KENTUCKY JUDICIAL COMMISSION ON

MENTAL HEALTH

KENTUCKY COUNTY JAILS:
Capacity, Services, and Data

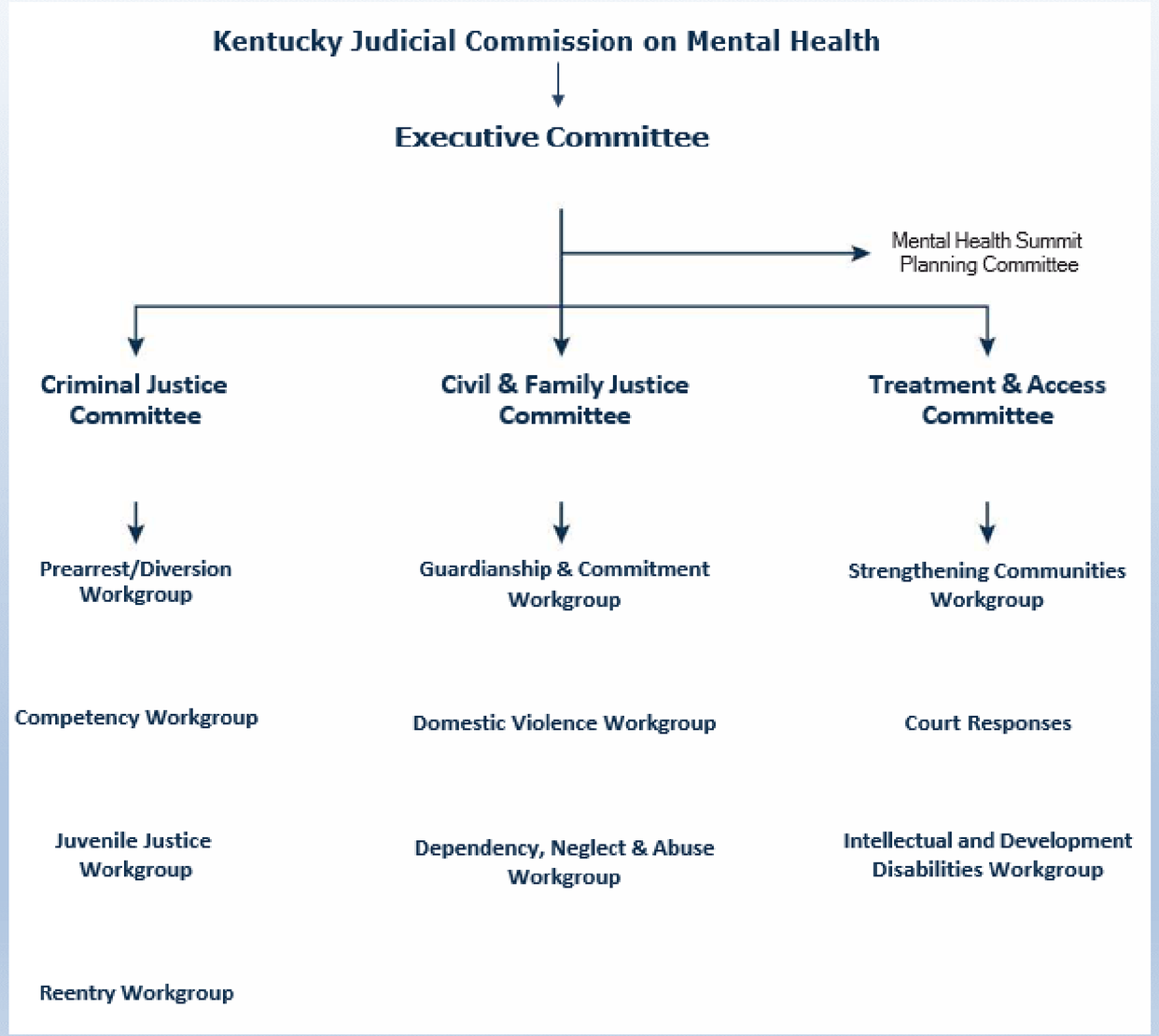
The Kentucky Judicial Commission on Mental Health

August 11th, 2022, a Supreme Court initiative

Chaired by Deputy Chief Justice Robert B. Conley, Kentucky Supreme Court

10 workgroups

Charged with exploring, recommending, and implementing transformational improvements to system wide responses



Presentation Overview

A focused review of findings, constraints, and a potential statewide data foundation

- Review findings from a statewide survey of Kentucky county jails
- Describe capacity and staffing conditions affecting service delivery
- Identify survey limitations
- Present a policy consideration for improving statewide information

CORE MESSAGE

Kentucky does not yet have a consistent statewide picture of jail populations' needs, services, utilization, or outcomes.

Survey Development and Participation

A collaborative statewide needs assessment

76
County and regional jails invited

68
Started the survey

58
Submitted responses identified as complete

- Developed with KJCMH reentry and prearrest/diversion workgroups and the UK College of Public Health RITA Hub
- Topics included population, capacity, staffing, facilities, health care, programming, reentry, and unmet needs
- “Complete” means the respondent submitted the survey, not that every question was answered

How to Interpret the Findings

1

SELF-REPORTED

Responses supplied by participating facilities

2

INCOMPLETE

Not every respondent answered every question

3

ESTIMATED

Some answers were estimates rather than verified counts

4

INCONSISTENT

A small number contradicted other responses

5

DISTRIBUTED

Different entities may hold different parts of the data

These limitations are themselves a finding: they identify where statewide measurement is currently weakest.

Four Findings at a Glance

Operational pressures and information-system constraints coexist

32 of 57

Reported average populations above official capacity

76% of 54

Identified budget constraints as a staffing obstacle

79% of 57

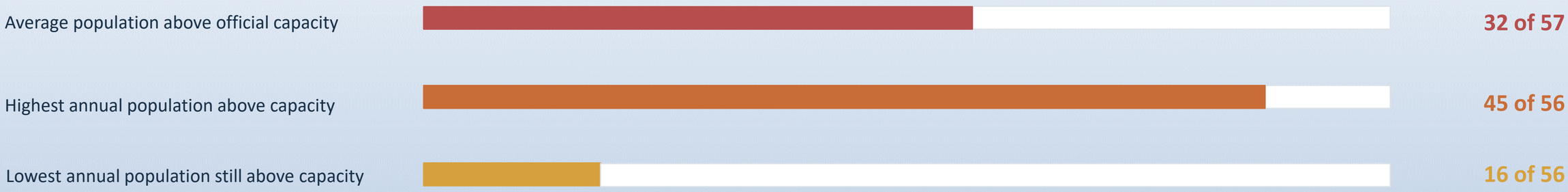
Reported telehealth availability

15 of 46

Reported continued use of paper medical records

Responding jails reported substantial service activity alongside significant operational and data-system constraints.

Population Pressures Are Not Limited to Occasional Spikes



168% and 186% Average population reported by the two most over-capacity respondents

For some respondents, overcrowding is sustained rather than limited to peak-demand periods.

Staffing Constraints Affect Operational and Service Capacity

Budget limitations → **Recruitment** → **Turnover** → **Training cost** → **Implementation capacity**

76% of 54

Budget constraints identified as a staffing obstacle

42

Facilities provided staffing-related narrative feedback

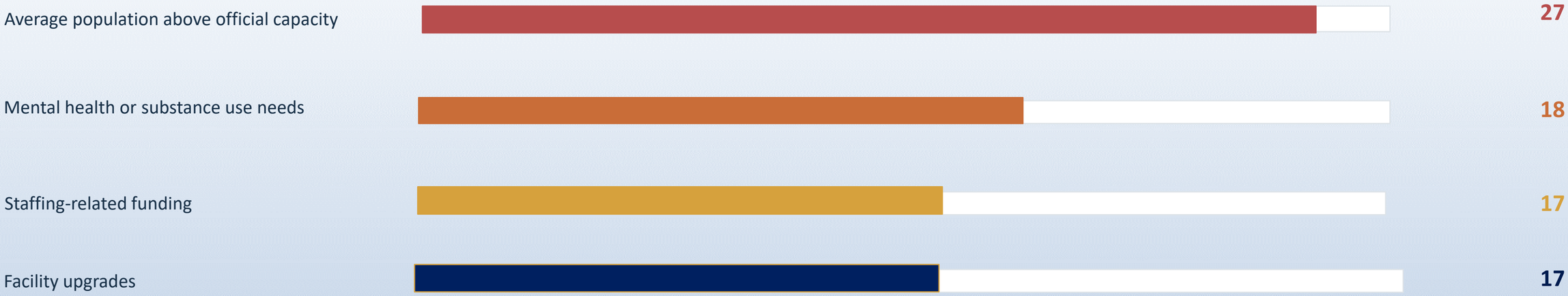
~$22,000

Average annual training-cost estimate among 39 respondents

Reported training-cost estimates ranged from $5,000 to more than $150,000

Facility Needs Extend Beyond Any Single Service

Top three facility needs, coded from 55 open-ended responses



Reported behavioral-health needs exist within broader space, staffing, infrastructure, and funding constraints.

Categories are not mutually exclusive.

Health Care Delivery Varies by Facility Size

Reported mental-health staffing and delivery arrangements

CAPACITY 0–300

- 40 facilities represented
- 3 of 33 reported on-site staff with mental-health-specific qualifications
- 20 reported mental-health professionals available only as needed
- 10 reported no mental-health-specific providers on the medical team
- 5 of 33 reported on-site mental-health care; 24 reported off-site care

CAPACITY ABOVE 300

- 18 facilities represented
- 12 reported mental-health-specific providers on the medical team
- 3 reported mental-health professionals available only as needed
- 3 reported no mental-health-specific providers on the medical team
- 13 reported on-site mental-health care; 5 reported off-site care

These are reported arrangements, not direct measures of service quality or the number of people receiving care.

Screening Is More Visible Than Treatment Reach

REPORTED SCREENING PRACTICES • 54 RESPONDENTS

ALL
Suicide risk

ALL
SUD

ALL
OUD

2
Did not screen for mental health

10
Did not screen for IDD

7
Did not screen for TBI

LESS CONSISTENTLY AVAILABLE

- Number screening positive
- Number clinically assessed
- Number eligible for treatment
- Number beginning treatment
- Number continuing treatment
- Number with unmet need

Reported screening does not establish treatment access, utilization, timeliness, or continuity.

Substance-Use Treatment Exists, but Utilization Is Difficult to Measure

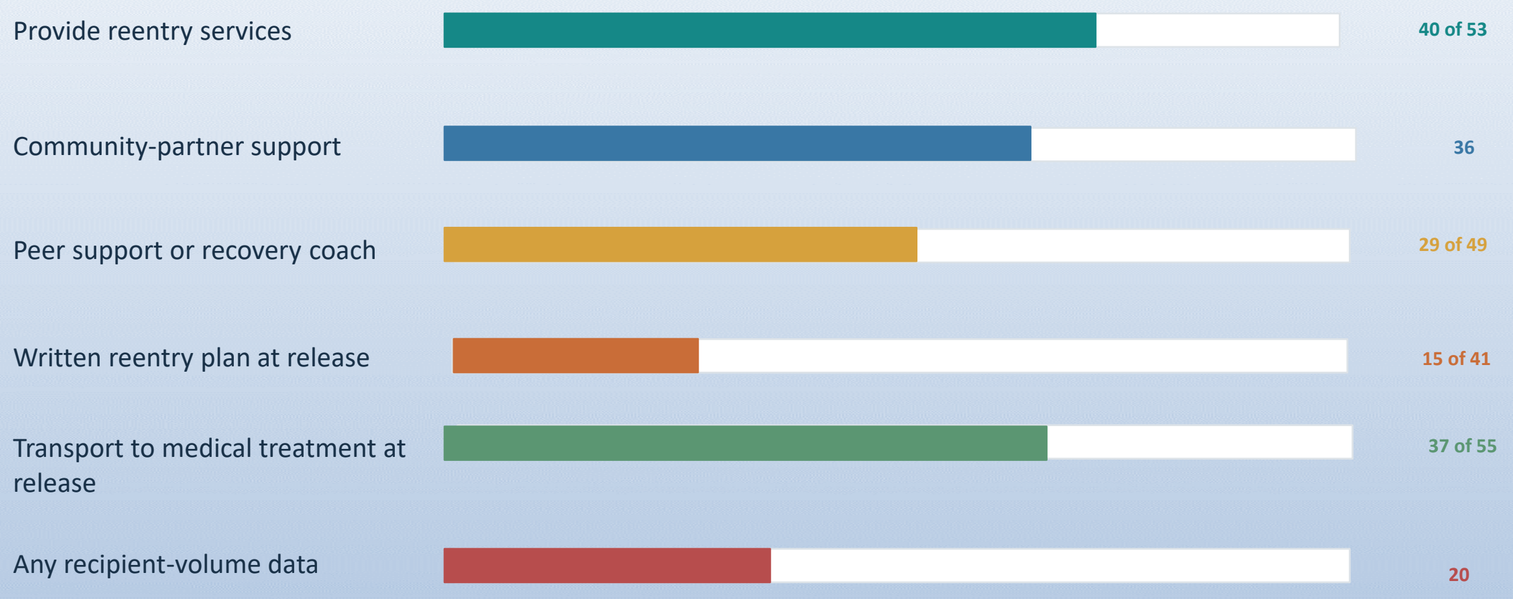
CAPACITY 0–300

- 35 reported some form of MOUD/MAT
- 11 reported SUD/OUD services through an on-site provider
- 19 reported services through an off-site provider
- 4 reported services from neither
- 18 supplied some treatment-utilization data

CAPACITY ABOVE 300

- All reported some form of MOUD/MAT
- 12 reported care through an on-site provider
- 3 reported care through an off-site provider
- 2 reported care through neither
- 6 supplied some treatment-utilization data
- 3 reported initiating MOUD/MAT during incarceration

Reentry Services Are Commonly Reported, but Their Reach Is Unclear



Different questions used different denominators; bars show counts for readability, not a sequential service pathway.

Current Data Cannot Produce a Consistent Statewide Picture

Population flow

Admissions • releases • length of stay • release status

Identified needs

Positive screens • assessments • diagnoses

Service reach

Eligibility • utilization • initiation • unmet need

Reentry participation

Plans • referrals • transport • connections

Continuity

Medication • providers • follow-up after release

Outcomes

Return to custody • health and safety outcomes

Kentucky cannot consistently connect who needs a service, whether it is available, who receives it, and what follows.

BILL HENSLEY

Jailer
Boyd County

An experienced voice on what jails need to provide meaningful services under real operational constraints.

Jails need resources and partnerships to provide services that help people stabilize, prepare for release, and return successfully to their communities.

SERVICES INSIDE THE JAIL

Support treatment, education, identification, and structured programming for people in custody.

PRACTICAL IMPLEMENTATION

Include jail staff, contracted providers, and community partners when policies and programs are designed.

CONTINUITY AFTER RELEASE

Connect jail-based services to housing, transportation, benefits, providers, and other community supports.

KYOAAC GRANT

$422,218 to sustain and expand Boyd County jail programming.

KACo FEATURE

Boyd County highlighted a service model designed to reduce staff burden and support recovery.

Mental-Health Needs Are Reported Across Jail Operations

The challenge is defining the need clearly enough to direct the right response.

Jails are being asked to identify and respond to mental-health needs from intake through release.

WHAT JAILS REPORT

Mental-health needs affect screening, housing and safety, clinical care, programming, and reentry.

WHAT IS MISSING

The data do not consistently show how many people need care, receive care, or remain unserved.

WHY IT MATTERS

Without common measures, Kentucky cannot reliably size the need or target funding, services, and support.

Standardized data would help distinguish service availability from actual reach and unmet need.

Policy Consideration: A Standardized Statewide Data Framework

Consider authorizing standardized county and regional jail data collection and aggregate reporting through statute, regulation, or a coordinated combination.

- Common definitions
- Limited minimum dataset
- Consistent reporting periods
- Aggregate, non-identifiable reporting
- Applicable provider expectations
- Clear responsibility
- Implementation assistance

Design with jails, state agencies, medical providers, community partners, and people with relevant lived and family experience.

QUESTIONS?

For more information about the KJCMH: JCMH@kycourts.net