



Adult At-Risk

Early Intervention  
Initiative

First Responder Training





What is the Adult  
At-Risk Early  
Intervention  
Initiative?

# INITIATIVE DESCRIPTION

The Adult At-Risk Early Intervention Initiative is a partnership between the various first responder agencies, Chemung County Emergency Management and Chemung County NY Connects to identify “at-risk” adults earlier, before they are in crisis.



# Why do we care?



When a person's independence, mobility or mental outlook is impacted by poor health or limited resources, especially the older adult, they can end up in a downward spiral that may lead to institutionalization or death.

# How can we help?

- When called to homes, first responders should look for “triggers” that would indicate a person is declining or may need additional resources to keep them independent in the home.
- When these clients are identified, the first responder will provide the client/family with a NY Connects brochure and inform the client that a member of the NY Connects staff will be contacting them.



# C.O.M.P.A.S.S.

The “triggers” to look for can be remembered with the acronym COMPASS.

Cognition/memory

Observed environment

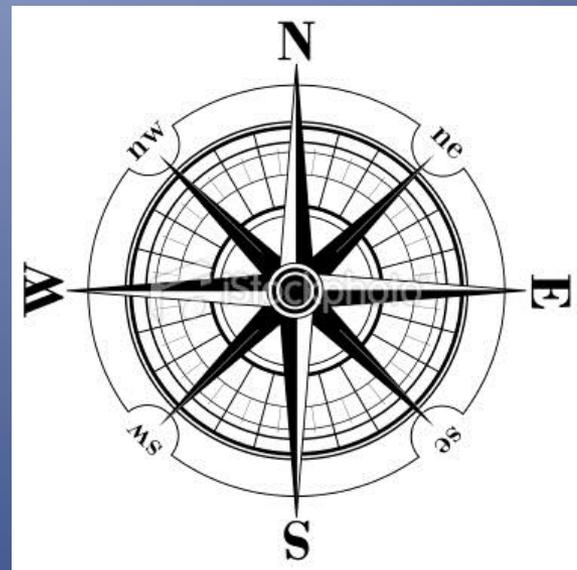
Mobility

Physical condition

Access

Safety

Supports



# Cognition/Memory



- Is the person able to follow your directions?
- Are they oriented to person, place, time?
- Do you notice medication bottles that seem full yet were filled a month earlier?
- Do you observe piles of mail (bills), or bulging drawers of mail?
- Does the caregiver appear oriented? Do they appear overwhelmed with the care?
- If you notice the above, check the refrigerator. Is there old, expired food?

# Observed Environment

- If you know this person or have been in the home before, is there increased clutter (mail building up, papers accumulating, garbage not being taken out, dirty clothing accumulating, vacuuming not being kept up)?
- Is the person dressed appropriately (It could be cognition, it could be that they are unable to complete the task, it could be they have no clean clothes, etc.)?
- Is there food in the home? Are they able to get food? Is food left out? Can they store food safely?
- Is medication laying around? Do you see unopened medication bags (indicates someone isn't taking their medication)?
- Do you see business cards, brochures from healthcare agencies (this is good information to give when making your referral)?



# Mobility

- Are you called to the home more for “lift assists” or transfers (from couch to chair)?
- Are they malodorous (they may not get in the shower for fear of falls)?
- Someone who is falling or growing weak may be able to benefit from Physical Therapy or Occupational Therapy.
- Occupational Therapy may benefit someone by assessing the home for adaptive equipment to increase safety.



# Physical Conditions

- Ability to ambulate (independently, with assist?, uses cane, walker, unable to ambulate)
- Do they have chronic medical conditions that may affect their care or ability to care for themselves?
- Have their been multiple hospitalizations you are aware of?
- Has their health noticeably declined since the last time you were called out or over multiple calls you have been on to their home?



# Access



- Are they able to get in and out of their home (can they manage the stairs/porch)?
- Are they able to obtain groceries and medications?
- Are they able to get to medical appointments?

# Safety



- Fall risks for various reasons:
  - PT/OT referral
  - Clutter in the home / hoarding
  - Safety bars, hand rails
  - Trip hazards
- Excessive animals – animal waste, health hazards (is animal control an option?)
- Potential abuse by others



# Do you think additional supports are needed?

- Provide the NY Connects brochure to the client (or family member)
- Again, tell them that a NY Connects staff member will be calling them to provide information that may be able to assist them in remaining independent and safe in their homes.





# Email the referral to:

[ADULTSATRISK@CO.CHEMUNG.NY.US](mailto:ADULTSATRISK@CO.CHEMUNG.NY.US)

Subj.: first responder Adult At-Risk Referral

Body:

- Date of contact
- Name of client and (if needed) contact person
- Address and phone number(s)
- Date of birth, social security #
- Concerns noted
- Are there other agencies involved (if known).
- Your name – can we contact you if needed (if so, the best way to reach you).
- What interventions did you implement (Were they transported anywhere? Was the person receptive to the NY Connects contact)?

- NY Connects will update you when the client is contacted by return email unless otherwise noted.