



WESTPORT, CONNECTICUT

GORDON F. JOSELOFF
First Selectman

October 7, 2010

Mr. Ron Corwin
Chair
Planning & Zoning Commission
Town of Westport
Westport, CT 06880


RE: 8-24 REPORT REQUEST
BARON'S SOUTH PROPERTY, 60 COMPO ROAD SOUTH
ASSESSOR'S MAP D09, LOT 046, ZONE A/GBD/RPOD

Dear Mr. Corwin:

In accordance with Section 8-24, Municipal Improvements, of the Connecticut General Statutes, I am requesting a report regarding the development of the Baron's South property, 60 Compo Road South, for senior housing and a skilled nursing facility. Enclosed for the Planning & Zoning Commission's review is the administration's proposal.

Thank you for your consideration of this request.

Sincerely,



Gordon F. Joseloff
First Selectman

GFJ:ps
Enclosure

8-24 Request

Request Summary

I formally request that the Planning & Zoning Commission, in accordance with Section 8-24 of the Connecticut General Statutes, issue a positive report regarding the use of Baron's South for the creation of a senior living community. As this request is limited to requesting only approval of the concept of such a community on this town-owned land, I am referring to it as an 8-24 concept approval request.

This 22.7-acre property, acquired by the town in 1999, currently hosts the Westport Center for Senior Activities, opened in 2004. Under our proposal, it would become the site for both an Independent Living Facility (ILF) and a Skilled Nursing Facility (SNF).

Independent Living is defined as a multi-unit senior housing development that may provide supportive services such as meals, housekeeping, social activities, and transportation. Independent Living typically encourages socialization by provision of meals in a central dining area and scheduled social programs. For reference, housing with few or no services is generally referred to as a Senior Apartment.

A SNF is a medical facility that provides skilled nursing care and is designated for those who require constant nursing care and have significant deficiencies with activities of daily living.

The overall objective of this request is to use town-owned property to retain our seniors, whose contribution to the town has been invaluable and impossible to calculate. The core of this concept is to use a town resource to fulfill a critical town need--to provide affordable housing for our seniors with the assurance of continuing care.

This initiative is in accordance with the 2007 Town Plan of Conservation and Development (POCD). One of its goals is to "strive to create a range of housing opportunities and choices." The POCD adds: "Westport should continue efforts to help seniors who may not want or need large single-family houses to remain in Westport and to provide opportunities for others." Further, the POCD advises that the Commission "seek ways to create more housing units with deed restrictions on income: new rental housing units on town-owned property and elsewhere in Westport."

The independent living facility is conceived to have approximately 66 units and would be rental only. At least 60 percent of the units would be affordable under the terms of CGS 8-30 (g); this will be our minimum requirement. It is our intention that the balance of the units would be available to those earning no more than 110 percent of the Area Median Income, which is defined as workforce rate. The final mix of the housing will be dependent on the financing secured by the development team.

Assisted living services will be accessible for those residing in the units, and advanced dementia care will be available within the Skilled Nursing Facility, but there would be no separate assisted living facility.

Assisted Living Facilities provide supervision or assistance with activities of daily living; coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person and it is generally regarded as one to two steps below skilled nursing in level of care.

Assisted living as it exists today emerged in the 1990s as an eldercare alternative on the continuum of care for people, normally seniors, for whom independent living is no longer appropriate but who do not need the 24-hour medical care provided by a nursing home.

Assisted living is a philosophy of care and services promoting independence and dignity. Our vision incorporates this philosophy into the independent living facility by making available these services when needed, and to be paid for separately, allowing for aging in place.

The Skilled Nursing Facility is presently conceived to contain 84 beds and would be open to the entire community, but priority will be given to Independent Living residents. It will be based on a household model, explained more fully below, with dedicated households or pods for short term rehabilitation, advanced dementia, and hospice care.

The town would partner with a development team that will include a nonprofit service provider to execute and manage the initiative.

By granting permission for both Independent Living and a Skilled Nursing Facility, Westport will create a unique senior living community. It will offer a continuum of care without being a Continuing Care Retirement Community (CCRC). All of us are touched by the aging process—either for ourselves or our loved ones—and this program will allow our seniors to live independently, receive assistance within their own units, and utilize skilled nursing on the same campus. It will allow couples to stay together longer.

A CCRC is housing planned and operated to provide a continuum of accommodations and services for seniors including, but not limited to, independent living, congregate housing, assisted living, and skilled nursing care. A CCRC resident contract often involves either an entry fee or buy-in fee in addition to the monthly service charges, which may change according to the medical services required. Entry fees may be partially or fully refundable. The fee is used primarily as a method of privately financing the development of the project and for payment for future healthcare.

Because the contribution of the town is the land, saving what is a massive cost for any developer, this initiative can be constructed for below market rate units: the inherent economics allow this to be a rental facility at below market rates.

Without the contribution of the land, the only way this type of project could occur would be one that either employs a buy-in model, providing significant capital to a developer, or a facility that was purely rental at market rates. This would gear the project to a different level of income, and we believe this type of development should remain in the private domain. In other words, this public land should serve a public goal, allowing us to retain those least able to remain part of our vibrant community.

Project Background

In 1999, the town purchased the Baron's South property acres so that the town could "control its use." As First Selectwoman Diane Farrell said in her presentation to the RTM, "If we did own this property, we would control it and we would be buying it not just for ourselves but with a long-range view for the town."

That same evening, speaking for the Finance Committee of the RTM, whose majority report recommended the purchase, Chairman Bill Raines said he "believed that the most responsible course was for the RTM to act now to gain control of this large tract of land in the heart of our town for the benefit of present as well as future Westporters."

It is a beautiful property with open green space, mature trees, walkways, and steep elevation changes, including several residential buildings as well as the popular Center for Senior Activities. After the purchase, Farrell put together the Baron's South Planning Committee to investigate uses for the property.

In September 1999, the committee recommended holding both Baron's and Winslow Park and working with planning professionals who could "assist the community in developing a comprehensive plan for how to best utilize all of its available land holdings to satisfy the many needs of the town."

The first use to find its home on the Baron's property was the Center for Senior Activities, a municipal facility. As the Staples High School renovation/expansion planning proceeded, it became clear that the Center housed at Staples would have to move. When the Planning Committee explored the various groups with an interest in Baron's, the Center for Senior Activities was at the top of the list—but at that time, it was well integrated into Staples, and the build-out of the schools was only beginning, so there was no need or urgency to relocate.

The Center was approved by the RTM in February 2002 and completed in 2004. While there was considerable debate about the appropriation request, the approval was overwhelming. As member Larry Aasen put it, "The Center signified only the first creative use for this property." The Center has been a tremendous asset to the community ever since it first opened its doors.

In years of involvement in town government, I came to understand a variety of other unmet municipal needs, and was eager to see these needs met. Baron's South is unique as

a large, centrally located town-owned parcel, and I believed had the potential to accommodate at least one of these needs.

Therefore, early in my first term as First Selectman, I commissioned an engineering study by the firm Weston & Sampson to see how best this property could be utilized. I also asked Weston & Sampson to consider Jesup Green and Winslow Park in their analysis.

The evaluation of the Baron's property involved a review of existing conditions as well as a variety of contiguous properties to consider the following conceptual options: a combined police/fire public safety facility; expanded headquarters for either police or fire; a site for the Westport Weston Family Y, and housing facilities.

In reviewing these options, it became apparent that the best use of the property would be for housing. The study found it would result in a less intensive development that would work with the existing slopes and topography, avoid clear cutting and result in fewer traffic concerns than more intensive developments. Housing is also consistent with adjoining land uses.

Our original concept was a blended development of senior housing and workforce housing, based on the results of a survey of both seniors and municipal employees. (These results will be discussed in the next section.) That conceptual plan included a three-story rental building for seniors, a renovation/expansion of the existing mansion for senior housing and a cluster of townhouses around the mansion that would be designed for families, a grouping of two and three bedroom units. In total, we were contemplating 102 units, 72 for seniors and 30 for family housing.

In late 2008, we presented this plan in a public forum as well as in a public meeting of the RTM's Long-Range Planning Committee. Our interpretation of the response was general approval and excitement regarding senior housing, but a tepid response to the idea of workforce housing on this site.

It appeared to us that the community was prepared to buy into the idea that this public land be used for the public good of providing housing options for seniors who are having a difficult time remaining in the community. But there was less interest in using the same public land for workforce housing for families. This housing, contrary to what many thought, would not have been limited to those working in municipal jobs. The overall impression was to proceed on the plan for senior housing.

A few months later, a couple of Westport residents (one of whom is a hospice nurse) asked to meet to discuss the possibility of using one of the existing homes on the property as a free-standing hospice. We came to learn that for those who cannot have hospice care at home, hospice beds are not available in nearby communities, presenting a challenge.

It was in that series of meetings with potential hospice care providers that we began to focus on having the second component of our plan for Baron's include a larger health care component that would address the need for continuing care for seniors, well beyond

hospice alone. With the Center for Senior Activities already thriving on the site, this concept might have been obvious, had we not been trying to fulfill both the need for senior and workforce housing on the same town-owned land.

At that point, we sought to assemble a team of experts who would be willing to help us on a pro bono basis in understanding and clarifying the components of this concept, with the explicit understanding from the start that the project, if approved, would be bid out in the form of a Request for Proposal. No taxpayer money, apart from the initial Weston & Sampson study, was spent to further the planning for this town owned property.

The Baron's South planning group included Selectman Shelly Kassen, Director of Human Services Barbara Butler as well as: Kenneth Olson, a Westport resident whose business, POKO Partners http://www.pokopartners.com/re_development.html specializes in housing and who is an expert in the financing of similar initiatives; Richard Redniss, principal in Redniss & Mead, whose clients include the Westport Housing Authority and other similar projects <http://rednissmead.com/projects.htm>; and Andrew Bano ff, president and CEO of the Jewish Home for the Elderly (JHE) <http://www.jhe.org/>.

JHE has been seeking to expand beyond Fairfield, and downsize its Skilled Nursing Facility there to fewer beds, consistent with the household model that will be discussed in greater detail later. We also asked Rich Rosen of Perkins Eastman <http://www.perkinseastman.com/>, the firm that designed the Center for Senior Activities, for help with the conceptual site plan, and William Cohen, a Westport resident and formerly the senior vice president for marketing strategy of Taylor Nelson Sofres, a London market research company for help with the focus groups. The guidance of this team has been invaluable.

Clearly, we have come to see that the current conceptual plan, incorporating housing with a Skilled Nursing Facility, optimizes the use of the parcel that already includes the Center for Senior Activities, and fulfills the mission of the purpose of purchasing Baron's South—to control its use in a way that benefits the community. The myriad of activities offered by the Center would be available to the residents, and the Skilled Nursing Facility would give seniors the assurance of health care either in place or on the same site as needs may progress or change—providing a continuum of care.

Community Need

The need for affordable housing and continuing health care for our seniors can be assessed in several ways, and it is a need being discussed and addressed throughout the country. Demographics, industry rules of thumb, surveys and focus groups all contribute to the assessment.

Demographics provide the best metric of need. Claritas-Neilsen's projections, which have been reliable for the town as it has constructed its senior tax relief programs, estimate that in 2009 about 30 percent of Westport's population is 55 and older, and roughly half of that group is 65 and over. In 2014, Claritas projects that 33 percent of our residents will

be 55 and over, and 17 percent will be over 65. Of a stable population of 26,000, in 2014 there will be approximately 5,600 seniors age 62 and over living in Westport.

As the over 55 group is growing, the 35-54 group is declining drastically, from 29 percent of the population in 2009, to 22 percent in 2014. While Westport's median age is 43.9, and expected to be 44.6 in five years, the current year median age for the United States is 36.8 and expected to be 37.7. Westport's population is older, and getting older still.

On the income side, Westport's average household income is estimated to be \$213,746 and expected to increase to \$229,751 as opposed to the current national average of \$69,376. Nevertheless, we have a significant group of seniors with household incomes below \$50,000. According to the 2000 census, there were 1,054 senior households in that bracket, and that number is now estimated at 896 households. In 2014, the projection is for 854 senior households to have below \$50,000 in income—remaining a significant portion, close to 10 percent, of our households.

While it is well known that we are a graying nation, industry experts estimate that approximately 25-30 percent of us will utilize some type of senior living. In Westport, that translates into about 1600 individuals over the age of 62 by the year 2014.

If we applied this same ratio to those projected to earn below \$50,000 in 2014, which would be a very conservative approach as the utilization of senior living increases as the income level decreases, we would expect around 240 households in the below \$50,000 category to utilize some form of senior living. Generally, if a single affordable housing unit becomes available, statistics show that at least 10 seniors are waiting hopefully for the rental to be theirs, the demand for affordable senior living outstripping the overall demand.

Large numbers of seniors struggle to make ends meet, and advanced age and low-income place older adults at greater risk for chronic illness and disability—consequently in greater need of health and long-term care services. Significant attention has been paid to developing new models of home and community-based care, in particular linking independent living with health and supportive services so that older residents are able to age in place.

All across the nation, innovative solutions are happening as communities such as our own grasp the growing needs of their senior residents, especially those that are less well off (see the attachment regarding initiatives around the country)—and the disparity of income in Westport is certainly pronounced.

One way to assess the demand for housing in Westport, apart from the demographics and industry statistics, is to examine the waiting lists for the affordable senior units provided by the Westport Housing Authority, as the WHA provides the only affordable options for rental housing. Canal Park's waiting list is more than 100 units. Even that is misleading, as the list has been closed more than open over the past five years—closed to new names,

because there was no likelihood of entry and the decision was made to simply close the list.

In the opinion of Carol Martin, executive director of WHA, were the list to reopen now, it could easily be doubled. Keep in mind that the Canal Park units are not barrier free; half of the units are on the second floor with a full set of stairs, which greatly impedes the aging in place model.

Anecdotal information from the Department of Human Services confirms that the single main reason for phone calls into that department regards housing options. The following quotes from a letter written in September 2010 by Barbara Butler to the Planning & Zoning Commission:

“Since January of 2010 the Human Services Department has logged over 85 calls (projected 113 calls for 2010) from people specifically asking about community resources for housing. 26 of these calls were from seniors living here; some were from Westport families who wish to move their (senior) parents closer to them in order to help them as they grow older. In 2009 the Department logged 115 calls and in 2008 133 calls for assistance in identifying alternative housing.

These numbers do not include people who contact the department seeking help with other needs and for whom the staff social workers identify more affordable housing as a need. We also estimate that on a weekly basis there are 15 requests for information about affordable housing by people who call or stop into the department and do not meet with a social worker.

There is a constant flow of residents looking for affordable housing, for themselves or their elderly parents, or their adult children, especially adult children with disabilities who may need to live close to family for support in living independently. We simply do not have enough affordable alternatives to offer them.”

Following the recommendation of Weston & Sampson that the best use for this site is housing, we surveyed Westport seniors and municipal workers in 2008 in order to get more direct feedback for this concept. Our response rate was 7 percent (about 250 responses), considered significant. We found that 60 percent of respondents were considering moving, and the reasons most cited were the tax burden, a desire to downsize, and concerns about health.

Most likely to move were those in their 60s or 70s. Those with incomes in the \$40,000-\$60,000 or \$60-\$80,000 were more inclined to move. The overwhelming majority of seniors who were considering moving responded that they would want to own their own home: 114 to 40. This is not surprising, given that of the 250 respondents, only five households were currently in a rental situation and given that home ownership is an ingrained value. Relinquishing home ownership for affordability may be a challenge—but there will be significant opportunities created in terms of freeing assets for health care costs and releasing the burden of property taxes.

After unveiling our preliminary conceptual plan, than modifying it to that of a senior community, we held a series of three focus groups to get reactions to the concept. These were conducted by William Cohen, a Westport resident and a marketing professional. While focus groups have practical validity, they are not necessarily a valid statistical representation of the group studied. Nevertheless, the groups quickly reached capacity of 12 participants each, and they were a mix of men and women, ranging from their mid 60s to late 80s. There was a structured discussion guide, which included the participants' feelings about Westport, their most important needs and their outlook for living in Westport.

The support for the concept of housing and skilled nursing care on Baron's South was virtually unanimous. Participants noted that the downtown location is ideal, the contiguity to the Center for Senior Activities an absolute necessity, that affordability is critical and that the need is urgent. The discussion regarding available housing and rehabilitation options was revealing as well—Edge Hill and Meadow Ridge, full CCRC's, both entry fee, very well regarded but considered expensive and distant.

Turning to the need for a Skilled Nursing Facility in Westport, industry norms estimate the demand for SNF beds is 100/1,000 population in the 75 and over population. Westport currently has approximately 2,100 in that age category, indicating an approximate demand for 215 SNF beds.

The Westport Health Care Center, formerly Mediplex, contains 120 beds, or a shortfall of 95 beds. Nearly half of our seniors who need skilled nursing are being served, therefore, in Norwalk, Fairfield or other communities. As the 75 and over population increases, the parameters introduced at the outset of this section, there will be an even greater impact on the demand for skilled nursing services—as much as a 25-43 percent increase in demand, according to the University of Connecticut Long Term Care Needs Assessment conducted for the Connecticut State Legislature [http://www.uconn-aging.uchc.edu/assess/Executive percent20Summary percent20FINAL, percent20June percent2030 percent202007.pdf](http://www.uconn-aging.uchc.edu/assess/Executive%20Summary%20FINAL,%20June%2030%202007.pdf)

We did not query seniors specifically about skilled nursing in the survey. The focus group response to the concept of skilled nursing in proximity to independent living on Baron's was, as reported above, overwhelmingly positive. Finally, the presentation made in July at the Center for Senior Activities, hosted by the Senior Services Commission and the RTM's Long-Range Planning Committee, elicited much enthusiasm.

Description of Continuing Care/Definitions

From Wikipedia, here is a definition of Continuing Care:

A ***Continuing Care Community***, also known as a life-care community, is a type of retirement community where a number of aging care needs, from assisted living, independent living and nursing home care, may all be met in a single residence, whether

apartment or enclosed unit. Typically, elderly candidates move into a continuing-care retirement community (CCRC) while still living independently, with few health risks or healthcare needs, and will remain reside there until end of life.[1]

As patrons progress in age, and medical needs change, the level of nursing care and service increases proportionally in response. In such a way, the needs of patrons are consistently monitored and catered to, particularly as those needs become more intensive. If greater illness or injury warrants hospitalization, the patron may return to his or her residence after recovery, and should receive appropriate treatment and care.

Continuing care communities are ideal for seniors who may be living in isolation, and would like to be immersed in a hospitable environment with other people of the same age. Typically, a range of activities and amenities are provided for both recreation and resource. However, CCRCs are costly, and vary widely in entrance and recurring fees.[2]

Often, a life-care contract is required, and the stipulations within such contracts can also vary in terms of service. It is important for any considering such contracts to have an elder law attorney review its terms and ensure legitimacy. [3] Potential patrons, or their current caregivers, should inquire about licensing reports, prior inspections and verified complaints to help inform their opinion of a particular CCRC. It is also advisable for potential patrons and their caregivers to have open discussions with current residents and receive their opinions on the CCRC in question.

Definitions of the components--Independent Living, Assisted Living and Skilled Nursing Care-- have been further provided in the first section above, but further useful reading can be found at: <http://www.aahsa.org/section.aspx?id=5936> and <http://www.aahsa.org/article.aspx?id=3782> as well as on the New Canaan CCRC planning group site http://www.ccrccforn.org/Why_CCRC.html which will be discussed later in the section regarding similar initiatives in Connecticut.

However, it is important to reiterate that our plan is not to build the typical CCRC, which guarantees long-term care at the various levels--but rather to offer a continuum of care without being a CCRC. The independent living units will be rental at below market rates, and the health care component will be "unbundled," i.e. not included in the rental agreement. Assisted living services would be paid for as they typically are, privately. Nursing care will be paid for as it typically is, through Medicare, Medicaid or privately. There will be no contracts with residents agreeing to the continuum of care, but continuing care will be accessible.

The financial risks for the development partner therefore will be diminished—and economically, the model works as the land costs are virtually eliminated and public funding sources (apart from municipal tax dollars) are utilized.

Proposed Uses and Types: Independent Living and Skilled Nursing Facility

Independent Living:

The Independent Living section of this initiative is envisioned to contain about 66 units, and to be a mix of one and two-bedrooms, with the majority being two-bedrooms. The apartments target active seniors who want the benefits of a thriving community within walking distance of downtown Westport, along with the security of additional health care on site if needed. With the Center for Senior Activities within walking distance, this will be the premiere senior living community for town residents as they age, or for younger residents who want to bring their parents into the community.

From our consultation with experts in the industry, the plan is viable with 60 percent of the units affordable under the terms of CGS (8)(30) g. The exact mix of affordable and other units will be determined in the bid process, and is premature to guarantee at this point as it is subject to the financing secured. However, we would set a requirement of a *minimum* number of affordable units, which will be at least 40 units.

Income and asset testing will be in accord with the proposed methods of financing-- different financing mechanisms will have different tests. The goal here is to serve those among us who cannot go elsewhere, while still allowing them to retain assets to cover the costs of health care as they age. Again, this is not a life care community with guaranteed health care. The costs are unbundled, and will have to be paid over the resident's life.

Regarding preferences, we are committed to providing housing choices for Westport seniors but we are also committed to complying with the Fair Housing Act. Similar initiatives to this have devised community preferences without violating the Act. The real question here is the likelihood of nonresidents to apply to live in these units: this is where the experience of the WHA is relevant. Carol Martin, WHA executive director, reviewed the applications of Canal Park residents. Forty of the 50 units have a person with ties to Westport, i.e. either worked, lived or had a relative living in Westport.

Amenities in the Independent Living will be limited as the Center for Senior Activities is accessible; however, to receive funding there may be a requirement for a common space and laundry facilities. Again, outlining the amenities desired will be a part of the RFP process. The Center for Senior Activities, which is very well utilized, may alter its scheduling to allow for more utilization from the nearby housing units, or ultimately expand, as is being discussed even before this initiative was put together.

A payment in lieu of taxes (PILOT) will be required in the bidding process. Some tax revenues could be anticipated, but the winning bid plan will guarantee a minimum of PILOT monies to the town, which could potentially be used to purchase open space in other areas to replace the open space this project utilizes.

Finally, as stated earlier, the plan is to have a developer partner with a service provider so that assistance for daily living activities is available within the Independent Living units. As Ross Burkhardt, <http://www.nmistamford.org/index2.htm>, explained to us, he has seen problems result in rental complexes where there are no services for the residents. Our goal is to allow aging in place, and therefore have services accessible within the units.

Skilled Nursing Facility:

The SNF is envisioned to house 84 beds, built in a “household” manner—14 private rooms in each household. As in a private home, each household will have a kitchen, dining room, living room, balcony or porch and appropriate support space (laundry room, den) for 14 individuals. The household model is being built across the country in various models, such as the Green House or Small House, and has proven to have a marked improvement in the quality of life for the seniors who reside in these homes as opposed to the traditional nursing home. Each household will have sufficient staff to meet the medical and social needs of the residents.

While the exact configuration of the SNF is subject to the proposals of qualified bidders, it is envisioned that at least one of the households will be dedicated to short-term rehabilitation for those in need of post-acute hospitalization care. Medicare is the primary source for this level of care as its beneficiaries are eligible for up to 100 SNF days after a three-day qualifying hospital admission. The next specialty household would be dedicated to those who are receiving palliative/hospice care services. Medicaid will be the primary payer source for this household, while Medicare may pay for additional hospice benefits.

The remaining four households would be for long term care, where people move in with the expectation of being there for the balance of their lives. Average length of residence in long term care in a SNF is one to three years, and the average age is 88.

The households may have designations such as Memory Care/Dementia, Chronic Care, e.g. MS/Parkinson’s Disease, or may be a combination of residents with different needs. As in the palliative care units, the majority of funding will come from Medicaid with private pay and Medicare comprising the balance. Note that the Memory Care/Dementia household bridges the gap between those needing some assistance in their daily living activities, which could be accomplished within the Independent Living units, and skilled nursing. Waveny Care Center <http://www.waveny.org/> in New Canaan, which we visited, has “The Village” within its home, a floor dedicated to dementia patients.

The conceptual plan shows three buildings arrayed around the mansion, which would be renovated as common space for the residents and their guests.

The residents of the Independent Living would be placed on a perpetual waiting list for the SNF, giving them continuing priority for beds, while Westport residents would also be allowed to have priority standing for beds. For example, this is how Waveny operates: “While New Canaan residents are accorded first consideration, applicants from any

geographic location are encouraged to apply and are admitted in the order of applications received.”

This relationship will allow for the “continuum of care” achieved in CCRC’s, without the financial requirement of an entrance fee or life care fee that is limited to the highest income groups in our community. We believe that this model captures the best of all possible scenarios for our seniors across the income and need spectrum.

Furthermore, Connecticut maintains a Certificate of Need (CON) process for skilled nursing beds that is administered through the Department of Social Services. In addition to the CON process, there is a moratorium on skilled nursing beds that prohibits the creation of new SNF beds through 2012. Connecticut has used this moratorium to save money for the Medicaid program, which is the largest funding source for SNF services. It is widely anticipated that the moratorium will continue for at least the next three to nine years (it can be renewed in three-year increments) until the baby boomers start turning 75 in 2021.

Given the moratorium, only a provider with existing beds that can be relocated can establish a presence in Westport. The State of Connecticut Department of Social Services views bed supply on a county basis, so in all likelihood it will require a Fairfield County-based provider to be involved in this development process. Fairfield County is at the highest occupancy level in the state, at 94 percent, so the current bed capacity (approximately 7,500 SNF beds) is at the correct level for the next decade.

Finally, it is important to define SNF in the context of licensure, as there are several existing categories. The vast majority of SNF beds are licensed as Chronic and Convalescent Nursing Home (CCNH) by the Department of Public Health. The other category of licensure is the Rest Home with Nursing Supervision (RHNS) that have largely been replaced by Assisted Living facilities. Licensure approval for relocation of existing CCNH (or RHNS) beds must be achieved with the Department of Public Health as well as the CON process through the Department of Social Services. This is to illustrate that the approval process for a SNF only begins with local approvals, and has many steps to go.

The Conceptual Plan: Development Description

The following details the conceptual plan presented by Rich Rosen of Perkins Eastman. Please keep in mind that this is only to illustrate how the program might be achieved and does not necessarily portray the plan that will be selected or ultimately submitted for approval.

Independent Senior Housing

Ground Floor	29,750 gsf	Incl. Staff/Mech./ Common Spaces and Storage
First Floor	29,750 gsf	20 apartments plus Social Space
Second Floor	25,700 gsf	20 apartments

Third Floor	25,700 gsf	20 apartments
Fourth Floor	8,000 gsf	6 apartments
Total	118,900 gsf	66 apartments: 33 @ 900 sf; 33@ 1,100 sf

Common Spaces/Amenities:

Major common spaces include a potential social room on the first floor as well as some storage areas for residents on the lower floor. The lower floor also includes building support areas such as staff, housekeeping, general receiving and trash as well as mechanical, boiler and electrical panel rooms.

On each floor, between each of the apartment wings will be an elevator lobby with 2 elevators and small rooms off the lobby for playing cards. Final programming of these spaces will be determined at a later time.

Skilled Nursing 84 beds

	New	Baron's Mansion*	Beds
Terrace Level	38,525 sf	4,800 sf	0 staff and support spaces
First Floor	30,975 sf	4,800 sf	42
Second Floor	30,975 sf	4,800 sf	42
Total	100,475 sf	14,400 sf	84 beds

*Assumes that Baron's Mansion is same size on all 3 floors

Common Spaces/Amenities:

Common and Support Spaces between each of the "houses" will include: administrative and staff offices; physical and occupational therapy; outdoor terraces on the first floor to be used by residents and their visitors; meeting rooms for staff and/or staff with relatives; possibly a small café for visitors; one slightly larger common/multi-purpose room where all residents can come together for special occasions.

In the lower level will be parking for staff and some visitors, a receiving/staff/mechanical room and a kitchen that will prepare or receive, reheat and deliver pre-prepared meals (to be determined) to each of the "Houses."

Parking *	Under Building	Surface
Independent Senior Housing	66 spaces	33 spaces
Skilled/Long-Term Care	70 spaces	12 spaces

*Parking may ultimately vary based on final building configurations and site layout

Lot Coverage/Open Space (does not include roadways/parking/walking paths)

Footprint of Skilled/Long-term Care Building (Including Baron's Mansion): 43,325 gsf

Footprint of Independent Senior Housing Building: 29,750 gsf

Size of Baron's Property (which already includes
The Center for Senior Activities): 22.7 acres or

988,812 sf

Lot coverage: 73,075 sf/988,812sf = 7.3 percent

Building heights:

Independent living: approximately 45 feet to the peak of the roof above the first floor.
Lower level will be at least 11 or 12 feet tall below the first floor.

The Skilled Nursing Facility building will be 35 feet to the roof peak above the first floor.
Lower level will be at least 11 or 12 feet tall below the first floor.

Narrative

The proposed mix of Independent Senior Housing and Skilled Care for the Baron's site will provide a needed choice of housing and services for seniors in Westport. The independent senior housing, comprised of 66 units, will be an even mix of 900 and 1,100 sf providing two-bedroom apartments. Using the sloping site to our advantage, the building will have a terrace level to allow residents to exit directly to a walking path leading to the Center for Senior Activities several hundred feet away. This terrace level will also contain support spaces for back of house functions. A level below this could provide structured parking for all 66 apartments (one space per unit) if the budget allows. Surface parking for 33 cars is also provided along the Compo Road South side of the building, on either side of the drop-off at the entry.

The building is organized into two identical three and a half story wings, each with 10 apartments per wing or 20 apartments per floor. The fourth floor (1/2 level) will consist of six apartments under the roof in space created by large dormer windows in keeping with the residential character of the neighborhood.

In the center of the building is an elevator lobby with a large common social space on the first floor and smaller rooms for games or cards near the elevators on floors two and three.

The Skilled Nursing Facility building is based on the Small House or neighborhood concept of care. A proposed two-story structure will contain three "houses" of 14 private bedrooms with bathrooms per house on each floor. Within these "houses," there is a large central activity/dining area and country kitchen, bathing rooms for frailer residents, spa for personal and hair care, as well as clinical support and storage spaces. A common lobby linking to the current Baron's mansion will join these houses. The mansion will serve as the front door to the building as well as providing common spaces and activity rooms, as well as some administrative space. The lower level will provide structured parking as well as prep kitchen/food space and staff and building support areas.

Similar Initiatives

In Fairfield County, there are several initiatives to note. In Wilton, <http://philrichards.net/commons/funding.htm> is a plan with several similarities—it uses

town land, leased at \$1/year, for affordable senior housing. All units in this project are affordable.

In New Canaan, a group has been formed to expand the Waveny Care Center to include independent living: http://www.ccrctn.org/Why_CCRC.html. While their plan is to expand the Care Center to create a CCRC, with the typical buy-in model, they do plan to make some units affordable. The parallel here is that it is again the use of town-owned land to provide housing for seniors.

Greenwich owns and operates a skilled nursing facility on town property <http://www.greenwichct.org/nathanielwitherell/nathanielwitherell.asp>. Our plan is not to own or operate, but to lease the land for this purpose.

Other completed projects accomplished through the no-cost leasing of town-owned land, described to us by Larry Kluetsch, the executive director of Mutual Housing Association of Southwestern Connecticut, include Greenfield Commons in Fairfield and Huntington Place in Trumbull. A description of these developments is here: <http://www.mhaswct.org/housing-development.html>

While these examples all differ in some regard from what we are trying to do, all point to the involvement of nearby municipalities in the effort to address a critical and growing need.

Of course, within Westport there are precedents for using town-owned land to fulfill a need for housing. This is evident in the Westport Housing Authority properties as well as the Saugatuck conversion for moderate senior housing.

Around the country, as alluded to earlier, there are scores of initiatives in the arena of senior living. Here are but a few:

http://www.pressofatlanticcity.com/business/article_4b5c4208-ad93-11df-a04d-001cc4c03286.html

<http://www.examiner.com/photojournalist-in-milwaukee/senior-housing-apartments-to-be-built-former-st-francis-school>

http://www.southjerseylocalnews.com/articles/2010/08/20/record_breeze/news/doc4c6d32757d82e625183811.txt

<http://lakeconews.com/content/view/15503/919/>

http://www.yournabe.com/articles/2010/08/12/queens/qns_upc_senior_center_plans_20100812.txt

<http://www.theday.com/article/20100812/NWS01/308129422/1044>

<http://www.buffalonews.com/business/briefs/article99474.ece>

http://www.yournabe.com/articles/2010/08/12/bronx/bronxtimes-yn_bronx_front_page-32-202housing.txt

<http://www.nbc40.net/news/14208/>

http://www.pressofatlanticcity.com/news/press/atlantic/article_55af9dd4-a7f0-11df-afa5-001cc4c002e0.html

http://www.midhudsonnews.com/News/2010/August/27/WdstkCom_funding-27Aug10.html

<http://states.realestaterama.com/2010/08/26/affordable-homes-for-seniors-open-in-fox-lake-ID010126.html>

<http://www.recordonline.com/apps/pbcs.dll/article?AID=/20100912/NEWS/9120325>

Sequencing of Approvals: Timeline Forward

Our understanding is that the process to accomplish this plan will involve multiple approvals, and that it will take months. According to a meeting with Larry Bradley and Mary Young, this is how we foresee the process:

- Conceptual approval for use of this property for this purpose, not a complete 8-24 request (decision by year-end projected)
- Return to P&Z with a text amendment to allow for the necessary density (spring 2011) and any other regulation changes
- Request for Proposals and review of bids (summer 2011)
- Code Enforcement Meeting to review project (fall 2011)
- Completion of 8-24 Request once there is a bid selected and lease terms have been tentatively established (winter 2011-spring 2012)
- Approval by all other boards and commissions (spring 2012)
- Site plan and Special Permit approvals (spring 2012)

Of course, each point presumes a “green light” to further proceed. We remain open to any approval process the Commission designates, understanding the complexity of this plan.

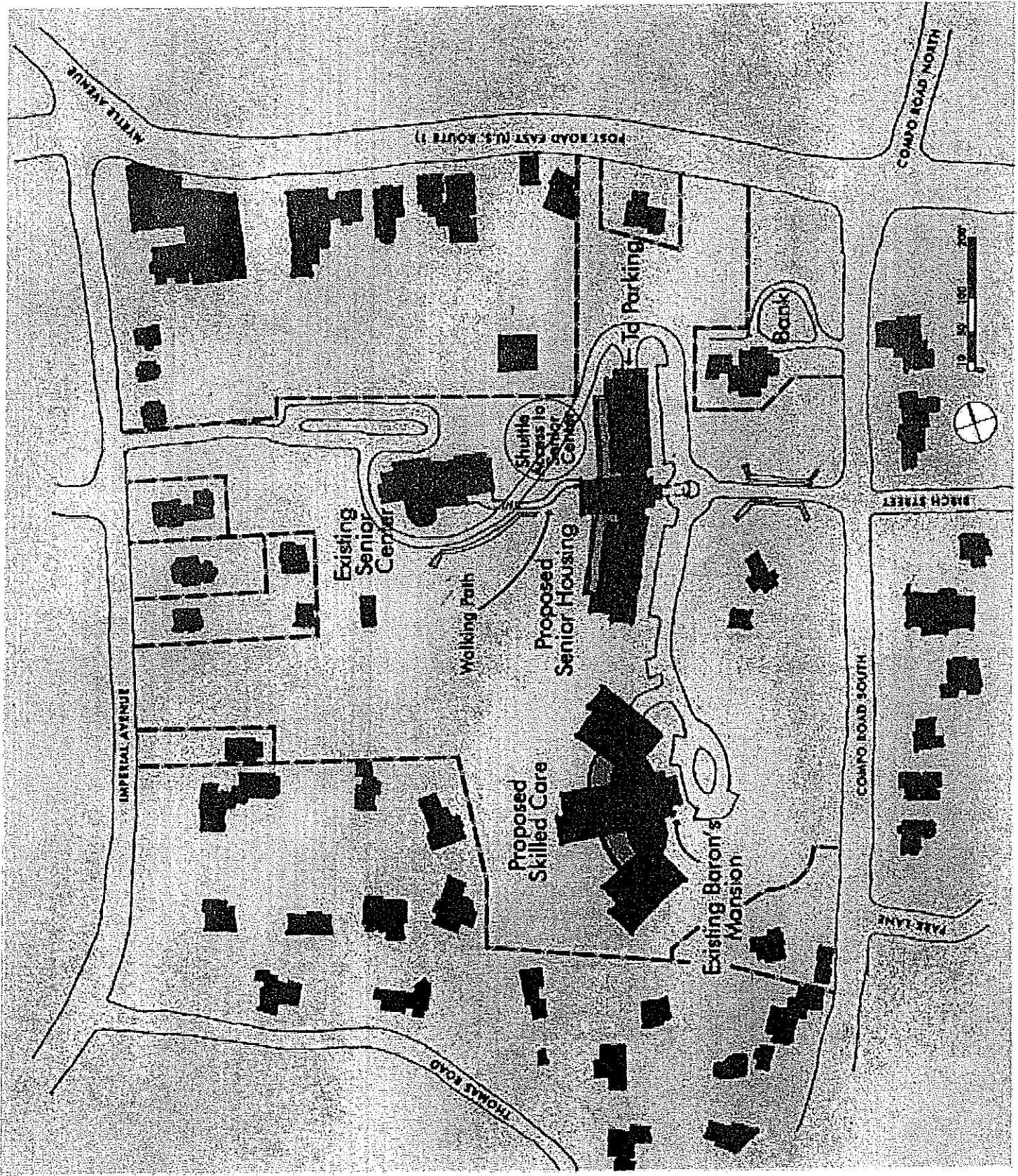
Conclusion

More than 10 years have passed since the purchase of the Baron's Property, a parcel of 22.7 acres, centrally located, beautiful but challenging in its topography. The town purchased this property in order to control its use, and we believe that this conceptual plan makes the best possible use of this property.

The plan we propose addresses the critical need for housing options for seniors, one consistent with the town's 2007 Plan of Conservation and Development—and at the same time, it does so much more. It provides for a continuum of care, without being a Continuing Care Retirement Community. The plan creates a premiere senior living community in a central location, leveraging on the great town asset we have in the Center for Senior Activities—a community that would be predominantly affordable, offering access to assistance and skilled nursing.

At the same time, this plan maximizes the investment made in the property in a way that benefits the entire community, as follows:

- This plan will give a boost to downtown, as it provides housing so close to the downtown area.
- The Skilled Nursing Facility will be open to the community and provide a state of the art facility in a central location.
- The RFP would set as a requirement the maintenance of this park-like property, with the installation of walking paths, something the town simply cannot afford to do on its own. The public underutilizes this beautiful parcel, and this plan would invite residents to enjoy it.
- The RFP will set a minimum Payment in Lieu of Taxes, which could be set aside to provide funding for open space purchases elsewhere in town.
- Moratorium points based on the final breakdown of affordable units.



Proposed Senior Housing
27 May 2010

Baron's Site, Westport, CT
Perkins Eastman