



**House
Legislative
Analysis
Section**

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ADVISORY COUNCIL ON MENTAL HEALTH & AGING

**House Bill 5173 (Substitute H-2)
House Bill 5348 as introduced
First Analysis (3-28-88)**

1988-1989

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Mich. State Law Lib.

**Sponsor: Rep. Ken DeBeaussiaert
Committee: Mental Health**

THE APPARENT PROBLEM:

Michigan is seeing a growing need for specialized health care programs designed for families with elderly persons who suffer from various physical and mental health problems. Perhaps the most well known health-related problem for the aging is Alzheimer's disease, one of approximately 70 different types of dementia which typically strike older persons. The Michigan Task Force on Alzheimer's Disease and Related Disorders recently reported that the state will have an estimated 1.05 million people over age 65 in 1990; the study estimated that of these, 214,000 will suffer to some degree from Alzheimer's or related disorders. The difficulties in diagnosis, treatment, and, often, around-the-clock care — not to mention the financial and emotional burden — for those who suffer from a number of moderate to severe age-related mental disorders extend to the sufferer's family as well as others who are paid or volunteer to help care for these individuals. Programs targeted to meet the needs of dementia patients, their families and other care-givers must take advantage of limited human and financial resources, as well as existing educational and medical facilities.

A special state joint advisory council currently exists under the administration of the Department of Mental Health (DMH) and the Office of Services to the Aging (OSA), although the council is not created by statute. The council — composed of a cross-section of individuals from state and local mental health agencies and various professional and consumer groups with experience in diagnosis, treatment and care of dementia-related disorders — has been meeting regularly since 1980, without compensation, to recommend ways to develop programs which could meet the needs of families of those suffering from Alzheimer's and related disorders. Some feel the Mental Health Code should be amended to officially establish and provide specific goals for the council, and include five additional members who could better represent families and caregivers of dementia patients.

THE CONTENT OF THE BILLS:

House Bill 5173 would amend the Mental Health Code (MCL 330.1941) to establish a joint State Advisory Council on Mental Health and Aging and procedures for membership, duties, and the operation of the joint council. The council would be administered and operated jointly by the Department of Mental Health and the Office of Services to the Aging.

Membership on the council would consist of the directors of the Departments of Mental Health, Public Health, Social Services, the Office of Services to the Aging and the Office of Health and Medical Affairs, and the Insurance Commissioner — or their designees — and the following

16 members appointed jointly by the directors of the DMH and the OSA:

- two family caregivers;
- one physician with experience in the diagnosis and treatment of Alzheimer's disease and related disorders;
- one attorney with knowledge and experience in mental health and aging law;
- one representative from a provider of services to victims of Alzheimer's disease and related disorders;
- one member of the Alzheimer's Disease and Related Disorders Association;
- one member from an area agency on aging;
- one representative from an agency that disseminates information and education on mental health and aging issues across the state;
- one member from the Commission on Services to the Aging;
- one member from a community mental health services provider;
- one member from an area agency on aging services provider;
- one representative from a state psychiatric hospital;
- one member who is a community mental health board director, or his or her designee;
- one representative from the psychiatric profession with experience in treating older adults; and
- two members representing older adults.

The composition of the council would have to reflect a wide range of professionals, consumers, and ethnic minority citizens.

Of the members first appointed, one-half would be appointed for one-year terms, and one-half for two-year terms; otherwise, members would be appointed for two-year terms, beginning April 1. They would serve without compensation, but would be reimbursed for actual and necessary expenses by the Department of Mental Health, the Office of Services to the Aging, or both. The chairperson would be appointed jointly by the directors. The council would be required to meet at least four times a year and at the call of the chairperson.

The council would be required to provide advice and guidance and to make recommendations to the directors of the Department of Mental Health and the Office of Services to the Aging on mental health and aging issues, including Alzheimer's disease and related disorders; to monitor programs funded or coordinated by the department, the Office of Services to the Aging, or both, for older adults with mental health needs and persons with Alzheimer's disease or a related disorder; to identify key issues of concern that require intervention by state

OVER

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agencies; and to submit annually a report summarizing council activities for the past year and recommendations for the coming year to the directors of OSA and DMH, the legislature, and the governor. In addition, the bill would specify that the council recommend specific innovative service delivery models that address the unique needs of multi-cultural populations, including, for example, "ethnic sensitive practices and culturally relevant programming."

House Bill 5348 would amend the Older Michiganians Act to (400.581 et al) establish the joint council and specify its administration and operation by the DMH and OSA as provided in House Bill 5173.

The bills are tie-barred to each other.

FISCAL IMPLICATIONS:

According to the Department of Mental Health, neither bill would have any state or local fiscal implications. (3-25-88)

ARGUMENTS:

For:

Finding ways to help families with elderly members suffering from Alzheimer's disease and related disorders is becoming more crucial as the ranks of the elderly continues to grow. These families often need assistance in a number of different ways: respite from the continual attention that moderate to severe dementia patients often require; ways to reduce costs associated with treatment and care of these patients; and, perhaps most importantly, emotional support in learning to deal with the anguish of seeing a relative slowly deteriorate. The DMH and OSA have gathered a number of individuals from state and local agencies, and from consumer and professional groups, who have been meeting regularly as part of a state advisory council on mental health and aging to seek ways to implement programs to help families with members suffering from various types of dementia. The bills would officially establish the joint State Advisory Council on Mental Health and Aging and give guidelines for the DMH and OSA to follow in appointing members to the council. House Bill 5173 would include five additional members to the board as it currently (and unofficially) exists who could better represent the concerns of families and care-givers of dementia patients from a wide cross-section of ethnic and cultural backgrounds. Since the members would serve appointed terms without compensation, the bill would not increase state expenditures, but could help a wide range of mental health professionals within the state to better implement well-planned service programs.

POSITIONS:

The Department of Mental Health supports both bills. (3-25-88)

The Detroit Area Chapter of The State Employee Retirement Association supports both bills. (3-25-88)

The Arab Community Center for Economic and Social Services (ACCESS) of Dearborn supports both bills. (3-24-88)

The Alzheimer's Disease and Related Disorders Association of Detroit supports House Bill 5173. (3-18-88)