



# Department for Behavioral Health, Developmental and Intellectual Disabilities

Prepared for the Jail and Corrections Reform Task Force

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# Presentation Overview

- Overview of Department and System of Care
- Forensic Services
- Inpatient Psychiatric Services
- Intermediate Care Facilities
- Building Back Better
- Questions

# Department Overview

The Department is responsible for the administration of state and federally funded mental health, substance use disorder, developmental and intellectual disability programs and services throughout the Commonwealth.

Our mission is to provide leadership, in partnership with others, to prevent disability, build resilience in individuals and their communities, and facilitate recovery for people whose lives have been affected by mental illness, substance abuse, intellectual disability, or developmental disability.

# Department Goals



Continue to develop and expand the recovery-oriented system of care to address the opioid crisis and other substance use disorders.



Support and promote the behavioral health and wellness of children and families involved with or at risk of involvement with child welfare.



Preserve and enhance the behavioral health safety network to ensure access to meaningful, trauma-informed services for at-risk and underserved populations.

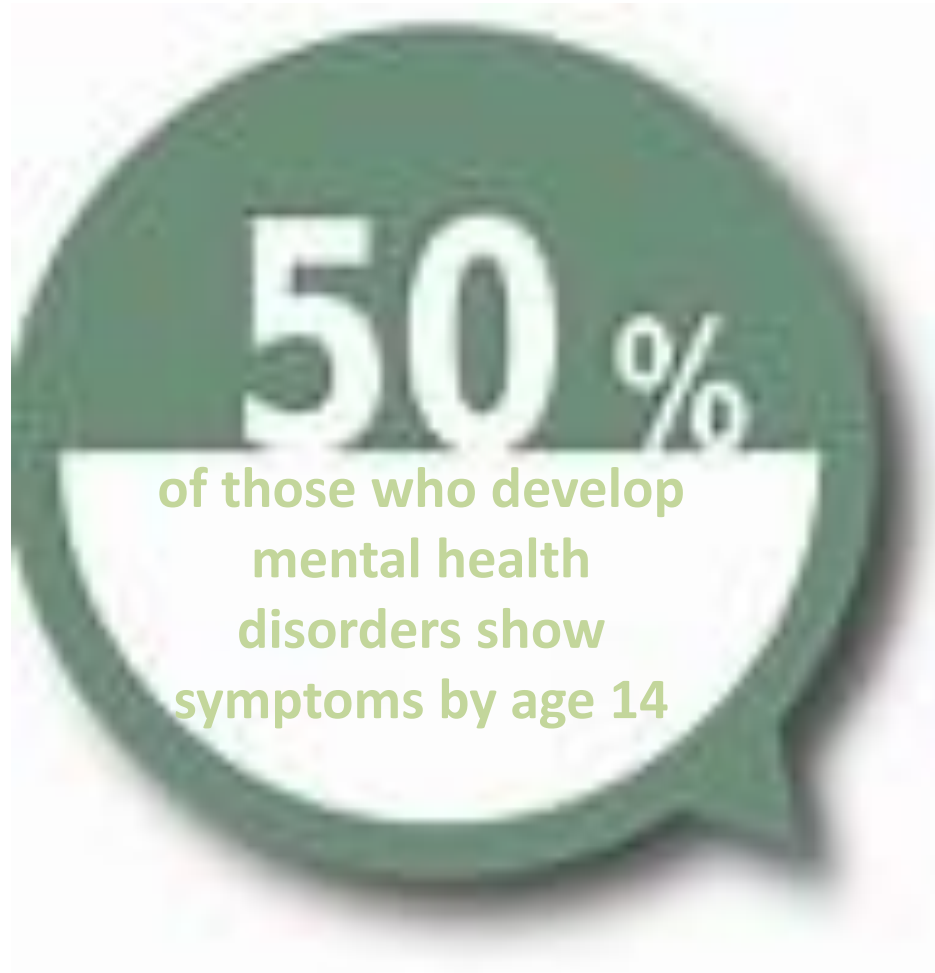


Advance efficient and effective operations of the Department's inpatient and residential facilities.



Assure a safe and adequate system of care for individuals with intellectual and developmental disabilities.

# Rationale for Promotion, Prevention, & Early Intervention



# DEPARTMENT OVERVIEW: SERVICES

## Central Office

## Hospitals:

- Appalachian Regional Healthcare
- Central State Hospital
- Eastern State Hospital
- Kentucky Correctional Psychiatric Center
- Western State Hospital

## Long Term Care:

- Glasgow State Nursing Facility (GSNF)
- Western State Nursing Facility (WSNF)

## Intermediate Care Facilities:

- Bingham Gardens
- Hazelwood (Del Maria, Meadows, Windsong)
- Oakwood
- Outwood

## Personal Care Home:

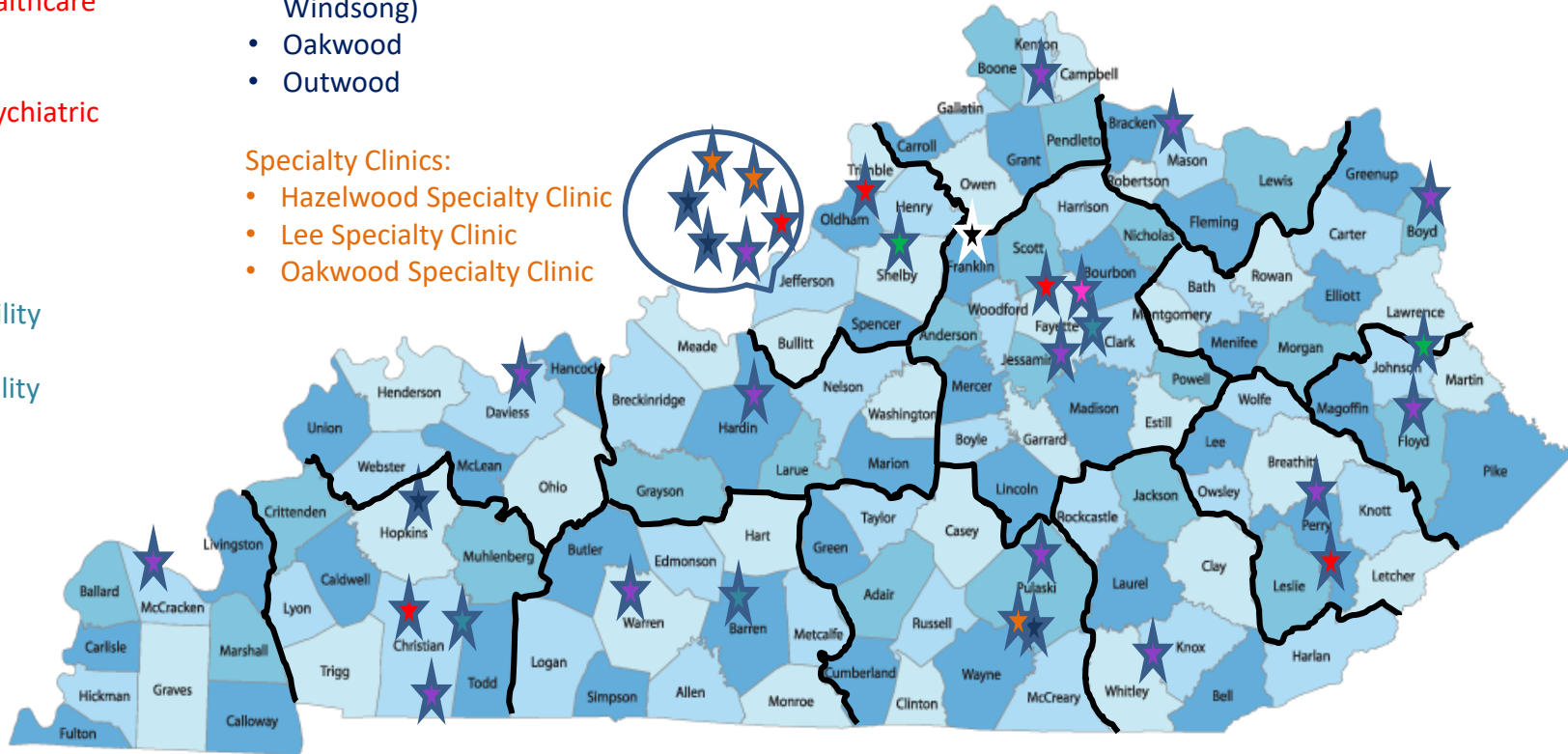
- Central Kentucky Recovery Center

## Community-Based Residential Substance Abuse Programs:

- Serenity House
- Women's Renaissance Center

## Specialty Clinics:

- Hazelwood Specialty Clinic
- Lee Specialty Clinic
- Oakwood Specialty Clinic



## Community Mental Health Centers (CMHC):

- |                             |                                 |                               |                                  |
|-----------------------------|---------------------------------|-------------------------------|----------------------------------|
| • Adanta                    | • Cumberland River              | • Mountain Comprehensive Care | • River Valley Behavioral Health |
| • NewVista of the Bluegrass | • Four Rivers Behavioral Health | • NorthKey                    | • Centerstone                    |
| • Communicare               | • Kentucky River Community Care | • Pathways                    |                                  |
| • Comprehend, Inc.          | • LifeSkills                    | • Pennyroyal Regional Center  |                                  |

# Forensic Psychiatric Services

- Competency evaluation
  - Felony and misdemeanor charges
  - Inpatient, jail-based, community-based
  - Waiting list
- Competency restoration

# Forensic Psychiatric Services

## Kentucky Correctional Psychiatric Center (KCPC)

Staffed Beds	Annual Inpatient Evaluations	Average Daily Census	Average Length of Stay	Wait List	Average wait time
72	860	62	25 days	132	6-8 weeks



# KRS 504.020 Mental illness or intellectual disability.

- (1) A person is not responsible for criminal conduct if at the time of such conduct, as a result of mental illness or intellectual disability, he lacks substantial capacity either to appreciate the criminality of his conduct or to conform his conduct to the requirements of law.
- (2) As used in this chapter, the term "mental illness or intellectual disability" does not include an abnormality manifested only by repeated criminal or otherwise antisocial conduct.
- (3) A defendant may prove mental illness or intellectual disability, as used in this section, in exculpation of criminal conduct.

# KRS 504.110 Alternative handling of defendant depending on whether he is competent or incompetent to stand trial.

- (1) If the court finds the defendant incompetent to stand trial but there is a substantial probability he will attain competency in the foreseeable future, it shall commit the defendant to a treatment facility or a forensic psychiatric facility and order him to submit to treatment for sixty (60) days or until the psychologist or psychiatrist treating him finds him competent, whichever occurs first, except that if the defendant is charged with a felony, he shall be committed to a forensic psychiatric facility unless the secretary of the Cabinet for Health and Family Services or the secretary's designee determines that the defendant shall be treated in another Cabinet for Health and Family Services facility. Within ten (10) days of that time, the court shall hold another hearing to determine whether or not the defendant is competent to stand trial.
- (2) If the court finds the defendant incompetent to stand trial but there is no substantial probability he will attain competency in the foreseeable future, it shall conduct an involuntary hospitalization proceeding under KRS Chapter 202A or 202B.
- (3) If the court finds the defendant competent to stand trial, the court shall continue the proceedings against the defendant.

# Limitations of Competency Restoration

- Competency restoration is not a funded service of state psychiatric hospitals and is currently only attempted at Kentucky Correctional Psychiatric Center (KCPC).
- Not all conditions improve with treatment and some are progressive
  - Intellectual disabilities
  - Brain injuries
  - Dementia
- Once criminal charges are dismissed, an individual has to be held under civil commitment proceedings (202a), which requires that person can benefit from treatment.

# Acute Care Psychiatric Inpatient Services

- Psychosocial assessment
  - Multidisciplinary team approach
- Treatment
  - Stabilize symptoms
    - Medication, group therapy, individual therapy
    - Therapeutic milieu
  - Education
    - Recovery mall approach
  - Discharge planning
    - Family meetings
    - Housing
    - Aftercare – services and supports

# State Acute Care Psychiatric Services

	State Owned	State Operated	Staffed beds	Average Daily Census	Average Length of Stay (in days)	Involuntary %
Central State	Yes	Yes	70	54	19	100%
Eastern State	Yes	No	140	102	14	92%
Western State	Yes	Yes	125	112	16	96%
ARH	No	No	75	57	14	90%

# KRS 202A.026 Criteria for involuntary hospitalization.

No person shall be involuntarily hospitalized unless such person is a mentally ill person:

- (1) Who presents a danger or threat of danger to self, family or others as a result of the mental illness;
- (2) Who can reasonably benefit from treatment; and
- (3) For whom hospitalization is the least restrictive alternative mode of treatment presently available.

# Limitations of Inpatient Treatment

- The Joint Commission and CMS licensure requirements
  - Restricts use of punitive measures (seclusion, restraint)
  - Patient rights (may refuse treatment)
- Designed for short term admissions
- Therapeutic milieu
- Double occupancy rooms
- Not forensically secure environment

# Intermediate Care Facilities (ICF)

- Serve individuals with intellectual and developmental disabilities
- Provide active treatment, training, and community integration
  - Individualized program plan (IPP)
  - Interdisciplinary team
- Assist person function with as much self-determination and independence as possible
- Provide healthcare and related services including physical, therapies, and dental



# State ICFs

	State Owned	State Operated	Staffed Beds	Average Daily Census	Total Persons Served	Age of Residents
<b>Bingham Gardens</b>	Yes	No	24	23	24	19-75
<b>Hazelwood*</b>	Yes	No	100	88	100	18-84
<b>Oakwood</b>	Yes	No	109	108	125	20-84
<b>Outwood</b>	Yes	No	36	32	37	19-91

\*Include three associated community homes: Del Maria, Meadows, and Windsong

# **KRS 202B.040 Criteria for involuntary admission for individuals with an intellectual disability.**

When a person who is alleged to be an individual with an intellectual disability is involuntarily admitted, there shall be a determination that:

- (1) The person is an individual with an intellectual disability;
- (2) The person presents a danger or a threat of danger to self, family, or others;
- (3) The least restrictive alternative mode of treatment presently available requires placement in an ICF/ID; and
- (4) Treatment that can reasonably benefit the person is available in an ICF/ID.

# Limitations of ICFs

- CMS regulations
  - Health, safety, and welfare
  - Resident rights
  - Restrictions on use of certain interventions
- Not forensically secure
  - Unlocked buildings
  - Group homes with common spaces
  - Open grounds in urban/suburban settings

# Building Back Better

- Increase capacity to provide mental health promotion, prevention, and early intervention
  - Crisis Intervention Team (CIT) training
  - Behavioral health safety net
  - Telehealth and in-person options
- Improve access to safe and affordable housing
- Integrate behavioral health and physical healthcare
- Specialty courts
  - Drug courts, mental health courts, assisted outpatient treatment (AOT)
- Explore new strategies
  - Certified community behavioral health centers (CCBHC)
  - Serious mental illness (SMI) waiver

mental health  
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