

Alaska Commission on Aging

Complex Behavior Collaborative: Consultation and Training

DHSS Division of Behavioral Health Services to the Seriously Mentally Ill Component

Problem Statement: Alaska’s current continuum of care does not provide the appropriate array of services to care for individuals with cognitive disabilities and challenging behaviors, which could include hitting, biting, kicking, punching, and other disruptive behaviors. These individuals are at risk for out-of-state placement when their complex behaviors fall outside the range of expertise by local caregivers and providers and available treatment options fail. Because of the lack of in-state options, the Alaska Psychiatric Institute (API) serves this population in the most restrictive setting for extended periods of time. Others are inappropriately held in places such as emergency rooms or in correction facilities. The lack of appropriate services in Alaska poses a significant financial cost to the State and a personal cost to individuals and their families.

Older Alaskans with moderate to severe dementia in addition to co-existing illnesses (such as mental illness) and sensory impairments are particularly vulnerable to complex behavioral disorders and have significant behavioral health needs. They can become physically and verbally aggressive, posing a serious safety risk for their caregivers, fellow facility residents and themselves. Statewide, there are 21 private assisted living facilities (total of 195 beds) dually licensed to care for seniors with dementia, those with mental illness, and people with developmental disabilities (DHSS Health Care Services, Section of Certification and Licensing 2011). Although these facilities are dually licensed, individuals with cognitive disabilities and challenging behaviors exhibit behaviors that are so complex they are outside the range of expertise of local providers.

The Pioneer Homes serve older Alaskans with Alzheimer’s disease and related dementias (58% of their resident population), however, the Division states that the Homes’ staff are not trained or able to care for residents who exhibit complex and out-of-control behavior. These residents are often referred to API for treatment.

API reports significant upward trending of its inpatient bed utilization for people age 60 years and older due to behavioral disturbances. In the one-year period from FY2009-2010, API has experienced a 30% increase in the number of inpatients age 60 years and older (API 2011). Although API can serve older adults with complex behaviors, they can only do so on a temporary basis as a hospital. The Alaska Complex Behavior Collaborative report (WICHE 2010) estimated 18 older Alaskans with complex behaviors who were in API and the Pioneer Homes at the time of the study were in need of specialized services and supports. The total number of older Alaskans living in the community in need of specialized supports is unknown at this time.

Proposal: Individuals with complex behaviors who present a high risk of danger to themselves or others and require needed interventions that are outside of the skill set of those caring for them will be eligible for services through the Collaborative. The Collaborative Hub will provide comprehensive assessment and diagnostic services utilizing a pool of resource specialists; individualized triage services to direct each individual to the appropriate level of care; technical assistance for providers; case-specific consultation and training for community providers to improve their workforce competency and provide earlier interventions to minimize the risk of individuals developing more complex behaviors; and family caregiver training so that they may recognize the warning signs and provide intervention for escalating behaviors. The services provided by the Collaborative Hub will be available only for individuals who are already receiving services supported by the Department of Health and Social Services.

Recommendation: The Alaska Commission on Aging, the Governor's Council on Disabilities and Special Education, the Alaska Mental Health Board, the Alaska Advisory Board on Alcoholism and Drug Abuse and the Alaska Brain Injury Network jointly recommend a \$650.0 increment in the base to continue the Alaska Complex Behavior Collaborative. Last session, funding was approved in the amount of \$475.0 by the Legislature (\$325.0 GF/MH) and the Alaska Mental Health Trust Authority (\$150.0) as a one-time increment to establish the Hub, which has been re-named Complex Behavior Collaborative Consultation and Training. This project will provide intensive intervention services for individuals whose behaviors are so complex they exceed the capacity or capabilities of Alaskan providers. A request for Provider Agreements has recently been released by the Department of Health and Social Services and we expect data to be available sometime this spring.

In FY 2013 we are seeking annualized funding to ensure consultation and training services continue to be available to individuals at risk of being sent to in-state or out-of-state institutions or who are already in in-state or out-of-state institutions. Without continued funding in the base, services for Alaskans with complex behavior needs will expire on July 1st, 2012 putting vulnerable Alaskans again at risk for institutionalization and out-of-state placement when these supports are withdrawn.

Alaska Commission on Aging
P.O. Box 110693 Juneau, Alaska 99811-0693
Phone: 907-465-3250 / Fax: 907-465-1398

www.alaskaaging.org

Ensuring the dignity and independence of all older Alaskans and assisting them through planning, advocacy, education and interagency cooperation to lead useful and meaningful lives.