KCJMH Jail Survey Data

Note: These data are from participating jails' self-reported survey responses and are intended to provide directional insight rather than precise measurement. Not all respondents answered all questions; some responses reflect estimates rather than verified counts, and a small number of responses were internally inconsistent. As a result, the data should not be interpreted as exact or comprehensive. Despite these limitations, the survey provides valuable context about current practices and capacity and is useful for informing the Commission workgroups' discussions and identifying areas for further analysis and improvement.

Response Rate: 58 jails submitted responses deemed 'complete' (i.e. the respondent indicated their survey was complete and submitted; this does not mean every question was answered). 68 jails at least started the survey. For questions that received less than 58 responses, the number of responses is noted in parentheses.

Key Takeaways

- Mental health was consistently identified as a top challenge across facility needs, medical provision, and reentry services. Jails report insufficient capacity for care, limited housing alternatives, underdeveloped care pathways, and inadequate diversion routes.
- Jails are struggling with capacity and staffing. These aren't new issues, although staffing issues were exacerbated during the pandemic. Without sufficient resources, jails cannot implement the programs and supports needed to change recidivism trajectories of individuals incarcerated at their facilities.
- Data collection is inconsistent and often incomplete, limiting the ability to assess needs accurately, measure outcomes, and justify staffing or funding requests.
    - Reentry: 40 jails (53 responses) report providing reentry services and of those, only 13 were able to provide the number of individuals receiving services.
    - Recidivism: Jails were asked to report the number of men and women admitted to and the number discharged from the facility over a 12-month period. 21 jails report no data or '0' and only 25 were able to provide data on the release status of individuals (e.g. on probation or parole, on bail, released into the community).
        - Only 28 provide data on the number of men and women that reentered the facility over the 12-month period.
    - Prevalence of major diagnoses: MI/SMI, IDD, TBI, SUD/OUD
        - As a whole, jails had limited information as to the number of individuals that screened positive for any of the noted diagnoses.

Communications

- 38 report having no face-to-face visitation and only via video or phone.
- 19 report face-to-face visitation (1 non-response).
- 35 jails report no access to email.
- 52 report no access to computers.
- 35 provide access to kiosks and tablets, 18 have kiosks only; 6 have tablets only, 1 reports having neither.
- 47 have kiosks available in every dorm and 34 have kiosk access at all times.
- 27 provide tablet access at all times and 37 provide tablet access in every dorm.

Capacity and Population

- 59.88% of the individuals incarcerated are between 25-44 years old.
- The ratio of individuals who have been convicted v. those that are awaiting trial/un-convicted is 2.3:1.
- The ratio of men to women is 3.22:1.
- 32 jails (57 responses) report average populations over their max capacity and 24 report average populations below their official capacity.
- 45 jails (56 responses) report a highest population # that put them over their max capacity at some point during the 12-month period; 16 jails report that even on the day of their lowest population count during the year, they remained over their official capacity.
- The two most over-capacity jails (57 responses) report housing individuals at an average of 168% and 186% of their official capacity.
  - On the day of their highest annual population #, these jails were at 172% and 206% of their official capacity.
  - These figures reflect sustained overcrowding rather than isolated spikes.
- 11 jails (56 responses) report a highest population count that did not exceed their official capacity.

Staffing

- 76% of jails (54 responses) report budget constraints as an obstacle to staffing.
- 42 jails gave feedback on staffing related challenges with nearly all reporting that the base hourly wage was an obstacle leading to significant turnover, short tenures, and difficulty attracting candidates with the necessary qualifications.
- 39 jails provide estimates on the cost of training each year. The average was around $22,000 with costs ranging from $5000 per year to over $150,000. A few other jails didn't provide an estimate but noted that it's a significant expense.

Staffing

Jail Capacity	<100 (15 jails)	100-200 (13 jails)	200-300 (12 jails)
Hourly Rate Range	$12.19-19.50	$15.50-$24.80	$15.80-$23.70
Avg.& Max # Part Time Staff	6.6; 15	4.6; 16	6; 17
Avg. & Max # Full Time Staff	18.6; 30	29; 43	37; 64
New hires: Avg & Max	7.8; 20	11.6; 28	17.4; 30

Jail Capacity	300-600 (11 jails)	600-800 (5 jails)	1000+ (2 jails)
Hourly Rate Range	$19.13-$33.10	$19.26-$32.80	$25.67-$42.00
Avg.& Max # Part Time Staff	5; 23	5.2; 8	0; 9 (Min, Max)
Avg. & Max # Full Time Staff	61; 103	92; 147	261; 432 (Min, Max)
New hires: Avg & Max	10; 40	14.4; 32	64; 83 (Min, Max)

Facility Needs

55 jails provided feedback about their top 3 facility needs. Responses were categorized by theme.

- 27 jails specify needing additional space.
- 18 jails noted needs related to Mental Health or SUD - mental health court, services, alternative pathways/housing, medications, etc.
- 17 jails mention funding for staff - increasing pay, increasing the number of staff, and providing more training.
- 17 jails cited needing facility upgrades - new HVAC, new transport van, upgraded controls, etc.
- 3 jails referenced funds related to housing state inmates.
- Some jails also commented on needing support from their fiscal court and from the broader community.

Medical

The medical section of the survey had a significant amount of unanswered or contradictory responses. This is likely due, at least in part, to the distinction between jail and medical operations evident in most facilities. Another factor is the continued use of paper/hard copy medical files. 32% (15 of 46 responses) report still utilizing paper medical records.

Overall provision of medical care:

- Contracted Medical Providers: 54 jails provided the name of their medical provider.
  - Of these, 29 (54%) use Comprehensive Correctional Care (3C) and 11 jails (20%) report using Southern Health Partners.
- Telehealth: 79% (57 responses) have telehealth available
- On-Site Care:
  - 300+ capacity (18 responses): 100% have care 7 days a week; 11% (2 jails) report 12-hour on-site medical coverage; the remaining 89% report 24-hour coverage.
  - 0-300 capacity (40 responses):
    - 47.5% have medical care on-site 7 days a week; only 2 report 24-hr care, with the rest ranging from 8 to 16 hours/day.
    - 42.5% have medical care on-site 5 days a week.
    - 1 jail has care 6 days a week.
    - 2 jails have care on-site 2 days a week and 1 has care on an “as-needed basis”.

Mental Health Care and Staffing:

- 0-300 capacity jails (total number in survey = 40)
  - 3 jails (33 responses) report having providers with MH-specific qualifications on their on-site medical team. 1 LCSW, 1 Psychiatric PA/Other, and 1 LPCC.
  - 20 jails report availability to MH professionals only on an ‘as-needed’ basis.
  - 10 jails report having no MH-specific providers on their medical team.
  - 5 jails (33 responses) report mental health care provided by the on-site provider and 24 utilize an off-site provider; 3 jails report no provision of mental health by either an on-site or off-site provider.
- 300+ capacity jails (total number in survey = 18)
  - 12 jails (18 responses) report having providers with MH-specific qualifications on their medical team (some also have other types of MH providers available ‘as-needed’); 3 jails reported having no MH-specific providers on their medical team.
  - 3 jails report availability to MH professionals only on an ‘as-needed’ basis.
  - 5 jails have mental health care provided by an off-site provider and 13 provide mental health care through their on-site provider.

SUD/OUD Care and Staffing:

- 0-300 capacity jails (total number in survey = 40)
  - 11 jails report their on-site provider providing SUD/OUD services (34 responses), 19 have SUD/OUD services from an off-site medical provider, and 4 report that services are available from neither.
  - 2 jails report medical staff with a certification in addiction medicine.
  - 35 jails report some type of MOUD/MAT treatment, 4 didn't respond.
  - 18 jails provided some level of data about persons receiving treatment. However, when compared to the numbers reported in their screening responses, reported treatment numbers were not consistent with screening data.
- 300+ capacity jails (total number in survey = 18)
  - 3 jails provide care through an off-site provider, 12 provide care through their on-site provider, 2 report no provision of care by either an off-site of on-site provider.
  - 5 report medical staff with certification in addiction medicine.
  - All jails report providing some form of MOUD/MAT, primarily continuation of pre-incarceration treatment. Only 3 jails reported initiating MOUD/MAT during incarceration.
  - 6 jails provided some level of data about persons receiving treatment and only 4 had data about individuals that screened positive for OUD but were deemed ineligible for treatment (due to either jail or medical provider policy).

Challenges to providing healthcare to individuals diagnosed with MI/SMI, IDD, and SUD/OUD (as noted in jails' responses):

- "We have many substance abuse programs in place, our facility is in great need of mental health."
- "Another challenge Behavioral Health staff and medical staff encounter is getting records quickly for those who have severe mental illness or cognitive deficits and cannot or will not sign releases of information. It would be extremely helpful if at least the major sources for mental health treatment in the area were able to share information to provide wrap arounds services for patients."
- "Cost, space in the jail, contraband risks, extra time needed to deal with each individual tying up staff from other duties, extra safety precautions for staff, other inmates, and the inmate diagnosed with the listed conditions."

Screening:

- Nationally, an estimated 44% of individuals incarcerated in jail have a mental illness and an estimated 63% of individuals incarcerated in jail have a substance use disorder.

  Substance Abuse and Mental Health Services Administration (SAMHSA), 2024 , About Criminal and Juvenile Justice. https://www.samhsa.gov/communities/criminal-juvenile-justice/about

- 2 jails (54 responses) report not screening during intake for mental health.
- 10 jails (54 responses) report not screening for IDD and 7 are not screening for TBI during intake.
- All jails indicate screening for suicide risk, SUD, and OUD.

Screening Data

Screening Data:

- Some responses were provided as estimates rather than counts. Whole numbers were included in calculations, percentage estimates were not.
- The tables below provide information on the total number of individuals that screened positive during the 12-month period, unless otherwise noted. For example, for jails with capacities of 100 or less, an average of 24.3 individuals screened positive for MI/SMI over the 12 month period.

Jail Capacity	<100 (15 jails)	100-200 (13 jails)	200-300 (12 jails)
Positive Screens: MI/SMI	Avg: 24.3 Min: 10 Max: 53 # Responses: 8	Avg: 116 Min: 4 Max: 200 # Responses: 4	Avg: 426 Min: 20 Max: 937 # Responses: 4
Positive Screens: IDD	Avg: 9.3 Min: 0 Max: 30 # Responses: 8	Avg: 5 Min: 0 Max: 10 # Responses: 3	Avg: 336 Min: 2 Max: 987 # Responses: 3
Positive Screens: Suicide Risk	Avg: 26.6 Min: 0 Max: 88 # Responses: 10	Avg: 40 Min: 10 Max: 70 # Responses: 4	Avg: 88.3 Min: 0 Max: 200 # Responses: 3
Positive Screens: TBI	Avg: .85 Min: 0 Max: 2 # Responses: 7	Avg: .75 Min: 0 Max: 2 # Responses: 4	Avg: 9 Min: 1 Max: 22 # Responses: 3
Positive Screens: SUD	Avg: 473 Min: 30 Max: 1903 # Responses: 9	Avg: 98.75 Min: 15 Max: 200 # Responses: 4	Avg: 743.6 Min: 101 Max: 1450 # Responses: 3
Positive Screens: OUD	Avg: 306.5 Min: 0 Max: 1847 # Responses: 9	Avg: 132.5 Min: 80 Max: 250 # Responses: 4	Avg: 748.75 Min: 149 Max: 1689 # Responses: 4

Screening Data

Jail Capacity	300-600 (11 jails)	600-800 (5 jails)	1000+ (2 jails)
Positive Screens: MI/SMI	Avg: 102 Min: 3 Max: '200+' # Responses: 3 Add'l response of 50% estimate	Avg: 900 Min: 300 Max: 1500 # Responses: 3	Min: 847 Max: 1891 # Responses: 2
Positive Screens: IDD	Avg: 4.3 Min: 0 Max: 10 # Responses: 3	Avg: 27.5 Min: 5 Max: 50 # Responses: 2	Min: unk Max: 11 # Responses: 2
Positive Screens: Suicide Risk	Avg: 160.4 Min: 0 Max: '500+' # Responses: 5	Avg: 353 Min: '200+' Max: 600 # Responses: 3	Min: 418 Max: 683 # Responses: 2
Positive Screens: TBI	Reported as 0, unknown or not tracked.	Avg: 5 Min: 0 Max: 10 # Responses: 2	Min: 20 Max: 937 # Responses: 2
Positive Screens: SUD	'200+', ~50%, ~60%, 2 responded 0	Avg: 1175 Min: 250 Max: 2100 # Responses: 2	Min: 1155 Max: 1262 # Responses: 2
Positive Screens: OUD	'200+', ~70%, ~40%, 2 responded 0	Avg: 283 Min: 175 Max: 525 # Responses: 3	Min: 1720 Max: 2360 # Responses: 2

Reentry and Jail Needs

- 75% of jails (40 of 53 responses) report providing reentry services to incarcerated individuals.
  - 36 jails report at least some support in reentry programming from a community partner.
  - 15 report reentry support from their medical provider.
- 59% (29 of 49 responses) report access to a peer support or recovery coach.
  - Of those that provide access, 69% partner with an off-site entity for those resources.
- 37% (15 of 41 responses) provided individuals with a written copy of their reentry plan at release.
- 67% report providing transport to medical treatment at release (55 responses).
- 61.5% report partnering w/ community partner to provide transport to medical treatment at release (52 responses).
- Only 20 jails provide any data related to the number of individuals that had received reentry services either on-site or provided by a community partner.
  - 50% of the jails that provided responses provided data from a community partner.
- When asked about needed supports, what resources individuals are most in need of at release, and given the opportunity to share anything else about their jail, the overwhelming focus of the responses was on the need for mental health and reentry services with 42 of 44 jails indicating at least one or the other, if not both.
  - 20 jails specify the need for mental health services including mental health court and housing as well as increased programming and dedicated mental health staff.
  - 36 discussed the need for reentry supports - employment services, housing options, transportation, functional needs like IDs and Medicaid reenrollment, and increased programming and supports.
- Comments:
  - “There are resources to help but the number that needs help keeps growing.”
  - “Our society needs real mental health services, including long term care.”
  - “A partnership is needed between the jails and drug court or mental health court to develop a re-entry program for the individual, and to ensure the individual follows it. Program development, conditional release for following program criteria, proper oversight given and re-incarceration, if they don't follow the program. And a limit of three strikes (opportunities)to participate in the program before they are ineligible and have to serve a minimum sentence.”

For Further Consideration:

This summary presents an overview of some of the most pertinent information extracted from the survey responses. The RITA Team at the University of Kentucky will continue analyzing data and provide updates as appropriate to the KCJMH team. If any of the workgroups have particular questions, please let us know and we will collaborate to share relevant information from the survey.

Additional data points for exploration:

- Demographic breakdowns
- Type of charge
- Citizen and non-citizen populations
- Length of stay broken out by pre- and post-sentencing status: 3, 6, 9, 12, 18, 24, and 24+ month periods
- In-facility outcomes - deaths, overdoses, deaths by suicide, escape, assault, etc.
- Naloxone distribution