

DEMENTIA CRISIS RESPONSE

COLLABORATION STORIES FROM INNOVATIVE COALITIONS

A WISCONSIN DEMENTIA CARE REDESIGN INITIATIVE

PRESENTERS:

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DEMENTIA CRISIS RESPONSE

Background and Context

- ✓ Wisconsin is a county based system with a variety of agency configurations
- ✓ Crisis response for people with mental illness is well developed with an aggressive movement toward diversion from in-patient hospitalization
- ✓ Crisis response for people with dementia is less developed with few long term care facilities willing to take people with dementia in crisis, few stabilization options and inpatient psychiatric hospitals are the default receiving facilities
- ✓ Statutory differentiations between mental health commitment and adult protective placement/services
- ✓ 2012 Wisconsin Supreme Court decision regarding Helen E.F.
- ✓ Wisconsin's Dementia Care Redesign effort in 2014

DEMENTIA CRISIS RESPONSE

Expand Capacity for Crisis Response and Stabilization

- Develop and Disseminate Dementia Assessment Tools for Use by Crisis Response and Stabilization Teams
- Promote Dementia Capability in the Existing Mobile Crisis Response
- Clarify Procedures for Emergency Protective Placements
- Address the Shortage of Facilities Designated to Accept Emergency Protective Placements

No additional funding - No regulatory changes - No statutory changes

DEMENTIA CRISIS TEAM

Results of Mobile Crisis and Adult Protective Programs Survey

- 50% do not have access to dementia specific training
- 88% do not have tools to screen or assess people in crisis for dementia
- 90% do not have sufficient facilities for people with dementia in crisis
- Only 33% report that crisis usually responds effectively

BACK TO THE WELL

“Effective solutions, when found, have been developed locally, and have typically involved cooperation among a variety of stakeholders including county APS and crisis response systems, care facilities, law enforcement, managed care organizations, and others.”

Dementia Crisis Innovation Grants

Project Profile

- January 2016 to July 2017
- Six Grantees -12 Counties
- Total Funding of \$300,000
- 27% of the State's Population
(about 30,000 with dementia)
- Utilizes already established dementia coalitions
- Person centered with focus on stabilization-in-place as the desired crisis response option

Dementia Crisis Response

Collaboration Stories from Innovative Coalitions

Milwaukee County Wisconsin

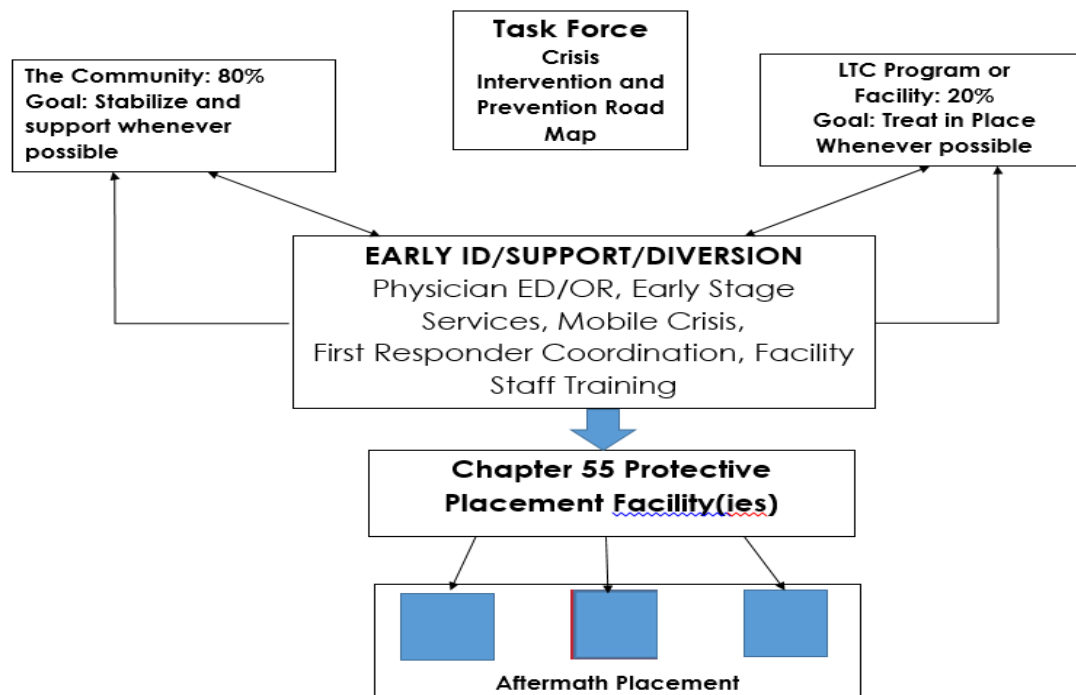
Dinah LaCaze, MBA, APSW

Milwaukee County Department of Aging

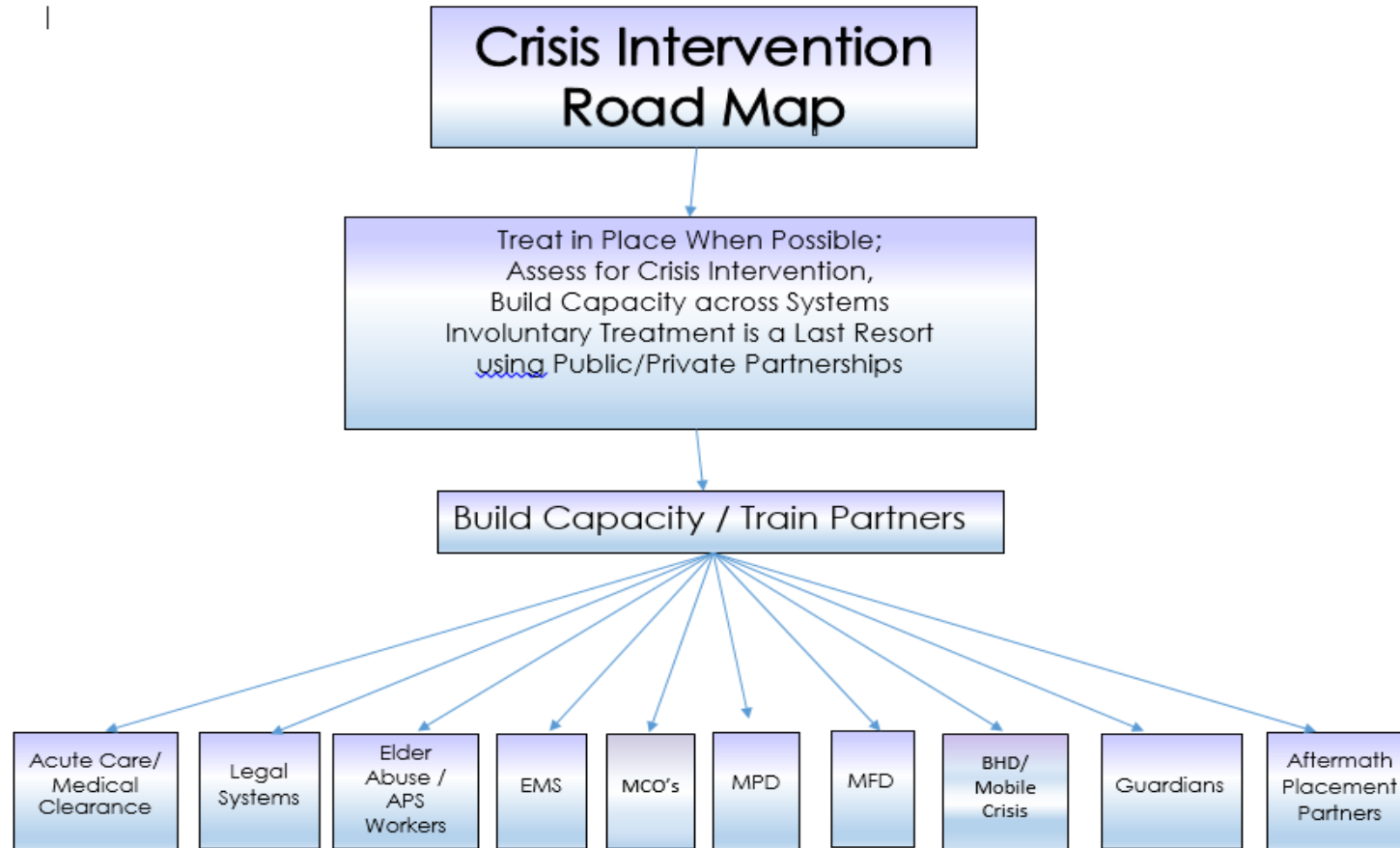


Milwaukee County
Department on Aging

Options Development



Development of Residential Options



Prevention Action/Activity

- Partner with Alzheimer's Association to Provide Training to CIT trained officers.
- Train residential providers to provide stabilization in place.
- Develop "Decision Tree" for First Responders/Law Enforcement.
- Develop "Blue Card"
- Develop Person Centered Tool (adapted from Jefferson County)
- Promote Alzheimer's training and UW Oshkosh Dementia Trainings
- Use Dementia Care Specialists
- Develop Supported Independent Living teams to provide stabilization in place



Innovation Grant Activities

- Strengthen Emergency Protective Placement Coalition
- Develop minimum of two specialty teams under the Supported Independent Living Model to support individuals living with dementia in the community.



Get Partner Commitments

- Get commitments from partners to participate
 - In Training
 - In Behavior Support
 - In Developing the Life Story
 - Using the Life Story to promote better communication
- Provide ongoing support and facilitate good communication among partners.



Develop Training Modules

- Improving understanding of Alzheimer's and Related Dementias / Behavior Awareness.
- Behavior as a Form of Communication.
- Physical Interventions for the Safety of the Client and Caregivers.
- Creating Life Plans to Support Behavior Symptoms, Manage Crisis and Debriefing.



Review Feedback

- Complete pre and post surveys
 - Review Comments from Pre and Post Surveys
- Provide Behavior Support
 - Assist in creating Life Story
 - Provide additional support and training.



Barriers to Success

- Funding
- Informal Supports



Dementia Crisis Innovation Grants

Crafting a Response System for those in Crisis with Dementia

Development of Options for Stabilization in Place

Rebecca Dutter

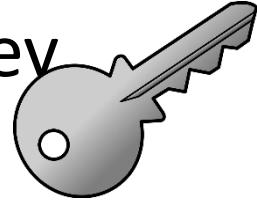
Adult Protective Services Supervisor

Kenosha County, WI



Developing Stabilization Partners

Community partner “buy-in” to a shared issue is key



- Kenosha County “stakeholder meetings” included representatives from:

MCOs

Hospitals

Home Care Agencies,

EMT’s

Nursing Homes

Law Enforcement

ADRC

Assisted Living

Dementia Care Specialist

APS

Adult Crisis

Alzheimer’s Association

- Other counties also included: Adult Day Providers, Public Health and Volunteer Organizations.

Relationship Building, Education and Collaboration

A strong partnership starts with:


- Identifying stakeholders in your community: Who cares about persons with dementia in crisis?
- Developing relationships
- Involving all the stakeholders in identifying the problems and suggesting solutions
- Establishing realistic goals

Education/training on laws, roles and responsibilities- often the starting point.

Many stabilization partners are unclear on laws, resources and options. Once these are better understood, the importance of stabilization in place is more meaningful and can become a common goal.

Facilities sometimes need support and direction when challenges occur with residents, to prevent unnecessary hospitalizations. Often staff is not aware of regulations on involuntary discharge responsibilities.

STABILIZATION AT HOME


- Early intervention:  to successful stabilization in place.
- Kenosha County developed MOUs with home care agencies willing to provide emergency respite when called by APS or Adult Crisis to support a person at home until other supports are established.
- Example: Couple residing in their own home. Husband is the caregiver for his wife with dementia. He needs hospitalization and she cannot be left alone. APS or Crisis responds to be with the wife while these home care providers are contacted to provide support until another family member can arrive. Elder Abuse Prevention funds or AFCSP might be used to support this plan.
- Dementia Crisis Plans were developed and distributed to partners to keep in the homes of those with dementia. Refrigerator Holders were created as a place to keep these plans. Emergency Responders are aware of the plans.
- A Dementia Directory was created to distribute to the community as a resource guide.

DEMENTIA TRAINING

- Education for direct care workers, crisis responders and community stakeholders has been provided by counties to help participants understand dementia and give them tools to prevent escalation and tips to de-escalate.
- Often times the direct care worker is the person who can prevent the crisis. Kenosha provided gift cards to direct care workers (CNAs, personal care workers, etc.) who successfully completed a Saturday training.
- Specific education to law enforcement was provided within the Crisis Intervention Training
- Training to businesses to become “Dementia Friendly”.

Potential Payment Sources

- Elder Abuse Funds- for those over the age of 60 (Wisconsin specific)
- National Caregiver Support Program (NFCSP).
- Alzheimer's Family and Caregiver Support Program (AFCSP)
- OAA IIIB dollars has been suggested
- APS allocation has been suggested (Wisconsin specific)
- Kenosha County draws down some Medicaid funds under DHS 34, crisis intervention, through "linkage and follow up"- options may exist to expand any counties ability to bill MA



ADRC of La Crosse County
(formerly ADRC of Western Wisconsin)
Cheryl Neubauer, Supervisor



Community Gathering to Strengthen Dementia Crisis Response

Stabilization in Place

- ▶ Meetings with Community Stakeholders able to provide support
- ▶ Meetings with Family Caregivers
- ▶ Music & Memory community project
- ▶ Continue to work on rapid response options

Dementia Crisis Training

- ▶ Conversations with responders to develop specific training to meet their needs
- ▶ Developed tools to help responders
- ▶ 25 different training sessions
- ▶ Front page article in local newspaper



Training Objectives:

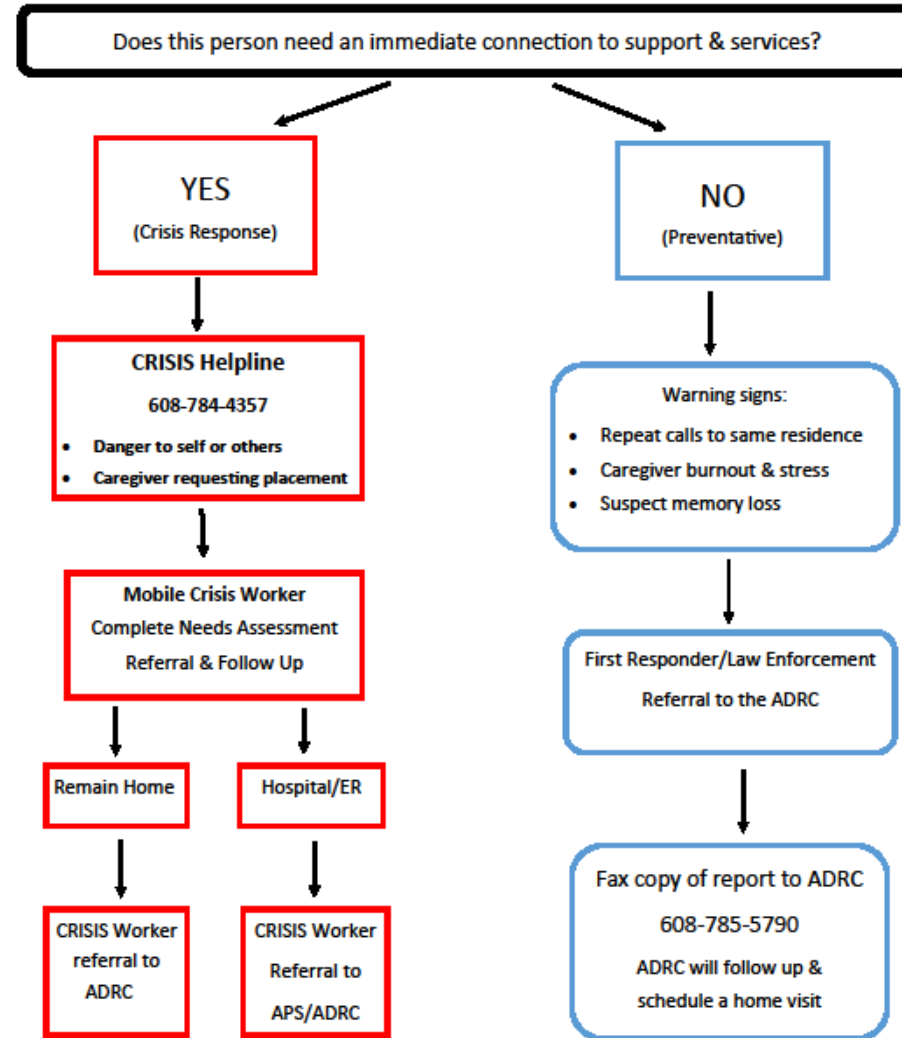
- Dementia Basics – Types & Stages
- Signs & Symptoms of dementia
- Crisis situations:
 - Wandering, Disaster Evacuation, Driving, Shoplifting, Firearms, Abuse & Neglect
- TALK Tactics:
 - How to best approach & communicate in a crisis situation
- ADRC & Mobile Crisis Emergency Services
 - What we do
 - Referral process



300 4th Street North | La Crosse, WI 54601-3228
Main: 608-785-5700 Fax: 608-785-5790

Dementia Capable Crisis Response

Decision Tree



Dementia
Capable Crisis
Response

Decision
Tree



Person Centered Information Tool

Helpful Information for First Responders



Person Centered Information Tool Helpful Information for First Responders



Name: _____

I prefer to be called: _____

Please check appropriate box:

I CAN be left unsupervised

I CANNOT be left unsupervised

Caregiver/Family Member Names/Numbers: _____

Someone I trust who motivates me to cooperate is: _____

Things that upset me: _____

I express distress by: _____

I am calmed by: _____

The best way to communicate with me: _____

This helps me understand and participate: _____

Sensory Aids Needed: __ Hearing Aids __ Glasses __ Walker __ Cane __ Other: _____

Comfort Items to take with me: _____

Medical Conditions: _____

Allergies: _____

Pain Areas: _____

**Remember to attach medication list*

Please remember to:

- > Validate my feelings, to show me you understand
- > Repeat my words back to me as a question to clarify
- > Use the word "WE" so we can work together
- > Please give me time to respond



Main: (608)-785-5700 or
24-Hour CRISIS: 608-784-4357



Outcomes

- ▶ Over 250 Law Enforcement, First Responders & Mobile Crisis trained
- ▶ Mobile Crisis and Law Enforcement responding together to Dementia Crisis Calls
- ▶ Referrals made to the ADRC by law enforcement and/or Mobile Crisis after crisis call
- ▶ Music & Memory program developed for the people with dementia who live in the community
- ▶ Community Presentation by Former Governor Martin Schreiber on his caregiving journey – *My Two Elaine's: Learning, Coping and Surviving as an Alzheimer Caregiver*

Dementia Capable Dodge County, WI

*Paula Becker, MSSW, CAPSW, Adult Protective Services/Long Term Support Supervisor
Dodge County Human Services and Health Department - pbecker@co.dodge.wi.us*

and

Judy Wiese, Dementia Care Specialist

Aging and Disability Resource Center of Dodge County – jwiese@co.dodge.wi.us

Success

From Beginning to End: PLANNING

- **January 1 to January 15, 2016:** Laid groundwork; defined individual roles, set meeting schedules, discussed documentation expectations, created time reporting system etc.
- **January 18 to January 29, 2016:** Discussed and identified training needs for staff, health care professionals, other stakeholders, and general community. Researched online options, known local experts, and met with the Alzheimer's Association - SEWI Chapter to explore options.
- **March 10, 2016:** 150+ Letters/emails sent to promote April education trainings to stakeholders
- **June 13, 2016:** 'Train the Trainer for 1st Responders,' a collaborative effort with the Alzheimer's Association. Staff from APS & ADRC attended. We created a PPT for Dodge County with an Elder Abuse component, a resource binder, customized materials, and offered stress balls.
- **November 11, 2016:** Aging & Disability Resource Center certified in Music & Memory Program
- **February 2, 2017:** Dementia Team Building Meeting
Dementia Crisis Team trainings: 2/28/17, 3/7/17 and 3/14/17
- **March 6, 2017:** Four MOU's signed for Dementia Crisis Response Teams for in home care and emergency placement.
- **May 1, 2017:** Additional MOU signed for emergency placement.



Let's talk
about
dementia

Action

Education & Training Highlights

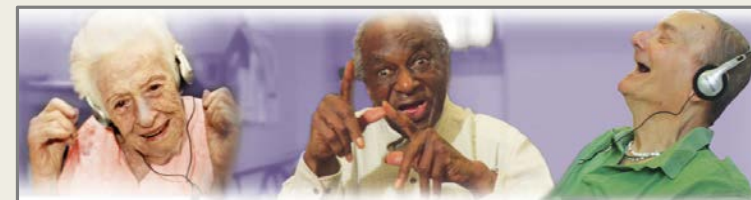
- **3/9/16:** Memory Loss, Dementia, and AD: The Basics – Pre & Post Test by Dementia Care Specialist for our Clinical Services Division. (50+ attendees)
 - **4/6/16 & 4/13/16:** 8-Hour Dementia Care Trainings by the Alzheimer's Association for county staff and interested stakeholders. (115 attendees)
 - **July to December 2016:** 1st responders and Fire Department trainings
(12 trainings done on site - 140+ attendees)
- January to June 2017:** Presented to Dodge County Executive Law Enforcement Association, local police departments, and invited to do a Break-Out session on our trainings at the Wisconsin Association of Community Policing.
- **Ongoing Community Education:** Includes collaboration with the Dementia Concerns Coalition of Dodge County and the Alzheimer's Association. 10/16: First county dementia summit, (100+ attendees), 4/17: Spring Safety Conference (50+ attendees) and upcoming 10/17: Fall Conference and Summit II in advanced planning stage.
 - **Collaboration with our meal sites, libraries, senior centers, and churches:** 40+ programs and 30+ off site memory screen opportunities provided during grant period.

Collaboration has been the key to success!

Soft Supports Music

WHY?

- An enjoyable activity for any elder anytime!
- Reduces or eliminates agitation
- Improves mood and behavior
- Restores identity
- Increases socialization
- It works



Aging & Disability Resource Center (ADRC) of Dodge County is certified in the evidenced based Music & Memory program. This program is **free** to Dodge County residents diagnosed with dementia of any type. Other helpful activities also available.

Soft Supports

Medic Alert + Safe Return Program & Person Centered Care Tool

Let the ADRC Help You Reduce the Worry and Stress Related to Wandering and Dementia



The ADRC of Dodge County is offering information on wandering and scholarships for MA + SR bracelets to qualifying residents living independently in Dodge County

Please call the ADRC today at 920-386-3580 or 800-924-6407 to learn more about this opportunity!



The Purple Angel

Dodge County
Dementia Crisis Response
Person Centered Informational Tool

Name: _____

I prefer to be called: _____

Please check appropriate box:

I CAN be left unsupervised

I CANNOT be left unsupervised

Caregiver/Family Member Names and Phone Numbers:

People I trust who *motivate me to cooperate* are: _____

Some of *my personal preferences* are: (such as likes hugs versus hates hugs or likes socks and shoes on versus barefoot, etc.) _____

If I am upset / being *aggressive or combative* you SHOULD or SHOULD NOT approach me (circle one)

Comfort Items to take with me:

Sensory Aids Needed
(Glasses, Hearing Aids, etc.):

Medical Conditions:

Allergies:

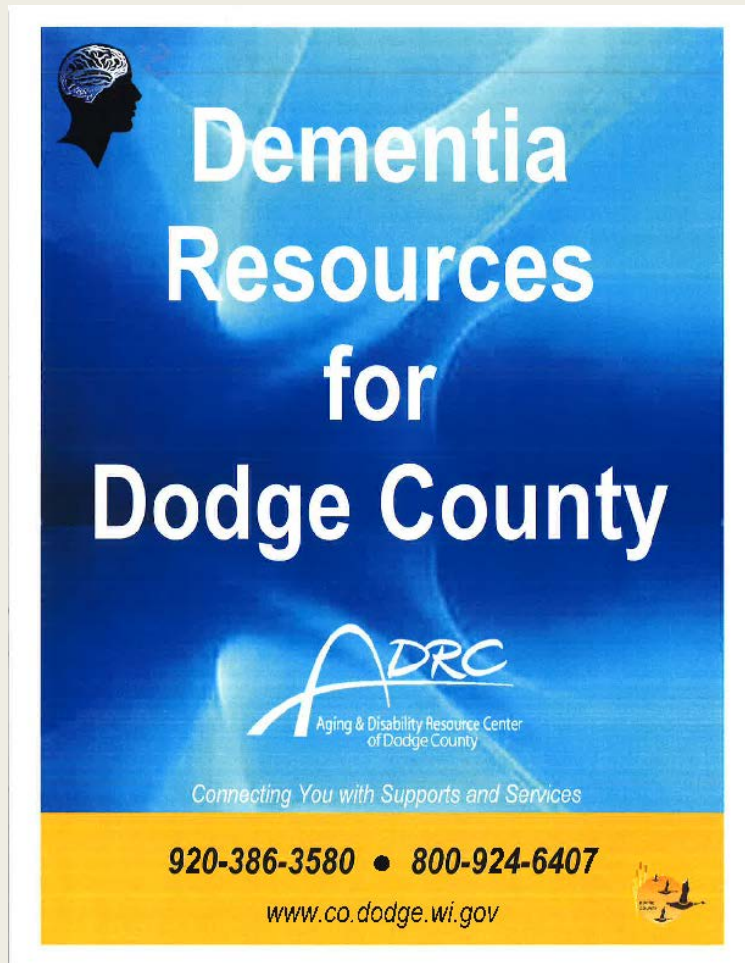
Pain Areas:

*Remember to attach medication list

Small Sample of Tool

Soft Supports

Library Initiative: Resources and Programming



- All area libraries (17) are participating
- ‘Dementia Resources for Dodge County’ binder; Includes 5 tabbed sections. Frequently Asked Questions (FAQ) for general and caregiver questions is used for reference.
The success of this binder is the fact that it is catalogued and available for circulation throughout the county.
- Resources offered to all libraries: 12 books and 2 DVD’s and option to pick additional 5 items from 10 offered. These include picture, young adult, biography, non-fiction, and bi-lingual books. All materials have book plates with ADRC contact information and acknowledge the DHS grant.
- Libraries also agreed to host one dementia or brain health related program in 2017. Over half have already done so.

**Dodge County Dementia
Capable Crisis Response Teams
(DC² Teams)**

Goals of DC² Teams

- Respond quickly to crises
- Assist with stabilization of the individual or situation
- Alternative to placement
- Reduce transfer trauma or multiple transfer traumas
- Comprehensive response after business hours

Development of Teams

- Meeting with Stakeholders – workflow and MOU's
- Need for multiple agencies, 24/7 commitment
- Specialized Training
- Ongoing Training

When Stabilization in Place is not Possible

- Similar Process as the Development of Crisis Teams
- Quicker response to requests for placement
- Identifying and wanting to prevent crises

Case Examples

A 99 year old woman with dementia was residing in her home alone and had resided in this home nearly all her life. She was no longer able to prepare meals for herself and was not remembering to eat. She did not remember to take her medications and needed assistance with many of her ADL's. In addition, she began leaving her home to seek out neighbors for assistance, but then could not get back up the stairs to enter her home. She started experiencing delusions and contacted law enforcement believing that a family member stole her purse and was trying to murder her.

The stabilization team was utilized several days per week during the hours family members and neighbors identified as the most difficult for this woman for approximately three weeks until placement was able to be secured. She was able to tour facilities with her family and express, which facilities she liked and did not like. Family was able to arrange to be with her when she moved and helped with making certain she had items with her that she valued or cherished to make her new environment feel more homelike and secure.

Case Examples

An 80 year old gentleman diagnosed with vascular dementia had fallen and broke his hip. After his surgery he was placed at a nursing home for rehabilitation. This gentleman also struggled with depression and did not want to be placed in the nursing home. He attempted to strangle himself on two occasions both resulting in hospitalizations, the second hospitalization being at Winnebago Mental Health Institution (WMHI). Due to having well trained DC² Teams this gentleman was able to discharge quickly from WMHI back to his home on a Saturday. APS was then able to follow-up with this gentleman and his family after the weekend and assist with developing a plan and securing other long term in-home services to meet his needs.

Case Examples

- *An 75 year old gentleman from Dupage County in Illinois was found stranded on a highway in Dodge County. This gentleman believed he was still in Dupage County. The stabilization teams were dispatched to stay with and care for him until his family arrived.*
- *An 85 year old woman diagnosed with Parkinson's dementia was residing with her daughter. This woman needed extensive assistance with all of her activities of daily living and required 24 hour care and supervision. The daughter was unexpectedly hospitalized and there were no other family members to provide the care this woman needed. Given that the daughter was going to be hospitalized for a period of time it was determined that a temporary placement was the most appropriate alternative option. Due to having the MOU's in place with several facilities APS was able to secure a placement within 15 minutes and had this woman to her placement within approximately one hour.*

Wrap Up & Next Steps

- Decrease negative stigma surrounding dementia
- Early detection, diagnosis, and appropriate referrals
- Earlier and proactive intervention to enhance quality of life for individuals with dementia and their caregivers
- Prevention of initial or reoccurring dementia related crisis