

**Senate Bill 228 Department of Aging - Dementia Care Coordinator and
Dementia Care Navigation Programs
Senate Finance Committee
February 9, 2023
Position: Favorable with Amendments**

The Mental Health Association of Maryland is a nonprofit education and advocacy organization that brings together consumers, families, clinicians, advocates and concerned citizens for unified action in all aspects of mental health, mental illness and substance use. MHAMD, and the Policy Committee of the Maryland Coalition on Mental Health and Aging, appreciate this opportunity to present favorable testimony with amendment language addressing the need for behavioral health support in regard to Senate Bill 228.

SB 228 would establish a Dementia Care Coordinator in the Department of Aging and require each Area Agency on Aging to oversee dementia care navigation programs. Given the incredibly high comorbidity of dementia and behavioral health disorders¹, the long-recognized need to address behavioral health concerns for people with Alzheimer’s Disease and related dementias², and the link between certain behavioral health disorders and the risk for late-life dementia³, we would strongly urge this committee to include language that would expand these positions to the title and responsibilities of “Behavioral Health and Dementia Care.”

The Area Agencies on Aging (AAAs) are local agencies that assist and support older adults, family caregivers, and adults with disabilities – they are the heart and hands serving older adults and caregivers in our communities. These agencies are increasingly called upon to assist in addressing the behavioral health needs of their clients. Unfortunately, most AAAs lack the resources necessary to help individuals navigate a complex behavioral health system to access an appropriate level of care.

The State has already recognized the importance of addressing the high co-occurrence of behavioral health and cognitive health concerns. The 2021 Interagency Report on Cognitive and Behavioral Health needs of Maryland’s aging population, written by the Maryland Departments of Health and of Aging, stresses that the “prevalence of cognitive and behavioral health disorders among older adults is high resulting in concerning trends around older adult suicide,

¹ Brown MT, Wolf DA. Estimating the Prevalence of Serious Mental Illness and Dementia Diagnoses Among Medicare Beneficiaries in the Health and Retirement Study. *Res Aging*. 2018;40(7):668-686. doi:10.1177/0164027517728554

² Alzheimer’s Association (2022). “Treatments for Behavior.” <https://www.alz.org/alzheimers-dementia/treatments/treatments-for-behavior>

³ Onyike, C., Johns Hopkins University. *Psychiatric Aspects of Dementia*. *Continuum (Minneapolis, Minn)*. 2016;22(2 Dementia):600-614. doi:10.1212/CON.0000000000000302

overdose, hospital lengths of stay, caregiver burnout, and overall costs to the healthcare system.” Neglecting to meet the diverse needs of Maryland’s rapidly growing older adult population can have significant public health and economic implications for our communities.

The state’s Area Agencies on Aging have alerted us to the need for dedicated behavioral health staff in each agency. These individuals should be trained to work directly with community mental health and substance use treatment providers, serve as technical support to AAA staff in their work with clients, and assist in coordinating needed community supports. Older adults who present with co-occurring dementia and behavioral health concerns deserve staff and coordination that is trained to identify and adept at appropriately supporting these individuals. MHAMD offers these friendly amendments as a means to establish these critical and adaptable positions in each of the 19 AAAs across the state, and urge a favorable report contingent upon these amendments. We are happy to talk more and provide specific amendment language upon request.

For more information contact:

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