

A Model for Meeting the Needs of People with Dementia Living Alone



2017 UNE Geriatrics Conference
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Southern Maine Agency on Aging

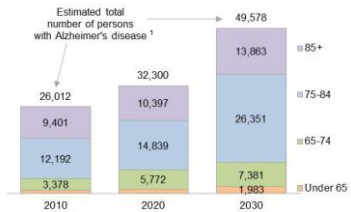
5 Area Agencies on Aging in Maine



SMAA Service Area*:
• 34% of total population
• 31% of 65+ population
*2010 U.S. Census



Alzheimer's and Related Dementias in Maine (ARD)



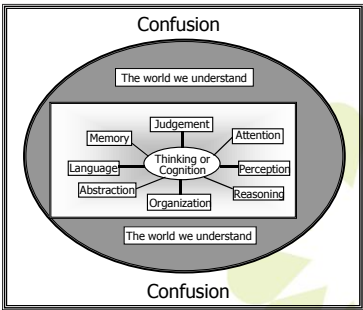
About 30% of people with dementia live alone².

SMAA estimates that by 2020, about 3,100 people in York and Cumberland Counties will be living alone with Alzheimer's Disease, not including other dementias.

¹ Prutkin, L. et al. (2012). Dementia in Maine: Characteristics, Care and Cost Across Settings.
² Gould, E., Mawhin, K., Yoon, P., Wiener, J.M. (2008). Issue Brief: Providing Services for People with Dementia Who Live Alone. Prepared for the U.S. Administration on Aging by Alzheimer's Association and RTI International.



Elements of Thought



Hepburn, K. (2002). The Savvy Caregiver Program. Emory University School of Nursing.



Alzheimer's Disease Initiative Grant

Community (Dementia) Support Program

- Target: People living alone with dementia w/o adequate support
- Pilot in one area - York County
- ACL Grant # 90AL0001-01-00
- Expanded MOW assessment for case finding
- Professional dementia specialists serving small case loads (1.6 FTE staff)
- Average length of involvement: 8.8 months

"Building the road as we walk on it."



Small Group Exercise: Betty's Case

1. What issue is your first priority as a provider to address in Betty's case?

-Be ready to explain the rationale for your answer to the larger group

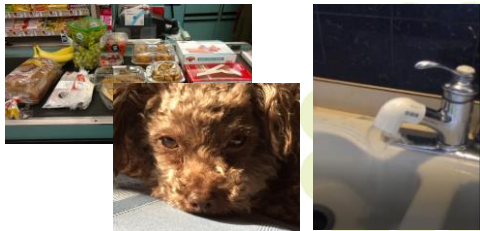
2. What steps will you take to solve the priority problem your group identified?





The Rest of the Story...

- Gained trust through meeting essential needs
- Focused on goals important to the client



- Established private home care services, provided coaching and support
- Toured assisted living facilities
- Ensured continuity of medical care following an ER visit
- Regularly connected with all providers, stakeholders, friends, and distant family members; Held team meetings to discuss strategies to meet needs



Referrals to the CSP

- 38 client referrals since May 2015
- 24 enrolled (63%)
- 9 clients declined (24%)*
- 5 did not meet CSP criteria (13%)
- 13 discharged (54%)
- Average 9 months active (range 3 – 17 months)

* 67% (n = 6) occurred during initial 4 months of program; fewer declines with personnel and procedure changes

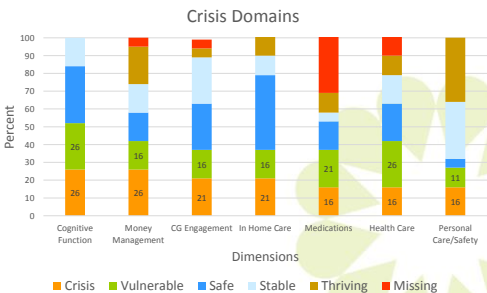


Client Characteristics

- 24 clients
- Average Age: 79 years (*SD* 6.9)
- Gender: Female 79% (n = 19)
- Living Arrangements: 100% alone in community
- County of Residence:
 - York 62% (n = 15)
 - Cumberland 38% (n = 9)

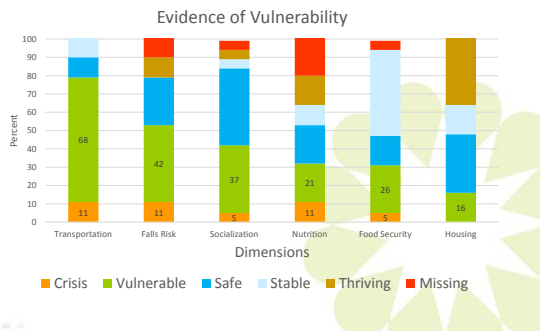


Crisis to Thriving Baseline Characteristics (n = 19)





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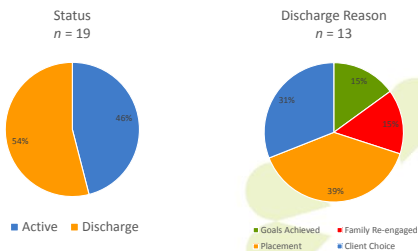


Client Baseline Crisis to Vulnerable Status

- 95% (n = 18) in Crisis or Vulnerable
 - 47% (n = 9) in Crisis or Vulnerable in at least 5 domains
- 63% (n = 12) in Crisis (one or more domains)
- 89% (n = 17) Vulnerable in at least 2 domains



Current Client Status (as of 5/12/17)



Key Model Components

- A deep understanding of dementia, at organization and staff level (truly dementia capable)
- A mechanism to identify and screen persons at risk



- Small caseload (6-8 clients if a few are less intense)



Key Model Components

- Time to support:
 - Relationship building and trust
 - Thorough assessment
- Coordinated team efforts
- Attempts to re-engage family/friends on the periphery



Additional Resources

- Knowledgeable and available supervisor
- Regular debriefing sessions
- Case aide
- Family Caregiver Support Program for family member referrals





Challenges



- Dementia complicates everything
- Complicated family systems
- Clients' lack of trust due to previous provider experiences
- Community's previous experience with client (EMS, APS, Visiting nurses, etc.)
- Community service providers and caregivers with limited understanding of dementia and its implications for the person
- Lack of transportation resources
- System constraints of regulations, productivity requirements
- Resource and time intensive process necessary to move the dial
- Balance goal of autonomy with safety to achieve state of best ability to function and improved quality of life



What Can We All Do?

- Put people living alone on the radar for your community, your organization, your state
- Connect the dots: Think about how easy or how hard your own services are to access for someone living alone with dementia
- Ask first responders, in-home providers, volunteers, town officials, and others if they are seeing people who worry them
- Start raising the issue with legislators
- Advocate for more sessions like this at conferences
- Convene a discussion group to identify issues and steps to take



Questions?



Contact Us



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