Approved: February 17, 2009
Date

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on February 10, 2009, in Room 711 of the Docking State Office Building.

All members were present except:
Representative Sydney Carlin- excused
Representative Don Myers- excused

Committee staff present:
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Judith Holliday, Committee Assistant

Conferees appearing before the committee:
Jim Snyder, Speaker, Silver Haired Legislature
Irv Hoffman, President, Silver Haired Legislature
Amy Campbell, Kansas Mental Health Coalition

Written Testimony:
Debra Zehr, President, Kansas Association of Homes and Services for Aging
Mike Hammond, Executive Director, Association of Community Mental Health Centers of Kansas
Ernest Kutzley, Advocacy Director, American Association for Retired Persons (AARP)
Craig Kaberline, Kansas Area Agencies on Aging Association

Others attending:
See attached list

Chairman Bethell encouraged Committee members who had not already done so to go to Americaonthego.org to sign up for the fitness challenge. He stated that the Aging and Long Term Care Committee is ahead in the fitness challenge.

Chairman Bethell brought the minutes of the January 27 Joint Meeting with the Social Services Budget Committee, and the February 3 and February 5 minutes of the Aging and Long Term Care Committee for approval. Representative Horst made a motion to approve the minutes, seconded by Representative Furtado. The motion carried.

Hearing on HB 2055 - Health care for seniors fund; senior services fund; disposition of additional lottery proceeds.

Jim Snyder, Speaker, Silver Haired Legislature, spoke to the Committee in support of **HB 2055,** which would allow the use of lottery money for a senior trust fund operated by the Kansas Department on Aging (KDOA). (No written testimony)

Hearing on HB 2056 - Health care for seniors fund; disposition of additional tobacco litigation settlement proceeds.

Jim Snyder, Speaker, Silver Haired Legislature, testified that **HB 2056** called for all new money to go to the seniors trust fund to offset Medicaid treatment for smoking related illnesses, which was the original intent of the lawsuit. (Attachment 1) However, through negotiations the majority of the money would go to the Children's Initiative Fund with the remainder to the General Fund in order to ease opposition to highway construction. Mr. Snyder told the Committee that attempts had been made to find out where the money is going. Chairman Bethell stated the money is in an escrow account, and asked the Research Department to get the figures for the Committee.

Irv Hoffmann, President, Silver Haired Legislature, provided written testimony in support of **HB 2056**. (Attachment 2)

Minutes of the House Aging And Long Term Care Committee at 3:30 p.m. on February 10, 2009, in Room 711 of the Docking State Office Building.

The hearing was closed on **HB 2055** and **HB 2056.**

Hearing on HB 2057 - Enacting geriatric mental health act; establishing a geriatric mental health program.

Jim Snyder, Speaker, Silver Haired Legislature, testified on the urgent need for a Kansas Geriatric Mental Health program as set out in **HB 2057.** (Attachment 3) Mr. Snyder referred to mental health problems experienced by older adults living at home: anxiety disorders, depression, cognitive problems such as Alzheimer's or dementia, and substance abuse. In nursing facilities, the percentage increases from 60 to 80 percent. Suicide rates are higher in older adults, and while case workers can identify some problems, the patient's built-in fears often prevent them from seeking treatment.

Irv Hoffmann, President, Silver Haired Legislature, presented written testimony in support of **HB 2057.** (Attachment 4) This testimony was a collaborative effort last year by several Aging Specialists from Community Mental Health Centers and stated that funding this bill, with revisions, will:

- provide early intervention in mental health assessment, education, outreach and services to older Kansans;
- lessen severe symptoms and have fewer medical and psychiatric hospitalizations; and
- allow older adults receiving mental health services to remain living in the community and avoid premature nursing home placement.

The program would be implemented by the eleven Area Agencies on Aging across Kansas, and the Kansas Department on Aging (KDOA) would administer and distribute the funds for education, outreach, and direct services. The Governor did not fund the KDOA's request for funding.

There was discussion on the stigma attached to going to Community Mental Health Centers or nursing homes and some older adults choose to go to a contracting facility. A contracting facility can treat people in their homes for short-term problems, but the more serious mental health issues, such as bipolar disorder or schizophrenia, are not addressed in the bill.

Amy Campbell, Kansas Mental Health Coalition, testified in support of **HB 2057**. (Attachment 5) Ms. Campbell told the Committee that grants are being cut in the budget that fund the mental health programs for the uninsured or underinsured. She stated that the individuals could be living much fuller, more satisfying lives and delay entry into nursing homes if they could receive the services. The outreach programs do not exist at all Mental Health Centers (MHC) across the state, and many will cease to exist within the next few years. The mental health worker or social worker at the MHC can assess the individual, offer appropriate interventions for care, and have a successful outcome.

Written testimony in support of **HB 2057** was submitted by the following:
Debra Zehr, President, Kansas Association of Homes and Services for Aging (Attachment 6)
Mike Hammond, Executive Director, Association of Community Mental Health Centers of Kansas (Attachment 7)
Ernest Kutzley, Advocacy Director, American Association of Retired Persons (AARP) (Attachment 8)
Craig Kaberline, Kansas Area Agencies on Aging Association (Attachment 9)

Chairman Bethell commented that regardless of budget shortfall, it is important to keep these subjects in the forefront and try to fund them in the future.

The meeting was adjourned at 4:20 p.m.

The next meeting is scheduled for February 12, 2009.

HOUSE AGING AND LONG TERM CARE COMMITTEE

DATE: 2/10/09

NAME	REPRESENTING
Kelly Jones	Alzheimers Assoc.
Jim Snyder	SHC
Jim Beckwith	KCAP
Joe. Ewert	KAHSA
Deborah Merrill	KHPA
Marty Kennedy	KDOA
Bill Brady	Capitol Strategies
Craig Kaberline	KAA
Mary Ellen Conlee	Senior Services
Rick Shultz	SRS
Miriam Rabbe	SITAMS.
Chad Austin	KHA
Derek Hein	Hein Law Firm
Effie Sunoon	KHPA
Chris Cardinal	KHCA
Amy Campbell	KMHC

PLEASE USE BLACK INK

AGING & LONG TERM CARE COMMITTEE
FEBRUARY 10, 2009
HOUSE BILL 2056

House Bill 2056 proposes that all of NEW tobacco monies be set into a Senior Fund to help people as the original lawsuit stated. For instance:

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 next 10 years. In addition, another 40 companies have agreed to make annual payments.

We understand Kansas received more than $400,000 in 2004, $1.6 million in 2005, and more than $2.0 million is expected this year.. All of these monies, so far, have just been shuttled in with the original funds because those original funds have slipped a little. SHL Bill 2302 would at least provide for these new monies to be set up—half to help fund present senior programs (probably Medicaid) and half to be placed in a future fund.

I would like to give you a little history. We understand that the original Tobacco Money Lawsuit, settled in 1998 was with 4 major tobacco companies and would pay approximately $246 billion over 25 years.

The Kansas Lawsuit stated: "The State seeks restitution for smoking related health care costs paid by the state. A significant portion of the monies that the state has paid out, and will continue to pay out to citizens under the Kansas Medicaid program is for health care costs attributable to smoking induced illnesses."

However, we understand a "legislative deal" was made about the disposition of the monies, in that if most went to the youth of Kansas, that opposition to highway construction would ease up...and so 70% of the tobacco settlement monies have gone since then to a Youth Fund and the balance of 30% has gone into the general fund. NOTHING has been earmarked for the purposes Kansas stated in its original lawsuit.

You think you have problems now. The soaring cost of Medicaid is not going to get any better. For example, here in Kansas the number of persons over 60 is projected to double within the next 10 years. And, we already are beginning to feel the initial impact of the "Baby Boomers".

Now is the time for the State to ensure that at least some of the tobacco money goes to the source for which it was originally intended.

2056
HB ~~2506~~ Tobacco Monies

Testimony By Irv Hoffmann, President KSHL

2/10/09

Thank you, Mr. Chairman and members of the committee for providing us an opportunity to speak in behalf of the use of tobacco monies for a senior trust fund.

We have been proposing the use of new tobacco monies for a senior trust fund for a number of years. The use of the monies would benefit all the incoming seniors and provide a small hedge against the forecasted rising number of seniors within the next couple of years.

The last census report predicted that by the year 2010 the number of seniors 62+ would be 514,212; this figure increases to 584,152 by 2015; to 647,091 by 2020; and to 675,873 by 2030. You will note that this number increased by 70K in just 5 years and by 90K in 2030. A 70K increase in 5 years is an increase of nearly 15K per year !

The school finance crisis pales when compared to this problem. The boom is getting ready to hit. We have been trying for years to get the legislature to come to grips with this problem. We are aware of the current budget crunch and what it means to the state but we cannot continue to relegate this problem to the back burner.

The monies estimated from the new tobacco money will probably not exceed $3 million but it is a start. In my discussions with the Attorney General's Office I was told that the money could vary from 2-3 million. We have a companion bill in the House that also deals with sales taxes on Internet, Catalog, and phone sales. These monies will not provide a permanent solution to the problem but can buy the state some valuable months to develop a solution.

Hopefully, you will find a way to help the needy seniors in 2010 and beyond.

Thank you.

I sit for your questions.

KANSAS SILVER HAIRED LEGISLATURE

503 Kansas Ave., Topeka, KS 66603 (785) 368-7326 silverhaired@aging.ks.gov

State-Wide Geriatric Mental Health Program
Aging & Long Term Care Committee
House Bill 2057
February 10, 2009

I am Jim Snyder, Speaker of the Kansas Silver Haired Legislature. I am here to present the urgent need for a Kansas Geriatric Mental Health program this year, in total or at least enough to get a practical program started. This is covered in House Bill 2752. We strongly favor this program.

Approximately 20% of community dwelling older individuals experience mental health problems. These include anxiety disorders, mood disorders such as depression, severe cognitive problems (Alzheimer's disease and other dementias). In addition, substance abuse—a significant issue—raises this percentage even higher.

In nursing facilities, the percentage of mental health issues increase from 60 to 80% of the population. Today, the highest rate of suicide is for males age 85 and up, and the 2nd highest rate is among adults age 75 to 84. The 85 & up group's suicides is six times higher than that for the general population.

Older adults do not receive adequate treatment. Many times, present case-workers can identify there is some sort of problem, but due to a number of built-in feelings—the stigma of mental problems....the shame of it all...loss of independence...being viewed as incompetent...and others—these older adults are reluctant to use present help such as mental health centers even if it were possible for them to get there physically. However, if treatment were available in more comfortable and accessible surroundings, chances improve that a more successful outcome would prevail.

The program as urged by the Silver Haired Legislature would insure treatment for this group of people. It would be implemented by the 11 Area Agencies on Aging (AAA's) across Kansas. The Kansas Department on Aging would administer and distribute the funds which the AAA's would use for education, outreach, and direct services.

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Education on mental health issues, signs, symptoms, treatment options would be provided to professional and direct care staff and service providers...including CNA's home health aides, community service providers, administrators, social workers, nurses, and physicians. This will include mental illness education—it's prevalence among older adults, differences between normal aging & mental illness, and diagnosis, treatment and good mental health maintenance.

Outreach would help target early identification, early intervention and prevention. This would be provided at locations used by older adults and their families such as doctors' offices, senior centers and religious organizations.

Direct Services would be provided by qualified mental health providers including the home, nursing home, community setting, community mental health center, or other mental health providers.

All parties concerned with this proposed program are confident it will provide an array of services that mental health and aging advocates have been working toward for many years. This program will take Kansas a long way in addressing needs of older adults and will position Kansas well for potential funding and programs currently provided at the national level. Programs including the Positive Aging Act, STOP Senior Suicide Ace, and other programs through the Administration on Aging.

I hav
progr

Thank you.

cpaaa

Central Plains Area Agency on Aging

510 North Main ☆ Suite 502 ☆ Wichita, Kansas 67203-3752

ANNETTE GRAHAM
Executive Director

Administration — (316) 660-7298
Information & Assistance
(316) 660-5120 ☆ (800) 367-7298
FAX — (316) 383-7757

House Social Services Budget Committee
Testimony on H.B. ~~2752~~ 2057
Mental Health for Seniors

Good afternoon and thank you Chairman Bethel and Committee members for allowing me this time to address your committee today. My name is Annette Graham; I am the Executive Director of the Central Plains Area Agency on Aging. Our agency coordinates the services for a tri -county region that includes Butler, Harvey and Sedgwick Counties. I am pleased to speak to you on the issue of mental health and older adults; this is an issue that I have been involved with for over twenty years. I am here to testify in support of HB 2752.

My comments will focus on the urgent need for mental health services for older Kansans. I am here to voice support for this bill, to discuss the need for these services and discuss specifics of the service delivery model that would be implemented through this bill.

HB 2752 would address the urgent need that Aging service providers see on a daily basis in our communities. Older adults experience significant mental health issues that negatively impact their health, their quality of life, and their relationships. There is a high level of unmet need among older adults, there are significant barriers to accessing services, the number of older adults experiencing mental health issues is increasing and there is an urgent need for Kansas to address this issue.

Approximately 20% of community dwelling older individuals experience mental health problems which include anxiety disorders, mood disorders such as depression, severe cognitive problems such as Alzheimer's disease and other dementias. The number of older adults experiencing substance abuse is also a significant issue which raises this percentage even higher than the 20% figure. For the older population residing in nursing facilities the percentage that experience mental health issues ranges from 60 to 80% of the population . These conditions can be debilitating and they can be terminal. The highest rate of suicide is for males age 85 and over, the second highest rate is among adults age 75 to 84. The suicide rate for males age 85 and older is six times higher than that for the general population.

The data highlights that older adults do not receive adequate treatment: they face issues of under diagnosis, misdiagnoses, inappropriate medications, inadequate referral and follow up. Less than 3% of older adults receive treatment by a mental health specialist. They are the age group who receive the least amount of mental health services and they are the most reluctant group to seek out services on their own behalf. Even when services are sought out there are many barriers that interfere with access: lack of transportation, individuals that are homebound, limited availability of in home mental health services, cultural barriers, limited number of providers trained in aging issues, the magnified issue of stigma among older adults, the compounding impact of ageism and the increased costs for mental health services. Under Medicare the copay cost for mental health services is 50% whereas for medical care the copay is 20%.

The level of unmet need is immense and there is a need for specialized services for this growing population. Meeting the needs of this population is becoming increasingly critical as the population grows and as the boomers starts entering this phase of life in just three short years. In Kansas, the percentage of adults age 60 and over is higher than the national average of 12%, Kansas is at 16.9%. In the rural areas that percentage is much higher. Too often the mental health needs of older adults are not identified, under diagnosed, misdiagnosed or inadequately treated. Older adults are more likely to receive mental health from a general physician and often they present with physical complaints, rarely do they present with a mental health complaint. The diagnosis process is complex due to the presenting problem often being not the mental health issue but rather a physical complaint, the multitude of co-occurring medical conditions, multiple medications and the interactions of these prescription medications. Often the mental health issues are not identified. Unfortunately, many people, including some professionals believe that depression is a normal part of aging. This belief contributes to lack of appropriate diagnosis, referral and treatment. Older adults are less likely to be referred for psychotherapy and treatment by mental health professionals, and more likely to be prescribed medication. Seniors utilize mental health services less than any other age group and it is estimated that as many as 63% of adults age 65 and older do not receive appropriate treatment.

The fastest growing segment of the population is the age 65 and over. Between 2000 and 2030 America's older population will double, growing to 70 million. The number of older adults with mental health disorders will also grow. Unless action is taken to address the needs of the growing population, the system of care will be overwhelmed and the medical utilization rates and costs will sky rocket. Government is already spending funds for the provision of services for this population. The medical care cost for the older adults with mental health issues is 50% higher than for those without mental

health disorders. These older adults are three times more likely to enter a nursing home than a senior without a mental disorder. It is estimated that 60 to 80 % of older adults residing in a nursing home experience some type of mental disorder. We are already paying the price for the mental health problems in older adults; we are paying for it through increased medical costs, excess disability, and premature institutionalization.

There are numerous barriers to accessing care. They include stigma which for older adults is even greater than for the general population, ageism which undervalues older adults and their well being and worth, inaccessessible care, limited services, limited numbers of trained specialized mental health providers, lack of awareness about mental health issues of older adults by providers of services and lack of transportation. Older adults themselves are often fearful of seeking treatment, they worry about losing benefits if they identify themselves as needing mental health treatement and they worry about losing their independence, being labeled or viewed as "incompetent" and being put into a nursing home.

HB 2752 would provide for mental health services for older adults to be coordinated and implemented through the 11 Area Agencies on Aging (AAA's) across Kansas. The request is for $1,808,000. This money would be allocated to the 11 Area Agencies on Aging utilizing the same formula that is currently used to allocate the state funds for the Senior Care Act program. Kansas Department would administer and distribute the funds and $48,000 of the funds would cover their administrative costs. The funds that would be allocated to the AAA's would be utilized at the local level, with 50% of the funds for direct mental health services, 25% for education and 25% for outreach.

It is critically important that each of these categories be included as all three are necessary to adequately meet the mental health needs of older adults. Education on mental health issues, signs, symptoms, treatment options and how to work with older adults with mental health issues will be provided for a variety of professionals, direct care staff, and service providers. This can include CNA's, home health aides, community service providers, administrators, social workers, nurses, and physicians. This will include education about mental illness, it's prevalence among older adults, the difference between normal aging and mental illness, how these problems can be diagnosed, treated, and how to maintain good mental health in aging, the available resources, and community services referral options.

Outreach is a key component which will target early identification, early intervention and prevention. Mental health outreach will be provided at locations frequented by older adults and their families such as doctors' offices, senior centers and religious organizations to increase information

sharing and early identification of high risk individuals and families. Information will be provided on preventative measures and positive mental health promotion. This will be done through collaboration with religious organizations, health, mental health and aging service providers .The AAA's will collaborate at the local level with providers to contract for delivery of each of these components.

Direct services will provide for access to an affordable and comprehensive range of quality mental health services. This would be provided by qualified mental health providers in a range of locations which include: the individuals own home, a nursing home, an assisted living, a community setting, a community mental health center, or other mental health providers.

Community providers including community based organizations, Community Mental Health Centers, and other mental health providers would be requested to submit proposals to outline how they could provide services in the local area. This process mirrors how the SCA program is administered and managed at the AAA level. The program costs, service units and outcomes would be developed based on the proposals. This model ensures that the services are tailored to the needs and resources at the local level and maximizes the resources and strengths of each AAA planning and service area. This is a collaborative model that will be developed to meet the needs of the communities and population across Kansas. The services will be provided regardless of place of residence, in the individuals own home, in the housing complex, in the nursing facility, in the assisted living... This model will provide for prevention, early intervention, education and treatment. This will provide a service for older adults in Kansas that builds on the recommendations from the National Association of Mental Health and Planning & Advisory Councils report from 2007 and the recommendations that came out of the Older Adults and Mental Health: Issues and opportunities recommendations from the Department of Health and Humans Services Administration on Aging in 2001.

HB2752 will provide for an array of services that mental health and aging advocates have been working towards for many years. We believe that this bill will take Kansas a long way in addressing the needs of older adults, their families, and our communities. We believe this bill will position Kansas well for potential funding and programs currently proposed at the national level which includes the Positive Aging Act, STOP Senior Suicide Act, and some additional programs through the Administration on Aging.

In closing I would like to than you for this opportunity to address this important issue. I would be happy to address any questions you might have.

NATIONAL STRATEGY FOR SUICIDE PREVENTION

At a Glance - Suicide Among the Elderly

- The highest suicide rates of any age group occur among persons aged 65 years and older.
- There is an average of one suicide among the elderly every 90 minutes.
- In 1998, suicide ranked as the sixteenth leading cause of death among those aged 65 years and older and accounted for 5803 deaths among this age group in the U.S..
- Suicide disproportionately impacts the elderly. In 1998, this group represented 13% of the population, but suffered 19% of all suicide deaths.
- The rate among adults aged 65-69 was 13.1 per 100,000 (all rates are per 100,000 population), the rate among those aged 70-74 was 15.2, the rate for those aged 75-79 was 17.6, among persons aged 80-84 the rate was 22.9, and among persons aged 85+ the rate was 21.0.
- Firearms (71%), overdose [liquids, pills or gas] (11%) and suffocation (11%) were the three most common methods of suicide used by persons aged 65+ years. In 1998, firearms were the most common method of suicide by both males and females, accounting for 78% of male and 35% of female suicides in that age group.
- Risk factors for suicide among older persons differ from those among the young. In addition to a higher prevalence of depression, older persons are more socially isolated and more frequently use highly lethal methods. They also make fewer attempts per completed suicide, have a higher-male-to-female ratio than other groups, have often visited a health-care provider before their suicide, and have more physical illnesses.
- It is estimated that 20% of elderly (over 65 years) persons who commit suicide visited a physician within 24 hours of their act, 41% visited within a week of their suicide and 75% have been seen by a physician within one month of their suicide.
- In 1998, men accounted for 84% of suicides among persons aged 65 years and older.
- Suicide rates among the elderly are highest for those who are divorced or widowed. In 1998, among males aged 75 years and older the rate for divorced men was 3.4 times and widowed men was 2.6 times that for married men. In the same age group, the suicide rate for divorced women was 2.8 times and widowed women was 1.9 times the rate among married women.
- Several factors relative to those over 65 years will play a role in future suicide rates among the elderly, including growth in the absolute and proportionate size of that population; health status; availability of services, and attitudes about aging and suicide.

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Kansas Mental Health Aging Specialists
Social Services Budget Committee
Chairman Representative Bob Bethell
~~March 13, 2008~~

House Bill ~~2752~~ 2057

Chairman and members of the Committee, thank you for the opportunity to submit written testimony on HB ~~2752~~ 2057. We represent a group of Aging Specialists from Community Mental Health Centers who work with older adults in our communities (both rural and urban). At each of our Community Mental Health Centers, we provide therapy services and community education about mental illness to older persons, their families and to professionals working with them. Among our agencies funding sources are diverse and include federal, state, local, endowment, contracts with Area Agencies on Aging, and grant monies.

We support House Bill ~~2752~~ 2057, with the revisions and welcome the opportunity to work collaboratively with the Kansas Department on Aging and the Area Agencies on Aging. Funding from this bill will fill a need for services, which current funding sources (Medicaid, Medicare, and private insurance) do not meet. We believe providing funding through the Kansas Department on Aging to be distributed and managed by the local Area Agencies on Aging, will effectively address the unique unmet education, outreach, assessment and service delivery needs of older Kansans.

There are barriers to older adults receiving mental health services. We as Aging Specialists at Community Mental Health Centers suggest that with the funding from House Bill ~~2752~~ 2057 these needs can be addressed as follows:

- Increased identification of those older persons at risk of suicide (older adults have a suicide rate of 14 per 100,000, compared to 11 per 100,000 in the overall U.S. population and are less likely to seek help).

- Increased education of professionals, including aging, mental and physical health care professionals, to better identify and refer older persons to mental health services (75 percent of older adults who commit suicide have visited their primary care physician within a month of their suicide: 20 percent the same day and 40 percent within one week).

- Increased in-home caregiver counseling (one collaborative effort between a Community Mental Health Center and an Area Agency on Aging in 2007 more than doubled the number of caregivers they expected to service in the first year).

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- Increased in-home assessment and treatment for homebound older adults (84 percent of older adults have at least one chronic health problem, 62 percent have two or more chronic health problems, which limits access to mental health treatment outside the home).

- Increased access to mental health treatment in nursing facilities (reports suggest that one in four nursing home residents suffer from depression).

- Increased access of handicapped accessible transportation to mental health treatment (21 percent of older adults do not drive; many have health problems, which limit their ability to access public transportation).

- Increased education of older adults, their families and professionals, to recognize the inter-relatedness of mental and physical health among older persons (25 percent of older adults with chronic illnesses have depression).

To illustrate what this statistical information can mean to older Kansans, the following is an example of an older woman who recently received treatment at a Community Mental Health Center in Kansas (some of the details have been altered to protect her privacy).

Just two years ago, Helen retired and made plans to move to another state to be near a lifelong friend, where they planned to enjoy retirement together. She sold her home, packed up her belongings and she along with her dog made the big move.

Only a few months later, Helen's friend was diagnosed with cancer. The cancer did not respond to treatment and soon Helen became her friend's end of life caregiver. Not long after Helen began caring for her friend, she was also diagnosed with cancer. Helen's cancer responded well to chemotherapy and she continued to care for her dying friend. After a year long battle with cancer, Helen's friend passed away, and not long after, Helen's dog also died. Helen was all alone in an unfamiliar state. She couldn't afford to continue living in the home of her friend, so with the encouragement of her daughter she moved to Kansas to be near her daughter's family.

Nearly as soon as Helen arrived, her daughter knew something was terribly wrong with her mother. Helen was severely depressed. She cried all day, had suicidal thoughts and had even searched out ideas on how she might take her own life. At Helen's daughter's insistence, Helen came to the Community Mental Health Center, where she received medication from a psychiatrist to help with her depression and began seeing an Aging Specialist (clinical social worker with a specialty in aging), who worked with her on coping with her grief and loss, adjusting to the changes in her life, and to begin building a new life for herself.

With medication, the support of her family, and the Community Mental Health Center, Helen's mood improved. She no longer felt hopeless and suicidal. Though she still grieved the loss of her sister, she was able to find enjoyment in life again. She began

& AGING COALITION

Kansas Mental Health Coalition

Topeka, Kansas

MARCH 13, 2008

Testimony presented to the Legislative Budget Committee
Re: HB ~~2236~~ 2507 Geriatric Mental Health Act

ON BEHALF OF THE KMHC&AC

It is a pleasure to testify today regarding HB ~~2236~~ 2507, a geriatric mental health act for Kansas. In case you are wondering older adults are those considered 60 years and older.

My name is Bryce Miller, Topeka, Kansas, a 76-year-old volunteer and mental health advocate. I was diagnosed with bipolar disorder in 1974 and have been in recovery mode for over 34 years.

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

attending church activities, enjoyed time with her daughter and grandchildren, and recently got a new dog.

Funding this bill with the revisions will provide early interventions in mental health assessment, education, outreach and services to many older Kansans. Likewise, with early treatment, older persons are likely to have less severe symptoms and fewer medical and psychiatric hospitalizations. Additionally, older adults who receive these mental health services will remain living in the community and avoid premature nursing home placement.

Thank you for considering this testimony.

Nancy Luber, LSCSW
Clinical Social Worker/Aging Specialist
Johnson County Mental Health Center
1125 W Spruce
Olathe, KS 66061
E-mail: nancy.luber@jocogov.org
Phone: 913-782-2100

Ruth Shadel, LSCSW
Clinical Social Worker/Aging Specialist
Bert Nash Community Mental Health Center
200 Main Street, Suite A
Lawrence, KS 66044
E-mail: rshadel@bertnash.org
Phone: 785-830-1718

Steve Denny, LSCSW
Clinical Social Worker/Aging Specialist
Four County Mental Health Center
1601 West 4th
Coffeyville, KS 67337
E-mail: sdenny@fourcounty.com
Phone: 620-251-8180; 620-464-3199
Independence office: 620-331-1748

Nancy Trout, LSCSW
Clinical Social Worker/Aging Specialist
Prairie View, Inc.
East Wichita Outpatient Office
9333 E. 21st St. North
Wichita, KS 67206
E-mail: kctrout@yahoo.com
Phone: 316-643-4726

Advocacy positions I have had include:

1. Board member, National Alliance on Mental Illness (NAMI Kansas)
2. Board member and consumer representative, National Alliance on Mental Illness, Arlington, VA (NAMI)
3. Co-founder, Breakthrough House Inc., Topeka, KS
4. Governor's Mental Health Services Planning Council

In 2002, I traveled to Washington, D.C., to testify before the President's New Freedom Commission on Mental Health re: improvements needed in the older adults mental health system.

There is a quiet crisis in Kansas surrounding the older adults mental health system. However, in my

opinion a major crisis is about to erupt because of the arrival of the first wave of boomers.

Improved, more cost effective methods for improving the older adult mental health system in Kansas include:

A. Improved collaboration between stakeholders including private and public mental health professionals, community mental health centers, area adult associations, state agencies and non-profit mental health agencies. Timely and prompt treatment of depressed older adults.

B. Improved and timely mental health education for patients. It has been estimated that 80 percent of depressed older adults don't understand depression and the various treatments.

C. Provision of older adult peer support groups (facilitated by older adults). See attached DBSA Colorado Springs pamphlet. Note the "Later Life Support Group" meets every Wednesday at 12:30 p.m. in the Colorado Springs Senior Center.

2057
~~2752~~

HB [redacted]eeds to proceed and the Kansas Department on Aging we believe is the proper state agency to administer the system by utilizing existing AAA organizations. Thank you for your consideration.

[redacted]

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 Aging and Long Term Care Committee on House Bill 2057
February 10, 2009
By Amy A. Campbell

The Kansas Mental Health Coalition supports HB 2057 which would expand mental health services targeted to the needs of older Kansans.

Older adults have unique mental health needs. Specialized services are more effective in reaching this growing population than standard centralized mental health services. It is important to reach out to older adults in the community and through primary health care providers and community based in-home visits in order to effectively evaluate an individual's needs and educate them about modern mental health care and its positive effects.

The objectives of HB 2057 build on the successes of the mental health programs currently offered in Kansas for seniors – while offering the opportunity to improve the capacity and quality of those programs and expand such services to other communities.

Research shows that older adults are less likely to access mental health treatment by independently reaching out to their local mental health providers. Offering access to treatment in a non-threatening manner which minimizes social stigma, in coordination with other community based health services, can reap more immediate and effective success. Mental health treatment works – it is just a question of making certain that the right type of services are available to our older adults and that they are encouraged to access the care they need. Empowering older adults with effective treatment for depression, anxiety, and all too often accompanying drug or alcohol abuse can postpone the need for more intensive inpatient or residential care.

This bill requires agency collaboration and provides services in a variety of home settings. These are important elements of providing effective treatment delivery to Kansans who are not likely to reach out to their local mental health center for care. The program is specifically designed to break through some of the common barriers that prevent important care from being delivered to seniors. The effective delivery of mental health treatment can also have powerful benefits for family members and caregivers.

The Kansas Mental Health Coalition supports HB 2057 and the work of the Kansas Mental Health and Aging Coalition in bringing this initiative to the forefront. Please support this legislation this session, along with the necessary funding for implementation.

KMHC, PO Box 4103, Topeka, KS 66604 PH: 785-969-1617

KAHSA
creating the future of aging services

To: Chairman Bob Bethell, and Members,
House Aging and Long Term Care Committee
From: Debra Zehr, President
Date: Tuesday, February 10, 2009

TESTIMONY IN SUPPORT OF HOUSE BILL 2057

Thank you, Chairman Bethell and Members of the Committee. I am Debra Zehr, President of the Kansas Association of Homes and Services for the Aging (KAHSA). We represent 160 not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living facilities, low income housing and community-based service programs that serve more than 20,000 older Kansans every day.

KAHSA stands in support of House Bill 2057, which calls for the Kansas Department on Aging to administer a statewide program, in collaboration with the Area Agencies on Aging and mental health centers, to provide mental health education, outreach and services to older Kansans regardless of their place of residence.

Older Kansans experience high rates of depression, anxiety and other mental health challenges, putting them at increased risk for physical health problems, premature institutionalization and suicide. Yet they are disproportionately underserved due to transportation problems, lack of availability of specialized services and stigma.

We appreciate the Committee's attention to the important issue of mental health service access for older Kansans. I am happy to answer questions.

785.233.7443
kahsainfo@kahsa.org

fax 785.233.9471
217 SE 8th Avenue
Topeka, KS 66603-3906

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Association of Community Mental Health Centers of Kansas, Inc
720 SW Jackson, Suite 203, Topeka, Kansas 66603

Telephone: 785-234-4773 / Fax: 785-234-3189
Web Site: www.acmhck.org

Aging and Long Term Care Committee

Testimony on
Mental Health Services for Seniors
H.B. 2057

February 10, 2009

Mike Hammond, Executive Director, ACMHCK, Inc.

Mister Chairman and members of the Committee, my name is Mike Hammond, I am the Executive Director of the Association of Community Mental Health Centers of Kansas, Inc.

The Association represents 27 licensed CMHCs which provide services to meet the particular needs of their local communities. The public mental health system is a partnership between State and local government. With a collective staff of over 4,000 professionals, the CMHCs provide services to Kansans of all ages with a diverse range of presenting problems. The CMHCs provide assessment, diagnosis, treatment, case management, medication management, crisis services, attendance care and respite care as well as many other services to individuals and families dealing with mental illness. In addition, the CMHCs provide screening for individuals who may need inpatient hospitalization. We serve more than 123,000 Kansans each year, and as part of licensing regulations, are required to provide services to all Kansans who present for treatment, regardless of their illness or ability to pay. In 2006, the CMHCs served 10,224 seniors age 55 and older.

As you are aware, many seniors in our communities have or will develop some mental illness during their golden years. As seniors face losses of health, family, friends, neighbors and even isolation as they age in place, they may develop depression or other mental health issues. Seniors deserve to maintain their mental health, and deserve to receive treatment so they can live well and age successfully.

We believe that Area Agencies on Aging (AAAs) and CMHCs can and should work in close collaboration to identify seniors who may need mental health services and then provide treatment to those individuals. This collaboration could vastly improve the quality of life for many seniors in Kansas. The creation of a program of geriatric mental health services to seniors is wholeheartedly supported by the Association. We stand ready and willing to collaborate with the Department on Aging to promote system changes to the Kansas long term care infrastructure, including streamlined access to services.

Two critical factors in accessing mental health care are provider availability and acceptability by consumers. Kansas has only five urban counties, with the rest of the state made up of frontier, rural, dense rural counties and semi-urban counties. A person living in a rural area may be Medicare eligible or have other insurance or coverage for mental illness, but if the nearest provider is hours away, their access to care becomes limited. The result is that those in rural Kansas may experience a delay in care, inconsistent care, or no care.

According to the National Rural Health Association, people from rural or frontier areas have a high percentage of seniors with Medicare coverage, are less likely to enroll in Medicaid, and have less knowledge about that and other social services. Right now, Medicare does not provide coverage for many providers of mental health care and treatment. In addition, it only reimburses for 50% of the cost to provide treatment to seniors with mental illness, and that only for a very few licensed practitioners. The passage of federal legislation that expands Medicare coverage to include all mental health clinicians who are licensed for independent practice by their state licensing boards will help to close the gap for rural Kansas seniors and those with mental illness, and allow them access to treatment by a mental health professional in their own community.

One other policy that impacts access to mental health treatment and care for seniors as well as other Kansans is the inequity between physical health and mental health benefits in group health insurance policies. In Kansas, insurance companies who offer health insurance offer policies that limit the number of outpatient visits, inpatient stays, types of illnesses covered, higher co-pays and office visit obligation

fees, and also caps the lifetime benefit for policy holders. All of these are hindrances to Kansans who need access to mental health treatment and care.

The Association supports the Department on Aging in their efforts to bring mental health care and treatment to seniors in Kansas.

Needs of the Target Population

Limited access to mental health services for Americans age 60 and older is identified by the Surgeon General's Report on Mental Health as an increasing risk for suicide, psychiatric hospitalization, and premature placement in long-term care facilities (Department Health Human Services, 1999). Males, 85 and older, have the highest rates of suicides of any other group at 21 per 100,000 (Center for Disease Control, 1999). The majority of older adults, who commit suicide, have diagnosable depression (Conwell, 1996). The American Association for Geriatric Psychiatry testified that "there is accumulating evidence that depression can exacerbate the effects of cardiac disease, cancer, strokes, and diabetes (2005)."

The Surgeon General's Report (1999) estimates that at least 19.8% of older Americans (over age 55) experience mental illness. If one considers the challenges faced with aging, it becomes clear that this is not a coincidence. Declining physical health, personal losses, reduced independence, and financial burdens are just of the few issues faced by many older adults. Many people see seniors as just "slowing down" when in fact they may be exhibiting symptoms of undiagnosed and untreated depression. Misconceptions by providers, family, and seniors themselves result in failure to refer seniors for diagnosis and treatment that in turn can lead to serious consequences for seniors which can include the following:

- Increased risk of suicide
- Increased risk for both psychiatric and medical hospitalization
- Premature placement in nursing homes
- Exacerbation of physical problems
- Alcohol and/or drug abuse or dependence

The emotional and financial costs of each consequence are apparent. Both the statistics and personal observations show that many older adults are in need of mental heath or substance abuse treatment. Unfortunately only a few actually receive services. Almost two-thirds of older adults with a mental disorder do not receive needed services (Rabins, 1996). However, if diagnosed and treated 60 to 80% of older adults will benefit from treatment (Schneider, 1996). In rural communities, the rate of older adults accessing services on their own is particularly low due to a variety of factors including stigma and access issues.

The following are some examples of seniors that would benefit from the passage of HB 2057, they are from the Southeast Kansas region.

Irene *is a 92 year old white female residing in an assisted living facility. She was referred for symptoms of intense anxiety and depression including suicidal thoughts. Irene was struggling with the move from her home of over 60 years to a one bedroom apartment. She was quite isolative and had stopped many of the activities she once enjoyed. She responded very quickly to therapy and reported significant relief after one session. Irene returned to knitting and crocheting and began to interact more with the other residents. One of her friends secretly entered her cross-stitching project in the state fair. On our next to*

last session, she very proudly showed me a grand champion ribbon that she'd won for this project. She was discharged after six months of treatment. She is still doing well today, nearly two years later.

John *is a 76-year old white male. He is a war veteran and suffers symptoms of Post Traumatic Stress Syndrome after observing awful events in a Prisoner of War camp. In addition, John has financial stressors, family problems, and is dealing with multiple health problems. He has several medical appointments per week and multiple service providers. John's case manager attends all of his medical appointments and communicates regularly with John's Primary Care Physician. He has been in service nearly two years and continues today. There have been multiple hospitalizations, both medical and psychiatric, along with brief stays in the nursing home; however, John remains in the community today. It can be said with relative certainty that this would not have happened without SOS staff helping him manage his physical and psychiatric needs in the community.*

Bob *is a 66-year old Vietnam Veteran. He was referred by a psychiatric hospital after he became severely depressed. He reported intent, plan, and had access to guns to end his own life. His depression was fueled by severe breathing problems due to Chronic Obstructive Pulmonary Disease (COPD) along with loneliness and loss of his spouse. Throughout the first year of treatment, he reported ongoing thoughts and plans of suicide. In time, he began to improve slowly. A few months ago, when asked about suicidal thoughts, he replied in this fashion, "I've been thinking... My COPD is progressing about like it is supposed to. I know that I don't have much time left and I certainly don't want to do anything to shorten it." He remains in treatment today as he still continues to cope with depression and health issues. John was able to accept his physical health issues and still find meaning and reason to live.*

Each of these cases is examples of how geriatric mental health services have helped seniors in Southeast Kansas.

Here is an example of a senior who didn't get help. A family friend and neighbor of over 30 years had been living by himself for almost 10 years since the death of his wife. He became ill this summer and required hospitalization twice. Upon discharge from his second hospitalization, he began to receive home care services. One evening he called his home care nurse asking her to use the back door instead of the front. The next morning, she found him lying dead in front of his back door due to a fatal self-administered gun shot wound to the head. His depression was not reported, but is now evident in looking back. His providers, as well as family, were not able to recognize the depression.

The Association supports the passage of HB 2057, and we offer our collaboration in any way possible with the Department on Aging to accomplish to goals of this bill. Thank you very much for the opportunity to present just a small view of how seniors might benefit from the passage of this bill, and the collaboration between AAAs and CMHCs.

ATTACHMENT A

New National Age Population Estimates

- ✓ Elderly population is projected to grow rapidly between 2010 and 2030, as the 76 million "baby boomers" reach 65 yrs of age.
- ✓ By 2030, older adults will account for 20% of the nation's people, up from 13% today. Simply by virtue of the growth of the older population, the need for geriatric mental health services will increase.
- ✓ The most common disorders, in order of prevalence, are: anxiety disorders, severe cognitive impairment (including Alzheimer's disease), and mood disorders (such as depression).
- ✓ Between 8-20% of older adults in the community, and up to 37% of those who receive primary care, experience symptoms of depression.
- ✓ Older Americans under-utilize mental health services. Barriers include: stigma surrounding mental illness, denial of problems, access barriers, fragmented and inadequate funding for mental health services, lack of collaboration and coordination among primary care and aging services providers, gaps in services, and lack of enough professional staff trained in the provision of geriatric mental health services.
- ✓ It is estimated that only 50% of older adults who acknowledge mental health problems receive treatment from any health care provider, and only a fraction of those receive specialty mental health services.
- ✓ Access to community based mental health services is problematic for older people because of several factors, including: the growing reliance on managed care, the targeting of MHS to specialized groups that exclude the elderly, and the emphasis public providers place on serving the severely chronically mentally ill. In addition, Community Mental Health Centers often lack staff trained in addressing non-mental health medical needs, which are especially important for older adults.
- ✓ Various studies indicate a high prevalence of mental illness in nursing homes. Dementia and depression appear to be the most common mental disorders in this setting. However, most residents with mental disorders do not receive adequate treatment. Approximately 66% of those in nursing homes suffer from mental disorders, including Alzheimer's and related dementias.
- ✓ Although adults 60 years of age and older constitute 13% of the United States population, they account for only 7% of all inpatient psychiatric services, 6% of community mental health services, and 9% of private psychiatric care.
- ✓ Less than 3% of all Medicare reimbursement is for the psychiatric treatment of older patients.
- ✓ It is estimated that between 18-25% of older adults are in need of mental health care for depression, anxiety, psychosomatic disorders, adjustment to aging, and schizophrenia.
- ✓ The Surgeon General's Report indicates that 15% of older men and 12% of older women treated in primary care clinics regularly drink excessively.
- ✓ Older adults have the highest suicide rate of any age group, and persons over the age of 85 have a rate double that of any other group.

ATTACHMENT B

Journal of the AMERICAN GERIATRICS SOCIETY

Journal of the American Geriatrics Society

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Abstract

Depressive Symptoms in Older People Predict Nursing Home Admission

Yael Harris, PhD, MHS and James K. Cooper, MD†*

From the *Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services, Baltimore, Maryland; and † Department of Medicine, School of Medicine, George Washington University, Washington, DC.

Address correspondence to Yael Harris, PhD, MHS, Centers for Medicare and Medicaid Services, 7500 Security Boulevard, Mailstop S3-02-01, Baltimore, MD 21244. E-mail: yharris@cms.hhs.gov

Abstract

OBJECTIVES: To evaluate the power of several self-reported depressive symptoms to predict nursing home admission (NHA).

DESIGN: A Cox proportional hazards model was used to estimate the risk of NHA.

SETTING: Data were from the Health Outcomes Survey (a national random sample of 137,000 Medicare + Choice enrollees aged 65 and older), the Nursing Home Minimum Data Set, and the Medicare Enrollment Database.

PARTICIPANTS: Medicare beneficiaries aged 65 and older enrolled in a Medicare Managed Care Plan who were self-respondents to the questionnaire and were not institutionalized at the time of the survey.

MEASUREMENTS: Variables were self-reported functional status, chronic health conditions, demographics, and several mood-related questions.

RESULTS: After controlling for age, race, sex, marital status, home ownership, functional status, and comorbid conditions, individuals who identified themselves as feeling sad or depressed much of the time over the previous year were at significantly higher risk of NHA.

CONCLUSION: A single question about depressive symptoms can be used to identify individuals at higher risk of NHA. There may be benefit from better screening and treatment of depression in community-based older people. Depression and social support may be linked. This study was targeted and did not attempt to explain everything that affects NHA. Investigation of the relationship between social support, depression, and NHA should be considered in future research.

This article is cited by:

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- Yael Harris
- James K. Cooper
-

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AARP Kansas
555 S. Kansas Avenue
Suite 201
Topeka, KS 66603

T 1-866-448-3619
F 785-232-8259
TTY 1-877-434-7598
www.aarp.org/ks

February 11, 2009

The Honorable Bob Bethel, Chairman
Aging and Long-Term Care Committee

Reference - HB 2057

Good afternoon Chairman Bethel and Members of the House Aging and Long-Term Care Committee. My name is Ernest Kutzley and I am the Advocacy Director for AARP Kansas. AARP represents the views of our over 375,000 members in the state of Kansas. Thank you for allowing us to present our written comments in support of enhanced mental health services for seniors in Kansas.

AARP believes the need for mental health services for older Americans is not being adequately met. 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 or that may be secondary consequences of physical ailments or medical interventions).

Older adults with mental disorders include people whose conditions develop in old age as well as those whose disorders begin at a younger age and continue as chronic or recurrent illnesses. 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, these disorders 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.

Therefore 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;

(over)

- 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 as well as the LTSS needs of people with mental illness.
- Encourage innovative service-delivery models for mental health services, such as bringing mental health services into homes, senior centers, and residential care facilities (including board and care homes).

Therefore, AARP Kansas supports legislation such as HB 2057 that will include:

- Creation of a statewide program within KDOA to provide grants for mental health services.
- Education, outreach and services;
- Coordination through the state's area agencies on aging;
- Services to seniors wherever they reside (home, apartment, assisted living or nursing home).

We respectfully request your support for enhanced mental health services for Kansas Seniors. We appreciate the opportunity to provide this testimony.

Thank you.
Ernest Kutzley

KANSAS
AREA AGENCIES
ON AGING
ASSOCIATION

Meeting the Needs of Older Kansans

2910 SW TOPEKA BOULEVARD • TOPEKA, KS 66611 • 785-267-1336 • FAX - 785-267-1337

Testimony to the House Aging & Long-Term Care Committee Regarding HB 2057 - Geriatric Mental Health

February 10, 2009

The Kansas Area Agencies on Aging Association (K4A) represents the 11 Area Agencies on Aging (AAA) in Kansas, who collectively serve all 105 counties of Kansas. In Kansas, Area Agencies on Aging are the "single points of entry," that coordinate the delivery of publicly funded community-based services that seniors and their caregivers need. The Area Agency on Aging system is funded by federal, state and local resources, and administered locally. Service delivery decisions are made at the community level—often in the homes of the seniors who need those services. The Area Agencies on Aging carry out their federal mandate as "the Leader" on aging issues at the local level. The Kansas Area Agencies on Aging Association works to improve services and supports for all older Kansans and their caregivers.

The Area Agencies on Aging in Kansas are part of a national network of 655 organizations established under the Older Americans Act (OAA) in 1973 to respond to the needs of seniors and caregivers in every local community. The services available through the Area Agencies on Aging fall into five broad categories: Information and Access services, Community Services, In-Home services, Housing and Elder Rights. Within each category a range of programs is available.

Whether you are an older Kansan or a caregiver concerned about the well-being and independence of an older adult, Area Agencies on Aging are ready to help. Area Agencies on Aging in communities across the state, plan, coordinate and offer services that help older adults remain in their home - if that is their preference. Services such as home delivered meals and a range of in-home services make independent living a viable option. Area Agencies on Aging make a range of options available so that seniors choose the services and living arrangement that best suits them.

Area Agencies on Aging offer programs that make a difference in the lives of all older adults from the frail older person who can remain at home if they receive the right services to those who are healthy and can benefit from social activities and volunteer opportunities provided by community-based programs.

I appreciate the opportunity to present written testimony regarding HB 2057 and talk about geriatric mental health needs in Kansas. If Kansas wants to improve the quality of life for elderly Kansans and to reduce health care and the costs of premature nursing home placement, geriatric mental health is a great place to invest.

As we age, many people believe that it is normal or expected that a person should become more depressed. But that's not the case.

Depression is not a normal part of aging, and studies show that most seniors feel satisfied with their lives, despite increased physical ailments. However, when older adults do have depression, it may be overlooked

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because seniors may show different, less obvious symptoms, and may be less inclined to experience or acknowledge feelings of sadness or grief.

According to the National Institute of Mental Health, depression often co-occurs with other serious illnesses such as heart disease, stroke, diabetes, cancer, and Parkinson's disease. Because many older adults face these illnesses as well as various social and economic difficulties, health care professionals may mistakenly conclude that depression is a normal consequence of these problems—an attitude often shared by patients themselves. These factors together contribute to the under diagnosis and under treatment of depressive disorders in older people. Depression can and should be treated when it co-occurs with other illnesses, for untreated depression can delay recovery from or worsen the outcome of these other illnesses. The relationship between depression and other illness processes in older adults is a focus of ongoing research.

Across the nation, numerous studies have concluded that our senior population has the highest rate of depression, anxiety and suicide. The studies also indicate that they often go untreated and undetected because of views towards aging and lack of recognition by medical professionals. We must look to design mental health programs for our current senior population that meets their mental health needs. If we want to address the mental health needs of seniors, the program needs to reach seniors where they are and that means providing the services in the home, apartment, assisted living or nursing home.

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

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. By not adequately identifying and providing appropriate mental health care to older adults we are greatly increasing the possibility of premature institutionalization. As we all know the cost under Medicaid for nursing home care is significantly higher than community care. At the same time we need to design a geriatric mental health program that will meet the needs of Kansas seniors regardless of where they reside. That being said, geriatric mental health needs are significant in Kansas regardless of where the senior resides. Whether the senior resides in their own home, apartment, assisted living or nursing facility, we must work on outreach, education and appropriate mental health services for this population.

If we can address mental health needs of this population, we can conceivably delay the need for nursing home care for some and save the state money on health care costs on the other end. Most importantly, we improve the quality of life for the senior population of Kansas.

The Kansas Area Agencies on Aging Association asks for your support of HB 2057.

Craig Kaberline, Executive Director