

Testimony of
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Aging Committee Public Hearing
2/26/13

H.B.6461 – Support
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S.B. 886 - Support

Senator Ayala, Representative Serra and esteemed Members of the Aging Committee, my name is Dianne Stone. I am the Director of the Newington Senior and Disabled Center, the first Center in the State to achieve National Accreditation, and I am here today to express strong support for three of the bills before you.

Connecticut has made great strides and continues to invest in initiatives to rebalance the long term care system so that people have the choice to live at home.. At the forefront is the Home Care Program for Elders. As you have heard from others, there are hundreds of people living in the community who have been functionally assessed as needing nursing home level of care. They are not getting that care or are being institutionalized because of the delays in processing the financial end of the application. Establishing presumptive eligibility as outlined in H.B.6461 will address what is, frankly, an unconscionable situation. The changes occurring at the federal and state level are dynamic There are currently several other initiatives that will reshape the long term care system, providing pathways for older adults and people with disabilities to move from institutional care to home and community based care and pathways to prevent or delay entry into institutional care including Money Follows the Person, Balanced Incentive Payment Plan (BIPP), the Home Care Program for the Elderly, Chronic Disease Self Management, Falls Prevention, Care Transitions, Health Care Neighborhoods etc.

But, we know that people do not live in systems or networks. They live in our Towns and Cities and there has been very little attention given to building local capacity. One notable exception is the work that the Commission on Aging has started through the Livable Community Forum. They have engaged natural partners, provided critical information and have facilitated discussion. With the support of the Governor and legislature, we hope that the Commission will be able to continue providing leadership in this and all areas. In partnership with the Connecticut Council on Philanthropy, who through their EngAGEment Initiative, has created a conversation among their members and with other thought leaders both locally and nationally, H.B.6396, AN ACT CONCERNING LIVABLE COMMUNITIES provides the framework and the demonstration of the legislature's commitment to the promise of choice.

Municipalities have the potential to reach people where they live, to mobilize community resources and to provide programs, services and activities that reflect the needs and

culture of our unique communities. In the broader context of long term supports and services, we are in a position to create tremendous impact by providing low cost programs, activities and services that prevent or delay more costly interventions. With this expanded view we must look at just what it means to age in place. Transportation, zoning, housing, recreation, social and civic engagement, prevention, wellness, nutrition, fraud and abuse prevention; all are vital to successful aging and all have municipal impact. They also cross many areas of State responsibility including Medicaid, DOT, DPH, DECD, etc. The efforts of these agencies, the nonprofit agencies that are in place and municipal services must be aligned and working together toward common goals.

S.B. 886, AN ACT CONCERNING AGING IN PLACE provides some of the direction needed to build capacity in our Towns and Cities. Specific to local services, I am particularly pleased to see the following:

- Changes to the transportation matching grant program that will make any unused funds (unused because eligible towns don't apply) available with preference for the extra funds going to towns that present a regional approach and increasing the allowed use of funds to include automated operating systems and staff for coordination of transportation options.
- Requirements for towns in their Plans of Conservation and Development to include planning for older adults and persons with disabilities to age in place
- Expansion of the list of mandated reporters to include employees of community-based service providers, senior centers, home care agencies, adult day centers, congregate housing etc. Also, any entity employing such people would be required to conduct mandatory training for staff.

I sat on the Task Force to Study Aging in Place and can attest to the meaningful and consultative process that went into drafting recommendations that not only will have impact but that also were sensitive to the current fiscal conditions. That is; recommendations that would have a significant fiscal note. We succeeded and I urge you to move this work forward.

In saying this, I do want to point out that there is more work to do.

Connecticut is absolutely a state of 169 distinct entities and local aging services are entirely a product of the municipality. The CT Council on Philanthropy describes the issue quite well:

With increasing emphasis being placed on the localities, it is important to note that municipal senior services in Connecticut vary widely among towns. The disparity in financial resources, staffing and expertise, and town commitment to aging services means that municipal aging programs range from nonexistent to comprehensive.

[Statewide and regional entities] partner with local communities – senior centers, libraries, nonprofits and others, but, in some towns, there is nobody able or willing to partner. With stretched resources, [they] can't possibly reach all the seniors in their regions.

Professionals who are knowledgeable about local senior services in Connecticut note the lack of standards and models to help guide cities and towns. The state Department of Social Services is not funded or staffed to strengthen local programs. Aging experts stress the need for system-

wide thinking in order to bridge the gap between the municipalities and the state and area agencies.

In my work with the National Institute of Senior Centers Accreditation Program, in my work with the Connecticut Association of Senior Centers, in my involvement with the Task Force for the Re-establishment of the Department on Aging and the Task Force to Study Aging in Place, in my involvement with the Commission on Aging and the Connecticut Elder Action Network and, most importantly, in my job as the Director of the Newington Senior and Disabled Center, I am witness to both the great potential and the lack of standardization, systemic support and coordination of local services. I believe that the solution is collaborative and that the Commission on Aging, our partners in the aging network and in philanthropy and the relevant state departments are absolutely critical to this. I also believe that, with the foundation that you can create through the Livable Community and Aging in Place bills, together, we will get there.

I understand that we have implemented a Department on Aging. I am deeply interested in the proposed function of the Department. My understanding is that, essentially, the State Unit on Aging has been carved out of the Department of Social Services. In a time when even the federal government has shifted policy to combine its aging and disability administration into one Administration of Community Living it is not clear how this the best structure for Connecticut. We do need to build capacity in our communities, to pilot innovative approaches and expand pockets of excellence so that access to programs is not dependent on the Town you live in, and we need leadership in executing the cross department and intergovernmental initiatives that are needed. These things were all possible with a State Unit on Aging within the Department of Social Services and really did not happen. The only difference now is the appointment of a Commissioner. With the right person, it is an opportunity to engage a leader that can build bridges, establish and cultivate partnerships, that can provide the system-wide vision and cutting edge approaches that continue to emerge. Otherwise, it is more of the same in an even more fragmented system.

Finally, I cannot overstate that the Department on Aging and the Commission on Aging are not interchangeable. They serve absolutely different functions and we are at too critical a time to lose the Commission on Aging. They provide a level of leadership, research, analysis and objective advocacy that simply will not exist.

Thank you for the opportunity to address you today.

