

Respite & Relief

Support for caregivers & individuals living with Alzheimer Disease or a related dementia

What makes this project innovative?



To understand the innovation

- We must understand the Alzheimer journey.....and it's challenges to caregivers living at home in our current model of health system delivery.



Current Challenges

- Respite eligibility requires personal care
- Continuity of worker
- Dementia trained worker
- Services fluctuate based on budget not need.
- User fees prohibit incremental usage
- Services & Needs often incongruent
- Caregivers are not legitimized, supported members of the health care team
- Relief is not the measure of respite services

Predictors of Admission to LTCH

- | | |
|-------------------------------|--------------------------|
| Resists care | • Caregiver Health |
| Verbal / physical abuse | • Caregiver Depression |
| Wandering | • Social Isolation |
| Socially inappropriate | • Income Level |
| Personal Care Needs | • Coping with Behaviours |
| Concurrent complex conditions | • Caregiver Burden |

Shift the Focus

- Person with ADRD and Caregiver as a unit
- Needs Based not Services Based
- Remove accessibility barriers
- Ensure responsive levels of care
- Integrate providers into one plan of care
- Focus evaluation on relief through respite

Mittelman Model of Needs Based Counseling

- Primary Caregiver Identifies Needs / Stressors
- Primary Caregiver Identifies members of their social support network.
- Social Worker facilitates a meeting of support network members & caregiver to match and prioritize needs to informal supports.
- Social Worker monitors and evaluates effectiveness of the respite -relief plan.

Special Needs at Home Funding Model

- When informal supports are not enough
- When support network is limited
- When access is challenged
- When needs are not conventional
- A respite – relief fund is accessible –
 - Up to \$5,000 per caregiver per year.

Alignment with Champlain LHIN Priorities

- Improve Access to responsive supports
- Support seniors health potential
- Integrated individualized service plans
- Consumer focus.
- Circumvent existing barriers to ensure appropriate type and level of care
- Enhance system capacity, recognizing caregivers as core members of the health care and support team.

Building the Inventory

- CCAC Infrastructure for respite fund. Social Work –Respite Coordinator role
- Alzheimer Society Implement framework, dementia training, caregiver education & supports
- CMHA Intensive Case management on issues of mental health and coping
- Psycho-geriatrics Assessment, diagnosis, specialized treatment services
- Special Services @ Home respite funding model
- Liaison with community support services, community living, Research community

LHIN leadership creates opportunity where every door is an open door

- Support continuity of respite worker
- Encourage AD education & exercise classes.
- Link to financial management tutor.
- Establish a support network to reduce isolation.
- Hire male student – weekly walk & talk & fishing
- Focus on activation vs. physical care
- Initiate day program twice per week
- Introduced the guest house for vacation care.
- Offered intensive case management to manage wandering, loss, depression.
- Supports to ensure adult child continues to work and maintain health & pension benefits.

Focus on consumer

- The role of caregivers in the health care continuum is recognized and supported.
- Caregivers and individuals with dementia will be able to live at home longer.
- Respite needs translated into relief.
- Integrated providers, providing right service at the right time.

