

# 2006 INNOVATIONS AWARDS PROGRAM

## APPLICATION

**Deadline: March 31, 2006**

INSTRUCTIONS: Complete and submit this document electronically if possible, preferably in Microsoft Word format (.doc or rtf). This application is also available at [www.csg.org](http://www.csg.org), in the Programs section. Determine the appropriate "Change Driver" from the enclosed matrix and indicate that in the appropriate space listed below. Keep in mind that the matrix is only meant to show potential relationships between change drivers, trends and issues, and is not exhaustive. **Be advised that CSG reserves the right to use or publish in other CSG products and services the information that you provide in this Innovations Awards Program Application. If you object to CSG potentially using or publishing the information contained in this application in other CSG products and services, please advise us in a separate attachment to your program's application.**

ID #: 06-S-05KY

Change Driver: Privacy vs. Security

State: Kentucky

1. Program Name: Kentucky Jail Mental Health Crisis Network
2. Administering Agency: Kentucky Department of Mental Health and Mental Retardation Services
3. Contact Person (Name and Title) Rita Ruggles; MHMR Program Administrator
4. Address: 100 Fair Oaks Lane, Frankfort, Kentucky 40601
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7. E-mail Address: rita.ruggles@ky.gov
8. Web site Address: <http://mhmr.ky.gov/kdmhmrs/default.asp>
9. Please provide a two-sentence description of the program.

A statewide program that involves a four step process for integrating mental health services into the states 80 county jails. It includes the use of two standardized detention center risk screening instruments; a telephonic triage staffed by licensed mental health professionals to assess the level of mental health risk; recommended management protocols defined for each risk level; and follow up services provided by the regional mental health boards.

10. How long has this program been operational (month and year)? **Note: the program must be between 9 months and 5 years old on March 4, 2006 to be considered.**

The program will be two years old on July 1, 2006

11. Why was the program created? What problem[s] or issue[s] was it designed to address? **Indicate how the program applies to the “change driver” that you listed above.**

An investigative report by the Louisville Courier Journal in 2002 highlighted the problem of suicide in local jails across the state. Seventeen suicides and two deaths in restraints were identified in the report. This report created the momentum necessary to address the lack of adequate mental health care in local jails across the state. The program was designed to improve the behavioral health care for inmates in local jails, but another of the major accomplishments of this program has been the strengthening of the relationship among the all the entities responsible for the care of this population.

Jail personnel have the primary responsibility of maintaining security and often do not have training in addressing the mental health issues that may arise among those incarcerated. This program has demonstrated the importance of collaboration at both the state and local level in order to adequately meet the behavioral health needs of residents, as well as to manage the fiscal resources available to serve this population. The value of working collaboratively and sharing both fiscal and programmatic responsibility for the care of inmates has contributed to the success of this new statewide service.

12. Describe the specific activities and operations of the program in chronological order.

The program has four major components from the time an arrestee is taken to jail until the decision on how to house and classify them is made.

1. Standardized Screening Tools were developed and implemented in each jail. (Kentucky is the last state in the nation to elect its county jailers, and hence, each jail is operated differently and there was a wide variety of screening tools being utilized.
2. A telephonic toll free triage line staffed by a licensed mental health professional 24 hours a day, 7 days a week was established and a validated risk assessment tool was created. The risk assessment tool guides a telephonic interview among the jail staff, the qualified mental health professional and the inmate.
3. Jail Management Protocols were developed based on the level of risk identified during the telephonic interview. These protocols represent the best practice standards in the industry and integrate the jail standards for housing and classification of inmates.
4. Follow up Mental Health Care. The creation of this program also allowed for the first dedicated funding stream to go to cover the costs associated with jail based behavioral health care. Depending on the risk level identified, the local mental health provider is contacted by the triage line staff to go to the jail and complete a

face to face evaluation and make recommendations to the jail regarding the mental health care for the inmate.

13. Why is the program a new and creative approach or method?

Due to the fact that Kentucky counties still elects their local jailer, there was not any coordination statewide to meet the behavioral health needs for persons with in local jails. In addition, local jails were totally reliant on trying to meet those needs on an already stretched budget. These two problems lead to most inmates receiving little to no care for their mental health while incarcerated. In addition, there was little to no collaboration at the local level between the jail and the local mental health provider. This program strengthened that relationship, provided the funding, allowed coordination among mental health care statewide, reduced suicides, improved the probability for the inmate seeking treatment when released, as well as established the first statewide data base regarding persons with disabilities booked into jail.

14. What were the program's start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.)

- Start up costs included a new 800 line and staff to answer the line. Existing staff was increased to accommodate 24 hour calls as the program grew – from 3 new staff to 6 and some provisional to provide backup
- Jail expertise was obtained by contract with state/national expert
- Software was written, which was an initially an outlay of staff time and then the cost of a contract programmer for new software development
- Data collection and analysis was assigned to a designated staff
- Manuals were written and duplicated for training and staff time and travel expense was expended for statewide training effort

15. What are the program's annual operational costs?

2.2 Million Dollars

16. How is the program funded?

A five dollar increase in court costs in both district and circuit courts across the Commonwealth

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number.

HB 67 which amended KRS 210 to develop, fund and implement the Kentucky Jail Mental Health Crisis Network was passed during the 2004 legislative session.

18. What equipment, technology and software are used to operate and administer this program?

- ACD phone system with designated 800 line
- IBM AS400 with software developed by 'Bluegrass MH-MR Board specifically for the Jail Triage program. Software runs on staff's individual computers.
- Web based software was developed by private company for a web based version of the software written in Microsoft.net. – to be implemented soon
- Hardware will be the internet server
- After-hours staff utilize cell phones and lap tops to provide services

18. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator's name, present address, telephone number and e-mail address.

As far as we know there is no other stateside service like this in the country. Kentucky has provided consultation to other states that have expressed an interest in replicating the service.

19. Has the program been fully implemented? If NO, what actions remain to be taken?

The program is operational in 90 % of the states jails.

20. Briefly evaluate (pro and con) the program's effectiveness in addressing the defined problem[s] or issue[s]. Provide tangible examples.

- Jails now have immediate access to a complete mental health/suicide risk assessment and response system at no increased cost to their facility
- There are now uniform screening and booking procedure in most local jails
- Program has provided a 88% reduction in in-custody suicide in participating jails in the first 30 months of implementation
- All jails now have a standardized instrument to assess mental health and suicide risk
- Jails now have mental health professionals coming to their facility to provide services
- The CMHC now are reimbursed to have staff provide immediate response to mental health/suicide crisis in their local jails
- Persons with mental illness are being diverted from jail and encouraged to enter treatment.

- The only con is that the service documents a much needed expansion of pre and post booking diversion services, as well as more availability of jail based mental health care.

21. How has the program grown and/or changed since its inception?

This past two years have focused on ramping up the service across the state, provision of training to jail and mental health staff and data collection.

22. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?

None. This is a very cost effective, as well as clinically effective service. The 88 % reduction in suicides in county jails , in and of itself , makes this a viable service. In addition, the cost savings to the courts and jails has not been calculated for those individuals who engage in treatment and don't ever offend again.

Return a completed application electronically to [innovations@csg.org](mailto:innovations@csg.org) or mail the paper copy to:

**CSG Innovations Awards 2006**  
The Council of State Governments  
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Deadline: All original applications must be received by March 4, 2006 to be considered for a 2006 Innovations Award.