

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 Kentucky Fire Commission;**

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

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

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

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

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

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

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

26 (c) Reduce inappropriate incarceration;

27 (d) Reduce liability; and

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

- 1 (c) A consumer of mental health services; and
- 2 (d) A representative of the Kentucky statewide affiliate of the National Alliance
3 on Mental Illness.
- 4 (5) (a) The department shall submit the CIT training curriculum and the names of
5 available instructors approved by the department to conduct or assist in the
6 delivery of CIT training to the commission or Kentucky Law Enforcement
7 Council no later than July 1, 2021~~[2007]~~.
- 8 (b) The commission or Kentucky Law Enforcement Council shall notify the
9 department of approval or disapproval of the CIT training curriculum and
10 trainers within thirty (30) days of submission of the curriculum and the names
11 of instructors.
- 12 (c) The commission or Kentucky Law Enforcement Council may waive instructor
13 requirements for non-firefighter trainers or non-law enforcement trainers
14 whose 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)~~(b)~~ Notify all instructors and entities approved for firefighter or law
26 enforcement training under KRS 15.330 and 95A.040 of the availability of the
27 CIT training.

- 1 (7) Any firefighter training entity or law enforcement training entity approved by the
2 commission or Kentucky Law Enforcement Council may use the CIT training
3 model and curriculum in firefighter or law enforcement in-service training as
4 specified by subsection (1) of this section that is consistent with the Memphis CIT
5 national model for best practices.
- 6 (8) No later than one (1) year after June 26, 2021~~[2007]~~, the department shall submit to
7 the commission and Kentucky Law Enforcement Council a CIT training instructors'
8 curriculum and the names of available instructors approved by the department to
9 conduct or assist in the delivery of CIT training instructors' training. Additional
10 instructors may be submitted on a schedule determined by the commission or
11 Kentucky Law Enforcement Council.
- 12 (9) All CIT-trained firefighters and law enforcement officers shall report to his or her
13 agency on forms provided with the CIT curriculum on encounters with persons with
14 mental illness, substance use disorders, intellectual disabilities, developmental
15 disabilities, and dual diagnoses. The firefighter and law enforcement
16 agencies~~[agency]~~ shall aggregate reports received and submit nonidentifying
17 information to the department on a monthly basis. Except for information pertaining
18 to the number of firefighter or law enforcement agencies participating in CIT
19 training, the reports to the department shall include the information specified in
20 subsection (10) of this section.
- 21 (10) The department shall aggregate all reports from firefighter or law enforcement
22 agencies under subsection (9) of this section and submit nonidentifying statewide
23 information to the Justice and Public Safety Cabinet, the Criminal Justice Council,
24 the Cabinet for Health and Family Services, and the Interim Joint Committee on
25 Health and Welfare by December 1, 2008, and annually thereafter. The report shall
26 include but not be limited to:
- 27 (a) The number of firefighters or law enforcement officers trained per agency;

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

1 assessed prisoner.

2 (13) In creating and maintaining the telephonic behavioral health jail triage system, the
3 cabinet shall consult with:

4 (a) The Department of Corrections;

5 (b) The Kentucky Jailers Association; and

6 (c) The regional community services programs for mental health or individuals
7 with an intellectual disability created under KRS 210.370 to 210.460.

8 (14) The cabinet may delegate all or a portion of the operational responsibility for the
9 triage system to the regional community services programs for mental health or
10 individuals with an intellectual disability created under KRS 210.370 to 210.460 if
11 the regional program agrees and the cabinet remains responsible for the costs of
12 delegated functions.

13 (15) The cabinet shall design into the implemented triage system the ability to screen and
14 assess prisoners who communicate other than in English or who communicate other
15 than through voice.

16 (16) The cost of operating the telephonic behavioral health jail triage system shall be
17 borne by the cabinet.

18 (17) Records generated under this section shall be treated in the same manner and with
19 the same degree of confidentiality as other medical records of the prisoner.

20 (18) Unless the prisoner is provided with an attorney during the screening and
21 assessment, any statement made by the prisoner in the course of the screening or
22 assessment shall not be admissible in a criminal trial of the prisoner, unless the trial
23 is for a crime committed during the screening and assessment.

24 (19) The cabinet may, after consultation with those entities set out in subsection (13) of
25 this section, promulgate administrative regulations for the operation of the
26 telephonic behavioral health jail triage system and the establishment of its
27 recommended protocols for prisoner housing, supervision, and care.

1 ➔Section 2. KRS 95A.220 is amended to read as follows:

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

- 1 Statistical Manual of Mental Disorders.
- 2 (d) The firefighter shall be diagnosed, by a psychiatrist, psychologist, or
3 counselor, with post-traumatic stress injury or post-traumatic stress
4 disorder that has been caused by an event or an accumulation of events that
5 have occurred in the course and scope of their employment as a full-time,
6 career or volunteer firefighter, regardless of whether or not there is an
7 initial physical injury.
- 8 (e) Once diagnosed, if a firefighter seeks mental health treatment, after in-
9 network health insurance has been utilized, he or she may submit
10 corresponding receipts for medical bills paid by the firefighter to the
11 commission for reimbursement to the firefighter of out-of-pocket costs
12 incurred from the funds specifically allocated in the commission's budget
13 for firefighter mental health treatment. The firefighter shall pay his or her
14 out-of-pocket share for the mental health treatment before submitting for
15 reimbursement.
- 16 (f) 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 (e) of this subsection.