


Assessing Risk: Connecting Services



Roberto E. Velasquez, M.S.G.
 Director of Development/Multicultural Services
 Southern Caregiver Resource Center
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Southern Caregiver Resource Center (SCRC)

- Mission Statement
 - The mission of SCRC is to help families and communities master the challenges of caring for adults through cost-effective and prevention-oriented programs and services that address the emotional, physical and financial needs of family caregivers.

History and Orientation of SCRC

- Southern Caregiver Resource Center (SCRC) was established in 1987 as part of a system of California Caregiver Resource Centers through a contract with the Department of Mental Health.
- The initial goal was to provide supportive services to family caregivers of adults with cognitive impairing conditions such as Dementia, Alzheimer's Disease, Traumatic Brain Injury, Parkinson's Disease, Multiple Sclerosis, Stroke, Huntington's Disease, etc.

History and Orientation of SCRC cont.

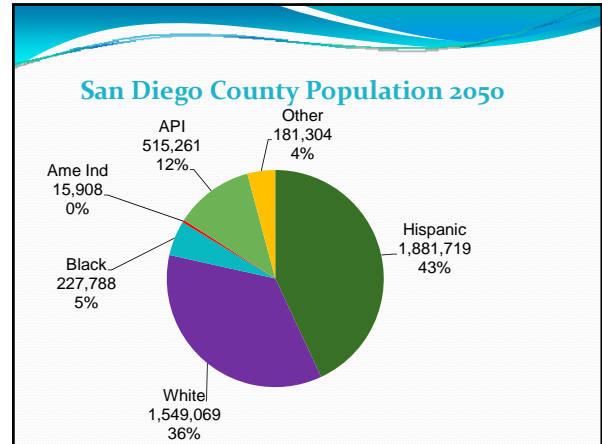
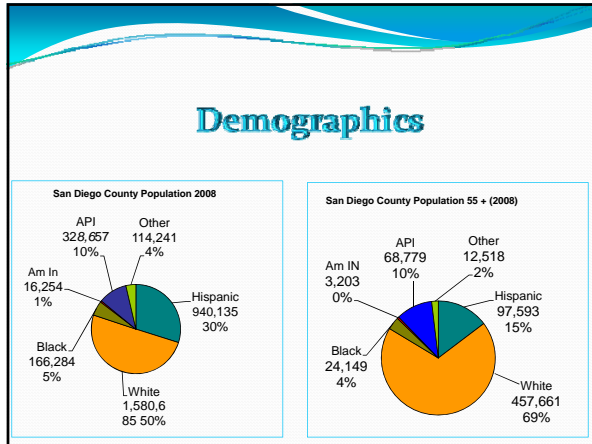
- SCRC is a private, independent non-profit agency capable of seeking funding from a variety of sources including grants and donations
- In 2002, SCRC received a grant from the County of San Diego's Aging & Independence Services which enabled expansion of caregiver support service to families caring for individuals 60 years of age and over needing assistance with activities of daily living (diagnosis with a cognitive impairment not necessary)
- Presently, SCRC can provide its comprehensive range of FREE supportive services to virtually any family/informal caregiver

History and Orientation of SCRC cont.

- There are 11 Caregiver Resource Centers in California
- California is the only State that has a system of Caregiver Resource Centers
- All Caregiver Resource Centers have the same core services, but differences exist between additional program offerings at each Center
- SCRC is the only Agency in San Diego County that offers services totally focused on family caregivers. SCRC is not a "disease-based" organization and therefore works with families dealing with a diversity of chronic disease conditions and illnesses.

About San Diego County





San Diego County Latino ADAD Prevalence Estimates

Latino 55+ ADAD Prevalence Projections 2008-2030 ADAD Projections for San Diego County, CA for 2008, 2015, & 2030 Percentage difference from 2008				
Year	Latino 55+	Anglo 55+	Latino 55+	Anglo 55+
2008	6,074	37,349	-----	-----
2015	8,481	37,286	40%	-0.17%
2030	17,511	58,291	188%	56%


Source: Patrick Fox, Ph.D., et al. AD Facts & Figures in California, September 2008.

Latino 60+ ADAD Prevalence Projections 2000-2050 ADAD Projections for San Diego County, CA for 2000, 2010, & 2050 Percentage difference from 2000				
Year	Latino 60+	Anglo 60+	Latino 60+	Anglo 60+
2000	1,889	16,592	-----	-----
2010	3,267	18,025	73%	9%
2050	23,289	48,152	1,133%	190%

Source: Garrett, Valle & Velasquez, Hispanic ADAD Prevalence Study, February 2008.

Hispanic/Latino Caregivers: Characteristics

- Majority are middle-aged women
- They are more likely to be adult children (or grand-children) than spouses.
- Lower incomes and lower levels of education are common, as is poorer self-reported health
- Latino caregivers are reluctant (at times, unable) to use formal health care services since few agencies have significant bilingual and bicultural staff needed:
 - to provide accurate assessment and treatment;
 - to facilitate cultural bridges between the health care agency and the needs of Latino families;
 - to effectively engage them in a wide variety of treatment options



More.....


- Most are reluctant to admit to care giving being a "burden" - This implies they do not accept their role and are not grateful for the care they have received from her parents and spouses.
- Depression, however, is more readily described & endorsed. Depression makes care giving much more stressful & should be addressed.
- Multiple roles
More than half of all Latino caregivers work outside the home and also have at least one child age 18 or younger living at home.

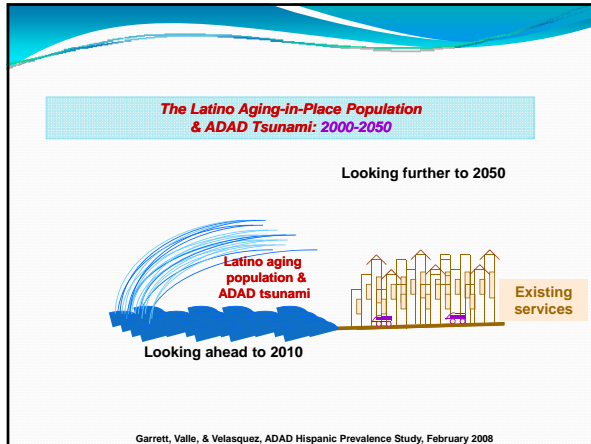
Dementia Facts and Statistics

- Hispanics/Latinos are at risk for both Alzheimer's Disease AND vascular dementia due to high prevalence of Type 2 diabetes & hypertension, which is associated with multiple strokes.

SALSA (Sacramento Area Latino Study on Aging)

- Longitudinal epidemiologic cohort study of a group of older Latino individuals & their families.
- Prevalence of dementia among all SALSA participants was 4.8%, but it was **31% above age 85**
- This study is the first to link dementia with diabetes and hypertension; these are considered important (and potentially modifiable) risk factors.





Assessing Risks

- SCRC supports family caregivers through a wide array of services designed to help families care for loved ones in the home environment for as long as possible. Our services help to strengthen caregivers and help to delay and sometimes eliminate the need for families to institutionalize their loved ones.
- SCRC's clients are served by a team of highly skilled clinical staff with the ability to provide professional assessment, care planning, consultation and counseling services.
- SCRC's services are centered around a comprehensive needs assessment and development of a care plan that focuses in on meeting a caregiver's needs and assisting with their concerns.

Assessing Client Risk

- Mrs. X (CG) is 73 yrs old. She provides care to her husband, Mr. X (CR), since 02/09 after Mr. X suffered a stroke. CR is 85 yrs old. CG and CR live alone in their own home. CR's primary dx is CVA and CHF. CR requires assistance with multiple ADLs and IADLs. CR does not drive. CR's daughter provides assistance with care and supervision two times a week while CG goes to work. CR has 2 other adult children who do not help. CG started working part-time recently for financial needs. CR also receives hospice care in the home. CG reports having a few health problems and has not visited her doctor in past 6 months. CG reports her health as being worse than 6 months ago. CG looking for additional respite services. CG reports that CR "is not my husband anymore" and that she would consider placement "when he becomes bedridden". CG reports "little knowledge about CR disease/disorder" and "little knowledge about available programs/resources".
- Revised Memory and Behavior Problems Checklist indicates that CG is mostly bothered by CR "talking loudly and rapidly" (i.e., communication). CG reports CR "doesn't listen to me... and he talks loud".
- CES-D score for CG is 23 indicating depression. CG also reports feeling anxiety, anger and frustration being in the CG role. CG denies suicidal ideation and expressed interest in counseling. CG receives emotional support from friends and daughter.

CARE PLAN

Problem/Need/Concern	Goal	Steps
CG reports feeling angry and frustrated with caregiver situation	Increase CG social and emotional support	<ol style="list-style-type: none"> 1. Family Consultant referred CG to SCRC Short Term Counseling program 2. CG continue attending support group 3. CG considering discussing her symptoms with her doctor for possible evaluation 4. CG will continue to use her daughter and friends for support
CG reports difficulty communicating with CR	Increase CG understanding of and ability to cope with her husband's condition	<ol style="list-style-type: none"> 1. Provide personal education/consultation to CG regarding communication strategies, including making eye contact, provide a reassuring touch, and communicating with minimal distractions. 2. Provide FACT Sheets on above topic. 3. CG to call Family Consultant for further support and resources on this topic.
CG expressed needing assistance caring for husband and would like some opportunity for respite.	To increase CG options for support in caring for husband through respite opportunities.	<ol style="list-style-type: none"> 1. CG continues to use CR daughter and hospice for support in the care of CR. 2. CG will consider talking about respite services through Hospice. 3. Family Consultant provides education/consultation to CG on ways to communicate with CR family. CG will consider asking CR family for support in respite opportunities. 4. Family Consultant provided education/consultation to CG regarding in-home and out-of-home respite options. CG will contact Family Consultant for further resources on this need when needed. 5. CG will contact her Family Consultant for further support and resources on this issue.

Southern Caregiver Resource Center

Service Menu

- Assessment
- Care planning
- Caregiver trainings
- Case management
- Community education/outreach
- Educational teleconferencing
- Family consultation
- Home modifications
- Intergenerational computer training program
- Legal advice
- Link Care Outreach
- REACHing Out to Hispanic Caregivers
- Respite care via contracts with home care agencies and adult day care programs
- Short Term Counseling
- Spouse of Family
- Specialized information
- Support groups

Expanding Services Through Partnerships



- ### SCRC Grantors/Funding Partners
- California Department of Mental Health
 - San Diego County's Aging and Independence Services
 - San Diego County, Health and Human Services Agency - Mental Health Services (REACHing Out)
 - The Harry and Jeanette Weinberg Foundation (Partners in Caring)
 - Rosalynn Carter Institute (REACH OUT)
 - The Gary and Mary West Foundation
 - Grossmont Healthcare District (East County Respite)

THANK YOU!