

SEVERE MENTAL ILLNESS TASK FORCE

Minutes of the 2nd Meeting of the 2021 Interim

July 20, 2021

Call to Order and Roll Call

The 2nd meeting of the Severe Mental Illness Task Force was held on Tuesday, July 20, 2021, at 3:00 PM, in Room 171 of the Capitol Annex. Senator Alice Forgy Kerr, 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: Dr. Robert McCarron, Professor and Vice Chair, Psychiatry and Human Behavior, University of California, Irvine; Steve Shannon, Executive Director, Kentucky Association of Regional Program; Judge John Tackett, Fayette District Court; Phil Gunning, Executive Director, National Alliance on Mental Illness, Lexington; and Kelly Gunning, Director of Advocacy and Public Affairs, National Alliance on Mental Illness, Lexington.

LRC Staff: DeeAnn Wenk, Samir Nasir, and Elizabeth Hardy.

Approval of June 15, 2021, Minutes

Senator Meredith moved to adopt the minutes. The motion was seconded by Representative Bentley. The June 15, 2021, minutes were adopted.

Train New Trainers Primary Care Psychiatry

Dr. Rob McCarron, professor and vice chair of Psychiatry and Human Behavior at University of California, Irvine, discussed the mental health problems in Kentucky and also provided a solution. He stated that some of problems in Kentucky are the lack of providers and the lack of providers versed in psychiatric issues. Kentucky ranks very high in overdose deaths and domestic violence compared to other states. Five common themes that fall under the umbrella of mental health are depression, domestic violence, drug use, disability, and premature death.

Dr. McCarron stated the solution is education. He provided information on a program in 2016 called the Train New Trainers (TNT) Primary Care Psychiatry Fellowship. The program is one year and provides a targeted overview on what primary

care physicians (PCPs) see most in terms of mental health issues. The training occurs outside of normal clinic hours, so the PCP can still practice and receive the training. If participants choose to do so, they are eligible for lifelong learning at no cost to them.

In response to Senator Alvarado, Dr. McCarron stated that they are working to gather data now in regards to seeing a difference in terms of reduced hospitalizations and suicide attempts. In response to Senator Alvarado's second question, he stated that the funds would basically be contracted through UC Irvine.

In response to Representative Willner, Dr. McCarron stated that they believe in a multi-disciplinary approach for the most effective treatment of individuals with SMI, including psychologists, psychiatrists, social workers, etc.

In response to Senator Meredith, Dr. McCarron stated that they do not market for this program and they usually have a waiting list each year which is usually based on a first come first serve basis while taking applications into consideration because the goal is to reach underserved areas within the state. Senator Meredith also stated that there is enough money in the system already to pay for this type of program. Not providing care is the most expensive care you can have and the second most expensive is providing inappropriate care.

An Analysis of A Community Approach for Individuals with Severe Mental Illness and an Overview of Community Mental Health Centers

Steve Shannon, executive director of Kentucky Association of Regional Program provided information on Community Mental Health Centers (CMHCs) in Kentucky. He stated that there are 14 CMHCs in Kentucky and they serve about 175,000 Kentuckians a year

Mr. Shannon provided the definition of SMI in Kentucky and stated those are the groups of people that CMHCs focus on. According to Mr. Shannon, CMHCs are missing about one percent of the SMI adult population. Often times, if these individuals are not seen by a professional, they end up in jail, emergency room, homeless shelters, or attempting suicide.

Next, Mr. Shannon discussed the services provided by CMHCs including, assertive community treatment, targeted case management, comprehensive community support services, peer support services, supported employment services, therapeutic rehabilitation program, social club drop-in centers, crisis stabilization units and mobile crisis services, medication administration, individual therapy, and group therapy. He stated that these services are necessary in helping those recover from SMI.

Mr. Shannon provided some of the issues people with SMI have. One issue is stigma. Typically, individuals are reluctant to access services because of stigma. They have

a hard time finding places to live and/or finding employment because people do not want to deal with individuals who have SMI. Another problem is managed care organizations (MCOs). The prior authorization process is time consuming. Luckily, prior authorizations were suspended throughout the COVID-19 pandemic. It's also a problem if an individual is covered by Medicare and Medicaid. Medicare does not pay for most of the services that Medicaid does.

According to Mr. Shannon, access to telehealth during the COVID-19 pandemic sustained CMHCs. A phone call is a great way to communicate with a clinician as opposed to waiting until your appointment. Many patients benefit from telehealth because people are familiar with technology and an absence does not have to be explained to friends and family.

Next, Mr. Shannon discussed upgrading CMHCs to Certified Community Behavioral Health Centers (CCBHCs). Centers for Medicare and Medicaid Services provided a grant to Kentucky in 2020 to transition four CMHCs to CCBHCs. This would require additional staffing and an understanding how to provide primary care to individuals with SMI. It would also implement care coordination. For example, they hope to partner with the Kentucky Hospital Association so when someone inappropriately shows up to the emergency room, the CCBHC can be alerted to take care of that person. Mr. Shannon stated they plan to go live on January 22, 2022, through December 31, 2023.

Lastly, Mr. Shannon discussed an SMI waiver. There are waivers for people with physical disabilities, intellectual disabilities, people with substance abuse issues, but there is not one for people that have SMI. A waiver could provide services to a targeted population and include a residential option and employment support.

In response to Representative Bentley, Mr. Shannon stated that a Behavioral Health Service Organizations (BHSO) are similar to CMHCs. He stated that they each do the same services and both can bill Medicaid. BHSOs are not county specific. BHSOs and CMHCs were not in competition until the last four or five years. In response to Representative Bentley, Mr. Shannon stated that the involuntary commitment processes, individuals are taken to a psychiatric hospital in a police cruiser rather than ambulance.

Fayette Mental Health Court

Judge John Tackett of Fayette District Court discussed the Fayette Mental Health Court, which was founded on the concept of criminal justice reform to promote human dignity and decriminalize mental illness. The court is made up of almost entirely National Alliance on Mental Illness (NAMI) advocates. This allows for a more specialized advocacy rather than the restraints that are presented to state employees. Thus far, the Fayette Mental Health Court has been funded through the Lexington Fayette Urban County Government.

The mental health court receives referrals from law enforcement, prosecutors, defense attorneys, and judges to assist criminal defendants who suffer from SMI and also suffer with drug and alcohol addiction. Often times, the participants are subject to victimization such as sex and human trafficking. Many have suffered through periods of homelessness, and have not experienced the level of nurture and support to become stabilized. The Fayette Mental Health Court is equipped to provide participants with services to address mental health needs and recover from addiction. They aim to lead participants to a stable life and lawfulness and hopefully gainful employment.

There are four phases in the Fayette Mental Health Court: stabilization, treatment, self-motivation, and wellness. Each phase will last at least three months. These phases ensure participants are maintaining appointments and medications, help navigate insurance and government resources to pay for mental health services, and ensure participants are medically compliant. To keep participants accountable, they employ sanctions, also called electives. This can range from additional group meetings to more frequent drug and alcohol testing.

According to Judge Tackett, to provide these services they are forced to limit capacity because of funding. Additional funds would expand the court's mission and gain more help for more participants.

Phil Gunning, Executive Director of NAMI, presented several slides put together by various individuals illustrating their personal experiences and concepts relating to SMI. He also discussed that stigma does not only relate to just participants. It can relate to mental health services because often times they do not get the funding or attention necessary.

The mental health court team helps participants to connect to services such as substance use support/accountability, transportation, peer support, goal setting, etc. It also teaches the skills it takes to remain compliant. The mental health court team also makes sure there is accountability from mental health services, including challenges with MCOs that Steve Shannon discussed.

Next, Mr. Gunning discussed several returns on the \$455,000 investment in the Fayette Mental Health Court including savings of an estimated three to five million dollars. Additionally, an estimated \$1.5 million in savings for law enforcement. Together, these numbers represent an estimated \$6.5 million in savings on a \$455,000 investment over a two and half year period.

Kelly Gunning, Director of Advocacy and Public Affairs with NAMI, discussed several life experiences that participants go through. Prior to participating in the mental health court, clients initially have a high recidivism rate. Eighty percent of the clients in the Fayette Mental Health Court have a co-occurring substance use disorder. Participants

often times also suffer from physical disabilities, intellectual disabilities, traumatic brain injury, and homelessness.

This type of mental health court is called Therapeutic Juris Prudence started by Florida Judge Ginger Lerner-Wren. The mental health court could not thrive without CMHCs because it could not operate without the crisis services CMHCs provide. CCBHCs model will be helpful because the integrated treatment it will provide.

Ms. Gunning stated that the solutions the mental health court provides does not cost more money. Instead, money should not be invested in programs that do not work when the mental health court has proven to save money and has success with its participants. The Department of Behavioral Health contacted NAMI for the next two years to start at least two more mental health courts following the Therapeutic Juris Prudence model in Kentucky. They were also able to secure \$100,000 in funds to start a juvenile mental health court in Fayette County.

In response to Senator Meredith, Ms. Gunning stated that funding is the mental health court's biggest impediment. They have had to use three of four different funding sources within in their government budget to pay for the mental health court each year.

In response to Senator Meredith, Judge Tackett stated that in regards to administrative hurdles, he is the only Administrative Office of the Courts employee in the room. However, funding is the biggest hurdle. This program is a year minimum for participants and that uses a lot of financial resources, so unfortunately, the Fayette Mental Health Court has a waiting list for individuals.

In response to Senator Alvarado, Ms. Gunning stated that they can provide numbers and statistics from the Department of Behavioral Health and stated that they wanted to present the cost savings to members to show how little investment it takes to save money and help people with SMI.

In response to Representative Willner, Mr. Gunning stated that they have had discussions with law enforcement to try to reallocate some of those savings to fund the mental health courts. The pandemic and personnel change has halted this discussion for the time being, but stated that so far discussions have been positive. Judge Tackett added that participants that have failed the program or relapsed gathered enough skills from the mental health court to stay lawful and these savings are intangible, as well as emergency room data.

The meeting adjourned at 4:47 PM.