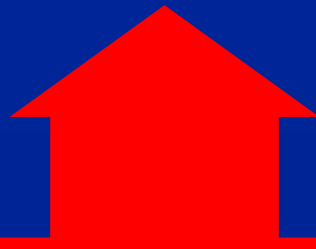


*Caring for Mentally Ill  
Behaviorally Impaired  
Older Adults*




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Placement Options in Iowa

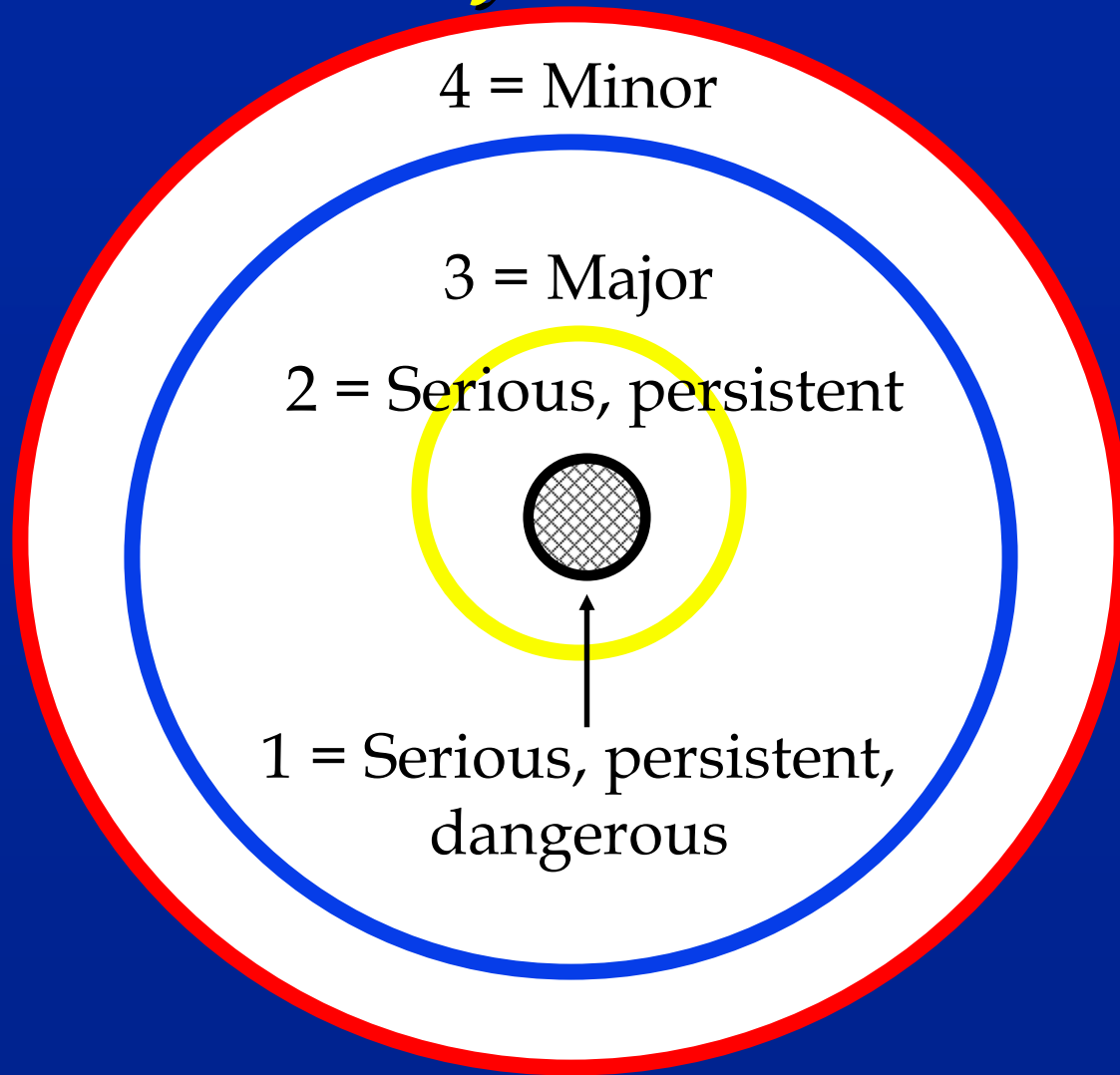


# Iowa Task Force:

## *“Combative” behavior*

- 34 individuals representing 29 agencies
  - Year-long process of
    - ☞ defining the population
    - ☞ developing guiding principles
    - ☞ examining barriers to care
    - ☞ identifying possible models of care
    - ☞ making recommendation for change
  - Final Report: February, 1998
- 

# *Four Levels of Need & Care*



# *Level FOUR*

- A large group of individuals
  - Minor behavioral symptoms
  - Intermittent, and/or occasional frequency
  - Viewed as “competent” persons who occasionally have problems
  - Most do not receive treatment or assistance
  - Live in community
- 
- 
-

# *Level THREE*


- Substantial number
- Major symptoms
- Intermittent and/or occasional frequency
- Effectively managed if accurately assessed, diagnosed, & treated
- Comprehensive assessment by multi-disciplinary team often required to derive needed balance of therapies
- Live in community, community-based facilities



# *Level TWO*

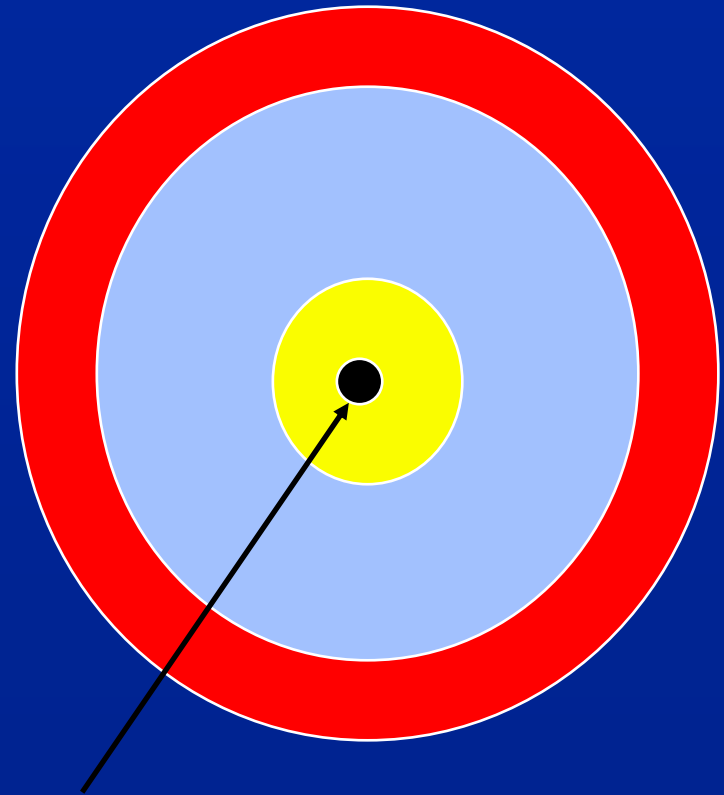
- Small number
  - Serious & persistent symptoms that do not respond consistently to traditional therapies, e.g.
    - ▣ psychoactive drugs
    - ▣ behavior mgmt
  - “At risk” for dangerous behavior
  - Require specialized, on-going assessment & intervention to assure
    - ▣ on-going stability
    - ▣ acceptability to live in residential, intermediate, or skilled care facilities
  - Community placement marginal
- 
- 
-

## *Level TWO, continued*

- Sub-groups include individuals who
    - 📄 periodically need a higher level of care to restabilize, but then may return to community facility
    - 📄 respond well to treatment for a period of time, then later -- *for reasons known or unknown* -- no longer respond to therapy and exhibit dangerous symptoms that require a higher level of care
- 


# *Level ONE*

- Very small group;  
tiny minority
- Serious & persistent  
behavioral  
symptoms that  
present clear &  
present danger to  
themselves, others  
around them




# *Level ONE, continued*

## ■ Behavioral symptoms


- ☞ are both on-going & UNPREDICTABLE
  - ☞ persist in spite of “BEST PRACTICE” in medical, psychiatric, and/or psychosocial treatments
  - ☞ interfere with person’s ability to live SAFELY in traditional care settings
  - ☞ frequently result from INTERCURRENT illnesses and diseases (e.g., complex interactions between physical/mental)
- 

# *Level ONE, continued*

## ■ Behavioral symptoms

- 📄 require expertise in diverse health specialties, making care COMPLEX and COSTLY
  - 📄 demand highly specialized and individualized care provided by trained professionals to assure BASIC SAFETY and MINIMAL FUNCTION
  - 📄 require long-term care in the MOST RESTRICTIVE, hence safe, environment
- 

# Placement options

- Level 3: Manageable in nursing facilities using “traditional” methods
  - Level 2: Most maintained in nursing facilities *with appropriate care and treatment from outside professionals*
  - Level 1: Appropriate for placement in “most restrictive” environment, not in nursing facilities
- 

# Placement options

- OPTIONS for Level One persons are *extremely limited in Iowa*
  - ☞ restrained, dangerous at home
  - ☞ restrained, dangerous in facility
  - ☞ psychiatric inpatient units (short-term, focused on evaluation & treatment)
  - ☞ 60 bed Geropsychiatric Unit at Clarinda's Mental Health Institute (single site of long-term service for Level One persons)



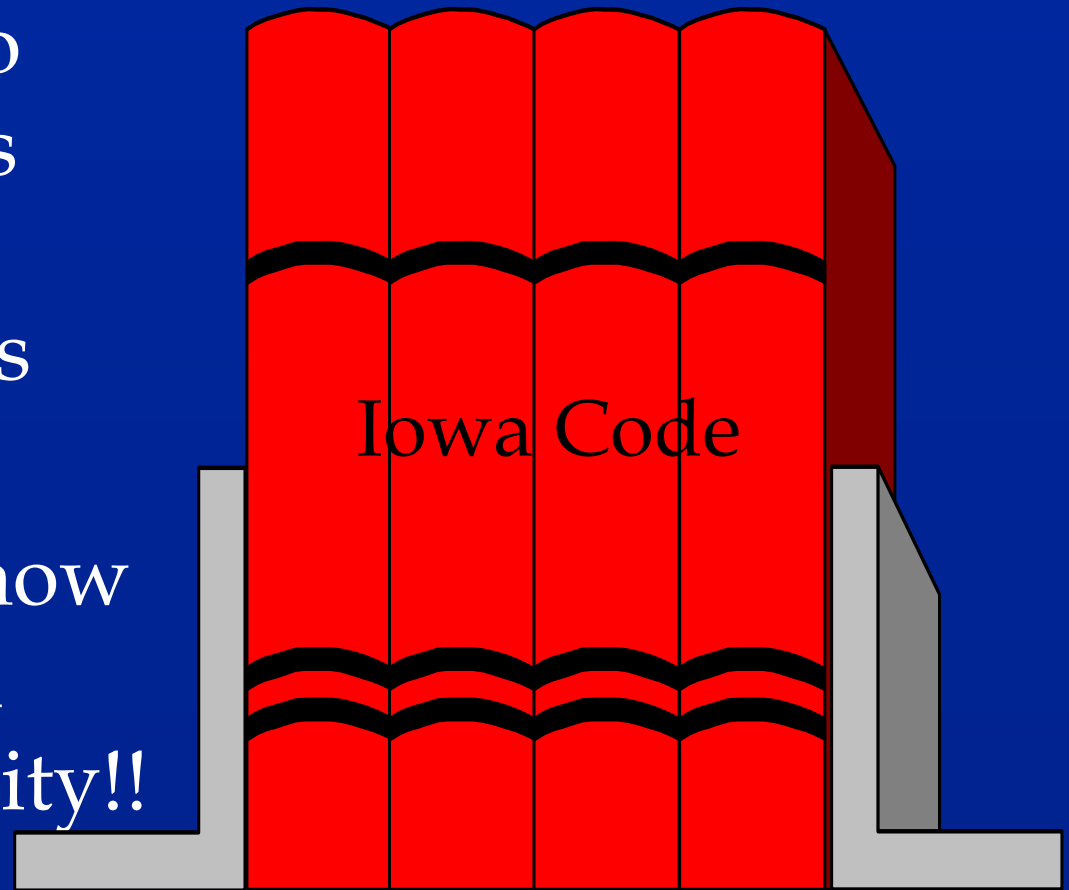
# Placement options

- Limited choices demand that nursing facilities
  - 📄 re-think “context of care”
  - 📄 re-examine possible resources
  - 📄 review possible choices, alternatives
  - 📄 *really try to maintain person locally*




# *Placement options*

- Know the “rules”
- Take steps to meet various regulatory requirements
- Remember!  
Clarinda is now certified as a nursing facility!!



# *Placement options*

- Locate sources of assistance EARLY
    - ☞ staff training programs to increase skill
    - ☞ primary care providers who are sympathetic, knowledgeable
    - ☞ family cooperation to assure optimal use of available resources (e.g., inpatient evaluation, treatment)
    - ☞ environmental adaptation, manipulation to improve outcomes
- 

# *Placement options*

## ■ *Sources of assistance . . .*

☞ geriatric-psychiatric specialists to evaluate, treat, apply “best practice” models

» inpatient, outpatient, on-site, in-home

» medical, psychiatric, neurological

» behavioral, psychosocial, family

» pharmacological

☞ nursing facilities who may “share” difficult patients (e.g., respite, alternative placement)

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# *Placement options*

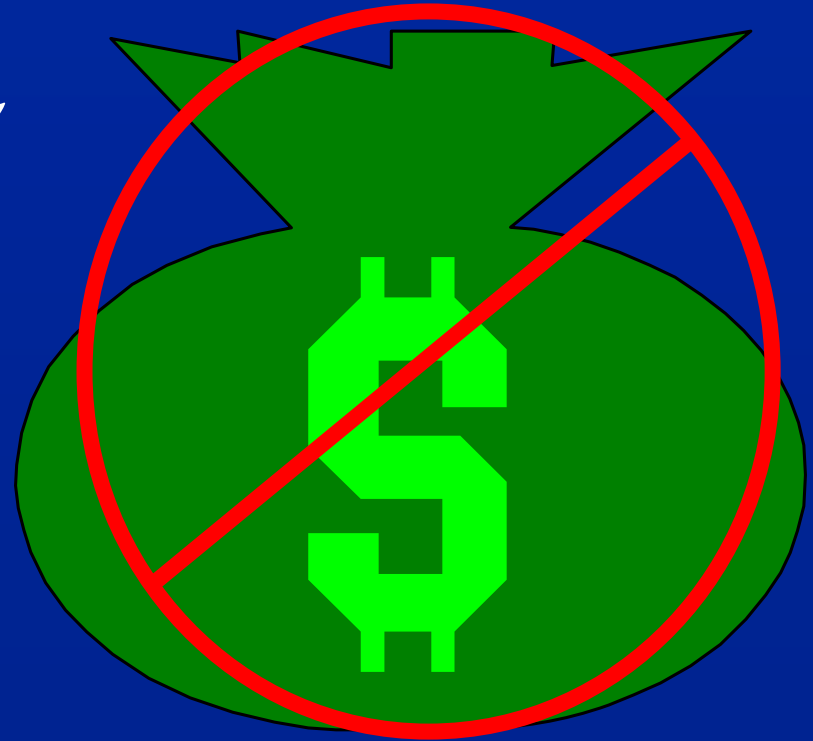
- Communicate regularly
    - 📄 within facility: staff, family, administration
    - 📄 between facility staff and outside professionals
  - Document behavior, intervention, rationale for choices made
    - 📄 clear, concise, easily located in chart
  - Place person on waiting list “in case”
- 
- 
-

# *Consequences of OBRA '87*

## □ *More responsibilities*

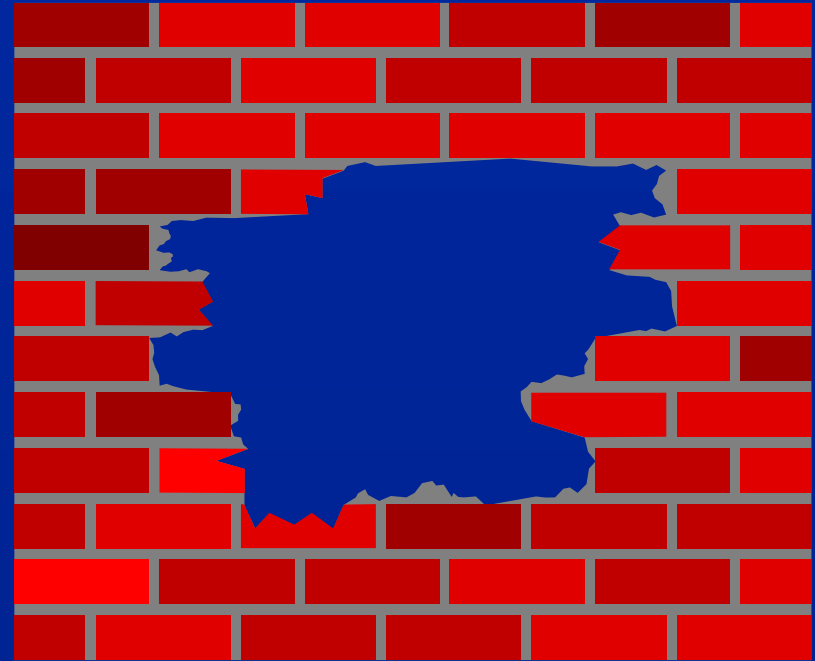
- ☞ evaluation, treatment
- ☞ behavior management, documentation
- ☞ medication review, monitoring, documentation
- ☞ care review
- ☞ resident's rights
- ☞ staff training

## □ *Same level of resources*



# *Avenues to change*

- ADVOCATE on behalf of
  - 📄 improved funding for direct care of Level Two persons
  - 📄 funding for on-site consultation
  - 📄 improved training for all providers
  - 📄 greater access to appropriate care for Level One persons



*Break down barriers!!*

