

Kentucky Department of Juvenile Justice

High Acuity Mental Health Treatment Facility Proposal

WHY Do We Need This Facility in Kentucky?

- Whether a youth has committed murder or is a truant, DJJ must accept any youth who is court ordered to detention. Some of these youths have severe mental illness that render them extremely violent.
- As with any youth who suffer an emergent medical crisis, an uncontrollably violent youth needs to be in a hospital receiving medical treatment. Detention centers are not equipped to treat severe mental illness requiring hospitalization.
- Private psychiatric hospitals are not required to accept DJJ youth and routinely refuse to accept or prematurely discharge these youths because of their violent, assaultive behavior often resulting in hospital staff injuries.
- Youth with serious mental health issues can be especially violent and require disproportionate resources to manage. High levels of disruption and staff attention results in negative impacts to staffing and other youth in detention.
- Placing a severely mentally ill child in detention is not the appropriate placement for the child.

HOW Does This Facility Solve the Problem?

- Provides access to behavioral and psychiatric care for Kentucky's justice involved youth who have no other viable placement options
- Provides a safe and secure facility that is specifically designed and built for the task of caring for justice involved youth requiring specialized treatment
- Creates better outcomes and improved futures for youth in the care of the state

Youth who are a safety risk to self
and others in detention

Youth who have been refused
placement by hospitals

Youth who require high level
psychiatric care

WHO Does This Facility Serve?

- A child who has been determined by a clinical professional, following a behavioral assessment, to need a secure treatment environment and specialized services.

Kentucky Needs a High Acuity Medical and Mental Health Facility for Our Youth

Case Study of Youth (D.B.) who would have benefitted from access to this facility:

- D.B. was ordered detained by a judge and **DJJ had no choice** but to obey that order.
- **She suffered from severe mental illness** but likely, **the judge had no alternative** but to detain D.B. for her own safety and that of the community.
- While in DJJ detention, **D.B. suffered from a deterioration of her mental health**. She consistently refused her medications, refused food and refused to wear clothes. Attempts to let her out of her cell typically resulted in D.B. **assaulting staff** and destroying property resulting in DJJ staff having to restrain her.
- **DJJ tried nine different times to place D.B. in a private treatment facility**, both in and out of state. Each time the facility refused admission, generally because of aggressive and self-harming behavior. On two occasions facilities agreed to admit her but reversed that decision shortly after she arrived because she assaulted staff and destroyed property.
- In the out of state placement, during the intake process D.B. barricaded the door in the nurse's office and assaulted her by throwing a printer and other equipment at her, injuring the nurse.
- **When D.B. turned eighteen, DJJ filed an involuntary commitment petition alleging that she was mentally ill and consequently posed a danger to herself or others. DJJ took this action because staff feared for D.B.'s safety upon her release from juvenile detention. The court and the clinicians agreed and D.B. received beneficial treatment in a state psychiatric hospital, a facility that could not have provided her care the day before her eighteenth birthday.**

Provides detention-level security in an environment focused on wellness and psychiatric care. Existing juvenile detention facilities are not appropriate for youth in need of high acuity support.

Allows staff to receive focused training and improved resources for behavioral management. Keeps staff and clinicians safe.

Centralizes specialized resources and expertise to allow youth to be treated by a variety of mental health professionals and clinicians in a medically equipped setting that cannot be replicated in existing facilities.

- **HOW** Does This Facility Meet Needs?
 - **Certainty of Placement**
 - **Secure Environment**
 - **Medical and Psychiatric Resources**
 - **Adherence to Clinical Requirements and Statutes**
 - **Trauma Informed Design**



Preliminary programming and design discussions show that security measures can be balanced and complementary to clinical support spaces, while meeting all statutory requirements.

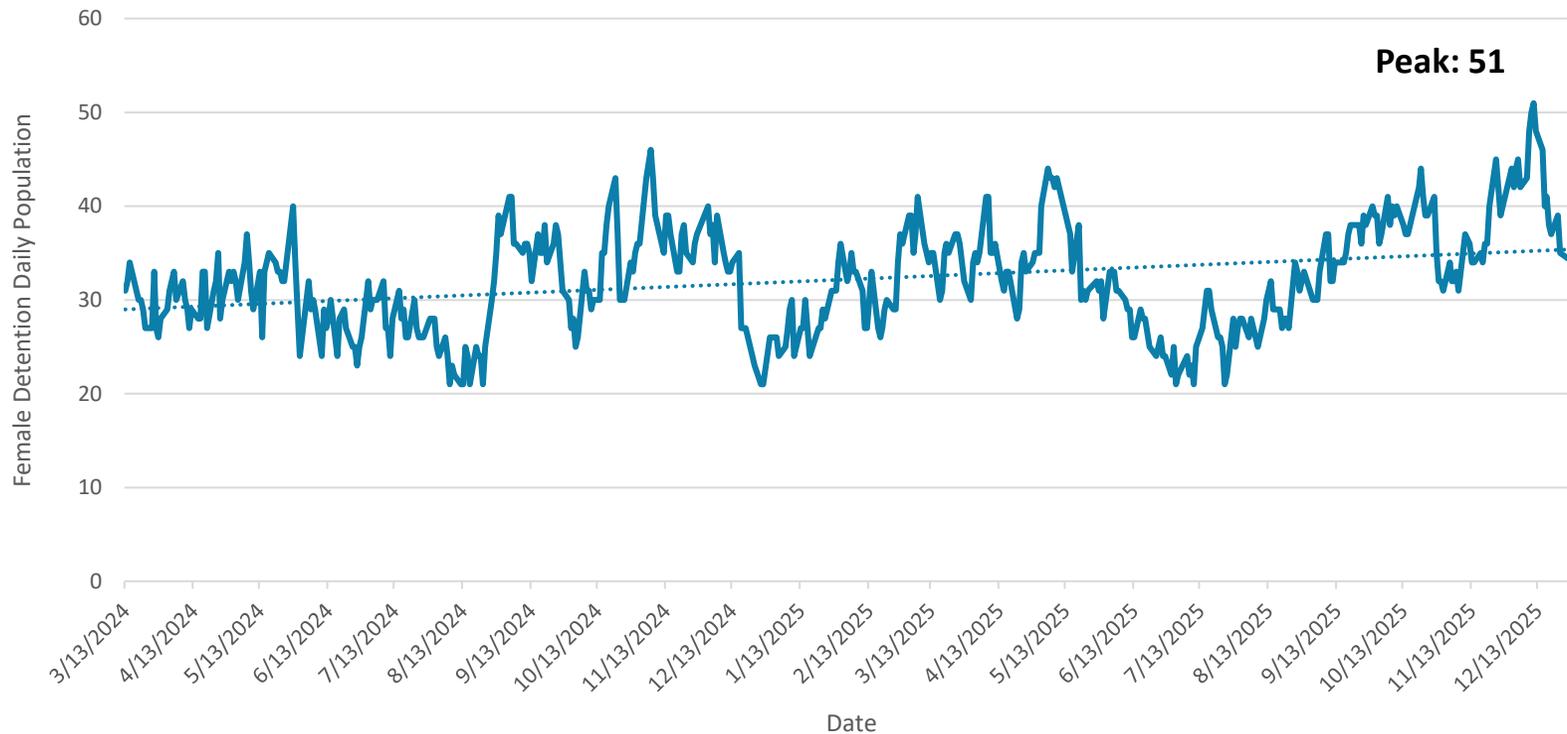
Would serve as a leading national example of forward-thinking best practices for juvenile rehabilitation

This facility would utilize innovative design for circulation, sight lines, and placement of central hubs for clinical services to improve efficiency, safety, and security, while focusing on providing individualized care to youth in residence.

Kentucky Department of Juvenile Justice

Two New Female Youth Detention Centers

WHO Does This Facility Serve?



The number of females in detention has steadily increased since January 2024

Regional Model Master Plan Recommendation

- **WHY** Two Female Facilities?
 - Housing females in each region would require significant construction projects at all 8 existing juvenile detention centers (JDC) **to maintain separation requirements per SB 162.**
 - Prevented the need for retrofit projects at 4 of the 8 existing JDCs.
 - Reduced the scope of JDC retrofit projects.
 - In some JDCs, expansion is not possible.
 - Boyd JDC is needed to house males in Eastern Kentucky, and to return to an eight-region model for males.
 - Currently funded JDC retrofit project scopes do not include additional capacity required for combined male/female facilities.