

Executive Summary

The essential purpose of this study was to determine whether Clearbrook's client population will need resources related to aging (possible dementia) different from those of the general population. Until recently, the life expectancy of the developmentally disabled/mentally retarded was such that significant aging was not expected to occur. With medical advances and care, these individuals' life expectancy has increased making this a relevant issue. Methods used to determine this were site visit, literature review, and Clearbrook policies/procedures/handbook.

The conclusion is that they will not require any more than the general aging population. The Clearbrook population will require additional services just as the general population does as they age. The baseline is different between the general and Clearbrook population. At baseline, the clients of Clearbrook are already receiving adjunctive therapies and assistance with daily living and just as most in the general population the amount and types of services needed increases as the individual ages. Additionally, individuals with Down syndrome will age prematurely and contract Alzheimer Disease at a much higher rate than the general population. Therefore, Clearbrook will require significant resources to serve their population as it ages to maintain their client population and should seek funding from all available sources including federal, state and private sources such as foundations.

The need for additional resources is in three major categories (as detailed in this paper), they are as follows:

1. Physical/Environmental Allocations.
There is a need for modifications of the living environments whether in CILAS or family residences to make the environments age friendly. Some of these modifications include: chair lifts, tub transfer seats, toilet seat rails/lifts, increased lighting, and furniture that is the proper height, weight and can easily be cleaned. Alzheimer patients would require exit/entrance alarms on the quarters, locks (shut off) for the stove and increased signage in the residence.
2. Staff Training.
Currently staff is trained to enhance the client skills to increase the client's independence. When dealing with the aging/dementia client, the goal becomes to maintain current function as long as possible, slowing functional decline. This training will require new knowledge related to aging and dementia, new staff skills and the development of staff coping skills. Staff qualifications will increase as the individual becomes more frail and/or Dementia progresses requiring more nursing care especially in medication administration and case management.
3. Increased Staffing levels.
As noted above, the qualifications and training of the staff must occur. In addition, the ratio of licensed/certified and non-certified staff will increase based on the increasing needs of the aging population. The exact ratio will be

developed on a case by case basis, keeping in mind that the average day ratio for dementia patient in programs is 1: 4.

Unfortunately, at some point, the number of FTEs needed to support the client in a residence or “residence-like” setting may exceed the capabilities of Clearbrook and organizations like them. The client will then require either intermediate or skilled nursing care. This also, will need to be decided on a case by case basis.