

Legislative Post Audit Performance Audit Report Highlights

Community Mental Health: Evaluating Mental Health Services in Local Jails

April 2018 • R-18-004

QUESTION 1: *What Mental Health Services are Available in Local Kansas Jails and What Would It Cost to Provide the Appropriate Services?*

Background Information

By state law, the Kansas Department of Aging and Disability Services (KDADS) coordinates mental health services across various entities in Kansas. KDADS oversees state mental health hospitals and community mental health centers but not other providers such as jails.

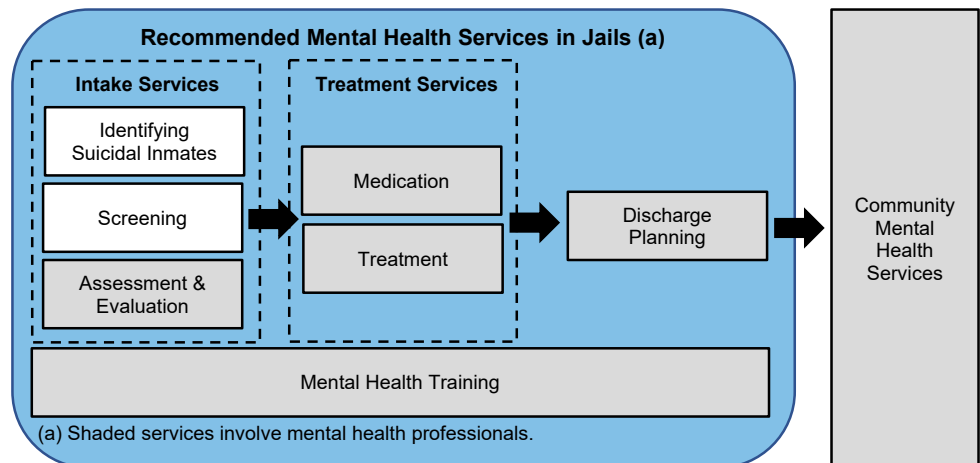
Local jails serve individuals with mental health conditions. In 2011, the Bureau of Justice Statistics found that 44% of U.S. jail inmates reported they had been previously diagnosed with a mental health condition. Mental health conditions can range in severity from general conditions like anxiety to severe mental illnesses like schizophrenia.

Kansas has 96 local jails. Most are operated by a county, although nine counties do not have a jail. Jails hold inmates awaiting a court date, trial, or placement in prison or inmates serving a sentence for a misdemeanor or select felonies.

Besides best practices, no state or federal laws specify what services to provide in Kansas jails. Consequently, Kansas jails have broad discretion in how and what mental health services to provide to inmates.

FINDINGS RELATED TO MENTAL HEALTH SERVICES IN KANSAS JAILS

- We identified seven national standards for providing mental health services in jails from the National Commission on Correctional Health Care. (p. 9)
 - National standards recommend jails provide three key intake services to all inmates soon after they are admitted to jail: identifying suicidal inmates, mental health screening, and mental health assessment and evaluation, if necessary.
 - Standards recommend jails make two key treatment services available to all jail inmates with identified mental health conditions after they have been assessed and evaluated: mental health medications and an array of treatment services.
 - National standards also recommend jails make discharge planning available to all inmates with serious mental illnesses who are nearing their release from jail.
 - Standards also recommend training for jail staff to identify symptoms of mental health conditions and interact with inmates who have them.
- In response to our questionnaire, jails reported some of the recommended mental health services were available, but few reported all were available. (p. 13)
 - The information jails provided on services is self-reported and we did not assess if the services fully complied with national standards.
 - We received basic information about the mental health services in 94 Kansas jails and interviewed officials in 10 jails for more details.
 - All 94 jails reported providing some mental health services, but few reported providing all recommended services. Specifically, 89% reported providing between two to six of the recommended services, whereas only 11% reported providing all seven.



- Most Kansas jails reported mental health intake services were made available to inmates soon after entering jail. (p. 15)
 - 98% of responding jails reported they identify suicidal inmates.
 - 66% reported all inmates receive a mental health screening.
 - 74% reported inmates with identified mental health conditions received a mental health evaluation. We were unable to determine if inmates received an assessment because respondents did not appear to understand the question.
 - Jail officials we interviewed frequently reported they were not aware all inmates should be assessed, and community mental health centers reported they did not have the staff or funds to assess and evaluate inmates.
 - If inmates are not screened, assessed, or evaluated, it creates a risk that inmates do not receive other mental health services such as appropriate treatment or discharge planning.
- Most Kansas jails reported some mental health treatment services were made available to inmates but the types of services offered varied. (p. 17)
 - All responding jails reported inmates could receive medication for mental health conditions while in jail.
 - 81% of jails that responded reported inmates could receive varying types of mental health treatment services while incarcerated.
 - Jails not offering treatment services to inmates reported they lacked funds or community resources to do so.
 - Inmates who do not receive treatment for their mental health condition may relapse or not function safely in jail.
- Only about one-fourth of Kansas jails reported discharge planning services were made available to inmates nearing release from jail. (p. 19)
 - Only 27% of responding jails reported all inmates with serious mental illnesses received a discharge plan to connect them to community services prior to release.
 - Jail officials we interviewed told us a lack of funding and timing issues around when an inmate is released make it difficult to provide discharge planning.
 - Releasing inmates with serious mental illnesses without a discharge plan increases the risk they may not receive treatment in the community.
- Less than half of Kansas jails reported they provided mental health training to jail staff. (p. 20)
 - 48% of responding jails reported they provided mental health training to jail staff, but only 26% reported providing training annually.
 - Jail officials we interviewed reported challenges finding training programs all staff could attend.
 - An absence of mental health training creates a risk that jail staff may not properly interact with inmates who have a mental health condition.

FINDINGS RELATED TO MENTAL HEALTH SERVICES IN THE COMMUNITY

- Inmates may not receive needed mental health services after they leave jail for a variety of reasons. (p. 21)
 - We interviewed all 25 community health centers in Kansas. They identified several challenges that may limit the mental health services individuals receive in the community including a lack of stable housing and reliable transportation, service providers in rural communities, and insurance or ability to pay for services.
 - Community mental health centers provided several recommendations to address these challenges like increasing funding for mental health in Kansas communities, increasing mental health training for law enforcement, and expanding Medicaid.

Important Terms

Intake Services

Identifying suicidal inmates includes a short set of screening questions and observation of inmates for suicide symptoms.

Mental health screening includes additional questions about inmates' mental health such as their mental health history and current symptoms, as well as staff observation of inmates.

Mental health assessments and evaluations are conducted by mental health professionals, which include, but are not limited to, psychiatrists, psychologists, physicians, and nurses. Assessments probe deeper into inmates' symptoms and determine if a mental condition was missed during screening. For inmates who have mental health conditions, evaluations determine their diagnoses and prescribe necessary treatment.

Treatment Services

Medication services include inmates' ability to receive psychiatric medications and jail policy for obtaining and delivering prescriptions.

An array of treatment services includes standard services inmates may need to treat their conditions such as individual counseling or crisis intervention services.

Discharge Planning Services

A discharge plan establishes how inmates can receive services after they leave jail and includes a list of mental health resources, temporary supply of medications, and appointments with mental health providers.

Mental Health Training

Training should teach jail staff how to recognize and communicate with inmates with mental health conditions, substance abuse disorders, or intellectual impairments. It should be delivered annually.

FINDINGS RELATED TO MENTAL HEALTH CARE COSTS IN KANSAS JAILS

- We could not determine the additional costs for all Kansas jails to provide recommended mental health services because of a lack of data and wide variance in resource needs. (p. 24)
 - *There is no statewide data on costs because some jails and community mental health centers do not maintain separate data on their current mental health costs or services provided to inmates.*
 - *We reviewed five pairs of jails and community mental health centers and estimated it may cost each pair an additional \$25,000 to \$375,000 annually to provide the recommended mental health services.*
 - *The resource needs and costs of the five jails and community mental health centers varied widely due to differences in counties' existing mental health systems, resources, and locations.*
 - *Jails and community mental health centers consistently identified additional community mental health center staff as the biggest resource needed.*

OTHER FINDINGS

- Contrary to federal guidance, the Kansas Department of Health and Environment (KDHE) currently terminates jail inmates' Medicaid enrollment but the effect may be small. (p. 27)
 - *The Centers for Medicare and Medicaid Services encourages states to suspend, rather than terminate, Medicaid recipients' enrollment when they are incarcerated.*
 - *Currently, KDHE terminates jail inmates' Medicaid enrollment when it learns they have been incarcerated.*
 - *However, it is likely only a small number of jail inmates are affected because KDHE is not regularly notified when Medicaid recipients enter jail.*
 - *During the 2018 legislative session, two bills were introduced but not passed that would have required KDHE to suspend inmates' Medicaid enrollment.*

SUMMARY OF RECOMMENDATIONS

We recommended KDADS work with the Legislature, local sheriffs, and community mental health centers to develop a statewide plan regarding recommended mental health services in Kansas jails. The department should present the final plan to the Legislature for their consideration by July 1, 2020. (p. 29)

We recommended that KDHE collaborate with local sheriffs to develop a plan for providing KDHE with information on when inmates enter or exit jails in the state. KDHE should present a plan to the Legislature during the 2019 session if changes to KEES are necessary; otherwise, KDHE and jails should implement a notification process by July 1, 2020. (p. 30)

AGENCY RESPONSE

KDADS and the Association of Community Mental Health Centers of Kansas, KDHE, and the Kansas Sheriffs' Association generally concurred with the report's findings, conclusions, and recommendations. (p. 31)

HOW DO I REQUEST AN AUDIT?

By law, individual legislators, legislative committees, or the Governor may request an audit, but any audit work conducted by the division must be directed by the Legislative Post Audit Committee. Any legislator who would like to request an audit should contact the division directly at (785) 296-3792.

Legislative Division of Post Audit

800 SW Jackson Street
Suite 1200
Topeka, Kansas 66612
Telephone (785) 296-3792
Website: <http://www.kslpa.org/>

Justin Stowe
Interim Legislative Post Auditor

For more information on this audit
report, please contact:

Kristen Rottinghaus
Kristen.Rottinghaus@lpa.ks.gov