BEHAVIORALHEALTHCARE

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Calling for help

A Kentucky program makes mental health consultants available to jails 24/7

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It has become axiomatic that local jails are the front line in many communities for the assessment of acute mental illness. According to the U.S. Department of Justice, serious mental illness affects up to 16% of the incarcerated population.1 Jails often become the de facto venue for initial assessment and treatment of individuals with serious mental illness, some of whom are arrested multiple times over a short period.

For jails, housing this population increases costs, particularly in taking steps to prevent suicides. Jails are required to provide safe management often without adequate mental health consultation or intervention. For individuals with mental illnesses, these safe management techniques may result in long periods of suffering in solitary confinement.

Across the nation, good solutions to these problems have been limited. In Kentucky, an innovative program, the Kentucky Jail Mental Health Crisis Network, provides all jails in the state with access to a system of care that identifies mental health and suicide risk and offers 24/7 mental health consultation and intervention. Since this program is fully funded through the state legislature, detention centers may use this program without incurring additional costs. More importantly, data suggest that the program has resulted in an 80% reduction in deaths of inmates in custody.

Program Development

In February 2002, a series in the Louisville *Courier-Journal* revealed that 17 individuals had committed suicide while in custody in the previous 30-month period, and two others had died while in restraints.2 The Kentucky legislature responded by passing legislation that required four hours of mental health training for all detention center personnel. However, it soon became clear that services, not simply more training, were required.

Through Bluegrass Regional Mental Health-Mental Retardation Board, Inc., a large community mental health center (CMHC) in central Kentucky, the authors developed a comprehensive program to address the greater needs of the state's detention centers. The main objective was to offer immediate access to mental health consultation. In 2003, using Bluegrass's emergency and assessment call center, a Telephonic Triage program was developed and piloted with five jails. Using a toll-free telephone number with 24/7 access to licensed mental health professionals, the Telephonic Triage program uses standardized protocols to guide a mental health triage risk assessment. The identified risk level corresponds to clearly delineated best-practice jail risk-management protocols.

Based on positive responses from the pilot program jails, the Telephonic Triage program became the focal point for the development of other service components that would enhance and unify the state jails' response to people with mental illness. Standardized screening forms were developed to ensure identification of risk when someone enters a jail. Additional face-to-face services were organized through the Department of Mental Health's 14 community mental health-mental retardation regional boards to ensure the safety of and appropriate response to people with mental illness. Finally, a telephonic and electronic infrastructure was developed to create an integrated network between jails and mental health centers that centralizes the flow and collection of data.

In 2004, a funding proposal for the newly created Kentucky Jail Mental Health Crisis Network was presented to the Kentucky legislature. With the leadership of State Senate Majority Leader Dan Kelly, the program received designated funding through a $5 increase in court costs. Participation is voluntary, and 90% of the state's 86 detention facilities are enrolled in the program with others interested in joining.

Program Components

The Kentucky Jail Mental Health Crisis Network's components are based on the tenants of proper inmate classification and the recommendations of Lindsay M. Hayes, a project director at the National Center of Institutions and Alternatives, for the reduction of suicide in jails.3 The program includes four components:

Standardized screening instruments

The use of standardized screening instruments is the foundation for assessing risk and need in most detention centers and is integral to this program's success. Two instruments have been developed, one for the arresting officer and one given to the arrestee by the booking/screening officer. The instruments, each with no more than 20 yes/no questions, have standard risk assessment questions, including those related to behavioral indicators of suicide, history of psychiatric hospitalization and mental illness, acquired brain injury, mental retardation, and reaction to the charge. (For more information on the instruments, e-mail milligan0806@behavioral.net.) A yes to any of the mental health questions triggers an automatic call to the Telephonic Triage line.

In addition to the two screening instruments, jail personnel are trained to observe mental health problems, keep mental health risk alerts from previous incarcerations, and respond to the individual's and family members' requests for mental health services. Any indication of risk or request for services triggers a call to the Telephonic Triage line.

Telephonic Triage

Telephonic Triage provides jails with 24/7 access to a licensed mental health professional, who uses a research-based assessment instrument to identify and scale an inmate's mental health risk. Telephonic Triage involves a guided telephonic interview between the mental health professional and the deputy (and, when possible, the inmate) to determine the level of risk related to four potential risk categories: (1) the charge, (2) suicide, (3) potential substance abuse withdrawal, and (4) symptoms of mental illness in four diagnostic categories. Information also is obtained on history of treatment, hospitalization, and medications.

A final summary level of risk—critical, high, moderate, or low—is assigned based on the constellation of risk variables. The mental health professional also will determine if the risk level's acuity warrants treatment or diversion, and he/she will arrange follow-up services. Diversion options include civil commitment to a psychiatric facility, referral for a competency evaluation, or working with the courts to have charges dropped. The completed Telephonic Triage form is e-mailed or faxed to the jail and to the corresponding CMHC when follow-up is indicated.

Jail risk management protocols

The summary risk level determined through Tele-phonic Triage corresponds to a level of jail risk management protocols that represent the industry's best practice standards. These recommended safe management techniques guide jail personnel on interventions with housing, supervision, property, clothing, and food.

These protocols' goal is to enhance the safe and humane treatment of persons with mental illness in detention facilities. The program seeks to reduce the unnecessary use of restraints and to ensure that isolation and suicide watch protocols are implemented safely on a time-limited basis. At any time, additional Telephonic Triage calls can be conducted to reassess an inmate's level of functioning and need for intervention.

Follow-up with mental health services

The final component is face-to-face follow-up services provided by the state's CMHCs. Local mental health professionals are trained and available to respond to requests for follow-up made by the Telephonic Triage clinician within specified time frames. Each risk level has a required time frame, from three hours to the next business day, for follow-up response to ensure that this service is implemented consistently across the state.

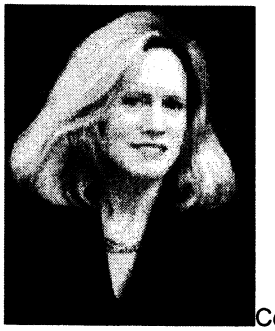
Follow-up services include a face-to-face evaluation with the inmate to provide crisis counseling and consultation to the jail. An assessment is made to determine if the risk level and jail management protocols seem appropriate and if additional services are indicated. If the inmate can be diverted from the facility to other care or have the charges dropped, the local clinician makes those arrangements. Documentation of the follow-up is sent to Bluegrass for data collection and to the jail for the inmate's file.

Results

Since the program's implementation in fall 2004, 90% of jails in the state participate in the Kentucky Jail Mental Health Crisis Network. More than 11,000 Telephonic Triages have been conducted. There has been an 80% reduction in suicides in participating jails and a 100% reduction in deaths in restraints.

Analyses of data generated by Telephonic Triage interviews reveal that 65% of people being booked in Kentucky jails have some risk related to suicide, 30% have had a psychiatric hospitalization in the past year, 38% of those triaged have substance abuse–related risk, and a staggering 77% have at least one symptom of a mental illness.

This program has been a win-win situation for everyone involved. It offers jails much needed mental health consultation, intervention, and risk reduction with no increased cost. It provides CMHCs with funding for this service and the opportunity to develop expertise with a population that traditionally has fallen through the service delivery cracks. And most importantly, people with mental illness in detention facilities now have options for services and diversion that did not exist previously.



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2. Adams J, Shipley S. Locked in suffering: Kentucky's jails and the mentally ill. Four-part series. Courier- Journal [Louisville, Kentucky]. Feb. 24-Mar. 3, 2002.
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Jail Intake Assessment
Arresting Officer Questions

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1. Has this arrestee engaged in any assaultive or violent behavior? **(If yes, refer to custody supervisor)**
2. Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons? **(If yes, refer to custody supervisor)**
3. Has this arrestee attempted to allude or escape from custody? **(If yes, refer to custody supervisor)**
4. Are you aware of the need to keep this arrestee separated from other persons housed in this facility? **(If yes, refer to custody supervisor)**
5. Are you aware of this arrestee's consumption or use of potentially dangerous level of alcohol or drugs? **(If yes, refer to medical)**
6. Are you aware of any acute medical condition or injury recently sustained by this arrestee that may require immediate medical attention? **(If yes, refer to medical)**
7. Has this arrestee demonstrated any behaviors that might suggest mental illness? **(if yes, call the crisis line)**
8. Has this arrestee demonstrated any behaviors that might suggest mental retardation? **(If yes, refer to custody supervisor)**
9. Has this arrestee demonstrated any behaviors that might suggest acquired brain injury? **(If yes, refer to medical)**
10. Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies? **(If yes, call the crisis line)**
11. Has there been any indication that the arrestee is reacting so negatively toward their charge that they may engage in self harming behavior? **(If yes call the crisis line.)**
12. Do you have any other information that may assist this agency in the care and/or custody of this arrestee?

Jail Officers Assessment Questions

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13. Are there any institutional alerts on file for this arrestee? **(alerts for mental health, suicidal, call the crisis line)**
14. Is there a need for an immediate evaluation of this arrestee by health care staff or a custody supervisor**? (If yes, refer to the appropriate person)**

Inmate Booking Screening Questions

1. Do you have a serious medical condition that may require attention while you are here? **If yes, refer to medical staff**
2. Are you currently taking a prescription medication that may need continuation while you are here? **If yes, refer to medical staff**
3. Do you have a serious mental health condition that may need attention while you are here? **If yes, call crisis line**
4. Have you recently taken or been prescribed medication for emotional problems? **If yes, refer to medical staff**
5. Have you been hospitalized for emotional problems within the last year? **If yes, call crisis line**
6. Have you ever attempted suicide? **If yes, call crisis line.**
7. Are you currently thinking about suicide? **If yes, call crisis line**
8. Have you recently ingested potentially dangerous levels of drugs and alcohol? **If yes, refer to medical staff**
9. Have you ever experienced DTs or other serious withdrawal from drugs or alcohol? **If yes, refer to medical staff**
10. Have you ever had a closed head injury that resulted in permanent disability? **If yes, refer to medical staff**
11. Do you have learning or other disability that will impact your ability to understand instructions while you are here? **If yes, refer to custody supervisor.**
12. Are you aware of any reason you should be separated from another inmate while you are here? **If yes, refer to custody supervisor.**
13. Have you ever required separation from another inmate while incarcerated in another facility? **If yes, refer to custody supervisor.**
14. Do you understand that you may request a health care provider at any time while you are here?
15. Have you understood all the questions that I have asked you? **If no, refer to custody supervisor.**
16. Have you provided us with all the information that you want us to be aware of while you are here?

Questions for the Booking Screening Officer

17. Does the screening officer feel that the arrestee is capable of understanding all the questions asked? **If no, call the crisis line if related to mental health, suicide, MR, ABI or in combination with substance abuse.**
18. Does this arrestee have any institutional history of alerts? **Call the crisis line if the alerts are related to mental health, suicidal, MR, or ABI. Notify custody supervisor or medical staff for other alerts**
19. Does this screening officer feel that his arrestee should be referred to a supervisor for review? **If yes, notify immediately.**
20. Is there any indication that the arrestee is reacting so negatively toward their charge that they may engage in self harming behavior? **(If yes call the crisis line.)**

AN ACT relating to services for individuals with brain injuries or malfunctions and making an appropriation therefor.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

Section 1. KRS 189A.050 is amended to read as follows:

(1) All persons convicted of violation of KRS 189A.010(1)(a), (b), (c), or (d) shall be sentenced to pay a service fee of ***three hundred twenty-five***~~[two hundred fifty]~~ dollars ***($325)***~~[($250)]~~, which shall be in addition to all other penalties authorized by law.

(2) The fee shall be imposed in all cases but shall be subject to the provisions of KRS 534.020 relating to the method of imposition and KRS 534.060 as to remedies for nonpayment of the fee.

(3) The revenue collected from the service fee imposed by this section shall be utilized as follows:

(a) ***Twelve***~~[Fifteen]~~ percent ***(12%)***~~[(15%)]~~ of the amount collected shall be transferred to the Kentucky State Police forensic laboratory for the acquisition, maintenance, testing, and calibration of alcohol concentration testing instruments and the training of laboratory personnel to perform these tasks;

(b) ***Twenty***~~[Twenty-five]~~ percent ***(20%)***~~[(25%)]~~ of the service fee collected pursuant to this section shall be allocated to the Department of Public Advocacy;

(c) One percent (1%) shall be transferred to the Prosecutor's Advisory Council for training of prosecutors for the prosecution of persons charged with violations of this chapter and for obtaining expert witnesses in cases involving the prosecution of persons charged with violations of this chapter or any other offense in which driving under the influence is a factor in the commission of the offense charged;

(d) ***Sixteen percent (16%) of the amount collected shall be transferred as follows:***

1. Fifty percent (50%) shall be credited to the Traumatic Brain Injury Trust Fund established under KRS 211.476; and

2. Fifty percent (50%) shall be credited to the Cabinet for Health Services, Department for Mental Health and Mental Retardation Services, for the purposes of providing direct services to individuals with brain injuries that may include long-term supportive services and training and consultation to professionals working with individuals with brain injuries. As funding becomes available under this subparagraph, the Cabinet may promulgate administrative regulations pursuant to KRS Chapter 13A to implement the services permitted by this subparagraph.

(e) Any amount specified by a specific statute shall be transferred as provided in that statute;~~[and]~~

(f)~~[(e)]~~ ***Forty-six percent (46%) of the amount collected shall be transferred to***~~[The remainder of the service fee shall]~~ be utilized to fund enforcement of this chapter and for the support of jails, recordkeeping, treatment, and educational programs authorized by this chapter and by the Department of Public Advocacy***; and***

(g) The remainder of the amount collected shall be transferred to the general fund.

(4) The amounts specified in subsection (3)(a), (b),~~[and]~~ (c)***, and (d)*** of this section shall be placed in trust and agency accounts that shall not lapse.

SECTION 2. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

(1) As used in this section:

(a) "Prisoner" has the same meaning a set out in KRS 441.005; and

(b) "Qualified mental health professional" has the same meaning as set out in KRS 202A.011.

(2) The Cabinet for Health Services shall create a telephonic behavioral health jail triage system to screen prisoners for mental health risk issues, including suicide risk. The triage system shall be designed to give the facility receiving and housing the prisoner an assessment of his or her mental health risk, with the assessment corresponding to recommended protocols for housing, supervision, and care which are designed to mitigate the mental health risks identified by the system. The triage system shall consist of:

(a) A screening instrument which the personnel of a facility receiving a prisoner shall utilize to assess inmates for mental health, suicide, mental retardation, and acquired brain injury risk factors; and

(b) A continuously available toll-free telephonic triage hotline staffed by a qualified mental health professional which the screening personnel may utilize if the screening instrument indicates an increased mental health risk for the assessed prisoner.

(3) In creating and maintaining the telephonic behavioral health jail triage system, the cabinet shall consult with:

(a) The Department of Corrections;

(b) The Kentucky Jailers Association;

(c) The Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses; and

(d) The regional community mental health and mental retardation services programs created under KRS 210.370 to 210.460.

(4) The cabinet may delegate all or a portion of the operational responsibility for the

triage system to the regional community mental health and mental retardation services programs created under KRS 210.370 to 210.460 if the regional program agrees and the cabinet remains responsible for the costs of delegated functions.

(5) The cabinet shall design into the implemented triage system the ability to screen and assess prisoners who communicate other than in English or who communicate other than through voice.

(6) The cost of operating the telephonic behavioral health jail triage system shall be borne by the cabinet.

(7) Records generated under this section shall be treated in the same manner and with the same degree of confidentiality as other medical records of the prisoner.

(8) Unless the prisoner is provided with an attorney during the screening and assessment, any statement made by the prisoner in the course of the screening or assessment shall not be admissible in a criminal trial of the prisoner, unless the trial is for a crime committed during the screening and assessment.

(9) The cabinet may, after consultation with those entities set out in subsection (3) of this section, promulgate administrative regulations for the operation of the telephonic behavioral health jail triage system and the establishment of its recommended protocols for prisoner housing, supervision, and care.

SECTION 3. A NEW SECTION OF KRS CHAPTER 441 IS CREATED TO READ AS FOLLOWS:

Every prisoner upon admittance to detention shall be screened for mental health risk issues, including mental illness, suicide, mental retardation, and acquired brain injury, by the personnel of the facility in which facility the prisoner is detained. Facilities have the discretion of using the telephonic behavioral health jail triage system created in Section 2 of this Act. Where the triage system indicates levels of behavioral health risk, the facility holding the prisoner may consider implementing the recommended protocols for housing, supervision, and care delivery that match the level of risk.

SECTION 4. A NEW SECTION OF KRS CHAPTER 23A IS CREATED TO READ AS FOLLOWS:

In addition to the twenty dollar ($20) fee created by 2004 Ky. Acts ch. 78, sec. 1, in criminal cases a five dollar ($5) fee shall be added to the costs imposed by KRS 23A.205 that the defendant is required to pay. The fees collected under this section shall be allocated to the Cabinet for Health Services for the implementation and operation of a telephonic behavioral health jail triage system as provided in Sections 2 and 3 of this Act.

SECTION 5. A NEW SECTION OF KRS CHAPTER 24A IS CREATED TO READ AS FOLLOWS:

In addition to the twenty dollar ($20) fee created by 2004 Ky. Acts ch. 78, sec. 2, in criminal cases a five dollar ($5) fee shall be added to the costs imposed by KRS 24A.175 that the defendant is required to pay. The fees collected under this section shall be allocated to the Cabinet for Health Services for the implementation and operation of a telephonic behavioral health jail triage system as provided in Sections 2 and 3 of this Act.

Section 6. The moneys received from the fines levied under subparagraphs 1. and 2. of paragraph (d) of subsection (3) of Section 1 of this Act are hereby appropriated for the purposes provided in those subparagraphs.