



KANSAS

DEPARTMENT ON AGING
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**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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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.