"Leave Me Alone": The Live Alone Projects

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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
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.
Intervention Options

Diagnostic Referrals for Positive Screen or Diagnostic Uncertainty

Refer to Primary Care Provider (or Specialist as Needed):
- Neurologist
- Neuropsychologist
- Genetic Counselor
- Geriatrician
- Memory Disorders Clinic

Additional Medical Needs

- Mental Health Services
- Prescription Assistance and/or Insurance programs
- Vision, Hearing, Dental, Pediatry
- Holistic/Complementary Medicine
- Telehealth/Telephonic
- Home Health
- Durable Medical Equipment
- Adult Day Health
- Telemedical Consult

Legal, Financial & Benefits

Legal
- Ensure clients have durable power of attorney and complete healthcare directives and POA/LT
- Refer to legal assistance programs, elder law attorney
- Public guardian as needed

Financial
- Day-to-day money management
- Referral to financial program
- Referral to Representative Payee Program through Social Security

Benefits
- Social Security
- Medicare/Medicaid
- Health Insurance - Medicare/Medicaid
- NICER
- HOME
- IHSS - In-Home Supportive Services
- Pilot Project(s)

Quality of Life/Activities

Community Early Stage Programs and educational material
- Senior Centers
- Adult Day Services
- Friendly visitor, companion, telephone reassurance programs
- Culturally appropriate resources
- LGBT resources

Care Circle Development & Support System

Identify support (e.g., family, friends, neighbors, religious/synagogue organizations, community groups)
- Internal organizations, social service agencies, natural support groups, LGBT organization
- Obtain consent to contact on behalf of client
- Contact identified individuals
- Commerical care coordination system existing
- Provide education and resources

Daily Living & Functions

- Personal Care: In-home care assistance (Long-term care awareness, VR, In-home Support Services, other private pay)
- Shopping - grocery delivery
- Meals - Meals on Wheels, Congregate Meals, private meal delivery
- Reminders
- Voice/Text Alerts/Activities (Independent Living Centers)
- Socialization:
- In-home Support Services, private pay, volunteer programs

Technology (Also see Care Circle Resource Guide)

- Disability tracking & home automation
- Wandering
- Medication management
- Habilitation of daily living support

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

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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
Known Dx:
Self-report or via referral

Assess needs
Create care plan
Make or facilitate referrals
Follow up
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
No Dx or Suspect dementia
Cognitive screen
Resources provided
+ or - screen
Assess safety and/or
Create care plan
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
Acknowledgments

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24 Hour Helpline
Many languages spoken

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Questions?

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