

SFA



BILL ANALYSIS

Senate Fiscal Agency

• Lansing, Michigan 48909

• (517) 373-5383

RECEIVED

DEC 09 1988

Mich. State Law Library

House Bill 5173 (Substitute H-2 as reported without amendment)

House Bill 5348 (as reported without amendment)

Sponsor: Representative Ken DeBeaussiaert

House Committee: Mental Health

Senate Committee: Human Resources and Senior Citizens

Date Completed: 11-4-88

RATIONALE

Reportedly, there is a growing need in Michigan 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 and that of these, about 214,000 will experience to some degree 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 and Older Michiganians Act should be amended to establish officially and provide specific goals for the joint council, and include five additional members who could better represent families and caregivers of dementia patients.

CONTENT

House Bill 5173 (H-2) would amend the Mental Health Code 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.

House Bill 5348 would amend the Older Michiganians Act to establish the State Advisory Council on Mental Health and Aging and specify its administration and operation by the Department of Mental Health and Office of Services to the Aging as provided in House Bill 5173.

The bills are tie-barred to each other.

A more detailed description of House Bill 5173 follows.

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

Membership on the council would consist of the Directors of the Departments of Mental Health, Public Health, and 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 care-givers.
- 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.

H.B. 5173 (H-2) & H.B. 5348 (11-4-88)

OVER

- 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.
- 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.

MCL 330.1941 (House Bill 5173)

400.581 et al. (House Bill 5348)

FISCAL IMPACT

The bills could result in State costs incurred for the State Advisory Council's administration. Unless Federal or other revenue sources were available for this purpose, the Department of Mental Health could allocate funds appropriated for similar purposes to cover the administrative costs. The Department has funds appropriated for advisory councils. In FY 1987-88, the appropriations included \$25,100 GF for the citizen's advisory councils at State facilities and \$39,000 GF for the citizen's mental health advisory council. The FY 1988-89 appropriation includes \$25,700 GF and \$40,100 GF, respectively, for the councils.

ARGUMENTS

Supporting Argument

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 continue 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; reducing 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 (H-2) 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. In sum, the bill could help a wide range of mental health professionals within the State better implement well planned service programs.

Legislative Analyst: L. Burghardt

Fiscal Analyst: C. Cole

This analysis was prepared by nonpartisan Senate staff for use by the Senate in its deliberations and does not constitute an official statement of legislative intent.