“Leave Me Alone,” How Do We Address the Approximately 1 Million Americans with Dementia who Live Alone?

The Live Alone Projects

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Agenda

• Three programs developed to address the needs of people living alone in the community with dementia
• The Live Alone Algorithm
  – Development
  – How you use it
• Other tools that you can use
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)
The Leave Me Alone Live Alone Projects

• Two grants
  – Administration for Community Living Alzheimer’s Disease Initiative Specialized Supportive Services (ACL ADI-SSS)
  – San Mateo County – Measure K
• Three program models
  – Community organizations
  – Low-income housing
  – Advisory Council of community and county agencies
• Develop, deliver, and enhance services to persons living alone with Alzheimer’s disease or related dementia (ADRD) in the community

Community Partner Model
San Francisco Dementia Safety Net

• Partnered with: San Francisco Village, Little Brothers Friends of the Elderly (LBFE) and Openhouse
• Train partners and membership
• Created two-pronged services approach
  – Case Management
  – Care Circle Development
• Deliverables
  – Algorithm
  – Resource Guide
Framework

• Partners help identify participants (goal = 20)

• Model
  ▪ Case Management: time-limited, home visits and phone support, needs assessment, referrals and care coordination
  ▪ Care Circle Development: identify ppl who will support person for long-term

• Evaluation Tools
  • QOL – AD
  • CANE

SF DSN Outcomes

• Referrals made to program - 40
• Clients enrolled – 20
• 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
Affordable Housing Model
Alzheimer’s Greater Los Angeles

• Partnered with be.group
  – 20 HUD housing communities in LA
• Service Coordinators helped identify memory impaired
• Low-income seniors more in need

Framework

• Train HUD housing staff
• Offer educational workshops for residents
• Model: Care management “light”
  – 2-3 home visits
• Evaluation Tools
  – QOL-AD
  – CANE
Affordable Housing Outcomes

• Referrals made to program - 21
• Clients enrolled – 12
• 1 client pursued Dx
• 1 client put legal & health-related plans in place
• Increased independence in at least 1 iADL
  – 8 (transportation via taxi vouchers)
• Additional referrals – Medicare/Medi-Cal assistance, MedicAlert ID bracelet, adult day program, home delivered meals

Collaborative, County Funded Model
San Mateo County Dementia Capable Supports and Services (DCSS)

• Improve county wide dementia capacity
• Provide case management to clients with dementia who live alone
• Create Care Guide including local resources
• Create app version of algorithm
• Test three to four versions of case management interventions
• Try innovative technologies
San Mateo DCSS Framework

- Participant goal = 40
- Model
  - Case Management
  - Care Circle Development and education
  - Incorporate technology interventions
- Systems Level
  - Advisory Council collaboration
  - Educational workshops for agencies and general public

DCSS Outcomes

- Advisory Council
- Referrals made - 68
- Clients enrolled - 38
- Care Circle contacts: 66/80
- Community trainings – 81, reaching 2365 community members
- Services purchased/provided:
  - Home care
  - Adult day program
  - PERS
  - Stove Guard
  - Bathroom assistive equipment
Lessons Learned:

- Identification was difficult; partners assisted with trust
- Most people had someone involved (SF DSN)
- People who live alone are often resistant to any kind of help
- Memory impairment is a threat to one’s housing situation
- Socialization/reducing isolation is critical

- Service Coordinators can’t do it all
- Need for ‘dementia-informed lens’ in assessing care
- Importance of designated resources
- Need collaborative and innovative efforts
- Different populations, different needs
  - Highest income
  - Middle income
  - Medicaid income
The Tools You Can Use…

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.
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
Mini-Cog and AD-8

Mini-Cog
- 3-word recall + clock drawing test
- Total time < 5 minutes
- Scoring: 0-3 positive for CI

AD-8
- Informant tool
- Scoring: 2 or greater – cognitive impairment is likely to be present
Case Study

- 80yo female; Dx of dementia. Referred by her physician. Clothes a little dirty. Apt is messy, cluttered with newspapers near the stove. Reports walking to the store to buy food but not much in fridge. Has a dau who lives in another state but who calls. Medi-Cal (Medicaid).

- Walk the client through the algorithm
- What could be an initial care plan?
  - What services would you consider with client?
- Can you identify a potential Care Circle
Possible Care Plan/Services

- Legal – identified DPOA?
- Case management – MSSP
- Chore/Personal care services – IHSS (Medi-Cal)
- Safety services – wandering, stove safety technology, medication safety technology, home safety evaluation/modification
- Meals on Wheels
- Paratransit (transportation to shopping, appts)

Potential Care Circle
Dau, Doctor, MOW, case manager
Developing an app

Algorithm = Decision Tree
General and customizable by county
Interactive assessment tools
Informational factsheets
Programs & Services resources
Easy to send information to self or client
Generously funded by San Mateo County Measure K funds

Resource Guide

14 Tips
Sections:
• Technology Resource Guide
• Understanding Care Options
Community Resource listings
• Alzheimer’s Association
• Alzheimer’s Greater Los Angeles
• General
Incorporating into the app
**Next steps:**

- Continued Measure K funding – expanding partnerships into community based organizations
- In SF, new ACL ADISSS grant to provide service in RAD Housing
- Modifying algorithm for community based organizations
- Sharing tools with the general public through the Dementia Friendly/Dementia Friends movement

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