

SEVERE MENTAL ILLNESS TASK FORCE

Minutes of the 1st Meeting of the 2021 Interim

June 15, 2021

Call to Order and Roll Call

The 1st meeting of the Severe Mental Illness Task Force was held on Tuesday, June 15, 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: Shelia A. Schuster, Ph. D, Licensed Psychologist, Executive Director, Kentucky Mental Health Coalition; Steve Shannon, Executive Director, Kentucky Association of Regional Programs; Marc Kelly, Community Resource Communications Director, Pathways Inc.

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

Adults with Severe Mental Illness in Kentucky: A Review of Legislation and Policy

Dr. Shelia A. Schuster provided a thorough overview of Severe Mental Illness (SMI), relevant legislation, and SMI programs. In her testimony, Dr. Schuster described SMI diagnoses such as schizophrenia, schizoaffective disorders, bipolar disorder, PTSD, and major depressive disorders; and the history of psychiatric hospitals in Kentucky including Eastern State Hospital located in Lexington, Kentucky.

Dr. Schuster discussed federal and state legislation related to Community Mental Health Centers (CMHCs) including KRS Chapter 210 that authorized the care of people not only with mental illness but people with developmental and intellectual disabilities; the training CMHCs have provided to mental health providers; the flexibilities for Medicaid; programs such as Direct Intervention: Vital Early Responsible Treatment System (DIVERTS) that help patients with SMI be readmitted back into psychiatric hospitals; and the need for crisis services to provide crisis stabilization units.

Dr. Schuster's testimony highlighted issues the SMI community has with medication and the barriers to medication including the side effects, shortages of

psychiatrists and child psychiatrists, and the challenges with prior authorization for Managed Care Organizations (MCOs).

Dr. Schuster discussed a bill sponsored by Representative Fleming in 2018 that centralized credentialing and Senate Bill 55, sponsored by Senator Meredith in 2021, to eliminate copays for Medicaid and inpatient psychiatric hospital care. KRS Chapter 202A was enacted in 1982 to provide the involuntary commitment of an individual to inpatient psychiatric evaluation.

An additional issue Dr. Schuster highlighted is the “revolving door” in the SMI community. This refers to individuals who are in and out of hospitals, jails, the court system, and can sometimes end in suicide.

Dr. Schuster discussed Tim’s Law, noting that compared to other states, Kentucky has the strictest criteria for assisted outpatient treatment program. She explained the multi-year Substance Abuse and Mental Health Services Administration (SAMHSA) grant was appropriated to the Kentucky Department of Behavioral Health which will provide funding for CMHCs in western Kentucky but noted more funding would be required to implement Tim’s Law statewide.

Dr. Schuster also discussed a program called Crisis Intervention Team (CIT). Kentucky constructed the CIT program based off a model in Memphis, Tennessee. The court system has also tried to respond to these problems by establishing four Mental Health Courts.

Dr. Schuster explained the issue of individuals with SMI receiving the death penalty. Kentucky outlaws the death penalty for juveniles and those with intellectual disabilities.

According to Dr. Schuster, housing is also a problem for individuals with SMI. Medicaid does not support housing or community-based residential beds. If appropriate housing is not provided for these individuals, they often end up back in jails, the hospital, or homeless, etc.

In response to Senator Kerr, Dr. Schuster stated that most mental health professionals are paid less than other specialty doctors. Many Comp Care Centers cannot afford to hire a psychiatrist. Senator Alvarado also responded to Senator Kerr by stating that there are on average about 15 million people with SMI in the United States while there are only 30,000 psychiatrists.

Senator Alvarado commented that as a primary care doctor, he has become accustomed to examining patients that have mild to moderate psychiatric illnesses because of the lack of mental health professionals. He also discussed a program established at

University of California Irvine. The program trains rural health providers to deal with SMI issues and the California General Assembly has dedicated funds to this program. According to Senator Alvarado, the major reason primary care doctors do not manage patients with SMI is liability fears, such as suicide. According to statistics from around four to five years ago, he explains that there were only 59 child psychiatrists in Kentucky, and around half only took cash payments. He said many mental health professional do not want to deal with insurance due to the stress and paperwork. Homelessness is an issue in the SMI community, and Senator Alvarado stated that gaining access to long-term care beds in hospitals such as Eastern State would be helpful.

Representative Willner commented that because of the ongoing unemployment crisis, homelessness is a growing issue in Kentucky. She stated that she recently heard a statistic that the SMI population is more likely around 50 to 60 percent of the houseless population rather than the two to four percent mentioned in Dr. Schuster's presentation.

In response to Representative Fleming, Dr. Schuster stated that she would make her comments available and provide a resource and reference list for task force members by the next interim meeting. She also explained that the focus needs to be on increasing the reimbursements for mental health professionals from Medicaid for their services. For example, nurse practitioners are paid 75 percent of what a physician would be paid for the same service.

Senator Berg commented that the problem to access of care is not only with people who do not have resources, but people who are also fully insured. She had an experience with a child discharged from a hospital with two weeks of medications, instructions, and a phone number to reach out to psychiatrist. Not only could the psychiatrist not see the child for four months, but also did not accept any insurance. She went on to say that when trying to personally get reimbursed for paying for mental health services out-of-pocket, that she was met with barriers. In response to Senator Berg's question, Dr. Schuster explained that there are research results from the cost of providing a year's care to someone with SMI as opposed to the cost of incarcerating them for a year and the savings are significant.

In response to Representative Gibbons Prunty, Dr. Schuster stated that yes, the single formulary for MCOs will have all the medications needed and be the same for everybody. She also explained that the Medicaid Housing Wavier could be written to include a residential option. A happy medium would be to have these individuals out in the community but when they need to go to the hospital they need to stay until they are stabilized, which would usually take longer than 72 hours.

Senator Meredith commented that the solution to these issues are funding for services. The state would need to reallocate resources to pay for better mental health services. Senator Meredith stated that he believes Kentucky does not need higher taxes or

higher health insurance premiums if funding could be reallocated to assist the mental health community.

An Analysis of Barriers and Access to Resources for Individuals with Severe Mental Illness

Marc Kelly discussed with the task force the barriers for individuals with SMI in rural Kentucky. One barrier is the shortage of mental health professionals. Another barrier is acceptability and the stigma surrounding mental health because often in rural areas everybody is familiar with one another. Advocates in the mental health community have been attempting to fight this stigma.

Next, Mr. Kelly discussed the barriers that come with involuntary hospitalization. It involves many systems to involuntarily commit an individual, including the community mental health system, county attorney, petitioner, sheriff's department, qualified mental health professional from the community health center, and it typically involves an emergency room visit.

It has been helpful to rural areas in Kentucky that COVID-19 brought the ability to use telehealth. Often times, people with SMI do not keep appointments, but access to telehealth has decreased those rates.

Mr. Kelly discussed the importance of targeted case management and how it is the core of the all treatment for individuals with SMI. It is required by the state through a contract that targeted case management services be provided to each person that is discharged from the state hospital.

Lastly, Mr. Kelly discussed the increasing amount of providers in and outside of the mental health community that will no longer take Medicaid. Medicaid can be an administrative burden, because according to providers, it requires too much staff and time.

In response to Senator Berg, Mr. Kelly stated that yes, they are working on collecting data regarding the effectiveness of targeted case management. He also stated that he believes targeted care management is vital service that can be overlooked. Senator Berg also commented that many people with a dual diagnoses of SMI and substance abuse disorder will not recover if both diagnoses are not treated concurrently.

Senator Alvarado commented that the statistics for Kentucky's total number of psychiatrists is about 8 psychiatrists for every 100,000 residents. He also discussed his own experiences with low reimbursement from Medicaid. In response to Senator Alvarado's question, Mr. Kelly replied yes, they are exploring options in regards to finding a psychiatrist offsite, but there is concern of continuity of care. Mr. Kelly also stated that many individuals are covered by Medicare, which do not cover targeted case management. Medicare only allows billing for licensed clinical social workers.

In response to Representative Fleming's first question, Mr. Kelly explained that it would be helpful if there was a federal law that unified contacts and licensures within the United States so that medical health professionals could practice and be billable in any state. In response to Representative Fleming's second question, Mr. Kelly stated they do expect to see more individuals take advantage of telehealth once rural areas get the bandwidth to do so.

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 Programs, testified that many of the topics discussed today have already been discussed in previous years.

He also explained that on June 21, 2000, a group called the 843 Commission, after House Bill 843 was passed in the 2000 session, came up with recommendations across the mental health system. The commission discussed professional staffing, using public funds appropriately, stigma surrounding mental health, transportation access which is still a major issue today, and different types of housing and employment solutions for people with SMI. He continued by saying the answers to most of these issues have already been discussed previously and can be used as a model for the future of the SMI community.

There being no further business, the meeting adjourned at 4:55 PM.