The State of Mental Health Services in Kentucky

NAMI's Campaign for the Mind of America

March 2004

*NAMI National and NAMI Kentucky * www.nami.org*

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An estimated 79,221 adults in Kentucky have a severe mental illness, with only a little more than 1/3 receiving any form of treatment in the public mental health system. Only approximately 7 percent received case management services, which can help keep individuals with these disabling brain disorders out of crises. In fact, nearly the same proportion of adults with severe mental illnesses receiving case management services were involved with the criminal justice system in fiscal year 2003.

Kentucky boasts a higher suicide rate than the nation at large, with 13.1 per hundred thousand population of 521 individuals in the year 2000 and suicide attempts appear to be on the rise since 2000, with actual suicides increased in some parts of the state

Recognizing the crisis in mental health services, Kentucky established a Commission (The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol, and other Drug Disorders) in 2000, publishing its recommendations in June 2001 and completing an annual follow-up report in 2002. The Commission called on the state to increase investments in the mental health system, to work to reverse the shortage of providers, and to expand such interventions as crisis services, supported employment, integrated treatment for individuals with both a substance abuse problem and severe mental illness, and jail diversion programs.

The result: While efforts are underway to address crisis services, supported employment and jail services, the state largely has succumbed to its budget crisis, in effect reducing investment in mental health services for individuals with severe mental illnesses. Funding for services include:

- 61 percent from Medicaid, a system in economic crisis itself, with revenues amounting to $101,230,810 in the last fiscal year.
- 34 percent from the state's general fund, or $56,663,317.
- 5 percent from other federal sources, such as the mental health block grant.

This totals $164,915,608 or about $40 for each person living in the state of Kentucky, one of the lowest per capita investments in the country. It also reflects decreased investments if inflation is taken into account.

The impact of this miserly and reducing investment is predictable.

- Staffing cuts by mental health providing agencies;
- Overloading of hospital emergency rooms, where individuals are staying for longer periods of time;
- Plunging in the number of individuals receiving courted-ordered treatment, due to fewer staff in the mental health system to review client need;
- 5 to 7 week waiting periods for psychiatric appointments;
- Increasing numbers of individuals without any form of health insurance, reducing already limited access to mental health treatment.

In the midst of this severely underfunded system, some efforts to promote evidence-based practices (or EBPs)—interventions for adults with severe mental disorders shown to improve outcomes by research—have been witnessed.

Clearly, the vast majority of individuals who need and can benefit from these services do not receive them—and only a very small percentage of the state's mental health budget goes to EBPs.

Our examination leads us to conclude that state considerations of restrictions in access to treatment and services are ill advised both in terms of cost saving and quality of care measures.

This report provides a snapshot of what is happening in Kentucky's mental health system today. Included are data concerning what individuals with severe mental illnesses experience, as revealed in a NAMI survey last year.

Evidence-based Practices for Severe Mental Disorders in Adults

Evidence-based Practice	**Description**
Assertive Community Treatment (ACT)	Kentucky reports 3 ACT teams serving a total of 240 individuals, at an unknown cost. Given that we estimate that approximately 15,000 individuals in Kentucky should receive this service, a mere 1.5 percent of the target population is receiving it. And as noted above, little more than 6 percent of individuals with severe mental illnesses receive targeted case management, which is favored in the state.
Supported Employment	Kentucky reports only 6 supported employment programs serving approximately 400 people. The State's Mental Health Authority itself concludes that despite the Commission's highlighting of this program need, and that "staff have spent a considerable amount of time over a number of years in promoting evidence-based and "best" practices, true rehabilitative services that support individual preferences for work, living and socialization remain underdeveloped. Further, individual outcomes (e.g., employment) remain at very low levels [11 percent of individuals with severe mental illnesses working part- or full-time]."
Medication Education	Despite Kentucky's concern about rising Medicaid costs, including costs of medication, it only reports one medical education program for schizophrenia serving approximately 200 individuals in fiscal year 2003. Given that more than 31,000 individuals with schizophrenia live in the state, far less than 1 percent of these individuals receive optimal medication treatment guided by the best science in a way that save money.

Integrated Mental Health and Substance Abuse Services	While co-morbid substance abuse is a well-recognized problem in Kentucky, highlighted by its Commission, the state indicates that it only has four integrated programs serving an unknown number of clients. The state does hope to implement a $1.1 million federal grant to train providers and institute integrated treatment programs in the coming year.
Family Psychoeducation and Illness Self-Management	Kentucky's only program is one carried out by the Kentucky NAMI in 8 regions of the state serving 180 people. Only one program in the state – WRAP—serving 100 clients—was reported for fy2003.
Jail Diversion	The need to train criminal justice system officials and improve services in the state's jails and prisons was also highlighted by the Commission. At this point, however, the state has only implemented a single Crisis Intervention Team (CIT) in Louisville/Jefferson county and one post-booking program by Seven Counties Services Inc., in Louisville. Indeed, it has only been since 1994 that Kentucky eliminated the use of jails as the formal intake for clients in psychiatric crises. The state did move to train individuals involved in training local jail offices in eight regions

Sources: Kentucky Department for Mental Health and Mental Retardation Services, 2003; Gideon, G., "Cutbacks in Service Felt Across Louisville," *The Courier-Journal*, July 27, 2003.

TRIAD
Treatment/Recovery Information and Advocacy Database

Shattered Lives: Results of a Survey of NAMI Members Living with Mental Illnesses and Their Families in Kentucky

Results from NAMI's nationwide survey show that the failing mental health system in Kentucky translates into lives shattered by disabling illness and inadequate services in this state.[i]

Residents of Kentucky with severe mental illnesses represented in the NAMI survey, most having a diagnosis of schizophrenia or bipolar disorder, were largely working-age adults with considerable education (figure 1, table 1). Eighty-seven percent were between the ages of 18 and 54 and 65 percent had graduated from high school, received some college education, or actually had received an undergraduate degree.

Figure 1: Age of Individuals with Serious Mental Illnesses

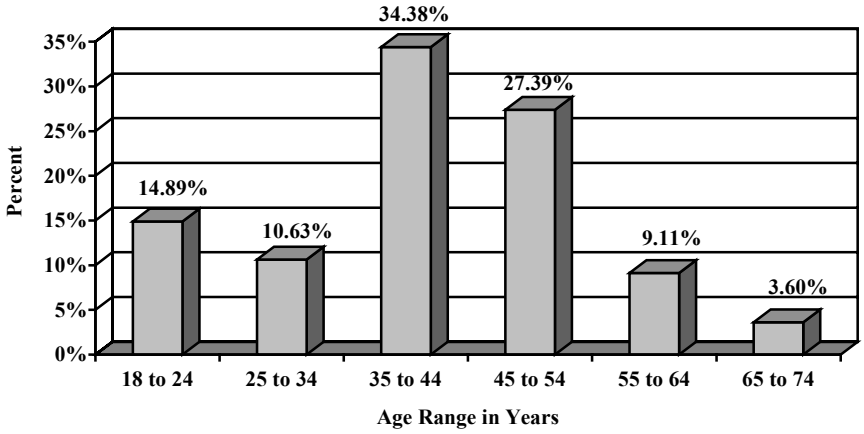


Table 1: Educational Achievement of Individuals with Severe Mental Illnesses

Highest Level of Education	Percent
Less than high school	1.05
Some high school	8.25
High school graduate/G.E.D. recipient	29.42
Some college	20.96
Undergraduate degree	14.51
Some graduate school	6.25
Graduate degree	12.21
Vocational training	5.23

But that's where the similarities with other working age adults ends. Most of the individuals with a serious mental illness had never married—55 percent; almost three-quarters lived alone (46 percent) or with their aging parents (27 percent); 78 percent were unemployed. The result: extreme poverty. Twenty percent had an annual income of $5,000 or less (table 2). Sixty-eight percent lived on $20,000 or less each year.

Table 2: The Annual Income of Individuals with Severe Mental Illnesses

Annual Income	Percent	Cumulative Percent
Less than $5,000	19.62	19.62
Between $5,000 to $10,000	33.87	53.49
Between $10,000 to $20,000	14.51	68.00
Between $20,000 to $35,000	9.88	77.88
Between $35,000 to $50,000	10.38	88.26
At least $50,000 per year	1.10	89.36
Other	10.64	100.00

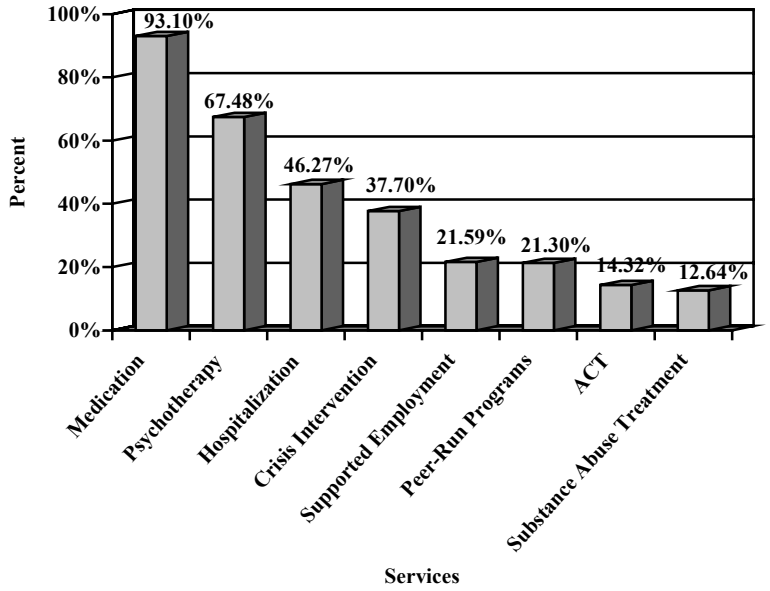
Residents of Kentucky with severe mental illnesses represented in the survey get the little money that they have through public income replacement programs, including Supplemental Security Income (SSI)—39 percent—and Social Security Disability Income (SSDI)—35 percent. Wages from a job (22 percent) and money from family members on a regular basis (21 percent) are also a significant sources of financial support for individuals represented in the survey.

Individuals in Kentucky with serious mental illnesses also rely on public programs, oftentimes, for their health insurance. Thirty-two percent and 31 percent, respectively, rely on Medicare and Medicaid. Still, 38 percent have private health insurance and another 14 percent have no health insurance at all.

The vast majority of individuals with severe mental illnesses represented in the Kentucky NAMI survey have received medication for their psychiatric condition (98 percent) and have been hospitalized (87 percent). Evidence-based, recovery-oriented services, however, were far less frequently accessed. Only 16 percent of the individuals with severe mental illnesses ever received Assertive Community Treatment services (or ACT); 23 percent ever received supported employment services; 22 percent integrated treatment of substance abuse problems and their mental illness. Only one-third of the consumers ever received peer-provided services.

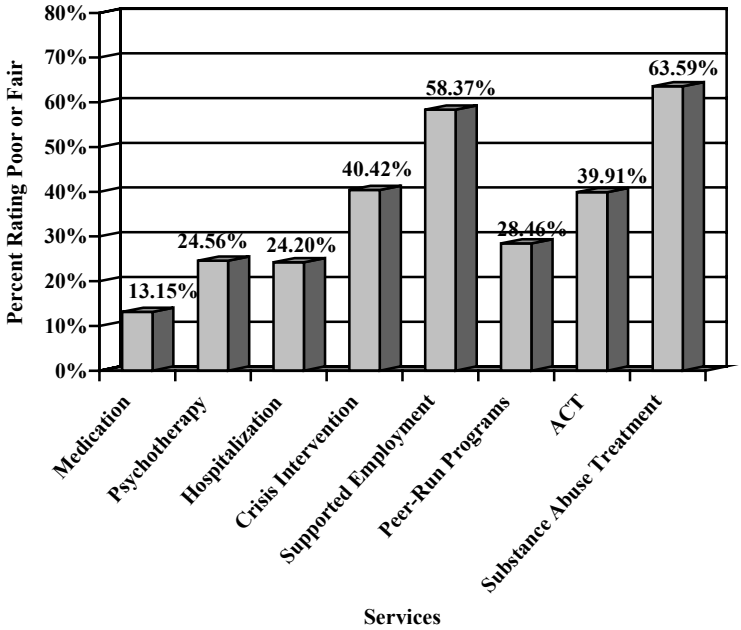
A similar pattern held true in the last year (figure 2). Virtually all of the individuals with severe mental illnesses received medication. **Almost half—46 percent—were hospitalized in the last year.** Far fewer than half of these individuals received ACT services, supported employment, peer-run services, or substance abuse treatment.

Figure 2: Mental Health Services Received by Kentucky Residents with Mental Disorders in the Last Year



The quality of the services received in the last year often was found lacking by the NAMI respondents. Half or more of the respondents rated supported employment and substance abuse treatment fair or poor (figure 3)

Figure 3: Quality of Mental Health Care Received in the Last Year



The residents of Kentucky who responded to the NAMI survey identified several barriers to housing and employment. Lack of community supports for housing was the leading barrier to appropriate housing (table 3), with high housing costs and the lack of financial assistance from the government for housing also cited as barriers. Stigma and discrimination was the leading barrier to employment cited, by 55 percent of the respondents (table 4). Fear of losing health or disability benefits and a lack of jobs were the other two leading barriers to employment.

Table 3: Barriers to Housing

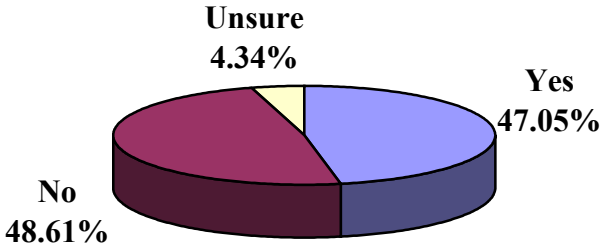
Barriers to Housing	Percent
Housing costs are too expensive	38.86
Appropriate housing is limited due to stigma against people with mental illness	25.83
Lack of community supports for independent living	43.63
More structured care not available	25.94
No financial assistance from government to pay for housing and support	29.80
Family does not support living independently	5.60
Other	17.33
Unsure	9.33

Table 4: Barriers to Employment

Barriers to Employment	Percent
Lack of jobs in the community	31.20
Stigma and discrimination against people with mental disorders	55.02
Lack of vocational services	26.53
Fear of losing health or disability income benefits	46.79
Inadequate treatment of mental health condition	25.56
Lack of transportation to job/employment services	18.72
Other	24.76
Unsure	1.57

The results of these barriers and lack of recovery-oriented care? Forty-seven percent of individuals with severe mental illnesses in Kentucky represented in the NAMI survey have been arrested or detained by police (figure 4).

Figure 4: Criminalization of Mental Illness in Kentucky



Individuals with mental illness living in Kentucky who were ever arrested or detained by police.

[i] Nationwide, 3,400 individuals with serious mental illnesses and their families were represented in the survey, with 86 individuals living in the state of Kentucky. The survey was conducted in the spring of 2003. Full details and results of the survey can be found at www.nami.org/triad.

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