

# **SEVERE MENTAL ILLNESS TASK FORCE**

## **Minutes of the 5th Meeting of the 2021 Interim**

**October 19, 2021**

### **Call to Order and Roll Call**

The 5th meeting of the Severe Mental Illness Task Force was held on Tuesday, October 19, 2021, at 3:00 PM, in Room 171 of the Capitol Annex. Representative Danny Bentley, Chair, called the meeting to order, and the secretary called the roll.

Present were:

Members: Senator Alice Forgy Kerr, Co-Chair; Representative Danny Bentley, Co-Chair; Senators Ralph Alvarado, Karen Berg, and Stephen Meredith; Representatives Ken Fleming, Melinda Gibbons Prunty, and Lisa Willner.

Guests: Hannah E. Johnson, Pharm D, BCPS, BCPP, Assistant Professor, University of Kentucky; David Susman, Ph.D., Assistant Professor, University of Kentucky; Judge Stephanie Burke, Jefferson Court District; Carmen Pinto, M.D.; Dr. Scott Hedges, Seven Counties Services, Kolleen Kolassa, Integrated Care Nurse Manager, Seven Counties Services; Jennifer Marshall, Client, Seven Counties Services; Brenda Benson, National Alliance on Mental Illness; Jim Benson, National Alliance on Mental Illness; and Chris Stephenson, Chief Information Officer, MSHN Enterprises.

LRC Staff: Samir Nasir, Elizabeth Hardy, and Amanda DuFour

### **Approval of September 21, 2021 Minutes**

Senator Alvarado moved to approve the minutes from the September 21, 2021, meeting. The motion was seconded by Representative Fleming. The minutes were approved.

### **Medication Non-adherence in Individuals with Severe Mental Illness**

Hannah E. Johnson, Pharm D, BCPS, BCPP, and Assistant Professor at University of Kentucky, listed common medications used to treat severe mental illness (SMI), described medication non-adherence, and reported barriers to medication for individuals with SMI. Medication non-adherence rates among patients with SMI range from 30 to 65 percent. Some consequences of medication non-adherence include relapse, rehospitalization, suicide, poorer prognosis, and risky behavior. Some practices to improve medication adherence include patient involvement in decisions about medications, supports for adherence, reviews of medications, and communication between a patient's healthcare providers. Additionally, medication organizers, assertive community treatment

(ACT), and long-acting injectable antipsychotics (LAIs) may improve adherence. Barriers to SMI medication adherence include poor health insurance coverage, transition in care, patient proximity to care, cultural competency of providers, and the stigma of SMI. Ways to improve access to medications include rational selection of medications, availability of a prescription formulary, affordability of insurance coverage and copays, and appropriate usage of medications.

### **Severe Mental Illness and Recovery**

David Susman, Ph.D. and Assistant Professor at the University of Kentucky discussed SMI and recovery. Stigma and discrimination negatively impact the SMI community. According to a recent study of over 3,700 individuals with mental illness and their caregivers, 90 percent of mental health service users reported a negative impact from discrimination and two-thirds had limited their goals or interactions with others because of discrimination or fear of discrimination. There are four essential components of recovery services which include managing one's mental and physical health, having stable housing, participating in purposeful daily activities, and having a sense of community.

Dr. Susman discussed the importance of increased funding on a long-term basis to help the SMI community expand recovery based services. Community Mental Health Centers (CMHCs) have not received additional funding from the General Assembly since 1999, and during that same time period there has been an increase of approximately 25,000 individuals who have SMI in Kentucky. It is also important to fund a Medicaid SMI waiver for Tim's Law so that it may be implemented statewide.

In response to Representative Gibbons Prunty, Dr. Susman estimated that inpatient care is \$1,000 or more a day and outpatient services are much more cost effective.

### **Tim's Law**

Judge Stephanie Burke of the Jefferson District Court testified about Tim's Law, also called assisted outpatient treatment (AOT). AOT is the practice of delivering outpatient treatment pursuant to a court order for adults with SMI who meet the criteria outlined in statute. A team approach is used and the team is typically composed of a judge, community health providers, and the patient. Judge Burke stated that a "black robe effect" is necessary in AOT treatment, to create a relationship with the patient once they are stable and immediately start meetings to increase the likelihood that the patient will adhere to treatment. Individuals who need AOT have a history of repeat hospitalizations and arrests, noncompliance with outpatient treatment, and nonadherence to medication. Although, only about 0.05 percent of the population qualifies for AOT, the Commonwealth could potentially save millions of dollars if it implemented AOT statewide due to a decrease in hospitalizations and incarcerations. AOT reduces harmful behaviors, arrests, violence, and victimization.

Judge Burke recommended that the definition of eligible individuals be expanded so more individuals can have access to AOT and that an amendment to the statute be created to address the due process issues. To take Tim's Law statewide, she believes that the General Assembly should create a grant that would provide a small amount of funding to the counties that apply.

In response to Representative Willner, Judge Burke explained that the barriers to implementing Tim's Law statewide other than funding, are the lack of structure mental health court setup. There also needs to be cooperation between the court, the legislature, and the CMHCs to provide these services.

In response to Representative Fleming, Judge Burke explained that with patient one, they tried to calculate expenses and determined that over an 18 month period about \$500,000 was saved. She also stated that about 10 percent of all cases that come through her mental health court would be good candidates for AOT. In response to Representative Fleming, Judge Burke explained that much of the grant money provided from Substance Abuse and Mental Health Services (SAMHSA) to fund Tim's Law was used to create the structure and moving forward, those expenditures will not be necessary. She stated that SAMHSA will match grant money if they see that counties or the state is funding AOT as well.

In response to Representative Gibbons Prunty, Judge Burke explained that to keep individuals with SMI out of jail, the Tim's Law criteria needs to be expanded in the statute.

### **Treatments for Patients with Severe Mental Illness**

Carmen Pinto, M.D., discussed long-acting injectable (LAI) antipsychotics primarily focusing on schizophrenia. He presented a graph depicting the levels of functioning after each relapse or psychotic break in an individual that suffers with schizophrenia. It is estimated that a person loses an average of one percent of brain functioning after each psychotic episode or relapse. The most common reasons for relapses are nonadherence to oral medications, substance abuse, and ongoing stress. The use of LAI antipsychotics and aggressive early substance use screening and treatment increases the chance of reducing the number of relapses in individuals.

Senator Alvarado said that he believes part of the issue is that many primary care providers are not trained in using LAI and many insurance companies most likely do not cover LAI. In response, Dr. Pinto stated that he believes there should be a state sponsored training for primary care providers as well as having resources available to help educate other providers. There is data that shows the cost savings of LAI antipsychotics however those cost savings would be shown indirectly in decreased incarcerations and hospitalizations.

### **Integrated Care in Persons with Severe Mental Illness**

Dr. Scott Hedges with Seven Counties Services, discussed integrated physical and mental health care for individuals with SMI.

Kolleen Kolassa, integrated care nurse at Seven Counties Services, stated that their mission was implemented by the Kentucky Cabinet for Health and Family Services. The services offered encompass health prevention strategies, evidence based screenings and assessments, and diagnosis and treatment of acute and/or chronic health problems. Seven Counties Services offers mental health counseling, case management, peer support, and a connection to community resources. Their overall goal is to teach clients self-management to reduce physical and behavioral health symptoms and improve their functional outcomes.

Jennifer Marshall, client of Seven Counties Services, testified about her positive experiences utilizing integrated care. She spoke highly of the support that was offered and the thorough care that she received enabled her to live a more healthy and independent life.

### **Housing Model for People with Severe Mental Illness**

Brenda Benson with the National Alliance on Mental Illness, testified that she has a 36 year old son with paranoid schizophrenia and co-occurring SUD and they are searching for supported housing that fosters a healthier lifestyle with programs that include integrated services to help achieve better lives.

Chris Stephenson, Chief Information Officer at MSHN Enterprises, discussed the housing model they provide in Tennessee. The model includes three levels of care as well as intensive medication management and consistent therapy sessions. The Tennessee Department of Mental Health and Substance Abuse Services provides regulatory information and managed care organizations manage the funds that pay for the housing model. MSHN Enterprises' goal is to establish a therapeutic environment where individuals are provided care that fosters their independence, supports long-term recovery, and encourages integration into the community.

There being no further business, the meeting was adjourned.