

JUNE, 2021

THE PULSE

EnRICHing the lives of individuals we serve and keeping a pulse on healthcare integration at RBHA



Alzheimer's disease is the sixth leading cause of death in the United States. Alzheimer's is the most common form of Dementia. Dementia is a general term for memory loss and other cognitive abilities serious enough to interfere with daily life. Alzheimer's disease accounts for 60% to 80% of dementia cases. It is a progressive disease in which symptoms gradually worsen over a number of years. In Alzheimer's early stages, memory loss is mild. Unfortunately, in the late-stages of Alzheimer's individuals lose the ability to carry on a conversation and respond to their environment. The most common early symptom of Alzheimer's is difficulty remembering newly learned information because Alzheimer's changes typically begin in the part of the brain that affects learning. As Alzheimer's progresses it leads to increasingly severe symptoms, including disorientation, mood and behavior changes; deepening confusion about events, time and place; unfounded suspicions about family, friends and professional caregivers; more serious memory loss and behavior changes; and difficulty speaking, swallowing and walking. Those with Alzheimer's live an average of eight years after their symptoms become noticeable to others, however survival can range from four to 20 years, depending on other health conditions. The greatest known risk factor is increasing age. The majority of people with Alzheimer's are 65 and older. Alzheimer's treatments cannot stop its progression, but only temporarily slow the symptoms and improve quality of life for those with Alzheimer's and their caregivers.

For more information visit the Alzheimer's Association website at https://www.alz.org/about/awareness_campaigns

A LOOK INSIDE THIS ISSUE:

ALZHEIMER'S DISEASE FACTS & FIGURES - PAGE 2

BE WELL RVA PROJECT - PAGE 3 & 4

2020 Alzheimer's Disease Facts and Figures

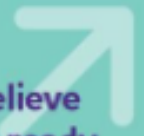


6th

Alzheimer's disease is the leading cause of death in the United States

50%

of primary care physicians believe the medical profession is not ready for the growing number of people with Alzheimer's or other dementias



More than **5 million** Americans are living with Alzheimer's



1 in 3 seniors dies with Alzheimer's or another dementia

It kills more than breast cancer and prostate cancer combined



16 million

Americans provide unpaid care for people with Alzheimer's or other dementias

These caregivers provided an estimated 18.6 billion hours valued at nearly

\$244 billion



In 2020, Alzheimer's and other dementias will cost the nation **\$305 billion** — By 2050, these costs could rise as high as **\$1.1 trillion**

Between 2000 and 2018 deaths from heart disease have decreased

7.8% ↓

while deaths from Alzheimer's disease have increased

146% ↑

Be Well RVA Project

RBHA's Be Well RVA Project is a new SAMHSA-funded grant aimed at addressing behavioral health needs, with a specific focus on suicide and interpersonal violence (IPV, including domestic violence and sexual violence). We provide prevention activities and clinical services (care coordination, short-term counseling, peer recovery supports).

Prevention

We have a monthly virtual training, Screening and Response for Sexual, Domestic & Intimate Partner Violence, by Carol Olson from VCU-HS Project Empower. Since January of this year, 37 staff in multiple RBHA departments have participated. The training occurs on the fourth Tuesday of the month from 9am-10:30am. Please contact Lauren Stevens if you would like to attend.

We work closely with RBHA's Prevention Unit, which has sponsored the following:

- Virtual Mental Health First Aid (MHFA) training for youth and adults: since February, eight community groups (130 people) have participated, with groups scheduled out through September;
- Revive! (Opioid Overdose Naloxone) training: in April, Revive! was made available in video format to a worldwide audience on the Udemy platform, and in May, one class (35 participants) was trained locally, in virtual format. For local participants, Naloxone is available from our RBHA pharmacy and at the Virginia Department of Health;
- Lock & Talk suicide prevention trainings;
- Distribution of Medibags (safe storage of guns and medications) for the Army.

Clinical Services

Upon receipt of a referral, our care coordinators contact case managers (for clients open to RBHA) or Rapid Access (for case opening or re-opening), make specialist appointments, refer to the team peer and clinician, contact our research assistant for outreach for program evaluation participation, and provide support until the client is engaged in agency services and it is felt that SI and/or IPV are no longer a threat to the client's safety. We are able to provide Be Well RVA participants with emergency and recovery housing, we have partnered with YWCA Richmond to provide enhanced services for victims of IPV and their dependents, including a safe place to stay in the event that individuals are unable to remain safely in the home setting.

More examples of what we do:

Melissa, who had been hospitalized related to suicidal ideation, major depression, recent grief, and a history of past IPV, was discharged from a local hospital in mid-April. She was concerned about her Medicaid application and unsure of her intake status at RBHA, so she reached out to one of the Be Well RVA care coordinators, Jillian, who was referenced on her discharge paperwork. Jillian built rapport with Melissa, gathered information, and learned that Melissa was almost out of psychiatric medications from her hospitalization and wanted to establish primary care. Jillian provided the Cover Virginia number so Melissa could check on her Medicaid application, and promised to follow-up with her later that day with an update on her intake and appointment status. Jillian contacted Rapid Access, which had a cancellation and was able to assess Melissa immediately, assigning her a case manager and scheduling a psychiatry visit. Jillian got her a RICH PCP appointment before the end of the week to establish care, had the hospital fax over Melissa's discharge paperwork which she forwarded to the PCP, and discussed with the PCP the possibility of Melissa receiving a bridge prescription for her psych medications. She followed up with Melissa about the RICH clinic appointment and offered extra support services from the Be Well RVA peer recovery coach and clinician, which Melissa agreed to. When Melissa mentioned that she had completed a new Medicaid application, Jillian praised her self-advocacy and willingness to ask questions because that is what made everything fall into place! Melissa kept her initial case management and RICH clinic appointments, and Jillian followed up with her to ensure she was all right and feeling supported with RBHA's care. The team will continue to support Melissa until she is fully engaged in RBHA services.

Thomas, a client new to RBHA, had his first meeting with his case manager who referred him to Be Well RVA as he was endorsing depression, suicidal ideation, and grief over the loss of multiple family members whose support he had lost over the years. Our Be Well RVA peer, Gayle, reached out to Thomas to complete a wellness check, and found that he was not doing well and struggling with depression. He denied suicidal intent but was afraid to leave his hotel room to get help as he might lose his housing. Gayle shared some lived experience and asked if she could gather some information to help him, which he agreed to. Gayle contacted Toni, one of our Be Well RVA care coordinators, who immediately contacted his case manager who called Thomas to review the safety plan in place, discuss his plans for the rest of the day and confirm his upcoming case management appointment. Thomas is scheduled for counseling with our Be Well RVA clinician, Sham, and will continue receiving peer supports and care coordination until he is fully engaged in agency services and it is felt that SI and/or IPV are no longer a threat to his safety.

Meet the Be Well RVA Team

Name	Position	e-mail	Work phone	Work cell
Jillian Olson	Care Coord.	Jillian.Olson@rbha.org	804-312-8247	804-494-9059
Toni Stewart	Care Coord.	stewartb@rbha.org	804-819-5238	804-773-9989
Shamara Williams	Clinician	Shamara.Williams@rbha.org	804-312-8246	804-494-9055
Gayle Hobson	Peer	Gayle.Hobson@rbha.org	---	804-807-2913
Sara Hilleary	Care Coord. Supervisor	Sara.Hilleary@rbha.org	804-819-4201	804-205-0106
Lauren Stevens	Project Coordinator	stevensl@rbha.org	804-343-7625	804-489-0390

How you can take advantage of Be Well RVA to assist your clients: If you have a client who you think would benefit from additional counseling and supports to address suicidal and/or IPV issues, please complete the Be Well RVA Case Manager Referral Form (<https://redcap.rbha.org/surveys/?s=TTN3EK7NRF>) and/or contact a member of the Be Well RVA team.

We look forward to working with you!