

Testimony for Aging and Long Term Care Subcommittee

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Governor's Mental Health Services Planning Council, Aging Subcommittee

Mr. Chair and members of the committee, thank you for allowing me to present today. I'm testifying on behalf of Mid-Kansas Senior Outreach(MKSO), a geriatric mental health program funded by a Targeted Expansion Grant through the Substance Abuse and Mental Health Administration. I am the director of Aging Services for the Mental Health Association and also director of MKSO and the director of the TRIAD Council of South Central Kansas.

This testimony will focus on two primary areas that include the following:

- 1) The importance of the direct service combined with public outreach and community networking in geriatric mental health.
- 2) Services provided by the MKSO program and the workforce needs related to those services.

It is estimated that the numbers of seniors living in Kansas will double by the year 2025 with the "baby boomer" residents of Kansas swelling the numbers and providing new challenges for the state of Kansas to meet the needs of our rapidly aging state.

**Needs of the Target Population:**

Research indicates that there is a direct link between older person's mental health and their physical health resulting in increased healthcare costs. Unfortunately, mental health issues are often overlooked or not discussed in primary care settings and older patients are rarely referred to specialized mental health services. Untreated mental illness has a devastating impact on the older adult and is associated with impaired independent and community based functioning, impaired cognition, poor medical and health outcomes, high medical co-morbidity, increased disability and mortality and compromised quality of life. Mental illness among older adults has been correlated with increased use of health care, increased placement in nursing homes, increased burden on medical care providers, and higher annual health care costs (Bartels, et al 2002). And yet, even with this knowledge systems of care have been slow to respond and address the special health care needs of the older adult. Services are fragmented, and require the senior to seek them out; and then do not adequately address mental health needs.

In a position statement of the Kansas Mental Health Coalition (2008) provided to the Kansas legislature it was reported that mental illness is often unrecognized and not reported by seniors. Many people see seniors as just "slowing down" when in fact they may be exhibiting symptoms of undiagnosed and untreated depression or anxiety. Misconceptions by providers, family, and seniors themselves result in

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failure to refer seniors for diagnosis and treatment. Because of stigma attached to mental health conditions and services, as well as a pre-disposition to self-reliance and a fear of losing independent living home or family placement, many Kansas seniors are unlikely or are unable to seek mental health services, except through education and outreach, such as provided by the Gatekeeper Case Finding and Response System of MKSO.

**Direct Service:**

The purpose of the MKSO program is to identify and refer at risk seniors who are experiencing mental health problems that threaten their ability to live independently and to ensure that comprehensive services are delivered to assist in maintaining their independence. MKSO "Gatekeeper project is unique in that its basic premise is to seek out at risk seniors in need as opposed to waiting for a vulnerable senior to access services. This is accomplished by;

- Developing a competent community-wide network of community gatekeepers who are to identify and refer at risk seniors to MKSO.
- Establish a 24 hour call-in center to receive Gatekeeper referrals ensuring follow through services be provided
- Developing a collaborative, integrated community infrastructure to provide services to at risk seniors
- Resulting in improving the mental health and overall wellness of identified at-risk seniors.

The MKSO program offers in-home services allowing those seniors who are unable or unwilling to access mental health services the opportunity to receive services at their homes. MKSO provides three primary outpatient services to participants in the program: Gatekeeper outreach education, Care coordination, and Individual Therapy. These services are currently provided by a staff of five serving Sedgwick county and funded by the TCE SAMHSA grant including (2) LCSW social workers, (1) case manager, (1) nurse care coordinator (1) intake worker/

The following outcomes have been achieved in the two years of service provided by the program:

- 560 at-risk seniors have been identified and referred to MKSO from Sedgwick County.
- 505 at-risk seniors have received wrap-around care services.
- 290 at-risk seniors have received in-home mental health therapy
- 455 at-risk seniors have been able to retain their independent living.
- Avg. cost of \$901 per client served.
- 77% reduction in depression for clients needing mental health services.\

**Conclusion:**

The MKSO program exemplifies the programs, services, and workforce needed in Kansas to improve mental health services for older adults. MKSO has collaborated with numerous agencies successfully and demonstrated increased community investment in our services. Quality direct service, combined with quality outreach education has helped MKSO establish itself as a viable program to provide services to the at-risk seniors of Sedgwick County.

The need for funding to sustain our program remains a major concern. Outreach education is currently funded solely through federal grant dollars, which will end in Sept. of 2010. The current budget cutbacks will limit our ability as agency to sustain these services if support does not come available.

In the midst of the current budget crisis, this is a key opportunity to begin working toward the development of a comprehensive mental health program that provides the funding needed to serve the older adults living in Kansas.

Thank You!

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