



Fast Facts:

- Implemented by legislative action in 2004 to cut down on suicides in Kentucky's jails and provide better services for arrestees with mental illnesses.
- Program costs: \$2.2 million annually.
- Funded by a \$5 increase in court costs in both district and circuit courts.
- As part of the program, mental health professionals go into jails to provide services to arrestees.

Kentucky Program Cuts Suicide Rate in Jails

By Laura Coleman

When a person is arrested in Kentucky, it is likely that the arresting officer will ask him three critical questions to assess the need for treatment for mental illness.

That's just the first step in **Kentucky's Jail Mental Health Crisis Network**, administered by the state's Department of Mental Health and Mental Retardation Services. The program boasts an 80 percent reduction in suicides in Kentucky jails during fiscal year 2006.

It is one of eight national winners of CSG's Innovations Awards.

The program, which began in July 2004, involves a four-step process to clearly define protocols for integrating mental health services into state detention centers, said Connie Milligan, regional director of the program and director of intake and emergency services for Bluegrass Regional Mental Health-Mental Retardation Board. Milligan and Ray Sabbatine, a consultant to the mental health-mental retardation board and a former jailer in Lexington, helped develop the program.

First, an arresting officer administers a questionnaire related to behavioral indicators of suicide, mental illness or negative reactions to the arrestee's charge. The answers to these questions can warrant an immediate call to the Telephonic Triage Line, described below. The booking/screening officer then administers a second questionnaire.

The availability of a toll-free Telephonic Triage Line that offers 24-hour response by licensed mental health care professionals at Bluegrass Regional Mental Health-Mental Retardation Board is the second component. A mental health care professional uses a mental health and suicide risk assessment instrument to identify a level of risk related to current and potential red flags for suicidal thoughts or mental illness.

"The triage does a risk assessment, then determines a risk rate for the inmate," said Rita Ruggles, the program's administrator at Kentucky's Department of Mental Health and Mental Retardation Services.

That risk rate is tied to jail housing and management protocols. Triage professionals then contact a community healthcare provider who must respond within a certain amount of time. For example:

- **Critical risk level:** An individual is actively trying to take his life. Four-point restraints are no longer acceptable because of safety risks. A local mental health care provider must respond within three hours to evaluate the person face-to-face.
- **High risk level:** A local mental health care provider must respond within 12 hours. Safe or single-cell housing is used along with frequent supervision.
- **Moderate risk level:** A local mental health care provider must respond by the next business day. The individual can be placed in general housing but will receive individualized observation to determine if he develops symptoms that need further assessment.
- **Low risk level:** The individual can be housed in the general population.

Ruggles said in fiscal year 2006, there were 8,989 calls to the triage line and 45 percent of calls indicated a need for face-to-face evaluation. In 75 percent of calls, the person experienced at least one symptom of mental illness.

Milligan said 45 percent of people who received a phone assessment also receive face-to-face assessment.

"If they need follow-up services, they are encouraged to go for them," she said. Milligan said the program will eventually evolve so clinicians will develop a release plan for those individuals.

Approximately 80 percent of jails in the state participate in the network.

The Jail Mental Health Crisis Network is easily transferable to other states, Ruggles said.

"We could actually set up this 1-800 line to be a national line so the cost to replicate the program in another state would be to pay for their service on the line," she said. "Then the state would have to have the availability of mental health professionals to provide ground response at the local level."

For more information on the Jail Mental Health Crisis Network, visit <http://mhmr.ky.gov/kdmhmrs/default.asp>.