

Commission on Aging
Information for Legislators & Candidates
BEHAVIORAL AND COGNITIVE HEALTH

Currently there are few resources in Nevada for seniors with behavioral issues requiring assistance and which threaten their ability to remain in the community. Seniors with Alzheimer's disease or other dementias, or who exhibit behavioral issues are under-reported and under-served in Nevada's health care delivery system. Depression often co-occurs with other chronic diseases and is also a frequent bi-product of care giving. The existing primary care medical community is not well equipped to address differential diagnosis and care for Depression, Dementia and Delirium. Medication issues including over the counter medications and supplements contribute to behavioral change which is often mistaken or misdiagnosed. This results in many people being placed in facilities in other states or going without needed care. Legislation is needed to provide for implementation of a State Plan based on the Behavioral Health Gaps Analysis that includes treatment for seniors and the State Plan from the Task Force on Alzheimer's Disease regarding the treatment of Alzheimer's Disease and other dementias. There is a need to increase programs and facilities throughout the state for treatment of brain-related and mental health issues.

Need – Nevada has the highest geriatric suicide rate in the US. One in four attempted suicides will die. Almost 60% of the senior suicides saw their doctor within a month of their death; 25% told someone they planned suicide and 20+% experienced a traumatic event 2 weeks prior to their suicide. According to the Alzheimer's Association, by 2025 there will be 42,000 people in Nevada with Alzheimer's disease, a 100% increase from 2000. The cost will be an estimated \$1.1 trillion to care for them. In addition to these numbers, there are many people over the age of 65 with other forms of dementia, Parkinson's disease, traumatic brain injury, and other mental and behavioral health issues who are not being treated in Nevada.

Potential Model – Nevada has a comprehensive model in the Nevada State Plan to Address Alzheimer's Disease, and a task force that is responsible for implementing, monitoring progress and revising the state plan as necessary. On-going and expanded funding of the plan will be necessary for the task force to achieve these goals. Additionally, funding must be provided to establish behavioral health treatment facilities for people over the age of 60 in order to stop the out-of-state placements that are now occurring. If Nevada continues to send these residents out of state, no infrastructure will be available within the state when the other states' facilities begin to be fully utilized by their own expanding elder populations.

Benefits – Expanding the ability to treat persons with behavioral issues within the State of Nevada, in addition to creating the necessary infrastructure, will allow Nevada residents to receive the proper treatment earlier, within the reach of their families and other support systems, and more humanely in that they will not be moved from place to place as much. Relocation trauma is a strong factor in the lack of well-being and sometimes death of people with dementia and other illnesses.

Implementation – There are only 268 licensed beds with Alzheimer's Endorsement in Northern Nevada and 1,269 licensed beds in Southern Nevada. There are few day program and/or diagnostic and treatment resources in our communities. We lack programs for depression particularly those associated with care giving. The budgets of all state agencies serving this population should be coordinated in seeking viable solutions to the lack of appropriate facilities, and funding provided to improve Nevada's ability to treat people over the age of 65 who have behavioral issues. Additionally, the Task Force that is implementing and monitoring the State Plan to Address Alzheimer's Disease must be fully supported and funded.