

# Signs of Concern and Community Response

**Presented by Jams Stuiivenga (they/them)  
Clinical Supervisor of the  
Geriatric Regional Assessment Team**

# Case Example

- Daisy, an 80-yo single, housed, retired woman living alone in a rental unit. Little support in area but in regular contact with out-of-state family.
- Last year during a trip, upon arriving and checking into her hotel room, she was unable to recognize her own parked car in the parking lot. She was acting very suspicious in the lot, circling her car, to the point that the police were called. They ended up taking her to the hospital where she was given fluids before being discharged.
- Some months ago, her phone service was suspended for lack of payment. She was unable to say what had gone wrong or why the bill had not been paid.
- She recently lost her job at a local grocery store. She is unsure why she lost her job, but is now falling behind on rent, so family has been sending her money to cover the cost.
- Last week, Daisy was talking to her sister about a rash she had. She was not able to find her doctor's phone number or coordinate a visit. Eventually, her sister was able to track down that information and pass it on to her, but Daisy was unable to follow through and make the appointment on her own.

# Normal Aspects of Aging

- Occasional lapses in memory or moments of absent-mindedness
- Using memory aids for assistance
- No changes in mood or personality that disrupt well-being
- Maintaining an individual baseline of interest in work, hobbies, and social activities

# Dementia

"Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities. Alzheimer's disease is the most common type of dementia. Though dementia mostly affects older adults, **it is not a part of normal aging.**" (emphasis added)

~ Centers for Disease Control ~

<https://www.cdc.gov/aging/dementia/>

# Signs of Dementia

- Memory loss disrupting routine activities
- Difficulty completing familiar tasks or making and keeping plans
- Confusion about time, place, and/or people
- Trouble tracking information
- Challenges understanding visual images or spatial relationships
- Personality and mood changes
- Impaired judgment
- Hallucinations or delusions
- Decreased social interactions

# Other Factors to Consider

- Hearing loss or difficulty hearing
- Sleep issues or fatigue
- High stress and anxiety
- Depression
- Medication interactions and side effects
- Drug or alcohol use
- Inadequate nutrition and/or hydration
- Delirium

# Delirium

- An altered state of consciousness
- May appear similar to dementia but is not the same
- A sudden onset of **new** confusion, disorientation, or psychological symptoms
- A medical emergency – reversible if treated **promptly**

# Causes of Delirium

- Infections
- Intoxication / withdrawal
- Poisons
- Metabolic imbalances (from dehydration, low sodium, or anemia)
- Strokes
- Severe or chronic illnesses
- Untreated or unknown medical issues
- Side effect from a recent surgery

# Delirium vs. Dementia

Talk to a family member, caregiver, neighbor, etc. about:

- Onset of symptoms – how recent?
- Changes in attention – hyperactivity or hypoactivity
- Fluctuation – noticeable changes over the day

If the picture is not clear, **need to rule out medical causes.**

# Signs of Concern

## Person:

- Loose and/or soiled clothing
- Poor hygiene, smell of urine
- Malnutrition and/or dehydration

## Behavior:

- Living alone and confused
- Can't operate phone
- Getting lost while driving
- Wandering

## Signs of Concern, Pt 2

### **Behavior:**

- Untreated injuries
- Intruders posing as friends
- No idea how to get emergency help
- Frequent 911 calls due to distress
- Pets neglected
- Refusing assistance

## Signs of Concern, Pt 3

### Environment:

- Utilities turned off, appliances not working
- Neglect of home
- Medications in disarray
- Unopened or unpaid bills
- Vermin, flies
- Burned food or kitchen fire
- Multiple alcohol bottles
- Spoiled food, food scarcity

# Communication Strategies

- Slow down, take time, build rapport
- Talk to them at their level
- Give them time to respond
- Always let them know next steps
- Sensory and processing differences
- Language and cultural considerations

# Pathways of Response

## **Emergency:**

Life-threatening situation  
requiring same day response  
for safety

## **Urgent:**

Imminent risk/harm requiring  
intervention for safety

## **Routine:**

Referring to service  
providers who can resource,  
further assess, or care for  
person needing assistance

# GRAT at Sound Generations

- Team works collaboratively to provide **in-home assessments of cognition, mental health, medical status, substance use, safety, psychosocial and functioning abilities** for people aged 55 and older who meet criteria for eligibility.
- We respond to **acute non-crisis situations**, such as life or health transitions and corresponding changes in mental health, substance use, and cognition, to **assist with referrals** to support services and resources.
- **Early intervention** can effectively stem crises and divert from costlier services, such as inpatient psychiatric hospitalization, emergency rooms, and skilled nursing facilities.

# Who to Refer

Adults who are 55+ and:

- Live in **King County**;
- Experiencing an **acute non-crisis event in which mental health, substance use, and/or cognitive issues** may be a contributing factor and/or exacerbating the situation;
- **Isolated from services** and/or facing barriers to engagement due to above behavioral issues;
- **Priority given** to older adults from communities underserved due to historic and ongoing systems of oppression.

# Who Is Not Eligible

- GRAT would not accept:
  - Suicidal or homicidal older adults with a plan and intent.
  - Those currently served by behavioral/mental health providers.
  - Older adults receiving a higher level of care while residing in an assisted setting (ALF/AFH/SNF) or an inpatient setting (hospital care, psych or detox program).
  - Unhoused older adults.
  - Those able to self-refer and navigate services independently.

## Reasons for Ineligibility

- The crises merit Designated Crisis Responder (DCR) involvement.
- Ineligible due to **medical acuity** or current hospitalization.
- **Concerns are primarily medical.**
- **Duplication** of services (i.e., clinical assessment is redundant).
- **Resource needs only** (i.e., clinical assessment is not needed).
- Client has been **previously served, with no new changes** to clinical presentation.

# GRAT Interventions

- Building rapport and trust with aging adults
- Exploring priorities and motivation
- Psychoeducation
- Safety planning
- Resource mapping
- Providing biopsychosocial assessment
- Referring to and coordinating with service providers
- Connecting with family and support network

# How Do We Succeed?

- Collaboration with referral source to clarify the purpose of assessment and desired outcomes.
- Building rapport with clients and exploring their goals/concerns to develop a plan that they endorse.
- Active communication and coordination with other service providers, especially medical providers.
- Drawing on informal supports in family and community.
- Identifying strengths and protective factors that can reduce safety issues.
- Following up to ensure continuity of care and a “warm hand-off.”

# Additional Information

- We decide to accept or decline new referrals in 3 business days; when assigned, we contact clients (or a person coordinating outreach) within 1-5 business days.
- GRAT serves all of King County.
- There is no charge for GRAT services.
- We do not keep a waitlist and must sometimes stop accepting new referrals to reduce existing caseloads.
- GRAT is not intended to serve as case management or provide mental health treatment.
- We work within a short timeline, typically less than two months, and we usually meet a client in-person one time.
- We use various language service providers for telephone or in-person interpreters and to translate documents to a client's preferred language.

# Frequently Asked Questions

- **Why not crisis?**

We are a small team of clinical social workers, and we are NOT set up for active emergency or crisis work. Our intended response time (up to 8 days total) is not appropriate for someone who needs immediate help. We focus on early intervention and prevention.

- **Can exceptions be made to eligibility criteria?**

No, we are contractually obligated to uphold our eligibility criteria, so we cannot serve anyone under the age of 55, not living in King County, living unhoused, already receiving a higher level of care or existing behavioral health services.

# Contact Information

How to send referrals to GRAT:

- Email: [GRAT@soundgenerations.org](mailto:GRAT@soundgenerations.org) to request referral form, but to ensure privacy, **only send referrals here if you can encrypt** the information on your end
- Fax: 206-737-0375
- Phone number: 206-448-5730 \*\*If not answered live, leave a message

How to reach Pathways Information and Assistance:

- Phone number: 206-448-3110 or 1-888-435-3377