Approved: April 2, 2007
Date

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 P.M. on March 12, 2007 in Room 514-S of the Capitol.

All members were present.

Committee staff present:
Amy Deckard, Kansas Legislative Research Department
Amy VanHouse, Kansas Legislative Research Department
Kay Dick, Committee Assistant

Conferees appearing before the committee:
Representative Lana Gordon
Bryce Miller, Depression & Bipolar Support Alliance
Jim Beckwith, North East Kansas Area on Aging
Amy Campbell, Kansas Mental Health Coalition
Kathy Greenlee, Secretary, Kansas Department on Aging
Jim Snyder, Silver-Haired Legislature

Others attending:
See attached list.

Hearing opened on HB 2236 - Geriatric mental health act.

Chairman Bethell asked Amy Deckard, Kansas Legislative Research to give the Committee an overview on **HB 2236** . She explained that this bill would establish grants to be administered by the Department on Aging for providers of mental health services for the elderly.

Representative Lana Gordon testified in support of **HB 2236** stating that it is important to make information available concerning the many mental issues facing senior citizens in order to create greater understanding of the situation which may arise as we age. This can be accomplished through support of programs to help families, care givers, etc. in assisting, not only them but also the older citizens they may serve. (Attachment 1)

The Chair recognized Bryce Miller, Depression and Bipolar Support Alliance, who gave testimony as a proponent for **HB 2236**. He advised the committee that with the first wave of older baby boomers turning 60 years in 2007, the needs are becoming critical in the years ahead. Mr. Miller went to say, "Therefore we older adult advocates are recommending an interim study for **HB 2236**." (Attachment 2)

Amy Campbell, Kansas Mental Health Coalition, testified in support of **HB 2236** which would make grant funds available for the expansion of mental health services targeted to the needs of older Kansans. (Attachment 3)

Jim Beckwith, North East Kansas Area on Aging provided testimony as a proponent for **HB 2236**. He did have some questions and concerns regarding the language in the bill. (Attachment 4)

The Chair welcomed Secretary Kathy Greenlee, Kansas Department on Aging, who appear as a neutral conferee. (Attachment 5)

Chairman Bethell alerted the Committee to supportive Written Only testimony, on **HB 2236**, from:

Ernie Kutzley, AARP. (Attachment6),

Mike Hammond, Association of Community Mental Health. (Attachment 7)

The Chairman closed the hearing on HB 2236.

MINUTES OF THE House Social Services Budget Committee at 3:30 P.M. on March 12, 2007 in Room 514-S of the Capitol.

Hearing on HB 2395 - Department on aging, health care for seniors fund, senior services fund, disposition of additional tobacco litigation settlement proceeds.

The Chair recognized Jim Snyder, Kansas Silver Haired Legislature, who testified in support of **HB 2395.** (Attachment 8)

Hearing was closed on HB 2395.

Discussion and Action on HB 2237 - Adult care home administrators licensure by reciprocity

Representative Kelsey made a motion to pass out favorably, HB 2237. Representative George seconded the motion. Following discussion and clarification HB 2237 passed favorably.

Meeting was adjourned.

SOCIAL SERVICE BUDGET COMMITTEE GUEST LIST

DATE: March 12, 2007

NAME	REPRESENTING
Bryce Miller	DRSA - Older Adults
Fran Miller	DRSA - Older Adults
NANCY RAPP	SRS/HCP/MH
PAT EAKES	KCDC
Mary Sloan	KAHSA
JIM BECKWITH	NEK-AAA
Debbie Dunlap	
Melissa Newton	
CRAIG KABERLINE	K4A
[illegible]	SHC
MARK P MATTER	VIA CHRISTI HEALTH SYSTEM
IKE HOFFMANN	SHC
Kathy [illegible]	KDOA
[illegible]	LGR
Sky Westerlund	KNASW
Dan Morin	KS Medical Society

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STATE OF KANSAS

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
CHAIR: ECONOMIC DEVELOPMENT AND TOURISM
MEMBER: COMMERCE AND LABOR
EDUCATION BUDGET
JOINT COMMITTEE ON ECONOMIC DEVELOPMENT
ARTS & CULTURAL RESOURCES

Chairman Bethell and Members of the Social Services Budget Committee. I am here to testify in favor of HB2236.

This bill establishes a grant program for geriatric mental health care administered by the department on aging.

I have often felt that it is unfortunate that mental illnesses are not addressed in the same manner as physical illnesses.

The older population is particularly affected as they age with various mentally incapacitating issues. Suicide rates are highest for males over 65.

It is important to make information available concerning the many mental issues facing senior citizens in order to create greater understanding of the situations which may arise as we age. This can be accomplished through support of programs to help families, caregivers, etc. in assisting, not only them, but also the older citizens they may serve, in a more smooth passage through older years of life.

I will leave more detailed information to those as Bryce Miller who has been an advocate for mental health for most of his life.

I appreciate your consideration of HB2236.

Thank you,

Lana Gordon

Lana Gordon

House Social Service Budget Committee
Date: 3-12-07
Attachment # 1

DBSA
DEPRESSION AND BIPOLAR SUPPORT ALLIANCE
TOPEKA CHAPTER • P.O. BOX 4335 • TOPEKA, KS 66604-0335

March 12, 2007

Testimony
On
House Bill No. 2236
Geriatric Mental Health Act

Chairman Bethell and sub committee members, it is a pleasure to testify today regarding HB 2236, a geriatric mental health act for Kansas.

My name is Bryce Miller, Topeka, Kansas, a 75-year-old volunteer and mental health advocate. I was diagnosed with bipolar disorder in 1974 and have been in recovery mode for over 33 years.

In addition to being a state employee for 19 years as a management analyst and retiring in 1993, I have had numerous volunteer jobs in the mental health field.

Including advocacy positions such as:

1. President, MHA in Shawnee County
2. President, MHA in Kansas
3. Board member, National Alliance on Mental Illness-Kansas (NAMI Kansas)
4. Board member and consumer representative, National Alliance on Mental Illness, Arlington, Virginia (NAMI)
5. Cofounder, Breakthrough House, Inc., clubhouse, Topeka, Kansas
6. Governor's Mental Health Services Planning Council
7. President, Depression and Bipolar Support Alliance, (DBSA) Topeka and Kansas
8. Treasurer, Older Adult Consumer Mental Health Alliance (OACMHA) (first national advocacy organization for older adult – 60 and over – mental health consumers)

The advocacy for older adult mental health services has been the most difficult by far. In spite of the fact major depression is a significant predictor of suicide in older adults. It is a widely unrecognized and under-treated mental illness.

Several studies have found that many older adults who commit suicide have visited a primary care doctor very close to the time of their suicide – 20% on the same day, 40% within a week, and 70% within one month of the suicide. These findings point to the urgency of enhancing both the detection and adequate treatment of depression as a means of reducing the risk of suicide amount the elderly.

HB 2236 is designed to enact a geriatric mental health act for Kansans that will meet the needs of older adults. A strategic cost-effective plan covering the next five fiscal years to provide for the mental health services for older adults (over 60 years of age). With the first wave of older baby boomers turning 60 years in 2007, the needs are becoming critical in the years ahead.

Therefore we older adult advocates are recommending an interim study for HB 2236. Only then can a consumer plan for the program and funding be developed to include KDOA, SRS, KDHE, Aging subcommittee – GMHS Planning Council, advocates including MHA, DBSA, NAMI, AARP Kansas, Silver Haired Legislator, Kansas MH and Aging Coalition, and older adult consumers.

This project must not fail this time!

Bryce Miller Bryce Miller

House Social Service Budget Committee
Date: 3-12-07
Attachment # 2

KANSAS MENTAL HEALTH COALITION

An Organization Dedicated to Improving the Lives of Kansans with Mental Illness

The Kansas Mental Health Coalition is comprised primarily of statewide organizations representing consumers of mental health services, families of consumers, community service providers and dedicated individuals as well as community mental health centers, hospitals, nurses, physicians, psychologists and social workers. We all share a common goal: improving the lives of Kansans with mental illness.

Testimony presented to the
House Social Services Budget Committee
On House Bill 2236

The Kansas Mental Health Coalition supports HB 2236 which would make grant funds available for the expansion of mental health services targeted to the needs of older Kansans.

We were very encouraged that the Department of SRS had included in their initial budget request enhancements to fund Aging Programs in Community Mental Health Centers. That budget request was for $661,500 State General Fund and $945,000 All Funds. The request was not funded in the FY 08 Governor's Budget, but we hope the agency will continue to include this request in future budget proposals.

Older adults have unique mental health needs. Specialized services are more effective in reaching this growing population than standard mental health services. It is important to reach out to older adults in the community and through primary health care providers.

HB 2236 would set up a grant program to stimulate additional targeted service programs for our aging populations. Although the proposal is still in the early stages, the Coalition is fully supportive of this bill as a tool to make specialized mental health services available to Kansans statewide.

Initiating such a grant program will help to build on the successes of the Aging Programs currently offered in Kansas – while offering the opportunity to expand such services to other communities. In addition, we anticipate that a grant program would include specific measures of success.

We encourage you to support the work of the Kansas Mental Health and Aging Coalition and to adopt their recommendations. The Kansas Mental Health Coalition supports this bill and the further development of mental health services for older adults.

Thank you for your consideration.

Testimony of Jim Beckwith on HB 2236, March 12, 2007

The concept is Great!

How old do people need to be to be "geriatric", "older adults", or "elderly"?
(50, 55, 60, 62, 65, 67, ???)

Who are the "providers of care to older adults with mental disabilities"?

Just exactly what is, or isn't, a "mental disability"?

To some seniors, "disability" is an offensive term.

Does any mental health issue qualify under this program?

What's it going to cost, and where's the money come from?

House Social Service Budget Committee
Date: 3-12-07
Attachment # 4

KANSAS

DEPARTMENT ON AGING
KATHY GREENLEE, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

Testimony on
HB 2236/Geriatric Mental Health Act

The House Social Services Budget Committee

by Secretary Kathy Greenlee
Kansas Department on Aging

March 12, 2007

Chairman Bethell and members of the House Social Services Budget Committee, thank you for the opportunity to appear today as a neutral conferee.

Currently, oversight of issues related to mental health policy, including mental health for seniors, is through the Kansas Department of Social and Rehabilitation Services in cooperation with the Governor's Mental Health Services Planning Council.

At KDOA, one of our three priorities is to help seniors achieve healthier, more active lives through prevention and intervention. This includes mental health issues as well as the more obvious physical health needs. Access and availability of mental health services for seniors is a key factor to seniors remaining active and independent.

The kinds of projects identified HB 2236 are all worthy community-based activities that would give us additional state-specific data about the mental health needs of older Kansans. We have the first steps in place by building in the K-6 into our community-based assessment tool (UAI) and we are working with the University of Kansas to analyze that data. However, we don't have a full year's worth of data yet and not all the AAAs are participating in the data collection.

Aging specialists and aging specific programs go beyond the traditional community mental health center (CMHC) services. However, those seniors who do not meet the criteria of severely and persistently mentally ill (SPMI) can not access services through the formal CMHC services and may not receive mental health services. We estimate that there are thousands of seniors throughout Kansas who would greatly benefit from mental health services and most likely will not ever qualify for these services.

In addition, older adults with lifelong SPMI issues age faster. These diseases, along with the chronic health conditions, such as Congestive Heart Failure (CFR) and Chronic Obstructive Pulmonary Disease (COPD), can add to the risk of mild, moderate, or severe mental health

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House Social Service Budget Committee
Date: 3·12·07
Attachment # 5

needs. The co-morbidity of these issues requires MORE collaboration in the healthcare world, not less. Much of the time needed to help older adults are not usually billable.

Older adults then have the further issues of stigma, "that's just part of getting older" and isolation. Then there's the major loss that happens in later life, such as the loss of a spouse or the loss of the ability to drive.

KDOA supports the projects and ultimate outcomes outlined in HB 2236 and recommends that those be coordinated through partnership between KDOA, SRS and the Governor's Mental Health Services Planning Council.

AARP[SM]

Kansas State Office

March 12, 2007

Representative Bethell
Chairperson, House Social Services Committee

Reference - HB 2236

Good afternoon Chairman Bethell and Members of the House Social Services Committee. My name is Ernest Kutzley and I am the Advocacy Director for AARP Kansas. AARP represents the views of our nearly 360,000 members in the state of Kansas. Thank you for allowing us to present written testimony in support of HB 2236.

AARP believes the need for mental health services for older Americans has not been met adequately. According to estimates, a minimum of about 40 percent of older people in the community have unmet mental health needs.

Normal aging is not characterized by mental or cognitive disorders, and there are effective interventions for most mental disorders experienced by older people (e.g., depression, anxiety and disorders associated with the inability to adjust to life changes).

Older adults with mental disorders include people whose conditions develop in old age and those whose disorders begin earlier and continue as chronic or recurrent illnesses. Mental disorders among older adults encompass a range of serious conditions, such as clinical depression, bipolar mood disorders, schizophrenia, Alzheimer's disease, vascular dementia and delirium. They also include depression, anxiety and conditions that are the secondary consequences of physical ailments or medical interventions. (A recent National Institutes of Health consensus panel on depression in late life noted that depression in the aging and the aged is a major public health problem.) Alcoholism and other substance abuse disorders also are found among older adults. Too often, mental disorders such as depression go undiagnosed or are misdiagnosed.

Treatment for mental disorders among older people is generally provided by primary care physicians or physicians who lack training in psychiatric care. This problem is exacerbated by the shortage of mental health professionals trained in geriatrics and by the scarcity of nursing facility staff with education and training in the care of people with mental disorders. Other professionals who can provide mental health services to older people, including gerontological social workers and geriatric nurse practitioners, are also in short supply.

555 S. Kansas Avenue, Suite 201 |Topeka, KS 66603 |toll-free 866-448-3619 |785-232-8259 fax
Erik D. Olsen, President | William D. Novelli, Chief Executive Officer | www.aarp.org/ks

AARP believes that states should:

- Ensure coordination of mental health services with all appropriate health, Long Term Services and Supports (LTSS), and aging network services—at the local level, area agencies on aging should have cooperative working agreements with community mental health centers to meet the mental health needs of older people in the community;

- Ensure that people with mental illness or retardation who are not admitted to a nursing home as the result of a Preadmission Screening and Annual Resident Review have home- and community-based services and receive appropriate treatment in the most appropriate setting.

- Establish mechanisms to ensure that LTSS agencies and mental health authorities address the mental health needs of older people who require LTSS and the LTSS needs of people with mental illness.

- Encourage community mental health centers to reach out to older adults, who typically will not self-refer, by providing services at other sites and establishing affiliations with area agencies on aging.

- Encourage innovative service-delivery models, or demonstration projects, for mental health services, such as bringing mental health services into homes, senior centers, residential care facilities (including board and care homes).

Therefore, AARP Kansas supports HB 2236. We respectfully request your support of HB 2236 and appreciate the opportunity to provide this testimony.

AARP Public Policies 2006

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House Social Services Budget Committee

Testimony on House Bill 2236

March 12, 2007

Submitted by:

Michael J. Hammond, Executive Director
Association of CMHCs of Kansas, Inc.

Mr. Chairman and members of the Committee, my name is Mike Hammond, I am the Executive Director of the Association Community Mental Health Centers of Kansas, Inc. I am submitting this today in support of House Bill 2236, which would establish a geriatric mental health service demonstration program within the Kansas Department on Aging.

The Association represents the 28 licensed CMHCs in Kansas who provide home and community-based, as well as outpatient mental health services in all 105 counties in Kansas, 24-hours a day, seven days a week. Collectively, the CMHCs serve over 110,000 Kansans.

The past century has witnessed a remarkable lengthening of the average life span in the United States. Equally noteworthy has been the increase in the number of persons ages 85 and older. These trends will likely continue and will be magnified as the numbers of older Americans increase with the aging of the baby boom generation.

We know that almost 20 percent of older adults 55 years of age and older experience specific mental disorders that are not part of "normal" aging. Unrecognized or untreated, however, can be severely impairing and even fatal.

Older adults with symptoms of mental illness represent a rapidly emerging group in Kansas. However, few of these older Kansans or their families are knowledgeable about how to access needed services and resources. In addition, mental health and geriatric health care systems have failed to adequately address the complex and challenging needs of this population who exhibit symptoms of mental illness and cognitive impairment in additional to physical problems commonly related to aging.

The booklet, "A Mental Health Guide for Older Kansans and Their Families," developed in partnership with the Kansas Department on Aging and Kansas State University, has been an excellent and invaluable resource directed at this particular population and their mental health needs. However, these has been no dedicated funding beyond that effort to begin addressing mental health needs once the resource has been identified.

Mental Health Issues Among Older Adults

Older adults often have multiple problems. For example, an individual may have a mental disorder such as depression and a substance abuse.

Medical problems are more common in older adults, and psychological symptoms are often comorbid with physical illness.

Further, older adults often receive one or more medications for medical problems, and difficulties may arise due to drug interactions or side effects of medications. Understanding comorbidity of mental and medical disorders is a central task in assessing and treatment psychological problems in older adults.

Again, unrecognized or untreated, older adult mental disorders can be severely impairing, even fatal; the rate of suicide is highest among older adults relative to all other age groups.

Are Older Adults Receiving the Treatment They Need?

Research shows older adults generally respond well to mental health care in a variety of settings – CMHCs, nursing homes, senior centers, and health clinics. However, we also know from research that more than one-half of older adults in need of mental health services are not getting the treatment they need.

For CY 2006, the Kansas public mental health system data indicates that the total number of individuals served was 103,000 – of which 10,575 represents the number of adults 55 years of age or older (10.2%). Given that an unknown number of elders were seen by other providers, one must consider the possibility that a sizeable number of older adults needing mental health services go unserved.

Barriers to Treatment

Stigma. Many older adults resist treatment for depression and other disorders as their association with mental illness is based on images frequently propagated by the mass media and popular culture.

Denial of Problems. Anxiety, depression, memory loss and dementia may complicate the ability of older adults to recognize that they have a problem for which they should seek help.

Ageism. Myths and misperceptions about older people by the media, the public and professional health and mental health providers have also effected mental health service delivery to older adults.

Primary Care Physicians. Over half of older persons who receive mental health care receive it from their primary care physicians. Many of these physicians have limited training in the care and management of geriatric patients.

Service Delivery. Generally, older adults do not appear at a CMHC unless they are brought by a relative or there is an acute crisis that required an emergency visit. Even on those visits, few CMHCs have staff members that are knowledgeable about the special needs of this population. With a network of 28 CMHCs serving all 105 counties in Kansas, only six have Older Adult Specialists. The reason for this, in part, is due to the ever increasing focus by the state and federal government (our largest source of funding) on target populations – adults with severe and persistent mental illness and children/adolescents with serious emotional disturbance.

Reimbursement. There is a large disparity in Medicare and Medicaid reimbursement between psychiatric care and medical care.

CMHCs Response to this Dilemma

Unfortunately, only six of the CMHCs currently have Aging Specialists on staff to focus on this special need. For those that do offer specialized services, those services could include: outpatient evaluations, individual therapy, family therapy, psychological testing, neuropsychological testing, inpatient partial, case management (for SPMI), medication evaluations and medication

management, competency evaluations, driving evaluations, various support groups and a number of educational events. We obviously need to do more, and that is why we support this legislation – the geriatric mental health act.

Closing Comments

The Association and its members believe this is an important area that the State of Kansas needs to address because of the ever increasing elderly population and ever increasing nursing home admissions. Prevention in mental health has been seen until recently as an area limited to childhood and adolescence. Now there is mounting awareness of the value of prevention in the entire field of mental health, including older adults.

The U.S. Surgeon General's report on Mental Health highlights that the important goal of providing appropriate mental health care to older adults is the prevention of premature institutionalization. This will have a significant public health impact in terms of reducing costs. Improved access to mental health among older adults can prevent premature institutionalization in long-term care facilities and allow them greater opportunities to remain in their own homes.

It is for all these reasons outlined in our testimony that we urge the Committee to pass favorably House Bill 2236.

Thank you for the opportunity to provide you with this written testimony.

HB 2387 & HB 2395
HOUSE APPROPRIATIONS SOCIAL SERVICES
BUDGET COMMITTEE
March 12, 2007

Mr. Chairman, members of the committee. My name is Jim Snyder. I am a member of the Kansas Silver Haired Legislature which was responsible for these two bills being introduced in this year's Legislature. With me today is Irv Hoffmann, a SHL member from Lenexa who also is the President of our Organization. And, I am the present Speaker Pro Tem.

I'd like to explain why I am talking on two bills today. I realize you had some discussion on one of them this past Thursday.

Both HB 2387 and HB 2395 are designed to provide advance monies in order to establish a Senior Trust Fund in the Kansas Department of Aging, so that when the expected increase of Kansas Seniors, because of the Baby Boomer situation, occurs, there will be some dollars ready for help offset this initial push—and the Legislature hopefully, won't have to find all new money at once—like you have had to with the School Finance situation.

I have attached a U. S. Census Projection showing what they feel will be occurring in the Kansas Population every five years up to 2030. You can see where the big jumps of those 65 and over begin—starting in 2010 and really increasing in each increment. In fact, it is estimated by 2030 that the increase in seniors will out-strip the increase in Kansas' total population.

Both of these Bills address relatively new sources of monies which have NOT been designated for specific use. HB 2387 would provide 2% of the sales tax money generated by out-of-state purchases of Kansans through the internet or through catalog sales. It has a lid of $3 million. HB 2395 would allocate the new tobacco monies to this trust fund. These monies are NOT part of the original settlement. In 2004, Vibo Corporation, a Miami based cigarette distributor for Columbian cigarette maker Protabaco S.A., agreed to pay the fund $78 million immediately and $1.7 billion in the following 10 years. In addition, another 40 companies have agreed to make annual payments.

We understand from the new tobacco source, Kansas received more than $400,000 in 2004...more than $1.5 million in 2005 and more than $2 million in this past year.

We propose the funds from the sources of these two bills be placed in a Senior Trust Fund to help the Department of Aging provide further assistance across the board where seniors may need it.

Therefore, the approximate present amount which would be effected is somewhat more than $5 million annually. So by 2010 when the first "boomers" arrive, this fund could contain more than $15 million. And would continue to be contributing to future needs.

House Social Service Budget Committee
Date: 3·12·07
Attachment # 8

Interim Projections of the Population by Selected Age Groups for the United States and States: April 1, 2000 to July 1, 2030

Geographic Area Selected Age Groups	Census April 1, 2000	Projections July 1, 2005	Projections July 1, 2010	Projections July 1, 2015	Projections July 1, 2020	Projections July 1, 2025	Projections July 1, 2030
KANSAS							
Total	2,688,418	2,751,509	2,805,470	2,852,690	2,890,566	2,919,002	2,940,084
Under 5 years	188,708	194,443	199,534	201,489	199,315	197,384	197,085
5 to 13 years	358,195	344,606	344,793	352,833	358,172	356,566	352,393
14 to 17 years	166,090	163,337	154,669	153,646	156,412	159,597	159,468
18 to 24 years	275,592	283,235	275,807	263,146	258,659	263,025	267,337
25 to 44 years	769,204	740,575	728,444	738,302	741,344	727,166	710,942
45 to 64 years	574,400	667,244	726,908	723,526	696,745	670,508	659,768
65 years and over	356,229	358,069	375,315	419,748	479,919	544,756	593,091
Under 15 years	588,300	579,467	582,461	593,049	596,778	593,922	589,125
16 years and over	2,058,489	2,130,601	2,184,537	2,221,058	2,254,632	2,285,119	2,311,153
18 years and over	1,975,425	2,049,123	2,106,474	2,144,722	2,176,667	2,205,455	2,231,138
21 years and over	1,847,513	1,925,755	1,985,141	2,031,084	2,061,355	2,088,250	2,112,036
62 years and over	413,585	423,779	457,937	514,212	584,152	647,091	675,873
85 years and over	51,770	58,762	66,506	70,951	73,209	77,146	87,969
Median Age	35.2	35.8	36.4	36.9	37.8	38.5	39.1

8-2

8-2