



Montana Legislative Services Division
Legal Services Office

TO: Law and Justice Interim Committee

FROM: David S. Niss, Staff Attorney

RE: No. 4 - Kentucky Jail Mental Health Crisis Network, Issues and Options

DATE: June 13, 2008

I
INTRODUCTION

In February of 2002, a Kentucky newspaper ran a series of articles about suicides in Kentucky jails. In response, the Kentucky Legislature enacted legislation requiring 4 hours of training of all detention officers in mental health issues. However, detention officers made it clear that what was needed was not just training but a different kind of service, providing professional mental health screening of arrestees. As a result, in 2004, the Kentucky Legislature funded a screening program, the Kentucky Jail Mental Health Crisis Network (Kentucky program), for use by any Kentucky jail through which any of them have access to professional mental health screening of arrestees through a toll-free number to the professional mental health staff of the Bluegrass Regional Mental Health-Mental Retardation Board, Inc. Through a series of questions asked by the mental health professionals over the telephone, the arrestees are triaged as to their potential to commit suicide while in jail. Suicide rates in Kentucky jail have now dropped by 80%. This memorandum and an article from Behavioral Healthcare (attached) explain the program.

II
DISCUSSION

a. The Kentucky program

The purpose of the Kentucky program is to prevent jail suicides by taking the suicide screening function and suicide prevention decisionmaking out of the hands of Kentucky detention officers, particularly those in jails in rural counties with small staffs, and placing both in the hands of trained mental health professionals. According to much literature on the subject, the process of screening arrestees for predicting suicide is a critical process in preventing suicides. In Kentucky, the Lexington Fayette County Detention Center had already developed such a screening program. Under that screening program, the County was able to reduce the number of suicides in the jail from 10 in a 13-year period to none in the 12 years after the screening program was implemented. The Kentucky program used the lessons learned from that detention

center as the basis for a successful five-jail pilot program and then the statewide program. Of Kentucky's 96 detention centers, only 4 have not joined the program. The program's \$2.2 million annual cost is funded through a \$5 court fee. The Kentucky program has four component parts: (1) standardized screening instruments; (2) telephone triage; (3) jail management protocols; and (4) mental health care followup.

Standardized Screening Instruments. The Kentucky program uses two initial screening forms. One screening form is completed by every arresting officer in a participating jurisdiction (the officer answers a short list of yes or no questions), and the other form is completed by the booking officer at the jail (both questionnaires attached). Prior to adoption of the program by the Kentucky Legislature, the implementing law for which requires standard screening tools, there were many different screening forms being used by the many jails, a situation that some claim developed from Kentucky electing its jailers. A positive response to any of certain questions on the two screening forms must result in a toll-free call to the mental health professional (copy of two screening forms used in the Kentucky program attached).

Telephone Triage. When the mental health professional receives a telephone call pursuant to responses on the two screening forms, the mental health professional takes the detention officer (and sometimes the arrestee) through a computer program containing a validated risk assessment tool developed in software just for the Kentucky program. The mental health professional answering the toll-free telephone call takes the detention officer, and sometimes the arrestee, through a guided interview provided by a validated, proprietary computer program and uses the program and the clinician's professional judgment to score the arrestee as a low, moderate, high, or critical suicide risk. The guided interview takes about 5 minutes. Then, depending upon how the arrestee is scored by the clinician and the computer program, the jail applies written management protocols to safeguard the arrestee until the arrestee can be provided with mental health counseling.

Jail Management Protocols. The risk level provided by the computer program and the mental health professional then results in the application of protocols to manage the arrestee until further followup mental health care is provided, paid for by the Network. The protocols represent best management practices designed to lower the arrestee's risk of suicide while in jail and can generally be described as protocols for housing the inmate, the level of supervision of the inmate by the detention staff, and management of the inmate's property, clothing, and food.

Followup Mental Health Treatment. The Kentucky program requires a followup consultation between a mental health professional and the inmate for any arrestee (who has then become an inmate) who was scored "critical" or "high" by the mental health professional conducting the telephone triage. At that followup consultation, the mental health professional determines whether the triage category assigned to the inmate, and the corresponding detention management protocols being used for that inmate, need to be changed. In Kentucky, this consultation function is carried out by the community

mental health center closest to the inmate that is able to provide the service in a timely fashion.

I discussed with Ms. Connie Milligan, who is the Regional Director of Intake and Emergency Services for the Bluegrass Regional Mental Health-Mental Retardation Board, Inc., and the Director of the Kentucky Jail Mental Health Crisis Network, the issue of suicide risk assessment of arrestees who are under the influence of alcohol or drugs. She explained that that assessment had to be done because a high number of arrestees are under the influence and that national data shows that a high number of suicide victims are under the influence. She pointed out that what is being assessed is not an arrestee's suitability for treatment but whether the arrestee is at risk for suicide, which she felt was a much different standard.

Ms. Milligan also said that she has said that she has so much confidence in the ability of the Network to correctly score an arrestee, even an intoxicated arrestee, for suicide risk that she would offer the services of the Network on a fee for services basis to a pilot program in Montana.

b. General Issues

1. Whether a program like the Kentucky Jail Mental Health Crisis Network, or any part of it, is needed in Montana?

2. Whether the number of suicides in Montana jails warrants an investment of public money in a program like the Kentucky Jail Mental Health Crisis Network, or any part of it, in Montana?

3. How much it would cost to implement a program like the Kentucky Jail Mental Health Crisis Network, or any part of it, in Montana?

c. Specific Issues

1. Should city officers and county deputies be required to use the arresting officer questionnaire?

2. Should detention officers be required to complete the booking officer questionnaire?

3. What entity would provide the toll-free telephone triage system (e.g., could the 24/7 suicide crisis hotline mandated by 53-21-1103, MCA, to be staffed with paid and trained persons, be used to provide the screening service on a pilot project or other basis or would a fee for service contract with the Bluegrass Regional Mental Health-Mental Retardation Board, Inc., be a more appropriate choice)?

4. What entity would provide the followup mental health consultation?

d. Options

1. Continue to study the Kentucky Jail Mental Health Crisis Network, or any part of it.
2. Require the Department of Public Health and Human Services to study the feasibility of establishing a pilot program or a permanent program like the Kentucky Jail Mental Health Crisis Network and report back to the Committee or the Legislature.
3. Request legislation to enact a system like the Kentucky Jail Mental Health Crisis Network (Kentucky HB 157 attached), or any part of it, on a permanent or pilot project basis. The several parts of the Kentucky program are:
 - (a) arresting officer questionnaire;
 - (b) booking officer questionnaire;
 - (c) toll-free telephone triage system;
 - (d) detention management protocols; and
 - (e) followup mental health consultation for inmates.

III CONCLUSION

Based upon a successful pilot project, Kentucky has passed legislation creating the Kentucky Jail Mental Health Crisis Network. The Network's purpose is to take the evaluation of local jail inmates, including arrestees, for mental health and suicide issues out of the hands of the local jail detention staff and place the evaluation in the hands of trained mental health clinicians. The components of the program include written and electronic screening instruments, a toll-free telephone number through which jail detention staff may reach the trained mental health clinicians, jail protocols or policies used to prevent inmates from committing suicide, and followup care. Available data indicates that the use of the Network has reduced jail suicides in Kentucky.

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No. 4 - Kentucky Jail Mental Health Crisis Network Executive Bullets

- * The state of Kentucky has enacted the Kentucky Jail Mental Health Crisis Network, taking the mental health and suicide screening out of the hands of local jail staff and placing that evaluation in the hands of trained mental health clinicians, who are reachable by a toll-free telephone number.
- * The Network uses written and electronic screening instruments to be completed by the arresting officer and the jail detention staff, use of the toll-free consultation, application of jail detention policies designed to prevent inmates from committing suicide, and followup care.
- * Statistics indicate that the creation of the program has reduced the incidents of suicide in Kentucky jails.
- * Issues and options are listed for the Committee's consideration.