

## **Program Summary and Overview**

### **Kentucky Jail Mental Health Crisis Network**

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The 2004 Kentucky Legislature passed a bill (sponsored by Senator Dan Kelly), that provides innovative mental health services to the jails of Kentucky. This program offers jails immediate consultation and assistance to help manage the risk and needs of people who have symptoms of:

**Suicide**  
**Mental illness**  
**Substance Abuse**  
**Intellectual and Developmental Disabilities**  
**Acquired Brain Injury**

The funding for this program, from an increase in criminal case court costs, provides for the coverage of the following services to all jails interested in participating. The Kentucky Jail Mental Health Crisis Network consists of four components:

- **Consistent jail screening instruments**
  - Identify risk of suicide, mental illness, substance abuse, IDD and acquired brain injury
  - Intake Triage questions for the transporting officer
  - Booking/Screening question for the jail custody officer
- **Telephonic Triage services**
  - An 800 telephone number is available 24 hrs a day/365 days a yr
  - Qualified Mental Health Professionals provide a risk screening
  - The level of risk is titrated to safe jail management protocols
- **Follow up face to face consultation**
  - The local CMHC is called to provide face to face/video services
  - The service is provided to the jail within specific response times
  - Consultation and brief crisis counseling is offered
- **Statewide management and quality control**
  - Every Triage call is documented and emailed or faxed to the jail and the CMHC
  - Data from the triage and the follow up service is summarized for each jail
  - Track the reduced jail suicides and the risk related to mental illness, divert people from jail and increase opportunity for treatment

## Program Overview

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### Background

The number of people with mental illness housed in jails is, at a minimum, sixteen percent (16%) of the total jail population (Department of Justice, '98). In Kentucky, this represents 3,075 people a day in the state's 19,222 jail beds. When this figure is combined with the national statistic that suicides in jails are four times higher than the general population, there is cause for concern. In Kentucky, a Courier Journal expose in 2002 highlighted the disproportionately high number of suicides in our county jails (17 in a 30 month period). The media attention to the plight of inmates with mental illness launched a legislatively driven mandate to provide behavioral health training and consultation to all jail personnel. Funding (\$500,000) was allocated in the '03 budget to the Community Mental Health Centers to deliver this training. In November 2002, a training program was delivered to jailers and mental health personnel to begin meeting this requirement. During this training, jailers indicated they wanted to take a step further. They wanted additional mental health resources for their day-to-day decisions concerning the management of inmates who are suicidal and/or have mental illness. The jailers made it clear - they wanted more services from mental health providers.

The safe management of inmates who are suicidal and/or have mental illness includes providing for the safety of all inmates and staff, while also meeting the constitutional obligation to provide quality care regardless of need. The jail's management options are limited. They include making decisions about housing, supervision, clothing, property and food, and providing appropriate physical and verbal intervention to complex symptoms of behavioral disorders. What most jails want and are unable to provide, unless filing for civil commitment, is a mental health evaluation. The reality is that the majority of Kentucky's jails are under resourced with staff and training to adequately respond to complex behavioral health problems, and financial constraints have limited the jails' ability to purchase mental health services. Likewise, the majority of Community Mental Health Centers across the state are unable to offer mental health services to jails when there is no financial compensation. This has left the majority of Kentucky jails managing high-risk inmates with mental health problems that are clearly out of their area of expertise.

### Overview of Pilot Project

In response to this need, Bluegrass Regional Mental Health and Mental Retardation Board, Inc. developed a Telephonic Mental Health Triage Service for Jails. The idea was conceived by Corrections Consultant, Ray Sabbatine, Lexington's former jailer. He has worked collaboratively with Bluegrass on this project.

Through the use of the Bluegrass toll free crisis line, this program offers immediate 24 hour, 7 day a week access to a Qualified Mental Health Professional (QMHP). Bluegrass's trained and experienced QMHPs provide a triage risk assessment of an inmate's potential for suicide and/or high-risk behavioral problems due to mental illness.

A research based triage instrument, developed with consultation from national jail suicidologists, is used by the QMHP to identify a level of risk for jail specific behavioral health problems. It includes an assessment of risk related to the charge, substance abuse, suicide and four categories of mental illness. The risk level is linked to corresponding jail management protocols, which define interventions related to housing, supervision, clothing, property and food. When implemented by the jail, these protocols offer a consistent response to help keep an inmate safe. The QMHP is also able to provide consultation and arrange for other needed follow up mental health services

Five Detention Centers participated in the pilot project, Boyle, Woodford, Kenton, Grant and Hopkins Counties. A review of the program impact at 6 months and a year showed significant results: In summary:

- Jails have immediate access to a QMHP to help with assessment of risk
- QMHPs find that the triage screening tool helps determine 202A eligibility criteria, pertinent jail risk factors, and assures consistency in assessment
- Some inmates have had charges amended or dropped so appropriate alternative treatment could be arranged.
- Linkages to community mental health providers are easily arranged through consultation with a QMHP
- Jail management protocols are more consistently and humanely implemented
- Jails are able to reduce their risk and liability by having mental health recommendations made by a Qualified Mental Health Professional

### **Legislation for the Kentucky Mental Health Crisis Network for Jails**

Legislation was seen as the best option to fund and provide this service to jails across the state. The concept of a network of mental health services to jails was conceived to include the development, implementation and funding of services to all Kentucky jails interested in participating. Senator Dan Kelly (R, Washington Co.) endorsed and sponsored the legislation. He obtained bipartisan support from the leadership of both the Senate and the House and then guided it through the legislative process. It passed on the last day of the session.

Endorsements for statewide funding: Support for this legislation was given by the following organizations:

- Kentucky Association of Regional (CMHC) Programs (KARP)
- Kentucky Jail Association (KJA)
- Kentucky Association of Counties (KACo)

## Kentucky National Alliance of Mental Illness (NAMI – Kentucky)

In addition, HB 843 Commission, Criminal Justice/Behavioral Health Workgroup reviewed the proposed legislation and presented the following recommendations for endorsement for legislative state funding to the full HB 843 Commission. These recommendations were also adopted by the Governor's Commission on Acquired Brain Injury

### **Mission Statement: Mental Health Crisis Network for Jails**

Offer a statewide suicide and mental health crisis network that builds on the training of jail personnel, provides a mental health risk triage, and coordinates and enhances the local delivery of mental health consultation for the purpose of reducing the incidence of suicide and in-custody death, increasing the diversion of persons with mental illness from jail, and thereby reducing the risk and liability to jails and fiscal courts.

### **Goals**

- Continue training jail personnel on suicide and mental illness
- Develop a consistent screening and classification process to identify inmates who are suicidal, have mental illness, mental retardation or acquired brain injury.
- Conduct a telephonic mental health risk screening using a research based instrument to determine the inmate's level of risk
- Assist jails in determining the proper housing, supervision and care of suicidal and mentally ill inmates
- Minimize the use of restraints to manage suicidal behavior
- Provide consultation recommendations for follow up care and collaborate with local providers
- Engage local community mental health providers in follow up care
- Move inmates who are inappropriately placed in jail to the proper type of care
- Reduce the number of jail suicides and in custody deaths of inmates with mental illness
- Reduce the jail's risk and liability for the care of person's with mental illness

### **Program Components**

The legislation sought to legislate and fund the following components:

1. Implement consistent mental health risk assessment screening in all jurisdictions to include symptoms of suicide, mental illness, mental retardation, and acquired brain injury
2. Develop a statewide infrastructure for mental health crisis services that includes:
  - A 24/7 crisis line for suicide and mental health risk triage manned by QMHPs

- Statewide training on operational protocols for jail and mental health personnel, judges and county attorneys.
  - Development of software to provide statewide tracking of inmates, services and resources
  - Coordination of the local delivery of mental health care and diversion
  - Evaluation and outcome data through statewide data collection
3. Allocate funding for Community Mental Health Center consultations.
    - Allocate funds to CHMC regions based on number of participating jails and beds
    - Offer flexibility for funds to be used as needed in each region/jurisdiction, for services or staff
    - Continue to offer training to jail personnel on mental health and suicide
    - Enter data from the CMHC consultation services into a statewide data base
  4. Statewide Management Information System
    - Develop software to gather data from the Telephonic Triage service
    - Have the data readily transferable to the jail and the CMHC after each Triage service through email, fax or web based software
    - Have the capacity to add the information from the CMHC follow up consultation to the initiate triage call
    - Collect statewide data on the program's service provision by jail
    - Make the data available to the Cabinet for Health and Family Services – Department of Behavioral Health and Developmental and Intellectual Disabilities on a quality basis
    - Provide data to the jails and CMHC upon request and as needed.

## **Funding**

Funding for the program has been obtained through a legislatively mandated five dollar increase in the criminal court costs. The court costs are funneled to the Administrative Offices of the Courts and then are allocated to the Cabinet of Health Services, Department of Behavioral Health and Developmental and Intellectual Disabilities. The Department contracts with Bluegrass Regional MH-MR Board to operate the Telephonic Triage program and arrange for fiscal disbursement to the Community Mental Health Centers for follow up care.

The income is as follows: 2.4 million a year initially funded the Telephonic Triage service, the Community Mental Health Center response and the statewide infrastructure for data management and quality control. This amount has been significantly reduced due to court fee collection reductions. The Department is responsible for arranging for the contractual provision and oversight of the service. The CMHC are reimbursed for their services based on the number of jails participating in their region.