

Legislative Priorities



The National Alliance on Mental Illness of Kentucky, (NAMI KY) is a statewide grassroots member organization founded in 1985. NAMI Kentucky's MISSION is dedicated to the recovery, improved treatment and quality of life for all persons affected by mental illness in Kentucky. NAMI Kentucky coordinates a network of local affiliates that provides education and support services.

1.) Increase access to effective mental health care.

PROBLEM: Mental health provider networks have eroded over the years due to insufficient reimbursement rates. Now with managed care, it has only worsened. This is unacceptable. A strong provider network is a foundation for providing effective, quality care.

SOLUTION: Medicaid managed care provider networks must make care available within a 60 minute drive of any enrollee. Administrative procedures must be streamlined to increase direct service time for providers to serve enrollees.

SOLUTION: Targeted outreach and enrollment to ensure that people with serious mental illness get a chance to enroll in Medicaid expansion or Health Insurance Exchange plans made available through health care reform.

SOLUTION: To promote economic self-sufficiency, people must continue to be wrap around eligible for recovery support services funded through state dollars even if they are in Medicaid expansion or Health Insurance Exchange plans.

SOLUTION: Kentucky must ensure individualized access to psychiatric medication. Senate Bill 114 should be applied to all mental health drugs within Medicaid.

2.) Promote integration of mental health, addictions and primary care.

PROBLEM: Individuals with serious mental illness are at increased risk for comorbid medical and substance use conditions, yet few receive integrated treatment to address co-occurring conditions. Disturbingly, people with serious mental illness die of treatable health conditions, an average of 25 years earlier than other Americans. Kentucky should ensure adequate and stable funding to meet community needs for non-Medicaid mental health services including inpatient, psychological rehabilitation and longer-term, outpatient care.

SOLUTION: Medicaid must provide Health Homes, Accountable Care Organizations or other strategies to not only coordinate the care but also acknowledge the high prevalence of comorbid substance abuse and primary care conditions for people with serious mental illness.

SOLUTION: Persons with mental illness incarcerated for misdemeanors must have access to comprehensive services.

NAMI KENTUCKY ky.nami.org

Cathy Epperson, Executive Director
c/o Somerset Community College
808 Monticello Street, Somerset, KY 42501
(606) 451-6935 or (606) 451-6936, Toll free
1-800-257-5081 or FAX (606) 677-4053

3.) End the inappropriate jailing of people with mental illness.

PROBLEM: Disproportionate numbers of people with mental illness end up in our criminal justice system often as a result of untreated or undertreated illness. People with mental illness often fare poorly in jails and prisons. Tragically, our jails and prisons have become the largest psychiatric wards in the nation, housing:

- over 350,000 mentally ill inmates vs 70,000 mentally ill patients in hospitals.

Jail diversion programs have shown that many offenders with mental illness can be diverted to more appropriate and cost-effective-comprehensive community care.



SOLUTION: Increase number of CIT (crisis intervention training) officers across our state.

SOLUTION: Provide comprehensive crisis intervention services in every county.

4.) Provide homes and jobs for people living with mental illness.

PROBLEM: Lack of safe and affordable housing is one of the most significant barriers to living in the community for people with serious mental illness. *A safe place to live is essential to recovery.* Without this basic need, too many cycle in and out of homelessness, jails, shelters and emergency departments—or remain institutionalized. Nearly one million adults with mental illness have been homeless. Supportive housing and “Housing First” models are cost-effective and result in housing stability and a marked reduction in shelter use, hospitalizations and involvement with the criminal justice system.

PROBLEM: Only 1 in 3 adults with serious mental illness is employed, even though the majority want to work. An estimated \$25 billion is spent annually for disability payments to people with mental illness. The loss of productivity and loss of human potential is costly and unnecessary. Supported Employment models show that with effective supports, 60 percent of adults with serious mental illness can work and achieve independence. Yet, too few have access to successful employment programs.



Juanita said, “IPS Supported Employment saved my life!”

SOLUTION: Support increasing scattered site supported housing (integrated and with safeguards to ensure necessary supports and services are available to live successfully in the community). Support giving people with psychiatric disabilities full access to information on their options and choices in their housing.

SOLUTION: Kentucky should ensure individualized access to Individual Placement and Support (IPS) Supported Employment. Support provisions within Medicaid to make this service available.