

1 AN ACT relating to mental health and making an appropriation therefor.

2 ***Be it enacted by the General Assembly of the Commonwealth of Kentucky:***

3 ➔Section 1. KRS 210.365 is amended to read as follows:

4 (1) As used in this section:

5 (a) **"Commission" means the Commission on Fire Protection Personnel**
6 **Standards and Education;**

7 **(b)** "Crisis intervention team (CIT) training" means a forty (40) hour training
8 curriculum based on the Memphis Police Department Crisis Intervention
9 Team model of best practices for law enforcement intervention with persons
10 who may have a mental illness, substance use disorder, an intellectual
11 disability, developmental disability, or dual diagnosis that meets the
12 requirements of subsections (2) to (5) of this section and is approved by the
13 **commission and the** Kentucky Law Enforcement Council;

14 ~~(c)~~ "Department" means the Department for Behavioral Health,
15 Developmental and Intellectual Disabilities;

16 ~~(d)~~ "Prisoner" has the same meaning as set out in KRS 441.005; and

17 ~~(e)~~ "Qualified mental health professional" has the same meaning as set out
18 in KRS 202A.011.

19 (2) The department shall, in collaboration with the **commission**, Justice and Public
20 Safety Cabinet, the regional community boards for mental health or individuals with
21 an intellectual disability, and representatives of the Kentucky statewide affiliate of
22 the National Alliance on Mental Illness, coordinate the development of CIT training
23 designed to train **firefighters and** law enforcement officers to:

24 (a) Effectively respond to persons who may have a mental illness, substance use
25 disorder, intellectual disability, developmental disability, or dual diagnosis;

26 (b) Reduce injuries to **firefighters**, officers and citizens;

27 (c) Reduce inappropriate incarceration;

- 1 (d) Reduce liability; and
- 2 (e) Improve risk management practices for firefighter and law enforcement
- 3 agencies.
- 4 (3) The CIT training shall include but not be limited to:
- 5 (a) An introduction to crisis intervention teams;
- 6 (b) Identification and recognition of the different types of mental illnesses,
- 7 substance use disorders, intellectual disabilities, developmental disabilities,
- 8 and dual diagnoses;
- 9 (c) Interviewing and assessing a person who may have a mental illness, substance
- 10 use disorder, intellectual disability, developmental disability, or dual
- 11 diagnosis;
- 12 (d) Identification and common effects of psychotropic medications;
- 13 (e) Suicide prevention techniques;
- 14 (f) Community resources and options for treatment;
- 15 (g) Voluntary and involuntary processes for hospitalization of a person with a
- 16 mental illness, substance use disorder, intellectual disability, developmental
- 17 disability, or dual diagnosis; and
- 18 (h) Hostage or other negotiations with a person with a mental illness, intellectual
- 19 disability, substance use disorder, developmental disability, or dual diagnosis.
- 20 (4) The curriculum shall be presented by a team composed of, at a minimum:
- 21 (a) A firefighter or firefighter personnel training instructor or a law
- 22 enforcement training instructor who has completed a forty (40) hour CIT
- 23 training course and a CIT training instructor's course which has been approved
- 24 by the commission or the Kentucky Law Enforcement Council, and at least
- 25 forty (40) hours of direct experience working with a CIT;
- 26 (b) A representative from the local community board for mental health or
- 27 individuals with an intellectual disability serving the region where CIT

- 1 training is conducted;
- 2 (c) A consumer of mental health services; and
- 3 (d) A representative of the Kentucky statewide affiliate of the National Alliance
- 4 on Mental Illness.
- 5 (5) (a) The department shall submit the CIT training curriculum and the names of
- 6 available instructors approved by the department to conduct or assist in the
- 7 delivery of CIT training to the Kentucky Law Enforcement Council no later
- 8 than July 1, 2007.
- 9 (b) The Kentucky Law Enforcement Council shall notify the department of
- 10 approval or disapproval of the CIT training curriculum and trainers within
- 11 thirty (30) days of submission of the curriculum and the names of instructors.
- 12 (c) The commission or Kentucky Law Enforcement Council may waive instructor
- 13 requirements for non-firefighter or non-law enforcement trainers whose
- 14 names are submitted by the department.
- 15 (d) If the curriculum or trainers are not approved, the department shall have an
- 16 opportunity to revise and resubmit the curriculum and to submit additional
- 17 names of instructors if necessary.
- 18 (6) If the curriculum is approved, the commission or Kentucky Law Enforcement
- 19 Council shall:
- 20 (a) Notify all agencies employing firefighters, as defined in KRS 61.315(1)(b),
- 21 of the availability of the CIT training;
- 22 (b) Notify the Department of Kentucky State Police and all law enforcement
- 23 agencies employing peace officers certified under KRS 15.380 to 15.404 of
- 24 the availability of the CIT training; and
- 25 ~~(c)~~ Notify all instructors and entities approved for law enforcement training
- 26 under KRS 15.330 of the availability of the CIT training.
- 27 (7) Any firefighter or law enforcement training entity approved by the commission or

1 Kentucky Law Enforcement Council may use the CIT training model and
2 curriculum in firefighter or law enforcement in-service training as specified by
3 subsection (1) of this section that is consistent with the Memphis CIT national
4 model for best practices.

5 (8) No later than one (1) year after June 26, 2007, the department shall submit to the
6 Kentucky Law Enforcement Council a CIT training instructors' curriculum and the
7 names of available instructors approved by the department to conduct or assist in
8 the delivery of CIT training instructors' training. Additional instructors may be
9 submitted on a schedule determined by the commission or Kentucky Law
10 Enforcement Council.

11 (9) All CIT-trained firefighters and law enforcement officers shall report to his or her
12 agency on forms provided with the CIT curriculum on encounters with persons with
13 mental illness, substance use disorders, intellectual disabilities, developmental
14 disabilities, and dual diagnoses. The firefighter and law enforcement
15 agencies~~[agency]~~ shall aggregate reports received and submit nonidentifying
16 information to the department on a monthly basis. Except for information pertaining
17 to the number of firefighter or law enforcement agencies participating in CIT
18 training, the reports to the department shall include the information specified in
19 subsection (10) of this section.

20 (10) The department shall aggregate all reports from firefighter or law enforcement
21 agencies under subsection (9) of this section and submit nonidentifying statewide
22 information to the Justice and Public Safety Cabinet, the Criminal Justice Council,
23 the Cabinet for Health and Family Services, and the Interim Joint Committee on
24 Health and Welfare by December 1, 2008, and annually thereafter. The report shall
25 include but not be limited to:

- 26 (a) The number of firefighters or law enforcement officers trained per agency;
- 27 (b) Firefighter or law enforcement responses to persons with mental illness,

- 1 substance use disorders, intellectual disabilities, developmental disabilities,
2 and dual diagnoses;
- 3 (c) Incidents of harm to the firefighter or law enforcement officer or to the
4 citizen;
- 5 (d) The number of times physical force was required and the type of physical
6 force used; and
- 7 (e) The outcome of the encounters that may include but not be limited to
8 incarceration or hospitalization.
- 9 (11) To implement the requirements of subsections (2) to (5) and (8) to (10) of this
10 section, the department may use public or private funds as available and may
11 develop a contract with a nonprofit entity that is a Kentucky statewide mental health
12 advocacy organization that has a minimum of five (5) years of experience in
13 implementation of the CIT training program in Kentucky.
- 14 (12) The Cabinet for Health and Family Services shall create a telephonic behavioral
15 health jail triage system to screen prisoners for mental health risk issues, including
16 suicide risk. The triage system shall be designed to give the facility receiving and
17 housing the prisoner an assessment of his or her mental health risk, with the
18 assessment corresponding to recommended protocols for housing, supervision, and
19 care which are designed to mitigate the mental health risks identified by the system.
20 The triage system shall consist of:
- 21 (a) A screening instrument which the personnel of a facility receiving a prisoner
22 shall utilize to assess inmates for mental health, suicide, intellectual
23 disabilities, and acquired brain injury risk factors; and
- 24 (b) A continuously available toll-free telephonic triage hotline staffed by a
25 qualified mental health professional which the screening personnel may utilize
26 if the screening instrument indicates an increased mental health risk for the
27 assessed prisoner.

- 1 (13) In creating and maintaining the telephonic behavioral health jail triage system, the
2 cabinet shall consult with:
- 3 (a) The Department of Corrections;
 - 4 (b) The Kentucky Jailers Association; and
 - 5 (c) The regional community services programs for mental health or individuals
6 with an intellectual disability created under KRS 210.370 to 210.460.
- 7 (14) The cabinet may delegate all or a portion of the operational responsibility for the
8 triage system to the regional community services programs for mental health or
9 individuals with an intellectual disability created under KRS 210.370 to 210.460 if
10 the regional program agrees and the cabinet remains responsible for the costs of
11 delegated functions.
- 12 (15) The cabinet shall design into the implemented triage system the ability to screen and
13 assess prisoners who communicate other than in English or who communicate other
14 than through voice.
- 15 (16) The cost of operating the telephonic behavioral health jail triage system shall be
16 borne by the cabinet.
- 17 (17) Records generated under this section shall be treated in the same manner and with
18 the same degree of confidentiality as other medical records of the prisoner.
- 19 (18) Unless the prisoner is provided with an attorney during the screening and
20 assessment, any statement made by the prisoner in the course of the screening or
21 assessment shall not be admissible in a criminal trial of the prisoner, unless the trial
22 is for a crime committed during the screening and assessment.
- 23 (19) The cabinet may, after consultation with those entities set out in subsection (13) of
24 this section, promulgate administrative regulations for the operation of the
25 telephonic behavioral health jail triage system and the establishment of its
26 recommended protocols for prisoner housing, supervision, and care.
- 27 ➔Section 2. KRS 95A.220 is amended to read as follows:

- 1 (1) There is established the "Firefighters Foundation Program Fund" consisting of
2 appropriations from the general fund of the Commonwealth of Kentucky, and
3 insurance premium surcharge proceeds and earnings on the investments of those
4 proceeds which accrue to this fund pursuant to KRS 42.190 and 136.392. The fund
5 may also receive any other funds, gifts or grants made available to the state for
6 distribution to local governments and volunteer fire departments in accordance with
7 the provisions of KRS 95A.200 to 95A.300 and KRS 95A.262.
- 8 (2) All moneys remaining in this fund on July 1, 1982, and deposited thereafter,
9 including earnings from their investment, shall be deemed a trust and agency
10 account. Beginning with the fiscal year 1994-95, through June 30, 1999, moneys
11 remaining in the account at the end of the fiscal year in excess of three million
12 dollars (\$3,000,000) shall lapse, but moneys in the revolving loan fund established
13 in KRS 95A.262 shall not lapse. On and after July 1, 1999, moneys in this account
14 shall not lapse.
- 15 (3) Moneys in the fund are hereby appropriated by the General Assembly for the
16 purposes provided in KRS 95A.200 to 95A.300.
- 17 **(4) (a) Notwithstanding any other statute to the contrary, one million two hundred**
18 **fifty thousand dollars (\$1,250,000) in each fiscal year shall be made**
19 **available from the fund for a program to care for and treat all full-time**
20 **professional and volunteer firefighters affected by post-traumatic stress**
21 **injury or post-traumatic stress disorder.**
- 22 **(b) A firefighter shall not be eligible for disability retirement associated with**
23 **post-traumatic stress disorder.**
- 24 **(c) A post-traumatic stress injury that arises solely from a legitimate personnel**
25 **action such as transfer, promotion, demotion, or termination shall not be**
26 **considered a compensable injury.**
- 27 **(d) Post-traumatic stress injury and post-traumatic stress disorder shall be**

1 defined as set out by the American Psychiatric Association's Diagnostic and
2 Statistical Manual of Mental Disorders.

3 (e) The firefighter shall be diagnosed, by a psychiatrist, psychologist or
4 counselor, with post-traumatic stress injury or post-traumatic stress
5 disorder that has been caused by an event or an accumulation of events that
6 have occurred in the course and scope of his or her employment as a full-
7 time, career firefighter, regardless of whether or not there is an initial
8 injury.

9 (f) Once diagnosed, if a firefighter seeks mental health treatment, he or she
10 may submit corresponding receipts for medical bills paid by the firefighter
11 to the commission for reimbursement to the firefighter of out-of-pocket
12 costs incurred from the funds specifically allocated in the commission's
13 budget for firefighter mental health treatment. The firefighter shall pay his
14 or her out-of-pocket share for the mental health treatment before
15 submitting for reimbursement.

16 (g) From the time a firefighter seeks mental health treatment, there shall be a
17 maximum limit of twelve (12) months for the benefit described in paragraph
18 (f) of this subsection.