

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Vice Chairman Peggy Mast at 3:30 p.m. on March 13, 2008, in Room 514-S of the Capitol.

All members were present with the exception of Representatives Crum and George.

Committee staff present:

Kimbra Caywood McCarthy, Kansas Legislative Research Department

Nobuko Folmsbee, Office of Revisor of Statutes

Judy Holliday, Committee Assistant

Conferees appearing before the committee:

Representative Marc Rhoades

Bill Cook, Board Chairman, Kansas Healthy Marriage Institute

Don Jordan, Secretary, Social and Rehabilitation Services

Mary Blubaugh, Executive Administrator, Board of Nursing

Richard Morrissey, Interim Director, Division of Health, Kansas Department of Health and Environment

Martin Kennedy, Commissioner Licensing Certification and Evaluation, Kansas Department on Aging

Mary Sloan, Director Government Affairs, Kansas Association Homes and Services for Aging

Jim Snyder, Silver Haired Legislators

Rick Cagan, Executive Director, National Alliance on Mental Illness

Michael Hammond, Executive Director, Association of Community Mental Health Centers of Kansas

Steve Denny, Sr. Outreach Services Coordinator, Four County Mental Health Centers, Independence

Nancy Trout, LSCSW, Aging Specialist, Agencies on Aging Association

Craig Kaberline, Executive Director, Kansas Area Agencies on Aging Association

Amy Campbell, Kansas Mental Health Coalition

Annette Graham, Director, Central Plains Area Agency on Aging

Kathy Greenlee, Secretary, Kansas Department on Aging

Written testimony submitted:

Gina McDonald, Vice President of Education and Advocacy, Kansas Children's Service League

Cindy Luxem, CEO and President, Kansas Health Care Association

Debra Harmon Zehr, President, Kansas Association of Homes and Services for the Aging

Terri Roberts, J.D., R.N., Kansas State Nurses Association

Others attending:

See attached list.

Hearing on HB 2920--Healthy marriages and strong families grant program based on the temporary assistance for needy family block grant

Representative Marc Rhoades, testified as a proponent of **HB 2920**. (Attachment 1) Representative Rhoades provided extensive information on the Temporary Aid to Needy Families (TANF) program established by Congress in 1996. The goals of the program was to provide assistance to needy families to enable children to be cared for in their homes or homes of relatives; end the dependency of needy parents on government programs by promoting job preparation; prevent and reduce out-of-wedlock births; and encourage marriage and two-parent families. He stated that directing just 1% of the TANF funds for the enhancement of healthy marriage and family formation in low-income adults would help accomplish these goals.

Bill Cook, Board Chairman, Kansas Healthy Marriage Institute, testified as a proponent of **HB 2920**. (Attachment 2) Mr. Cook stated that the Kansas Healthy Marriage Institute is dedicated to strengthening Kansas marriages and families, and is part of a state-wide effort to address a variety of social issues, including reducing poverty, reducing child abuse and neglect, preventing costly social service interventions, and increasing job stability. He supports the "1% Solution" (one-percent from the TANF Block Grant program) to help build on positive work already happening in Kansas.

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Don Jordan, Secretary, Social and Rehabilitation Services, testified as neutral on **HB 2920**. ([Attachment 3](#)) **HB 2920** requires the Kansas Department of Social and Rehabilitation Services to spend one percent from the TANF Block Grant to support healthy marriages and strengthen families through services that prevent the unnecessary separation of children from their families, and which promote permanent living arrangements for children. This would be accomplished through grants up to \$50,000 to entities providing marriage services and services designed to strengthen families. The department is required to contract with a state university to design the program. The two current research projects in Kansas are directly funded by the federal Department of Health and Human Services/Administration on Children and Families and began in June 2007. The goal of this research project is to determine if the programs promoting marriage education and support actually strengthens families.

Written testimony only on **HB 2920** submitted by:

Gina McDonald, Vice President of Education and Advocacy, Kansas Children's Service League. ([Attachment 4](#))

The hearing was closed on **HB 2920**.

Hearing on HB 2671--Board of nursing to oversee nurse and medication aides

Mary Blubaugh, Executive Administrator, Kansas Board of Nursing (KBN), testified as a proponent of **HB 2671**. ([Attachment 5](#)) Ms. Blubaugh told the Committee that the KBN voted to transfer responsibility for the training and certification of nurse aides, medication aides, and home health aides (CNA/CMA/HHA) from the Kansas Department of Health and Environment (KDHE) to the Board of Nursing. She testified that the boards of nursing have jurisdiction over licensure of nurses and the nursing care they provide, and it is the position of the National Council of State Boards of Nursing (NCSBN) that the state board of nursing should regulate the CNA/CMA/HHA program. KSNB is currently developing the implementation of new licensure software, with a requested transfer date of October 1, 2009. This date would provide both agencies to make a smooth transfer as well as allow KSNB to develop the needed licensure software.

Richard Morrissey, Interim Director, Division of Health, Kansas Department of Health and Environment (KDHE) testified as an opponent of **HB 2671**. ([Attachment 6](#)) Mr. Morrissey discussed the transfer responsibility for Training and Certification of Nurse Aide Registry, Medication Aides, Home Health Aides, administration of the Kansas Nurse Aide Registry, and criminal record checks for nurse aides to the Kansas State board of Nursing (KSNB). He testified that the certification program integrates state law with various federal requirements with other Health Occupations Credentialing and splitting these program responsibilities would be inefficient, and that the database currently maintained for active certification individuals would be duplicated by the transfer at considerable cost for both KDHE and KSNB. The current program has been effectively managed by KDHE since 1977 and meets every state and federal performance requirement, making it one of the best in the nation.

Martin Kennedy, Commissioner, Licensing Certification and Evaluation, Kansas Department On Aging (KDOA), testified as neutral on **HB 2671**. ([Attachment 7](#)) Mr. Kennedy expressed his concerns over several issues. His agency believes eliminating the provision from KSA 39-936(C)(1) for allowing Personal Nutrition Assistants (PNAs) was a drafting error and urged restoration of the provision to the bill. He suggested other language changes in the bill for clarification purposes. In addition, the PNA training requirement could be transferred to the Board of Nursing.

Mr. Kennedy explained the KDOA investigative process for allegations of resident abuse, neglect or exploitation by nurse aides. If an incident is confirmed it is entered into the registry, the individual is prohibited from working in Kansas adult care homes, and facilities are required to check this registry before hiring an aide.

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Written testimony only on **HB 2671** was received from:

Cindy Luxem, CEO and President, Kansas Health Care Association ([Attachment 8](#))

Debra Harmon Zehr, President, Kansas Association of Homes and Services for the Aging ([Attachment 9](#))

Terri Roberts, J.D., R.N., Kansas State Nurses Association ([Attachment 10](#))

The hearing on **HB 2671** was closed.

Hearing on HB 2752--Geriatric mental health act

Mary Sloan, Director Government Affairs, Kansas Association Homes and Services for Aging (KAHSA), testified as a proponent on **HB 2752**. ([Attachment 11](#)) Ms. Sloan spoke on the need to improve mental health access and services for elders. Challenges remain for older adults in need of mental health services, which include depression and other mental health issues; a high level of unmet needs including misdiagnosis, over-medication or inappropriate prescription; and barriers to accessing care which include transportation, availability and stigma. Attached to her testimony was a draft of substitute language for **HB 2752** which would enact a targeted program to increase access, raise awareness, and begin to provide outreach services delivered using existing Area Agency on Aging structures that would allow local control and flexibility.

Annette Graham, Director, Central Plains Area Agency on Aging, testified as a proponent on **HB 2752**. ([Attachment 12](#)) Ms. Graham told the Committee older adults experience issues that impact health, quality of life, and relationships, yet they receive the least amount of mental health services and are the most reluctant group to seek out services on their own behalf. Unmet needs are caused by lack of transportation, being homebound, limited availability of in-home mental health services, limited number of providers trained in aging issues, stigma among older adults, and increased costs for mental health services.

Ms. Graham testified that older adults are likely to receive mental health care from a general physician when they present with physical complaints, and those physicians often believe that depression is a normal part of aging. Unfortunately, this leads to lack of proper diagnosis, referral and treatment. **HB 2752** will provide for mental health services coordinated and implemented through the eleven Area Agencies on Aging, through collaboration with religious organizations; and health, mental health, and aging service providers delivered at the local level.

Rick Cagan, Executive Director, National Alliance on Mental Illness, testified as a proponent on **HB 2752**. ([Attachment 13](#)) Mr. Cagan spoke on the escalating suicide rates in older persons, and the fact that symptoms were rarely recognized and treated among the elderly. There is a misconception among health care professionals that depression is part of the aging process. A report found that 40 percent of suicidal older adults visited their primary care physician in the week prior to committing suicide. Mr. Cagan identified strategies in dealing with this crisis, including early recognition; diagnosis and treatment of depression and other mental health issues to prevent premature death and enhance independence and functioning for the elderly; and social supports from the family through education on mental health issues for the elderly.

Michael Hammond, Executive Director, Association of Community Mental Health Centers of Kansas; Steve Denny, Senior Outreach Services Coordinator, Four County Mental Health Centers, Independence; and Nancy Trout, LSCSW, Aging Specialist, Agencies on Aging Association, presented combined testimony as proponents on **HB 2752**. ([Attachment 14](#))

Mike Hammond, Executive Director, Association of Community Mental Health Centers of Kansas, testified that Community Mental Health Centers are required to provide services to Kansans regardless of their illness or ability to pay, including assessment, diagnosis, treatment, case management, medication management crisis services, attendant care, respite care, and screening for inpatient hospitalization. He told the Committee that close collaboration of the Area Agencies on Aging (AAAs) and the Community Mental Health Centers could create a streamlined program of geriatric mental health services to seniors in all areas of the state.

Steve Denny, Senior Outreach Services Coordinator, Four County Mental Health Centers, Independence, spoke to the importance of direct service combined with public outreach and community networking. He told the Committee that there is evidence that depression can exacerbate the effects of cardiac disease, cancer, strokes and diabetes. Older adults face declining physical health, personal losses, financial burdens and

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reduced independence, yet health care providers and family fail to refer senior for diagnosis and treatment of depression that may result from these challenges. Detecting and treating depression helps improve self-care, reduce isolation, and restore a sense of hope.

Nancy Trout, LSCSW, Aging Specialist, Agencies on Aging Association, testified that the majority of older adults seen at Prairie View suffer from clinical depression, anxiety or dementia, and that over 80 percent responded well or completely to treatment. She cited a recent study that identified the fact that depressive symptoms often predict nursing home placement in seniors, which is extremely expensive at the federal and state level and for the individual. From a monetary standpoint, it makes sense to prevent nursing home placement by serving and treating seniors in their homes and communities. These treatments have made life changing, and often life saving differences in the lives of many older adults.

Craig Kaberline, Executive Director, Kansas Area Agencies on Aging Association, testified as a proponent on **HB 2752**. ([Attachment 15](#)) Mr. Kaberline told the Committee that the Area Agencies on Aging are the “single points of entry” that coordinate the delivery of publicly funded community-based services to seniors in Kansas. The older citizens choose the services and arrangements best suited to them so they can remain in their home if they choose. He stated that the elderly population is increasing, and identifying mental health needs could possibly delay the need for nursing home care for some, save health care dollars, and improve the quality of life for the senior population of Kansas.

Amy Campbell, Kansas Mental Health Coalition, testified as a proponent on **HB 2752**. ([Attachment 16](#)) Ms. Campbell stated that the objectives of **HB 2752** build on the successes of the mental health programs offered to seniors in Kansas, while offering improvement of capacity and quality of the programs and expanding them to other communities. It would also provide the necessary funding for implementation including staffing at the Department on Aging and funding for the actual services.

Jim Snyder, Silver Haired Legislators, testified as a proponent on **HB 2752**. ([Attachment 17](#)) Mr. Snyder gave a detailed account of the number of community dwelling older individuals who experience mental health problems, including anxiety, depression, and cognitive problems (Alzheimer’s disease and dementia). In nursing homes, the percentage of mental health issues increases, and the highest rate of suicide is in males age 85 and up—six times higher than the general population. The Silver Haired Legislature urges a program that will ensure that older adults reluctant to use mental health centers would have access to services in more comfortable and accessible surroundings such as their homes or in community facilities. Addressing the needs of Kansas’ older adults will position our state for potential funding and programs provided at the national level.

Kathy Greenlee, Secretary, Kansas Department on Aging, testified as neutral on **HB 2752**. ([Attachment 18](#)) Secretary Greenlee told the Committee that while **HB 2752** as amended would give the Department on Aging the authority to contract with any provider of care to older adults with mental disabilities, her preference is to distribute funds to the Area Agencies on Aging who would work directly with their local Community Mental Health Centers. Secretary Greenlee stated that while Area Agencies on Aging are the experts on aging, the Community Mental Health Centers are the experts on mental health. .

Written testimony only on **HB 2752** received from:

Nancy Luber, LSCSW, on behalf of Kansas Mental Health Aging Specialists ([Attachment 19](#))

Ernest Kutzley, Advocacy Director, AARP of Kansas ([Attachment 20](#))

Brice Miller, on behalf of the Kansas Mental Health and Aging Coalition ([Attachment 21](#))

The hearing was closed on **HB 2752**.

The meeting adjourned at 5:20 p.m. The next scheduled meeting is March 18, 2008.