

"Leave Me Alone": The Live Alone Projects

Stefanie Bonigut, MSW, ASW
Alzheimer's Association
Northern California Northern Nevada

Cathy Ladd, MSW
Alzheimer's Greater Los Angeles



Sponsored by



University of Hawaii Center on Aging

Supported in part by a cooperative agreement No. 90AL0011-01-00 from the Administration on Aging, Administration for Community Living, U.S. Department of Health and Human Services. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy. The grant was awarded to University of Hawaii Center on Aging for the Alzheimer's Disease Initiative: Specialized Supportive Services Program.

HADI Hawai'i Alzheimer's Disease Initiative

A PROJECT OF THE UH CENTER ON AGING

www.hawaii.edu/aging/hadi

The Statistics Tell the Tale:

Approximately 1/3 of people who live in the community with Alzheimer's disease or other dementias live alone

- the average age is 83 years
- more likely to be female
- less likely to be married than people living in the community
- less likely to be diagnosed
- more likely to have a lower income (Prescop et al. 1999)



Which leads to greater unmet needs and higher risks

- Lack of medication management, eyesight and hearing evaluations, companionship, management of psychotic symptoms, nutrition, activities
- Higher risk for malnutrition, falls, wandering, self-neglect
- Higher risk of financial exploitation
(Gould et al. 2010)



Background

- ACL ADI-SSS grant - Alzheimer's Greater Los Angeles and Alzheimer's Association Northern California, Northern Nevada
- 3-year project; Overall goal of improving dementia capable service network capacity to fill gaps in California's system of care
 - Develop and deliver services to persons living alone with ADRD in the community
 - Deliver behavioral symptom management training and expert consultation to family caregivers, particularly targeting diverse and lower educated families
 - Improve programs and services for individuals with DD and ADRD or those at risk

San Francisco Dementia Safety Net

- Convened local service agencies and identified community partners
- Created two-pronged services approach
 - Case Management: Time-limited, home visits and telephone support, needs assessment, referrals and care coordination.
 - Care Circle Development: Identify people (neighbors, family, and friends) to join a care circle for the individual living alone with dementia
- Deliverables
 - Algorithm
 - Resource Guide

San Francisco Dementia Safety Net

- Community Partners
 - SF Village
 - LBFE
 - Openhouse
- Goal = 20 clients
- Model
 - Case Management
 - Care Circle Development
- Evaluation Tools
 - Needs assessment survey
 - QOL – AD
 - CANE



The flyer is titled "San Francisco Dementia Safety Net" and features the Alzheimer's Association logo. It includes two headshots of care specialists, Stefanie Bonigut and Ivory Yang, with their names and MSW credentials. The text describes a free program for individuals living alone with memory issues, offering support through home visits, coordination, and resource referrals. A list of program inclusions is provided, and contact information for both specialists is listed at the bottom.

alzheimer's association®
THE BRAINS BEHIND SAVING YOURS.

San Francisco Dementia Safety Net

Do you live alone in San Francisco with memory problems?

Would you like to learn ways to maintain independence and connect to community support?

The Alzheimer's Association is offering a free program to assist persons with memory problems who live alone. If you have memory problems including MCI or early Alzheimer's, dementia, or other cognitive impairment we would like to work with you to help you stay in your home for as long as possible. This program is LGBT friendly.

The program includes:

- ❖ Home visit(s) to determine needs (and wants)
- ❖ Help in coordinating support
- ❖ Connection to support agencies and their services
- ❖ Information and tools for families, friends, care circles, and others who provide support for persons living alone with memory problems.

If you are interested in this program, please call Stefanie Bonigut at 415.463.8506 or Ivory Yang at 415.463.8504.

800.272.3900 | alz.org®

SF DSN Results

- Referrals made to program - 40
- Clients enrolled – 20 (22)
- 7 Additional referring organizations
- Trained partner agencies and membership
- Services purchased
 - Adult day
 - In-home care
- Algorithm and Resource Guide created and shared
- QOL-AD and CANE data under analysis

The Live Alone Project

Affordable Housing Model



Partnered with a Local Affordable Housing Provider (be.group)

- Greater pool of seniors to draw from (20 HUD housing communities in LA)
- Service Coordinators helped identify memory impaired
- Low income seniors more in need



Framework

- Trained HUD housing staff
- Educational events at 20 sites reaching 144 residents
- Service Coordinators identified people with cognitive impairment living alone
- 2-3 Home visits, CANE and QOL assessments
- Care management “light” provided
- 6-month follow up



Outcomes

- Individuals will pursue a diagnosis (1)
- Set legal and health-related plans in place (1)
- Increase independence in at least one ADL (8 w/IDAL)
- Complete a non-driving contract (0)
- 21 people referred
- 12 enrolled
- Taxi vouchers given (8)
- Referrals given: Medicare/Medicaid assistance, MedicAlert identification bracelet, adult day care, home delivered meals

Lessons Learned

- People who live alone are often resistant to any kind of help
- Memory impairment is a threat to one's housing situation
- Socialization is critical
- Service Coordinators can't do it all
- Interventions need to be robust



Developing the Algorithm

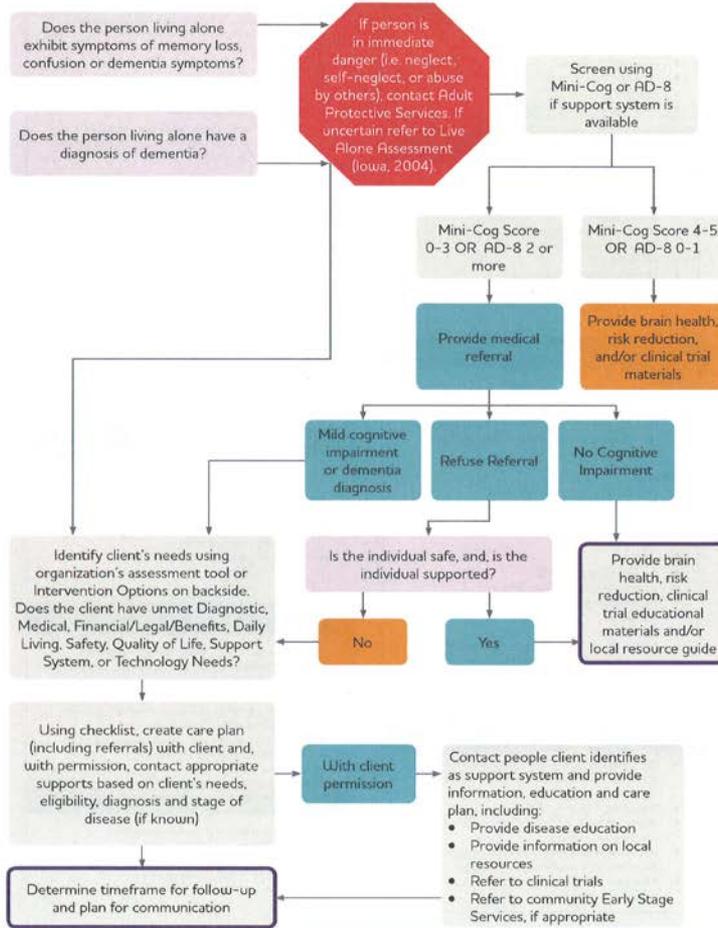
- ActonAlz (Minnesota-North Dakota chapter) Community Organization Practice Tool
- UCSF Geriatrics Community Resources Clinical Algorithm
- Personify Care Consultation 2 Assessment
- → Result: an algorithm that immediately assesses a person's safety, guides cognitive screening, directs medical referrals, assesses needs, and lists community resources.



ALGORITHM

Live Alone Dementia Safety Net Algorithm

The definition of living alone may include individuals who live with another person; however, 1.) the person provides no caregiving support, or 2.) the caregiving support is inadequate.



Note: At any point in the process a client may decline further contact. In these instances, refer to APS as appropriate and per state law.

800.272.3900 | alz.org®

DIAGNOSTIC REFERRALS FOR POSITIVE SCREEN OR DIAGNOSTIC UNCERTAINTY

Refer to Primary Care Provider (or Specialist as Needed)

- Neurologist
- Neuropsychologist
- Geriatric Psychiatrist
- Geriatrician
- Memory Disorders Clinic

ADDITIONAL MEDICAL NEEDS

- Mental Health Services
- Prescription Insurance and/or Assistance programs
- Vision, Hearing, Dental, Podiatry
- Holistic/Complimentary Medicine
- Trialmatch/Clinical trials
- Home Health
- Durable Medical Equipment
- Adult Day Health
- Patient Advocacy and/or translation services

LEGAL, FINANCIAL & BENEFITS

Legal

- Encourage client to assign durable power of attorney and complete healthcare directives and POLST. Refer to legal assistance programs, elder law attorney, public guardian/conservator as needed.

Financial

- Day to day money management
- Refer to fiduciary program
- Refer to Representative Payee Program through Social Security

Benefits

- Social Security/SSDI/SSI
- Veterans Administration (VA)
- Health Insurance – Medicare, Medi-Cal (Medicaid)
- PACE
- IHSS – In-home Supportive Services (Medi-Cal)
- Case Management – MSSP, Linkages, VA, Alzheimer's Association, private
- SNAP – Senior Nutrition Assistance Program

DAILY LIVING & FUNCTIONS

- **Personal Care** – In-home care assistance (Long-term care insurance, VA, In-home Support Services, or private pay)
- **Shopping** – grocery delivery
- **Meals** – Meals on Wheels, congregate meals, private meal delivery
- **Assistive Technology** – Telephone Assistance Programs, Independent Living Centers
- **Chores** – In-home Support Services, private pay, volunteer programs

SAFETY

Note: In situations where client is in immediate danger by self-neglect or by neglect or abuse from others, contact Adult Protective Services.

Driving

- Counsel on risks
- Refer for driving evaluation
- DMV Unsafe Driver Form
- Transportation resources: Paratransit services, private hire, volunteer transportation programs
- Taxi vouchers/script

Medication Management

- Oversight by a health care professional
- Automated/electronic Medi-set
- Pharmacy blister or bubble pack

Wandering

- Medic Alert+Safe Return, Found, or Project Lifesaver
- GPS tracking systems

Home Safety

- Home safety evaluation
- Home modification program
- Equipment loan programs
- Stove safety
- Personal Emergency Response Systems
- Activity monitoring systems

QUALITY OF LIFE & ACTIVITIES

- Community Early Stage Programs and educational material
- Senior Centers (incl virtual programs)
- Adult day services
- Friendly visitor, companion, telephone reassurance programs
- Culturally appropriate resources
- LGBT resources

CARE CIRCLE DEVELOPMENT & SUPPORT SYSTEM

Identify support (incl: family, friends, neighbors, Religious/Spiritual organizations, Community groups/affiliations, fraternal organizations, social service agencies, cultural organizations, LGBT organizations)

- Obtain consent to contact on behalf of client
- Contact identified individuals
- Convene care circle/support system meeting
- Provide education and referrals

TECHNOLOGY (ALSO SEE CARE CIRCLE RESOURCE GUIDE)

- Activity tracking & home automation
- Wandering
- Medication management
- Activities of daily living support



Adapted from ACT on Alzheimer's® developed tools and resources. ACT on Alzheimer's® tools and resources cannot be sold in their original or modified/adapted form.

800.272.3900 | alz.org®

Unique Points

- **Definition of Individual Living Alone**

The definition of living alone may include individuals who live with another person; however, 1.) the person provides no caregiving support, or 2.) the caregiving support is inadequate.

- **Live Alone Assessment, IOWA, 2004**

If person is in immediate danger (self-neglect or neglect or abuse by others), contact Adult Protective Services. If uncertain use Live Alone Assessment (Iowa, 2004) as a guide.

- **Right of Refusal**

A person has the right to decline further participation

How to use the algorithm

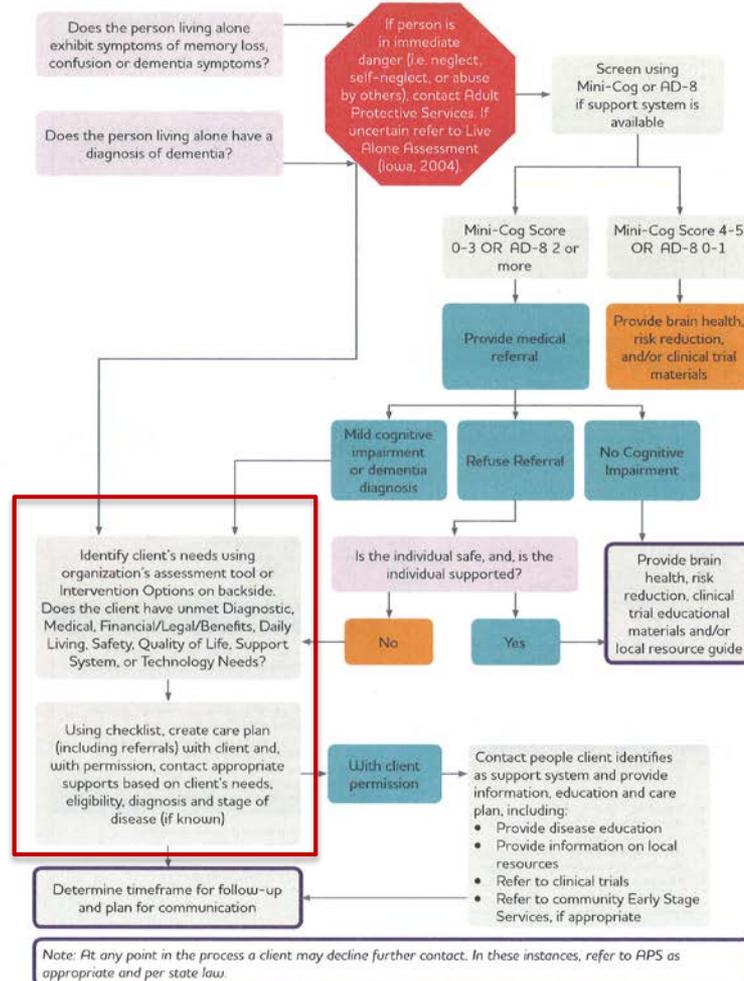
- 2 start points
- Assess safety of person – Live Alone Assessment from University of Iowa, 2004

Diagnosis:

- Assess needs
- Create care plan
- Make or facilitate referrals
- Follow up

Live Alone Dementia Safety Net Algorithm

The definition of living alone may include individuals who live with another person; however, 1.) the person provides no caregiving support, or 2.) the caregiving support is inadequate.



Known Dx:
Self-report or
via referral

Assess needs
Create care plan
Make or facilitate
referrals
Follow up

800.272.3900 | alz.org®

How to use the algorithm

- 2 start points
- Assess safety of person – Live Alone Assessment from University of Iowa, 2004

Diagnosis:

- Assess needs
- Create care plan
- Make or facilitate referrals
- Follow up

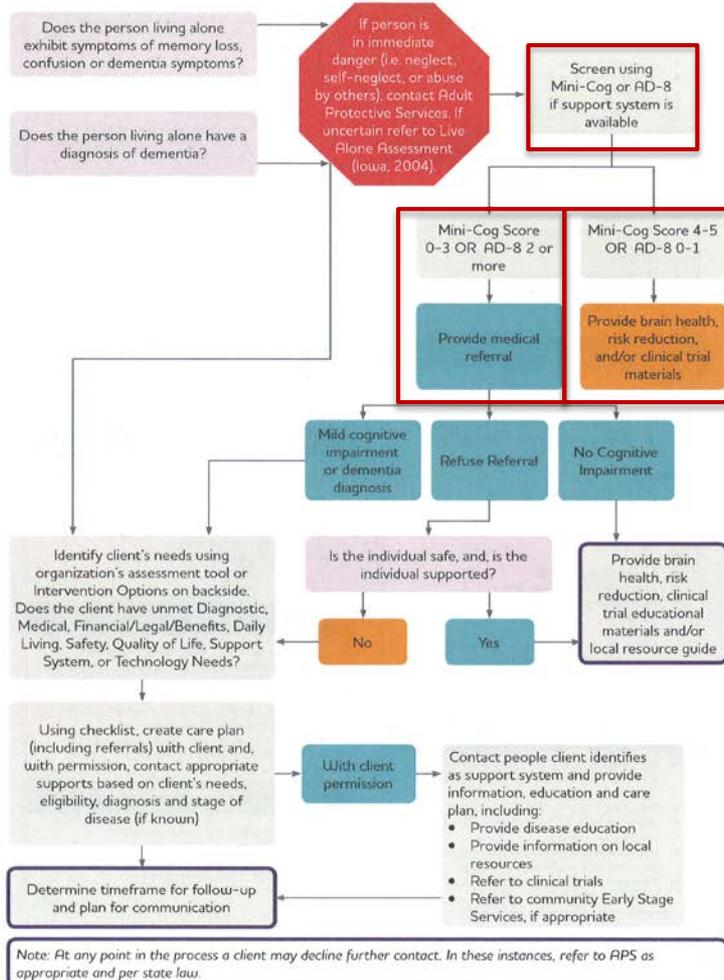
No Diagnosis:

- Cognitive screen
- Resources provided + or - screen
- Assess safety and/or create care plan

Live Alone Dementia Safety Net Algorithm

The definition of living alone may include individuals who live with another person; however, 1.) the person provides no caregiving support, or 2.) the caregiving support is inadequate.

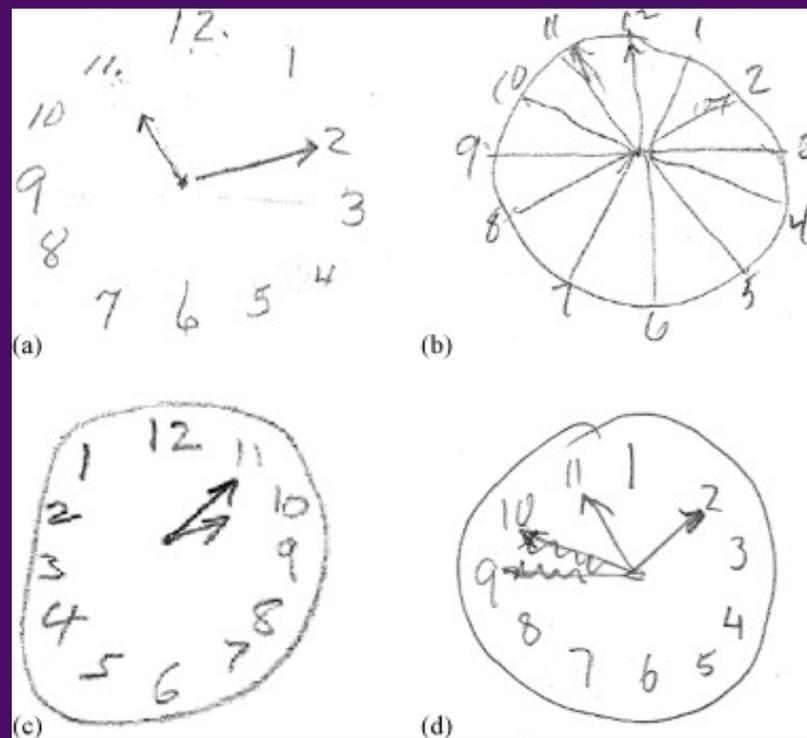
No Dx or
Suspect dementia
Cognitive screen
Resources provided
+ or - screen
Assess safety
and/or
Create care plan



800.272.3900 | alz.org®

Mini-Cog

- 3-word recall
 - List of validated words
 - Can repeat up to 3 times
- Draw clock
 - “10 after 11”
- Ask for 3 words
- Total time < 5 minutes
- Scoring:
 - 4-5 negative for CI
 - 0-3 positive for CI



Case Study 2

- Mr. S – 74yo male
 - Recently diagnosed with dementia
 - Sharing room in retirement hotel – wanted new housing
 - Co-occurring psych Dx
 - Hx of firing physicians, IHSS workers
- Made referral to MSSP, provided dementia education, got amplified phone, replaced Medi-Cal card, connected to geriatrician. Client refused paratransit, declined to take prescribed medication. Was connected to MSSP after 4 months

Resource Guide

14 Tips

Sections:

- Technology Resource Guide
- Understanding Care Options

Community Resource listings

- Alzheimer's Association
- Alzheimer's Greater Los Angeles
- General

Developing into app

Alone, but not forgotten:

**Supporting those living
alone with memory loss**



Acknowledgments

- "This presentation was supported in part by a cooperative agreement (No. 90AL0002-01-00) from the Administration on Aging (AoA), Administration for Community Living (ACL), U.S. Department of Health and Human Services (DHHS). Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official AoA, ACL, or DHHS policy."



 **Alzheimer's** | **GREATER LOS ANGELES**

24 Hour Helpline
Many languages spoken

844.HELP.ALZ
(844.435.7259)

alzgla.org

Questions?

Helpline

800.272.3900

alzheimer's  association®

THE BRAINS BEHIND SAVING YOURS: