become hungry and eat better. That they help plan the menus is also a plus. The hearth is the center of the design for each Green House and constructed so each resident’s room opens onto this space.

Another unique aspect of Green Houses is the presence of a “Shahbaz.” A shahbaz blends the roles of caregiver, homemaker and friend. They are certified nurse’s aides who train an additional 200 hours in first aid, cooking, listening, teambuilding and other skills.

The Green Houses are not without proper medical care. A separate clinical support team includes





nurses, social workers, therapists, medical directors, nutritionists and pharmacists. One nurse from the clinical team serves the residents in two given houses. Other clinical professionals visit the houses regularly and as needed.

A Green House is designed to be a person's home for life; their ability to remain in a Green House is not dependent upon their medical conditions.

The first Green House project built



in Tupelo, Mississippi has been so successful that there are now 21 Green House projects spread across 16 states.

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Oregon Long-Term Care Initiative

Oregon is a clear leader in the development of home and community-based services for its elderly and disabled residents. It is the only state to actively relocate older nursing home residents into community-based care. Community-based care is such a priority in Oregon that more than half of its long-term care budget is spent on it. More than three-quarters of Oregon's Medicaid clients now receive care in home- and community-based care settings, and this percentage continues to increase.

Oregon is often seen as a model

for how to create and manage a progressive long-term care system. Key features contributing to its success include a philosophy emphasizing home and community-based care that is set in statute as well as the full integration of all long-term care service under one state agency. Oregon also leads the nation in the development of community residential alternatives to nursing homes, such as adult foster homes, residential care facilities, and assisted living facilities. One aspect of this alternative long-term care strategy is the Adult Foster Care program.

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Oregon's Adult Foster Care Program is designed to maintain a family-like atmosphere.

Oregon Adult Foster Care Program

Oregon's Adult Foster Care program was begun to provide a more homelike alternative to nursing homes. The program is designed to maintain a family-like atmosphere with no more than five residents. Often times, the caregivers have previously been in the health professions or have done personal care and are now retired and wish to remain at home but active.

The benefit of adult family care is that it allows an elderly person to live in a home environment rather than a nursing home or other institution. The more intimate settings of these facilities encourage individual attention from familiar caregivers, as well as many other benefits that cannot be easily quantified. Also, the cost of living with a "foster family" is typically about half that of nursing home care.

Adult foster homes offer varying levels of care. Adults needing only minimal personal assistance are able to find homes as easily as those that require full personal care and skilled nursing. Some providers are able to offer more complex care because of their training and experience and help from visiting nurses. Other adult foster home providers have special training to provide care for people with Alzheimer's disease, brain injuries, AIDS and respiratory failure.


Even though the adult foster care program relies on smaller facilities to provide care, regulations and standards for training must be met. All adult foster home providers and primary caregivers must pass a criminal record check, complete a basic training course and pass an exam, be physically and mentally able to provide care, and provide that care in a home that meets structural and safety requirements.

The SCHAS Family Life Center

*A New Program of Senior Citizens
Home Assistance Service, Inc.*

The SCHAS (Seniors Citizens Home Assistance Service) Family Life Center will address a major gap in

services for elderly in the State of Tennessee. With major assistance in the form of a Three Million Dollar Challenge Grant from Knox County Mayor Mike Ragsdale and the Knox County Commission, forty-eight units of Affordable Assisted Living will provide a valuable resource for



underserved, middle income families who have no other alternative.

In addition, AARP Tennessee has mounted a five-year campaign to obtain more funding for home and community-based services. To quote from their *Choices for Care* Campaign brochure: “Tennessee is at the bottom of the barrel among the 50 states in offering alternatives to nursing home care for frail, elderly and disabled adults. This year (2004), we as a state will spend 96% of our public long-term care dollars — \$938 million — on nursing home care, as compared to a paltry sum of about \$35 million aimed at serving a few people in the community with limited services ... Most importantly, the programs that are being implemented now offer only the most meager set of services; things like a couple of hours a week of personal care, meals on wheels, and homemaker services. They don’t offer many services that are critical to keeping people out of nursing homes – things like adult day care, in-home respite care, and care in assisted living facilities.”

A Pilot Project

Knox County’s SCHAS Family Life Center is an innovative pilot project. It will demonstrate how Knox County government, Senior Citizens Home Assistance Service, corporations, foundations and individuals can

partner to provide an invaluable resource for our seniors. The partnership philosophy continues with the residents and their families paying for the cost of staffing and maintaining the center. The cost will be less than half the cost of current assisted living centers.

In addition, improved training and administrative office space will make it possible for SCHAS to train more employees. More efficient office space and better computer technology will enable the lean administrative staff to provide all the financial management for the SCHAS Family Life Center and for the in-home services that will continue to be provided by Senior Citizens Home Assistance Service. In fact, it is expected that the in-home services will grow as the number of seniors increases.

The SCHAS Family Life Center will demonstrate that it is possible to provide better care with public-private partnerships that include participants, family members, private donors, foundations and our own Knox County government. It is a pilot project that can be duplicated on a smaller or larger scale. Knox County is leading the way to show how our State can do better than in the past.

