



# WASHOE COUNTY

*"Dedicated To Excellence in Public Service"*

OFFICE OF THE PUBLIC GUARDIAN



POST OFFICE BOX 12310  
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## Agenda Item III

Washoe County Public Guardian currently serves as guardian for eighteen individuals that are placed in facilities 300 hundred miles to 2800 miles from the Reno area due to lack of long term behavior facility in northern Nevada. Over the years the number of persons served by Washoe County Public Guardian living in out of area placements has ranged from 18 to 25 yearly. The following are the stories of just three of those individuals.

### David, 47

David was in his 40's, living with his companion of many years and raising their 11 year old daughter. As many local families do, they struggled to make ends meet and had few financial resources. Because he had no health insurance, a previously identified heart condition went unaddressed and resulted in a massive heart attack.

After being revived, he was rushed to the hospital, where he would stay for almost 6 months. While he ultimately survived the medical emergency the oxygen deprivation to his brain left him with severe physical and cognitive deficits. He was not able to walk, speak, and communicate. He required complete care with all areas of his life and functioning. Additionally, as a result of the injuries to his brain he had behavioral disturbances such as thrashing in his bed, being uncooperative with care, spitting and grabbing at staff. Initially his companion intended to care for him in their home but his care level was too high for her to manage.

Due to the behavioral issues and a specialized bed that he was requiring, facilities in Northern Nevada would not accept him. He was initially placed in the Las Vegas area. This facility, a standard nursing home, was not compatible with the needs of a young man with extensive disability and behavioral challenges. No facilities within the state of Nevada could meet his needs or would agree to accept him.

A facility was located in Idaho which offered a program for young adults with traumatic brain injuries. David has lived in Idaho for 3 and one half years now. Though he remains seriously disabled and will require 24 hour care for the remainder of his life, the progress he has made in this facility has been remarkable. He is able to speak a few words and make some basic needs known. He enjoys observing parties and activities, listening to country music, drinking sodas. Through persistent and patient efforts on the part of the staff, his problematic behaviors have

#### EXHIBIT C Health Care

Document consists of 5 pages.

☒ Entire document provided.

☐ Due to size limitations, pages \_\_\_\_ provided. A copy of the complete document is available through the Research Library (775/684-6827) or e-mail [library@lcb.state.nv.us](mailto:library@lcb.state.nv.us).

Meeting Date 1/23/08



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been reduced to almost nil. It is unlikely that he has an understanding of his surroundings but he presents as happy and his multiple health issues are carefully controlled.

While he is doing well, the distance means that his daughter and partner, the most important people in his life, have only seen him twice in the past years. His daughter is now 16. On her 16<sup>th</sup> birthday, she contacted his guardian and asked if now that she was 16 it would be possible for her father to come home. Sadly, she thought that the fact that he was not in Nevada was somehow due to her age and not a lack of appropriate facilities in the state.

Despite the passage of time and the diminishing behaviors, there are no facilities within the state of Nevada available to meet his specialized needs. Given that he is thriving in his environment a change is not recommended and could in fact be detrimental to him. He will remain in Idaho isolated from his long time companion, daughter, sisters, and guardian.

Jeanette, 65

When Jeanette was in her 40's and her children grown, she decided to take on a new career. She had already been an educator who earned a masters degree in special education when she made the decision to change course and attend law school. She commuted back and forth from Northern Nevada to Sacramento for nearly three years for school. On one of those commutes, she was involved in a serious auto accident which left her in a coma for several weeks. She would never recover from the traumatic brain injury she suffered in that accident and her life has never been the same.

While her physical injuries healed, the traumatic brain injury resulted in severe cognitive impairment and behavioral change. She has persistent judgment and memory deficits. Due to her condition, she is angry and unsatisfied, she becomes easily frustrated, and she is unrealistic. Most disturbing is that she does not have insight into her limitations and denies having deficits. She does not understand why she requires care and assistance and believes herself to have been unaffected by the vehicular accident.

For many years she was able to be managed locally in a variety of different care settings. As she has aged her already fragile brain has been affected by the onset of dementia. As her



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problematic behaviors worsened, she went through 16 different unsuccessful placements or hospitalizations within the state of Nevada in two years. When she ultimately became physically assaultive to an elder resident, resulting in injury, all facilities within the state of Nevada refused her admission.

She now resides in Idaho at a facility for behavioral care. While she is stable and doing reasonably well, she desperately wants to return to living in Northern Nevada which is where she considers her home. Her problematic behaviors create challenges in her ability to socially interact and many family members and former acquaintances are no longer involved in her life. Having already lost virtually everything in her life (livelihood, marriage, personal freedom, social connections) as she knew it she now must live 500 miles from her son and his family, the only family who over the years has attempted to assist her. Her son and daughter in law wish for her to be housed nearer to them so that they may visit and interact with her as much as possible.

The distance limits her public guardian, one of her few sources of support and advocacy, to visit her in person one time per year. The continuation of those visits is based upon budgets and resources and is tenuous particularly in times of budgetary constraints. While the facility, in which she lives, does a remarkable job to meet her needs, she is alone in Idaho with no realistic hope of returning to Nevada.

Joe

Joe, a healthy eighteen year old was living with his mother, father and younger brother when on an otherwise quiet night, a roll over accident changed all their lives. Joe was injured in the accident. He was treated at the hospital emergency room for facial and skull lacerations and sent home. His mother reported that later that night Joe began tearing the stitches from his wounds and became physically violent with his father and brother. Joe went back to the hospital where his wounds were treated again and the treating physician suspecting schizophrenia admitted Joe to a mental hospital.

Once at the mental hospital Joe was diagnosed with a closed head injury with resulting behavioral issues. Joe's parents were trying to sort through the trauma of the accident that had insulted their lives. They entered into a very complex world with few resources to assist them.



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They were faced with the difficult tasks of deciding where to get the correct treatment for Joe and how to pay for that treatment. Joe was appointed a guardian to assist him.

Joe's parents both working, his father holding one full time and one part time job would not be able to absorb the cost of treatment for Joe. At eighteen and out of school, Joe was no longer covered under his parents insurance. Supplemental Social Security and Medicaid were applied for. Once approved for financial assistance the search for a brain trauma rehabilitation center that accepted Medicaid payment began. There was no treatment center for Joe in Nevada. The discharge planner at the hospital suggested a facility in Texas. The thought of their son being over a thousand miles away and needing family support devastated Joe's parents.

Joe's mother was successful in finding a facility in California that would admit her son for short term rehabilitation and was willing to accept Medicaid. His parents were only able to visit Joe once during the months he was in California. Joe did well at the facility, but he continued to be challenged with cognitive deficits and behavioral outbursts. The facility recommended a long term treatment center for Joe. Again, there was no place for Joe in Nevada. After a failed placement in Idaho, Joe's parents made a difficult and distressing decision to place Joe in a facility in Florida, the only facility able to provide for his care level needs and willing to admit him. They knew that due to finances they would only be able to visit occasionally.

For the majority of time during the three years following Joe's accident he was miles from his family. Due to distance, he did not have the comfort that his parents so wanted to give him. His family was unable to support him with routine visits, unable to talk with him face to face. Joe's mother wanted her son home in Nevada. She wanted her son near his family, near her. That didn't happen. Joe's mother, his strongest advocate, died of cancer three years after Joe's accident.



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