



DEMENTIA CRISIS PROGRAM



DEMENTIA CRISIS PROGRAM SPECIALIST

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Housed within Adult Protective Services division

➤ **Overall goal** – to reduce the need for emergency detention and inpatient hospitalization at the institutes and assist with future care if hospitalization is required.

Activities:

- Establish relationships with facilities and MCO's to provide training and support up stream as we get ahead of crisis situations
- Work with professional and family caregivers to create safety plans with the goal of reducing crises
- Provide education about dementia care to police, crisis staff and professional caregivers

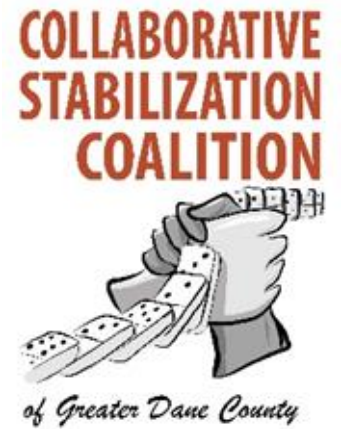
DEMENTIA SUPPORT TEAM

➤ **Overall Goal** - to reduce the need for emergency detention and inpatient hospitalization at the institutes and assist with future care if hospitalization is required.

Partners: MD, The Alzheimer's & Dementia Alliance Staff, Dementia Program Specialist, Adult Protective Services Manager, Triage Support Staff

Activities:

- This team meets to problem solve situations when an individual is at risk of losing their placement due to an expression of their disease that is causing them to be unsafe in their current environment. The goal is to support them where they are, if at all possible.
- This team will also support individuals who have been in an emergency detention as they leave the institute, with the goal of supporting them in their new placement.



COLLABORATIVE STABILIZATION COALITION

➤ **Overall goal:** to reduce the need for emergency detention and inpatient hospitalization at the institutes and assist with future care if hospitalization is required.

Partners: Dane County Human Services, Journey Mental Health, Madison Police, MCO's, facilities, the State of Wisconsin, The Alzheimer's Association, The Alzheimer's & Dementia Alliance, The Ombudsman Program for Dane County, The Waisman Center, The ADRC of Dane County

Served: people with dementia and those with ID & DD

Accomplishments: Training events, breaking down barriers and communication gaps, debriefing challenging situations for better outcomes

DEMENTIA BEHAVIORAL CRISIS TRAINING OPPORTUNITIES

Building Blocks for Dementia Care

8 Part Series

Offered on line

Creating Recordings for future training

Working to provide trainings 1-2 times yearly

Celebrating a Culture of Quality

Developing Relationships


Sharing Knowledge







EMERGENCY PLANNING

- Provide education to families, providers, first responders about planning for emergencies
- Education on the use of the First Responder Tool (FRT) for those with dementia
- Promote the utilization of the FRT along with the File of Life and dementia friendly stickers for the door



FILE OF LIFE	
	
Name:	
Address:	
Doctor:	Phone#:
EMERGENCY CONTACTS	
Name:	Phone#:
Address:	
Name:	Phone#:
Address:	

FIRST RESPONDERS TOOL			
   		Please remember TALK Tactics: <i>Take it slow</i> <i>Ask simple questions</i> <i>Limit reality checks</i> <i>Keep eye contact</i>	
HELPFUL INFORMATION FOR FIRST RESPONDERS WHEN ASSISTING PERSON WITH DEMENTIA			
PERSONAL INFORMATION FOR PERSON WITH DEMENTIA		Date of Birth	
Name		Name preferred	
Language(s) spoken and understood			
My Address			
ARE THERE WEAPONS IN THE HOME? YES NO IF YES, PLEASE LIST WEAPONS BELOW			
EMERGENCY CONTACTS			
Name	Address	Phone Number	
SOMEONE TRUSTED WHO PERSON WITH DEMENTIA RELIES ON TO MAKE DECISIONS			
Name		Phone Number	
MEDICAL INFORMATION			
Medical Conditions			
Allergies			
Pain Areas			
Preferred Hospital			
IMPORTANT: Please attach medication list and dosage instructions.			
Regular Routines			
Difficult time of day for me			
Do I wander?			
How long can I be alone?		Other	
SENSORY AIDS NEEDED			
Hearing Aids	Glasses	Walker	Cane
Other sensory aids			

BUILDING RELATIONSHIPS

- Building relationships with facilities
- Working together to solve problems
- Focusing on being proactive
- Recognizing strengths of agencies
- Finding the best fit for the individuals in need of care
- Collaborating
- Providing support
- Offering education



Provider Information Form



Name of Provider			
Date		Number of Facilities	
Facility Types			
Addresses of Facilities			
Admissions Contact			
Email address			
Can you do an admission assessment in 24 hours including weekends/holidays		YES	NO
Are you able to do emergency placement?		YES	NO
What documentation do you need for an emergency admission?			
Chest X-ray	TB Skin Test	History & Physical	Other (specify below)
Overall capacity		Potential bed availability	
Population served			
Who do you feel is not appropriate for your facility?			
Will you serve individuals with behaviors?		YES	NO
Will you serve individuals that are High Risk?		YES	NO
What specific behaviors do you support? Physical/striking out? Wandering? Sun downing? Redirection? Locked /alarmed unit? Please specify below.			
Do you do behavior support planning?		YES	NO
Will you have staff participate in specialty dementia training?		YES	NO
Do you have a visiting MD Yes Psychiatrist Yes Psychologist Yes ?			
Do you serve non-ambulatory individuals?		YES	NO
Do you accept private pay clients?		YES	NO
Are you able to work financially with the client for payment of placement?		YES	NO
Are you able to provide transportation?		YES	NO
What governmental payment sources do you accept: Family Care MC CC IRIS ICARE Pace/Partnership? Please specify below.			
Do you accept LTC insurance?		YES	NO
Do you have bilingual staff?		YES	NO
What languages are you able to understand? Please specify below.			
Do you wish to provide any additional information? If so, please specify below.			

ADVOCACY

- Evaluate policies and processes that affect people with dementia who experience a crisis
- Assess the emergency detention and protective placement processes and what that experience looks like for individuals with dementia
- Consider better alternatives and options
- Collaborate with partners to bring voice to the need for change
- Communicate the issues with stakeholders and policy makers
- Work with partners to provide better alternatives

QUESTIONS & ANSWERS ABOUT DEMENTIA RELATED CALLS

- How do you know if someone has dementia?
- This facility says they cannot support an individual due to their “behaviors”. What next?
- This family member is struggling to care for their loved one at home because of their behavior, how can we help them?
- They want to “ED” this individual. What do I do?
- How do you know if it’s dementia or another type of MH issue?
- Is there a place we can take people with “behaviors”?

**** All behaviors are a way for a person with dementia to communicate an unmet need!! ****

WHAT WOULD BE HELPFUL IN OUR DEMENTIA RELATED RESPONSE SYSTEM?

- Tell us how we can best help you?
- In your opinion, what would help these individuals most?

We are all ears!

