When Dementia and Guardianship Collide

Elder Abuse: Understanding Guardianship Conference

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- Vision: A life of possibilities for all Virginians.
- Mission: Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life.
- Why an Older Adult Specialist is on the team: Realized a need for a subject matter expert regarding community based behavioral support systems, services and treatment settings for older adults particularly those transitioning out of state hospitals.

Dementia Services Workgroup Findings 2.3.22

- Virginia has been experiencing increasingly high bed census rates over the past years. Efforts to curb higher rates and improve safety for patients and staff have led to targeted efforts to diverts individuals from unnecessary hospitalization in state facilities as well as quickly discharge those who are clinically ready to be discharged to community based services.
- One large population with above average length of stay is the population of individuals living with dementia and other forms of cognitive impairment without any serious mental health illnesses.
- Many (80%)experience behavioral and psychological systems related to cognitive impairment. These behaviors often result is TDO.
- These hospitalizations are distressing and associated with poor outcomes and high cost.

Objectives

- Define and understand dementia(s) diagnosis
- Understand different types of dementia or brain changes and prevalence
- Identify signs of dementia and risk factors
- Define behaviors that increase need for supported care and potential need for guardianship
- Determine barriers for discharge
- Define current guardianship programs
- Identify ways to reduce barriers with supportive services

Not JUST Alzheimer’s disease

6 million Americans with AD but over 100 forms of dementia.

-Chronic Traumatic Encephalopathy

-Huntington’s Disease

-Creutzfeldt-Jakob

-Wernicke-Korsakoff Syndrome

-Methamphetamine induced

-Mixed dementia

-MCI for some pre-dementia

-Psuedo and many more!

Increased Risk

- Female
- Age
- Genetics
- Down Syndrome
- Family History
- Modifiable Risk
- Traumatic Brain Injury
- Non-Hispanic Blacks and Hispanic
- Depression in early life 50% more likely to develop dementia

Alzheimer's statistics 2022

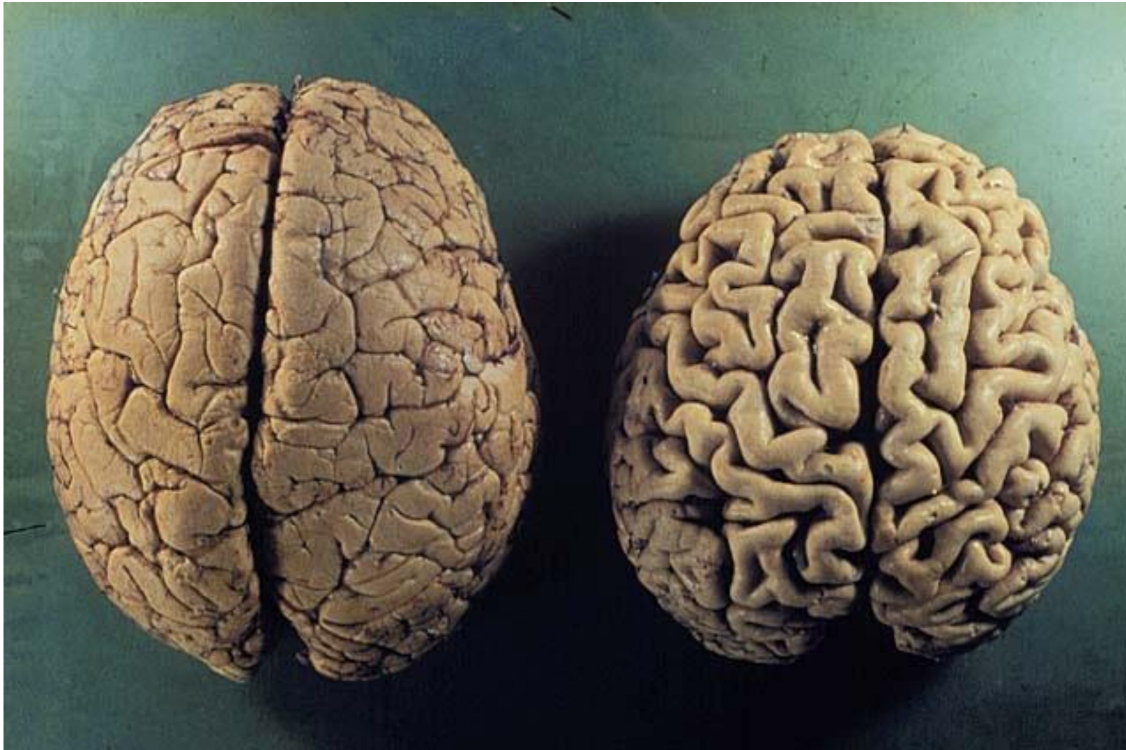
- AD is the 5th leading cause of death among individuals 65 and older
- Leading cause of disability and poor health (morbidity) in older adults
- 6.5 million Americans living with AD
- By 2050 projected to reach 12.7 million
- Virginians with AD
- 150,000 projected to rise to 190 by 2025 which is a 26.7%
- Under-reported and under diagnosed for many reasons
- Young Onset AD 250,000
- Unpaid care partners 83% of care
- www.alz.org facts and figures 2022 report

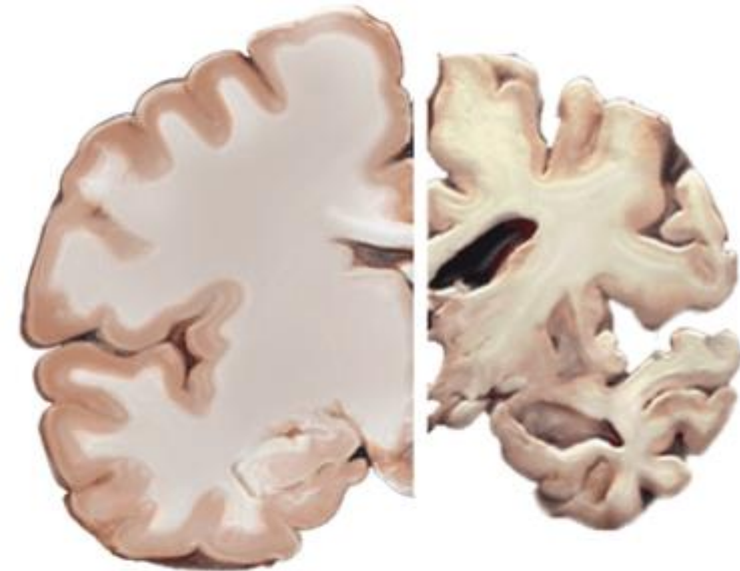
10 Signs of dementia or brain change

- Memory loss that disrupts daily life
- Challenge in planning or solving problems
- Difficulty completing familiar tasks
- Confusion with time or place
- Trouble understanding visual images and spatial images
- New problems with words in speaking & writing
- Misplacing things and loosing ability to retrace steps
- Decreased or poor judgement
- Withdrawal from work or social activities
- Changes in mood, personality and behavior

- www.alz.org to learn more!

Why Individual's living with dementia may need assistance





Things to consider…

- 50 % of individuals with early signs lack self –awareness
- 30% of individuals with early signs know may be anxious/depressed
- 20% of individuals with early signs are hold on to all power/manipulation
- At least 2 parts of the brain are actively dying
- Life expectancy can be 8-20 years
- 4 out of 5 families fall apart before the disease is over
- Prefrontal Cortex – Gives ability to make personal decisions. Damaged early in process
- Diseased brain weighs approximately 1/3 of prior

Examples of Challenges - Behaviors

- Paranoid/delusional thinking
- Shadowing – following
- Eloping or Wandering
- Seeing things & people who aren't there – Hallucinations
- Getting into things
- Threatening caregivers/staff/others
- Undressing in public
- Problems w/ intimacy &sexuality
- Being rude or intruding
- Lack of motivation to do tasks
- Use of drugs/alcohol to cope
- Striking out at others
- Falls & injuries
- Issues with eating or drinking
- Getting lost
- Unsafe task performance
- Repeated Calls
- Refusing help & care
- Confabulation

Challenges continued

- Undoing what is done
- Swearing/cursing, sex talk, racial slur, ugly words
- Mixing day/night
- Sleep problems – too much or too little
- Not compliant with care plan or medication plan
- Perseveration – repeating
- No POA, Guardian or Advocate

Dementia and DBHDS Intersect

- Percentage of patients in State Hospitals with dementia diagnosis
- Dual diagnosis of Serious Mental Illness and dementia
- REMINDER…average length of stay for individual with admission due to dementia related behavior is 3.5 times longer (229 days) than patient with SMI (67.3 days)
- Least restrictive environment is a Must!!!
- Individual is Community READY but Community is NOT READY

BARRIERS, BARRIERS, BARRIERS…oh my!!!

Current Trends in Commonwealth State Hospitals

- Patients with a dementia diagnosis
- Patients with a SMI
- Dual Diagnosis
- Family Support or lack of
- Require another person to advocate form or make informed decisions for

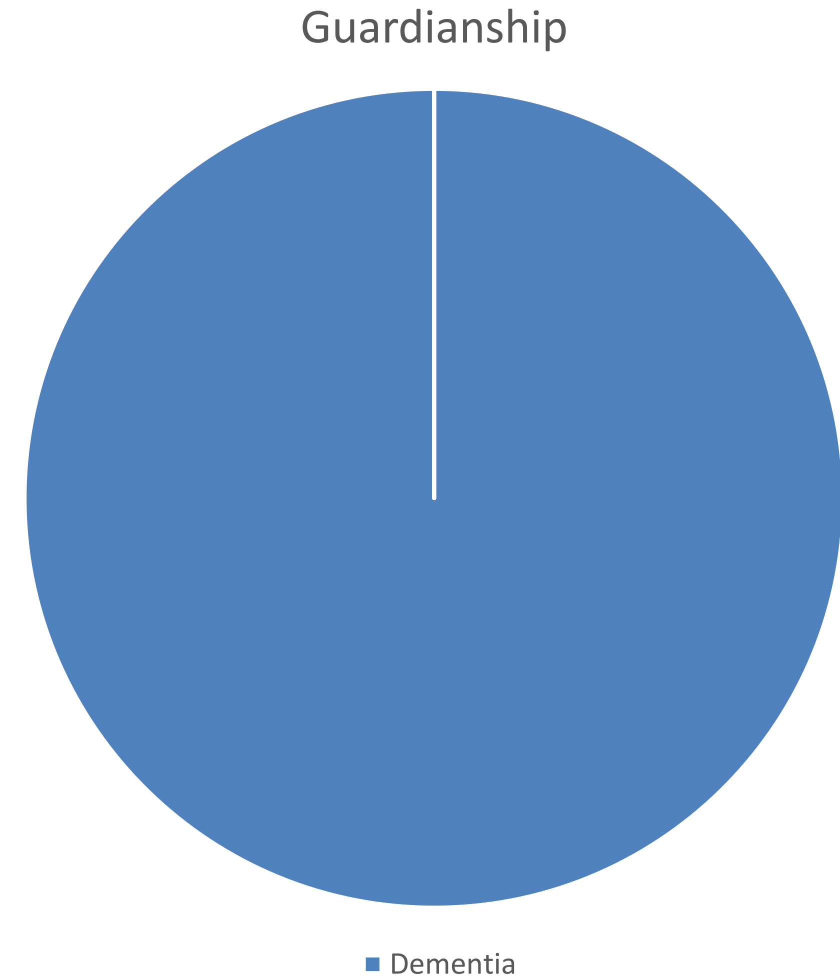
- 493 individuals admitted to state hospitals with dementia diagnosis in 2020

When and How a Barrier Halts Discharge

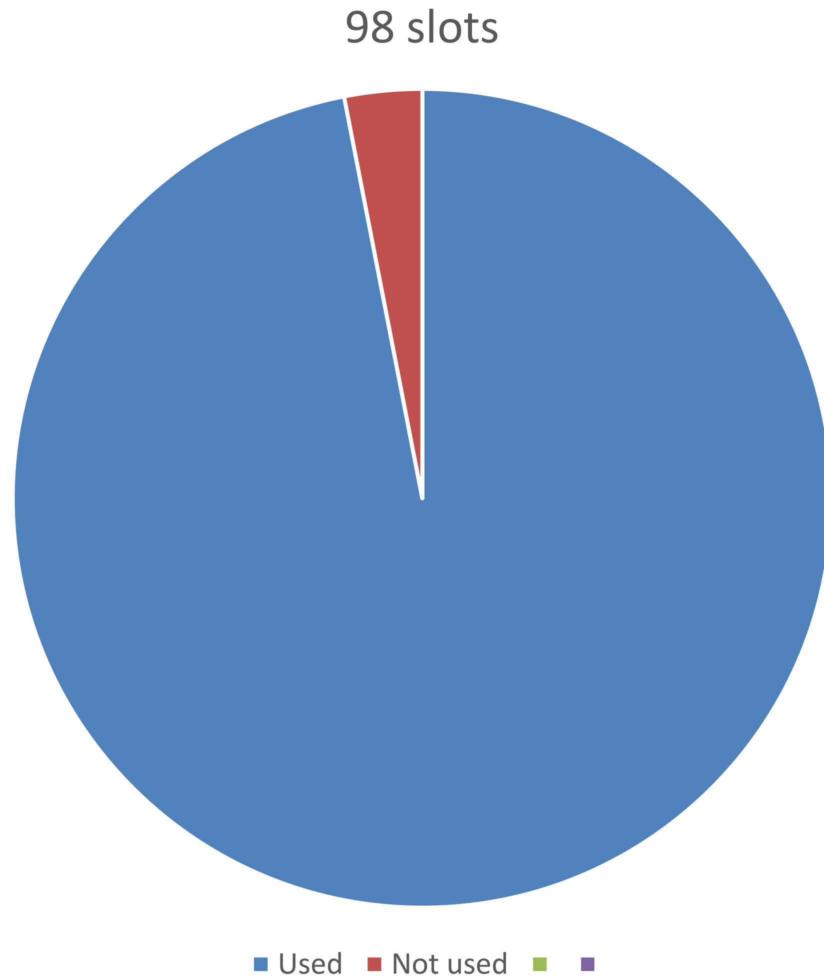
- Family unable or unwilling to participate in discharge plan by refusing to cooperate in application for funding including Medicaid and VA Benefits
- POA/Guardian/Conservator is unavailable
- Community placement resource unavailable
- Sexual Offense
- NGRI – must be court approved
- Discharge Assistance Program

Guardianship and DBHDS

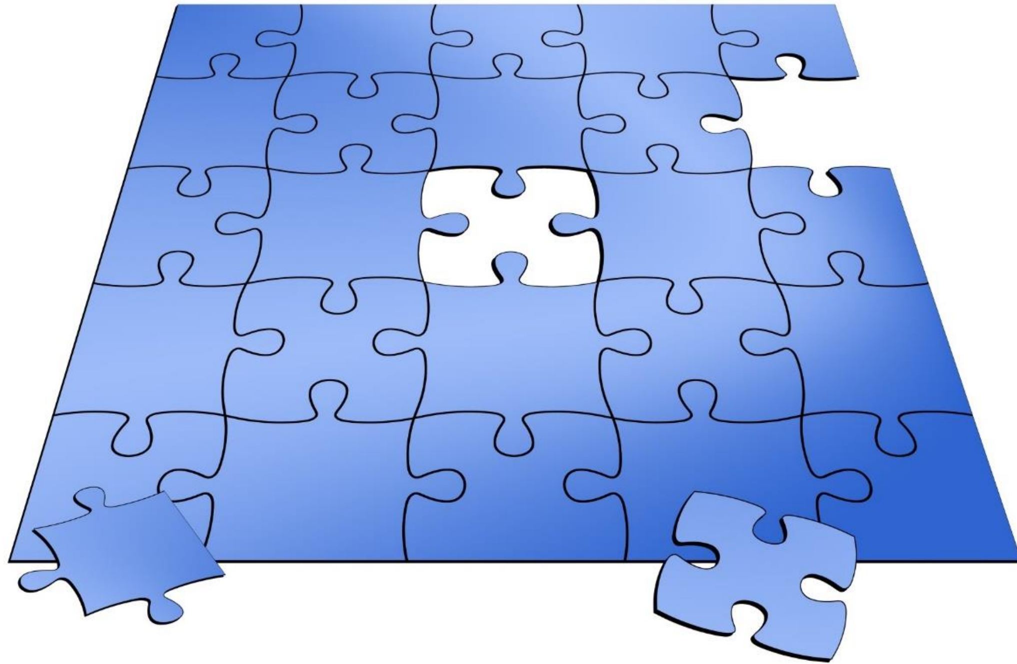
- Two partnerships that support DBHDS patients
  - DARS 98 public guardianship
  - JFS-Tidewater private guardianship
  - JFS conservator for individuals with assets and resources to be managed



Current Status



Future for DBHDS



- When pieces are missing discharge becomes even more challenging.
- Be a part of the puzzle!
- Remember that the same letters found in CHALLENGE are also found in CHANGE! Be the change you wish to see.

Case Study for Review

- 63 year old male
- Married, 3 children, Veteran
- Dual diagnosis of Post Traumatic Stress and dementia –possible CTE
- History of explosive behaviors, no family involvement
- Non-medication compliant. Substance abuse issues.
- Occasionally houseless
- Aggressive behaviors at shelter and TDO occurred from private hospital visit
- State hospital for 229 and ready for discharge. No family input for financial disclosures.
- Medicaid, Veteran benefits?????
- Remains at state hospital due to barriers! Thoughts

Resources

- Department of Behavioral Health Data
- Alzheimer's Association Facts and Figures Report 2022 www.alz.org
- Dementia Services Workgroup Report
- Virginia Dementia Road Map: A Guide for People Impacted by Dementia

Contact Information

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- Working to Augment, Implement and Support the vision and mission of the Department of Behavioral Health and Developmental Services

Questions and Discussions