

**Aging and Long Term Care Committee
Testimony on Geriatric Mental Health
H.B. 2047
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Alzheimer's Association, Heart of America Chapter
February 9, 2011**

Chair Bethell and Members of the Committee:

The availability of competent geriatric mental health care is a special concern for those individuals and family members who face Alzheimer's disease. There are 53,000 Kansans who have Alzheimer's disease. 80% of them will face neuropsychiatric symptoms. That means in addition to increasing memory loss, mounting language deficits and increasing losses in function, they will face depression, anxiety, mood instability and destruction of behavior filter. These neuropsychiatric symptoms can manifest in resistance, psychosis and violence. They are the most frustrating, the most frightening, and the most stressful of the Alzheimer's experience. But that's not the end of the story. Additionally, they result in increased health care costs including increased use of emergency rooms, increased physician visits, and longer hospitalizations. 78% of the regions geriatric psychiatric hospitalizations are for the neuropsychiatric consequences of dementia. Total healthcare costs are more than three times higher for people with Alzheimer's and other dementias than for other people age 65 and older, according to the Alzheimer's Association's 2009 Alzheimer's disease Facts and Figures. Caregivers also suffer financial impact. 70% report that caregiving has interfered with their job. 53% report going in late, leaving early or taking time off during the day to provide care. 8% report they have lost job benefits because of the complications of the disease. 16% have had to take a leave of absence. The loss of productivity and job benefits impacts all of us.

For too many years we have separated out mental health issues from the behavioral and affective consequences of the dementias which only resulted in the retarded progression of understanding of neuropsychiatric issues and interventions as well as the absence of good tracking of co morbidity issues. Depression can be an early indicator of Alzheimer's disease. Additionally, there are numerous intersections between risk factors for Alzheimer's disease and severe and persistent mental health issues. There is a significant shortage of professionals who are dually competent in mental health and aging issues. We do not have the systems architecture to appropriately manage these complications, so individuals end up in higher cost treatment options and both prematurely institutionalized and disabled.

The Dementia Bridge project is an 18 month Administration on Aging funded pilot which began in October 2009 to explore the impact of establishing a dementia crisis coordinator in four Area Agencies on Aging: Northeast, Southeast, Wyandotte/Leavenworth and the Jayhawk Area Agency on Aging. The crisis coordinators react to cases that present with behavioral and affective complications of a dementia that severely impact quality of life and ability to provide care. As of December 31, 2010, the coordinators have had 85 bridge clients, completed an additional 123 consultations and have served 293 Kansans. Data to date has indicated that most people have talked with a health care/aging professional about the neuropsychiatric

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issue prior to it escalating to a crisis and did not receive help. Shockingly, in response to the pre test question asking if they had been given additional services would have it made a difference, the majority indicated a negative response. Paradoxically, on post test, 93% responded that indeed the addition of the crisis coordinator did significantly help. Comparisons of pre and post neuropsychiatric inventory questionnaires substantiated improvements in most of the neuropsychiatric challenges. That tells us that caregivers are told so often that nothing can be done when dementia is on board, they believe it and suffer compounded trauma due to an uninformed and fractured system. Following the conclusion of the grant in March of this year, full analysis will occur utilizing other comparative data to assess cost efficacy and benefit. We are confident the trend seen in data thus far will remain consistent and meaningful as we integrate final analysis. While this project focuses solely on those with neuropsychiatric complications of a dementia, it is believed that the provision of a geriatric mental health specialist in the Area Agencies on Aging would serve to respond to all aging mental health issues. This would be an important step in reducing wasteful spending, system induced trauma and premature disability for this population. The bill could be interpreted in ways that could reduce current fiscal note, including part time positions, two Area Agencies on Aging sharing a full time position, strategized educational efforts to build competence in existing systems, and leveraging state funds for additional funding sources.

While it is understood that Kansas currently is struggling with state financing of services, ignoring the investment – both short and long term – of such services is fiscally irresponsible. If we care about subsequent generations, if we want a smart Kansas, we have to be able to keep hold of the larger vision while addressing immediate needs. There are increasing numbers of individuals with Alzheimer's disease. It is expected that the number will triple in the next 40 years. We can not responsibly wait to start thinking about innovative ways to address these overwhelming numbers at some later juncture. The Alzheimer's Association, Heart of America Chapter, asks that you pay attention to both the social and fiscal impact of the current failing system. We ask that you support HB 2047, and a move to more responsive, competent and effective service delivery.