



PERFORMANCE AUDIT REPORT

Community Mental Health: Evaluating Mental Health Services in Local Jails

**A Report to the Legislative Post Audit Committee
By the Legislative Division of Post Audit
State of Kansas
April 2018**

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LEGISLATIVE DIVISION OF POST AUDIT

800 SW Jackson
Suite 1200
Topeka, Kansas 66612-2212
Telephone: (785) 296-3792
Fax: (785) 296-4482
Website: <http://www.kslpa.org>

Justin Stowe, Interim Post Auditor

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LEGISLATURE OF KANSAS
LEGISLATIVE DIVISION OF POST AUDIT

800 SOUTHWEST JACKSON STREET, SUITE 1200
TOPEKA, KANSAS 66612-2212
TELEPHONE (785) 296-3792
FAX (785) 296-4482
WWW.KSLPA.ORG

April 25, 2018

To: Members, Legislative Post Audit Committee

This report contains the findings, conclusions, and recommendations from our completed performance audit, *Community Mental Health: Evaluating Mental Health Services in Local Jails*. The audit was requested by Representative Elizabeth Bishop. The audit team included Kristen Rottinghaus, Meghan Flanders, Joel Gillaspie, Tanner Rohrer, and Josh Rueschhoff. Chris Clarke was the audit manager.

We would be happy to discuss the findings, conclusions, and recommendations presented in this report with any legislative committees, individual legislators, or other state officials.

Sincerely,

A handwritten signature in black ink that reads "Justin Stowe". The signature is written in a cursive, flowing style.

Justin Stowe
Interim Post Auditor

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Community Mental Health: Evaluating Mental Health Services in Local Jails

Background Information

Local county jails hold individuals who have been convicted of misdemeanors, select felonies, or are being held pending a trial or other legal proceedings. Many individuals who are held in local jails may require mental health services. Upon admission to a jail, staff may conduct a suicide screening or seek additional information about an individual's mental health, but these actions are not typically required. Studies have found that up to 44% of individuals in jail may have been previously diagnosed with some form of mental health condition, but a lack of consistent definitions for mental illness and incomplete information about the number of these individuals makes it difficult to create accurate estimates.

A recent survey indicates many jails are not equipped to address the needs of individuals with mental health needs held in those jails. A 2011 survey conducted by the Public Citizen's Research Group found that half of the jails who responded had staff who received little training in how to deal with individuals with mental health conditions, and that less than half offered treatment to individuals with severe mental illnesses in local jails. Further, small jails reported greater difficulty than larger jails in providing mental health services.

Legislators have expressed concerns that, although many county jail inmates may have mental health needs, jails may struggle to provide appropriate mental health services.

Objectives, Scope, and Methodology

On April 28, 2017, the Legislative Post Audit Committee approved a request from Representative Elizabeth Bishop for an audit of mental health services in local jails. For reporting purposes, we combined the two questions on the original audit proposal into a single question. This performance audit answers the following question:

1. What mental health services are available in local Kansas jails and what would it cost to provide the appropriate services?

We completed four major pieces of work to answer the audit question. First, to determine what mental health services should be offered to people held in local jails, we reviewed the National Commission on Correctional Health Care's 2015 *Standards for Mental Health Services in Correctional Facilities*. The standards apply to correctional facilities of all types (both prisons and jails) and all sizes.

Second, to determine what mental health services were being provided in Kansas jails, we asked the sheriff or jail administrator of all 96 local jails to complete an online questionnaire about the mental health services available in their facilities. The questionnaire focused on several major, high-level mental health services recommended in the national standards. It also collected general information about each jail's various mental health processes and resources. We relied on information jails reported because there is no central, statewide data on mental health services in Kansas jails.

Third, to better understand why some mental health services and training were not available, we interviewed officials from the jails and community mental health centers in 10 Kansas counties. We also interviewed the same individuals in five of those counties about the resources they would need to provide the appropriate mental health services at the jail and estimated the cost of those resources. Because both samples were judgmentally selected, the results of this work cannot be projected to all Kansas counties.

Finally, to get information about mental health services available to individuals recently released from jail, we interviewed the directors of all 25 community mental health centers serving adults in Kansas. We interviewed community mental health centers because they know what services are available in each community and they have direct experience providing services to individuals in both Kansas jails and communities. Again, we relied on self-reported information because there is no central, statewide data on the mental health services individuals receive in Kansas communities after they are released from jail.

We did not evaluate the quality or appropriateness of jails' processes or the services individual inmates received. We also did not evaluate the community services available to individuals before they entered jail, or the processes Kansas jails and communities have implemented to divert individuals with mental health conditions from jail. Both were outside the scope of the audit question.

***Compliance with
Generally Accepted
Government Auditing
Standards***

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Overview of Mental Health Services in Kansas

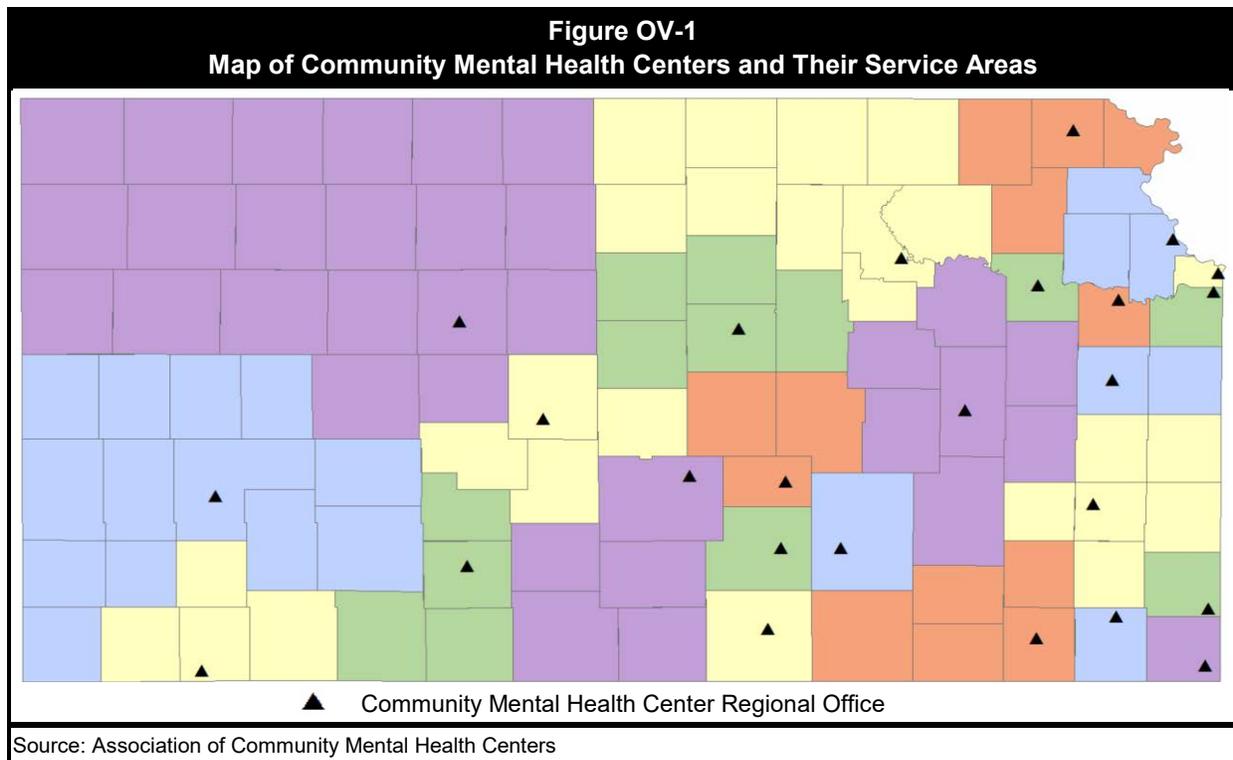
Mental Health Services Are Provided by Various Entities Across the State

State law requires the **Kansas Department for Aging and Disability Services (KDADS) to coordinate mental health services across Kansas.** K.S.A. 39-1903 requires KDADS to supervise the administration and provision of behavioral health services in Kansas. Within KDADS, the Behavioral Health Services Commission manages mental health services and addiction and prevention services. The commission oversees state mental health hospitals and community mental health centers. However, it does not oversee other stakeholders such as local hospitals, federally qualified health centers, private practitioners, or local jails.

A variety of mental health providers are involved in the state's mental health system. These organizations include:

- **State mental health hospitals provide inpatient treatment to adults with severe mental illnesses.** Kansas has two state-run mental health hospitals. Larned State Hospital is licensed for 612 beds and primarily serves residents in portions of central and all of western Kansas. It provides a broad range of services across three programs: the Psychiatric Services Program serves court-ordered and voluntarily admitted adults with identified mental illnesses; the State Security Program provides a secure setting for forensic evaluations and treatment; and the Sexual Predator Treatment Program serves court-ordered individuals identified as sexually violent predators. Osawatomie State Hospital is licensed for 206 beds and primarily serves residents in eastern Kansas. It has two main programs, which serve individuals with severe and persistent mental illness and individuals who are court-ordered for competency assessments or treatment.
- **Community mental health centers are non-profit organizations that provide both inpatient and outpatient mental health services to children and adults.** Kansas has 25 community mental health centers serving adults in all 105 counties. **Figure OV-1** on the next page includes a map of the state's community mental health centers. As the figure shows, each community mental health center has a service area that ranges in size from one county to 20 counties. Community mental health centers provide a variety of inpatient and outpatient services, including therapy, medication management, case management, emergency services, and housing and employment services. They also determine which individuals can be treated in the community and which individuals should be referred to the state mental health hospitals. Community mental health centers are funded through federal funds (primarily through Medicaid), state funds, county funds, and private fees.
- **Several other individuals and organizations play a role in providing or supporting mental health services to adults across the state.** Local hospitals may provide inpatient mental health services like therapy and medication management. Federally qualified health centers provide health care services such as dental

and vision as well as some limited mental health and substance abuse services. Nursing facilities for mental health provide residential and rehabilitation services to individuals who require skilled nursing care in addition to mental health services. Finally, private practitioners such as medical physicians, nurses, and psychiatrists also provide some mental health services.



Many Jail Inmates Have Mental Health Conditions

Research suggests the criminal justice system interacts with more individuals with mental health conditions than any other system in the nation. According to research from a journal on Crime and Delinquency and the Partnership for the Public Good, individuals with mental health conditions are frequently unable to access mental health services in the community. When these individuals do not receive the help they need, it increases their propensity to commit minor crimes and the likelihood they will return to jail after being released. As a result, the research claims police, court personnel, and corrections staff encounter more individuals with mental health conditions than any other system in the U.S.

According to a 2011 study by the Bureau of Justice Statistics, 44% of jail inmates in the U.S. had been previously diagnosed with a mental health condition. This included conditions such as schizophrenia, manic depression, or post-traumatic stress disorder. Additionally, 26% of jail inmates reported feelings such as worthlessness, hopelessness, or restlessness in the prior month.

The study does not state how many jail inmates may have experienced such feelings and been diagnosed with a mental health condition. No statewide data on Kansas jail inmates currently exists.

Kansas Jails Have Broad Discretion in How to Serve Inmates' Wide Range of Mental Health Conditions

Although best practices suggest jails provide mental health services, no state or federal laws specify which services must be provided. No state or federal laws prescribe what mental health services must be made available in Kansas jails. However, as discussed on page 9, the National Commission on Correctional Health Care's 2015 *Standards for Mental Health Services in Correctional Facilities* identify important components of mental health systems in correctional facilities. Important components include services such as suicide screenings, mental health assessments, and mental health treatments. Because those services are not required, jails ultimately decide what services to offer based on their resources and local priorities. The national standards apply to local jails and state prisons, though this audit focuses on mental health systems only in local jails.

Kansas jails differ from one another and their inmates can have a wide range of mental health conditions. Kansas has 96 local jails. Almost all jails are operated by the county, though a few are jointly operated by both a city and county. Nine counties (Cheyenne, Comanche, Gove, Gray, Hodgeman, Logan, Rush, Stafford, and Wichita) do not have a local jail and must send their inmates to neighboring counties. Jails hold inmates waiting for a court date or trial on criminal charges, waiting to be placed in a state prison, or sentenced to jail for misdemeanor or select felony crimes. As part of this audit, we requested mental health information from Kansas jails, including general characteristics about the size of their facility and the inmates they house.

- **Jails range in size from an average daily population of one to 1,450 inmates.** Of the 93 Kansas jails that responded to our question about their average daily population, 48% reported a small daily inmate population between one and 20 inmates. Only 13% reported having between 21 and 40 inmates, and 23% reported having between 41 and 100 inmates. Lastly, only 16% had more than 100 inmates on any given day.
- **Jails reported anywhere from none to 80% of their inmates have a mental health condition.** Of the 91 Kansas jails that responded to our question about how many inmates had a mental health condition, 32 estimated less than 10% of their jail's current inmate population had a mental health condition. Another 37 jails estimated 10% to 49% of their inmates had a mental health condition and 22 jails estimated 50% to 80% of their inmates had a mental health condition.

- **Inmates can have a variety of mental, behavioral, and emotional disorders that range in severity.** Two general categories of mental health conditions exist: general mental health conditions and serious mental illness. General mental health conditions include mental, behavioral, or emotional disorders that cause mild to severe impairment and inability to function (e.g. anxiety disorders). Serious mental illness includes disorders that result in serious functional impairment and substantially interfere with a person's major life activities. This category includes illnesses like schizophrenia and bipolar disorder.
- **Inmates can stay in jail anywhere from a few hours to a couple of years.** Jails hold inmates for a wide range of time due to the variety of inmates they house. However, jails reported most inmates are in jail only a short time. It is difficult for jails to arrange mental health services for these individuals.

Several Executive and Legislative Groups Have Reviewed the State's Mental Health System in Recent Years

Multiple groups have studied Kansas' mental health system and released reports recommending improvements to the system. We summarized a few of these groups as an example of the other work completed on the state's mental health system. However, unlike this audit, none of the groups described below are focused solely on local jails.

The Governor's Behavioral Health Services Planning Council provides ongoing review of the state's mental health system.

The Governor's Behavioral Health Services Planning Council fulfills a federal mandate that all states have a mental health services planning council. The council is involved in planning, implementing, evaluating, and advising policymakers about mental health services in Kansas. The council meets quarterly and reports to the Governor, KDADS Secretary, and other relevant state agency secretaries annually. Members of the council include mental health consumers and their families, mental health service providers, state agency staff, and private citizens. In addition, the council has a subcommittee focused on mental health in the criminal justice system, including topics such as diverting individuals away from jails and to community mental health providers, access to services while incarcerated, and reentry to Kansas communities.

The Governor and Legislature each convened task forces in 2014 and 2018 to study the state's mental health system and make recommendations for improvements. Task force members included individuals from community mental health centers, law enforcement, schools, churches, and state agencies. They heard presentations from various mental health consumers and practitioners and reviewed the past work of similar mental health councils and task forces.

- **Each task force identified obstacles to providing adequate mental health services in the state.** The 2014 task force found agencies had difficulties determining who was responsible for individuals with mental health conditions and collaborating on mental health issues. It found people with mental health conditions frequently lack access to affordable transportation or cannot afford services because they do not have insurance or are not enrolled in Medicaid. It also reported a lack of housing supports and discharge planning services to connect inmates with mental health resources after they are discharged from correctional facilities. In addition, the 2018 task force noted obstacles related to housing options, suspending individual's Medicaid enrollment during incarceration, and increasing inpatient hospital beds.
- **The task forces issued numerous recommendations to improve the state's mental health system.** The recommendations included adopting new policies to expand Medicaid to more individuals and to allow Medicaid to be suspended rather than terminated when individuals enter a correctional facility. They also recommended expanding mental health training for law enforcement, developing a statewide infrastructure for providing services via video conference, and creating more crisis stabilization resources.

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

Kansas jails reported providing a mixture of recommended mental health services, but few provided discharge planning services or training for jail staff. We identified seven national standards for providing mental health services in jails (p. 9). Most Kansas jails reported some of the recommended mental health services were available, but few reported all were available (p. 13). Specifically, most jails reported mental health intake (p. 15) and some treatment services were available to inmates, although the types of treatment varied (p. 17). However, only about one fourth of jails reported discharge planning services were available (p. 19) and less than half of jails reported they provided mental health training to jail staff (p. 20). In addition, inmates may not receive needed mental health services after they leave jail due to challenges with things like housing, transportation, and a lack of service providers in rural communities (p. 21).

The additional costs required to ensure five jails we reviewed provided all recommended mental health services varied widely. We could not determine the additional costs for all Kansas jails to provide recommended mental health services because of a lack of data and the wide variance in resource needs. However, we estimated it may cost a sample of five jails an additional \$25,000 to \$375,000 annually to provide the recommended mental health services (p. 24).

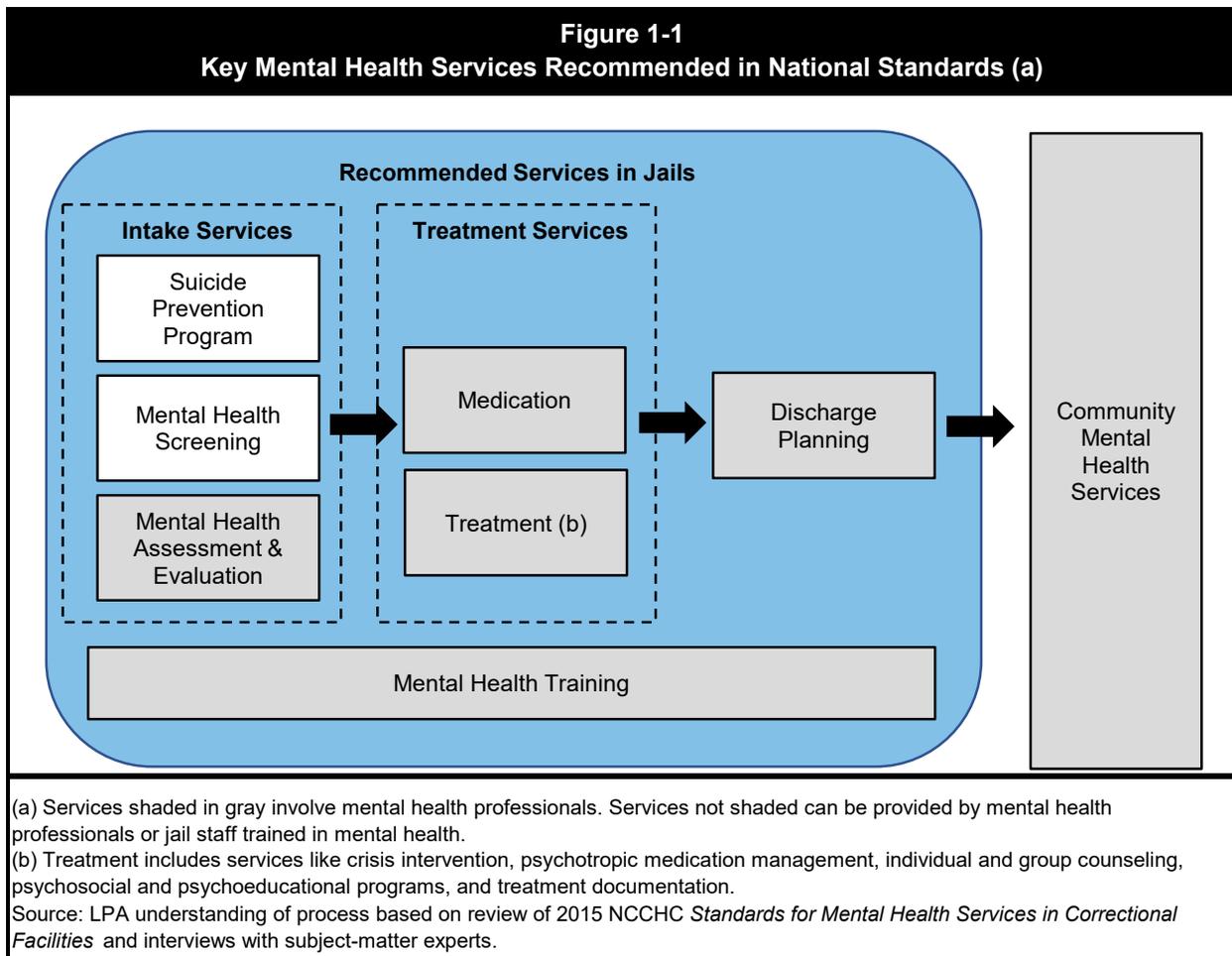
Finally, the Kansas Department of Health and Environment (KDHE) currently terminates jail inmates' Medicaid enrollment contrary to federal guidance. However, the effect may be small because KDHE is not regularly notified when Medicaid recipients enter jail (p. 27).

We Identified Seven National Standards for Providing Mental Health Services in Jails

We used the National Commission on Correctional Health Care's 2015 *Standards for Mental Health Services in Correctional Facilities* to identify the important components of mental health systems in jails. The commission is a nonprofit organization established by the American Medical Association. It provides nationally recognized standards to improve the quality and effectiveness of medical and mental health care in correctional facilities. The standards apply to correctional facilities of all types (both prisons and jails) and sizes. **Figure 1-1** on the next page shows the recommended services we selected for our review. A common focus of literature on this topic is diverting people with mental health conditions away from jail; i.e., training law

enforcement to refer individuals suspected of having mental health conditions to mental health professionals rather than bringing them to jail. However, as shown in the figure, we did not review that part of the process because the audit is focused on services provided after someone enters jail. *Appendix B* defines several of the terms important for understanding mental health systems in Kansas jails.

Jails cannot provide recommended mental health services without the help of mental health professionals. Jails are responsible for keeping inmates safe and secure while in their custody. They generally do not have the expertise to provide mental health services. Instead, jails must rely on mental health professionals to deliver services to inmates in their facilities. Mental health professionals, such as psychiatrists and psychologists, have the credentials to evaluate and care for serious mental illnesses and general mental health conditions. Although some jails may have mental health professionals on staff, most work with community mental health centers.



National standards recommend jails provide three key intake services to inmates soon after they are admitted to jail. We focused on the following three services based on our review of standards and conversations with experts. Intake services occur soon after admission because results can help jail staff understand how to handle and house inmates with mental health conditions. Each step occurs sequentially for inmates soon after entering jail, but for inmates with serious mental illness the steps occur more quickly. A good system includes all three services because they help identify inmates who are a risk to themselves or others and provide information necessary to treat inmates' mental health conditions.

- **Standards recommend jails have a program to identify suicidal inmates immediately upon arrival.** A suicide prevention program includes a screening (a short set of questions) for suicidal symptoms, continuous observation, and a program for assessing how well the screening and program function to prevent suicide. Jail staff should administer the screening to all inmates immediately at intake. Jail staff also perform checks on all inmates throughout their time in jail and oversee assessment of the program. A well administered system of screenings, checks, and assessments helps to prevent inmates from harming themselves.
- **Standards recommend jails administer a mental health screening to determine all inmates' urgent mental health needs upon admission to the jail.** The screening instrument is usually a short set of questions about mental history, current symptoms, and staff observations of inmates. Either jail staff or mental health professionals can perform the screening, but staff should screen all inmates as soon as possible after their arrival or at booking. Screening helps to prevent inmates with serious mental illness from being put into a situation where they may harm themselves or others. It also ensures inmates with serious needs are identified so they can receive help.
- **Standards recommend mental health professionals administer a mental health assessment to all jail inmates and, when necessary, an evaluation.** Mental health professionals should assess all inmates within two weeks of when they enter jail. For inmates with serious mental illnesses, assessments should occur as soon as possible. Assessments provide more in-depth information on an inmate's condition, symptoms, and mental history and can determine if an inmate has a mental condition not caught during screening. If an inmate's assessment reveals a mental condition, he or she should then be evaluated to determine their condition and necessary treatment.

Standards discuss evaluation as a separate step, but during our work we learned an assessment and evaluation can occur together. In an evaluation, a mental health professional further evaluates inmates to better understand their condition and prescribe treatment for their condition. Assessments and evaluations ensure all inmates are seen by mental health professionals and inmates with mental health conditions are diagnosed and prescribed treatment to help them manage or correct their condition.

National standards recommend jails make two key treatment services available to jail inmates after they have been assessed and evaluated. Inmates do not receive treatment services immediately because first they must be screened, assessed, and evaluated to identify their specific mental health conditions. Generally, jails should make medication and a standard array of treatment services available to inmates with mental health conditions. Medications and other treatments such as therapy ensure inmates have the appropriate services necessary to manage their condition.

- **Standards recommend jails ensure inmates can receive medication for their mental health conditions.** Inmates requiring medication should receive prescriptions that are clinically appropriate for their needs in a timely manner. Mental health professionals or other legally-authorized individuals should prescribe medication and establish policies for administering and delivering it to jail inmates. Inmates on medication when they enter jail also should have arrangements to continue them. Medications help inmates to manage mental health conditions and ensure they can function at their highest ability.
- **Standards recommend mental health professionals provide an array of treatment services to jail inmates who have been determined to need them.** Treatment includes, but is not limited to, identification and referral of inmates with mental health conditions, crisis intervention services, individual and group counseling, psychosocial and psychoeducation programs, and treatment documentation and follow up (see **Appendix B** for definitions of these services). These services can be provided on-site or through referral to a contracted provider. Mental health professionals should provide treatment after an inmate has been evaluated and determined to have a mental health condition. Having an array of mental health treatment available helps inmates to function at their best. With appropriate treatment, inmates' underlying mental health conditions can be addressed and managed.

National standards also recommend jails make discharge planning services available to inmates with serious mental illnesses who are nearing their release from jail. A discharge plan is a plan for how inmates will continue to receive mental health services after they are released from jail and reenter the community. It includes a list of resources commensurate to inmates' mental health needs, a reasonable supply of medications, and an appointment with mental health providers or arrangements for psychiatric hospitalization. Standards recommend all inmates with serious mental illness receive a discharge plan prior to release, though all inmates may receive a discharge plan. Mental health professionals should design and approve inmates' discharge plans and jail staff may help develop and deliver the plans. Discharge planning is important because it helps ensure inmates know where and how to receive services after their release and may reduce the likelihood they relapse, reoffend, or return to jail.

National standards recommend training for jail staff to identify symptoms of mental health conditions and interact with inmates who have them. Jail staff should receive mental health training to recognize and effectively communicate with jail inmates who have mental health conditions, substance abuse disorders, or cognitive or intellectual impairments. The training should also teach staff on procedures for preventing suicide and when to refer inmates to mental health professionals. The jail administrator and mental health professionals should develop and approve the training. Mental health training should be delivered annually to all jail staff who work with inmates.

FINDINGS RELATED TO MENTAL HEALTH SERVICES IN KANSAS JAILS

Most Jails Reported Some of the Recommended Mental Health Services Were Available, but Few Reported All Were Available

Kansas has jails in 96 counties. The jails hold individuals waiting for a court date or trial on criminal charges, waiting to be placed in a state prison, or sentenced to jail for misdemeanor or select felony crimes. This audit focuses on mental health services available to persons currently in Kansas jails or who were just released and returned to the community (not inmates sent to other correctional or detention settings).

We received basic information about the mental health services in 94 Kansas jails and interviewed officials in 10 jails for more details. To obtain basic information about mental health services available in Kansas jails, we created a questionnaire about seven key mental health services recommended by the National Commission on Correctional Health Care as described on pages 9 through 12. All 96 jails responded to the questionnaire, but two jails' questionnaires were incomplete. Then, we judgmentally selected 10 jails and interviewed officials to collect additional details. Those jails represent a mix of jail sizes, geographic locations, and questionnaire responses. Because it is a judgmental sample, findings related to the 10 sample jails cannot be projected statewide. We interviewed both jail and community mental health center staff in Barton, Crawford, Jefferson, Johnson, Morris, Pratt, Russell, Trego, Washington, and Woodson counties.

All 94 jails reported providing some mental health services, but few reported providing all the recommended services. Kansas jails determine how and what mental health services are available to inmates in their facilities. No central state agency oversees or sets requirements for local jails. In addition, no state or federal laws require how and what mental health services must be provided in jails. Therefore, jails consider things like the availability of resources and local priorities in deciding what services to offer. *Appendix C* contains a listing of the 94 jails that responded to our questionnaire and the services they reported were

available. As shown in the appendix, few jails reported providing all the recommended mental health services we identified.

- **Of the responding jails, 89% reported between two to six of the recommended services were available to inmates.** These jails are shown in the bottom portion of **Appendix C**. For example, 33% of Kansas jails reported providing intake and treatment services to inmates but did not provide either discharge planning or training for jail staff. A few jails reported providing both discharge planning and training but not one or more of the intake and treatment services. One jail reported identifying suicidal inmates and providing medication services to inmates but providing none of the other services.
- **However, only 11% of Kansas jails reported all seven of the recommended mental health services were available to inmates in their jails.** Jails in 10 counties reported providing all the services we reviewed. These jails are shown in the top portion of **Appendix C**. We found no clear trend in which jails provided all services. The 10 jails were split between eastern and western Kansas and large and small jail populations. They also reported serving varying percentages of inmates with mental health conditions.

It can be difficult to provide mental health services to jail inmates because many may be in jail only a short time. Additionally, jails do not always know how long an inmate will be in jail because that is determined by the court at subsequent hearings or when an inmate posts bond. For example, inmates in jail only a short time may be discharged before jails can conduct mental health screenings and schedule appointments with mental health professionals for further services. Finally, some inmates may refuse mental health services that are available.

The information jails provided is self-reported and we did not assess if the services complied fully with national standards.

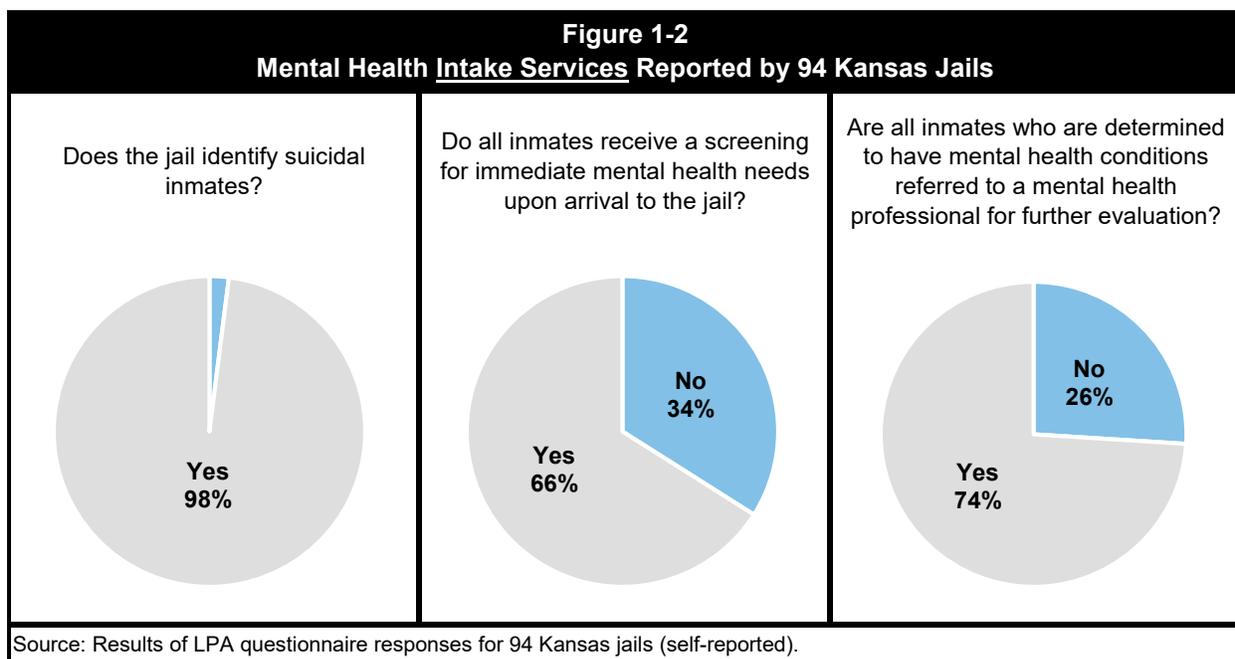
We relied on information jails reported because there is no central, statewide data on mental health services in Kansas jails. Additionally, how mental health services are provided and on what scale varies widely in each community because there are no statutory requirements for mental health services in jails. Therefore, there is a risk jails reported inaccurate or inconsistent information because they may have interpreted terms on our questionnaire differently. Finally, we did not assess if the reported services complied with every aspect of national standards such as who provided services and when and how often they should be provided. It was not feasible for us to request that level of detail from all Kansas jails, so our results should not be interpreted as compliance with national standards.

Most Kansas Jails Reported Mental Health Intake Services Were Made Available to Inmates Soon After Entering Jail

National standards recommend all inmates receive intake services to identify and evaluate their mental health needs during their admission to jail or shortly thereafter. We asked jails about three key intake services:

- suicide screenings
- mental health screenings
- mental health assessments and evaluations

Standards recommend providing each of these services to all inmates admitted to jail. These services determine individual needs for other mental health services. **Figure 1-2** below shows how jails responded to our questions about intake services.



98% of responding Kansas jails reported they identify suicidal inmates. National standards recommend jails have a process for immediately identifying suicidal inmates and inmates who may become suicidal during their time in jail. All but two jails (located in Chase and Stevens counties) reported providing this service.

66% of responding Kansas jails reported all inmates receive a mental health screening. National standards recommend all inmates be screened for immediate mental health needs as they enter jail. To conduct the mental health screening, jail staff question and observe inmates to determine who has immediate mental health needs and should be referred to mental health professionals. The purpose of the screening is to ensure inmates with immediate mental health needs receive rapid care and to

prevent new inmates who pose a threat to their own or others' safety from being admitted to the general population. As shown in *Figure 1-2* on the previous page, 66% of responding jails reported screening all inmates for immediate mental health issues.

74% of responding Kansas jails reported inmates with identified mental health conditions received a mental health evaluation. National standards recommend mental health professionals provide two services following the jail's mental health screening:

- mental health assessment
- mental health evaluation

Standards recommend mental health professionals assess all inmates within two weeks of entering jail because it ensures each inmate is seen by a mental health professional and not just jail staff who conduct the initial screening. An assessment is a structured interview by a mental health professional about the inmate's mental health condition, including their history of psychiatric and substance use hospitalization, outpatient treatment, and suicidal behavior. The standards also recommend mental health professionals conduct a more thorough examination of all inmates with positive assessments (identified mental health conditions) to determine their diagnoses, treatment plans, and medication needs. Assessments and evaluations should be performed by mental health professionals such as psychiatrists and psychologists (see *Appendix B* for complete definition).

We were unable to determine how many jails referred inmates for a mental health assessment because our follow up interviews revealed confusion regarding the difference between assessments and evaluations or screenings. However, as shown in *Figure 1-2* on the previous page, 74% of jails reported they refer all inmates with an identified condition to be evaluated by mental health professionals. The remaining jails may refer some inmates for an evaluation, just not all.

The 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. In five of the jails we sampled, community mental health center staff conducted mental health assessments and evaluations as part of the same appointment. The Johnson County jail referred all inmates to be assessed and evaluated by mental health professionals, but the remaining nine jails referred only some inmates. Many of these jails told us they were not aware of a standard to refer all inmates

for mental health assessment. Further, many jail or community mental health center officials we interviewed said additional staff would be needed to assess all inmates and evaluate those with identified mental health conditions. These resource needs and costs are discussed further on page 24.

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. If inmates do not receive a mental health screening, it creates a risk some inmates are not appropriately placed or do not receive help from mental health professionals. Similarly, assessments and evaluations are the first step toward an inmate receiving other services like treatment and discharge planning. This means if a jail is not referring all inmates for assessment and, when necessary, an evaluation, there is a risk that some inmates with mental health conditions are not identified and therefore do not receive treatment or discharge planning services. The number of inmates who may be missing these services varies depending on the size of a jail's inmate population, the percentage of inmates with mental health conditions, and the number of inmates the jail already refers for services.

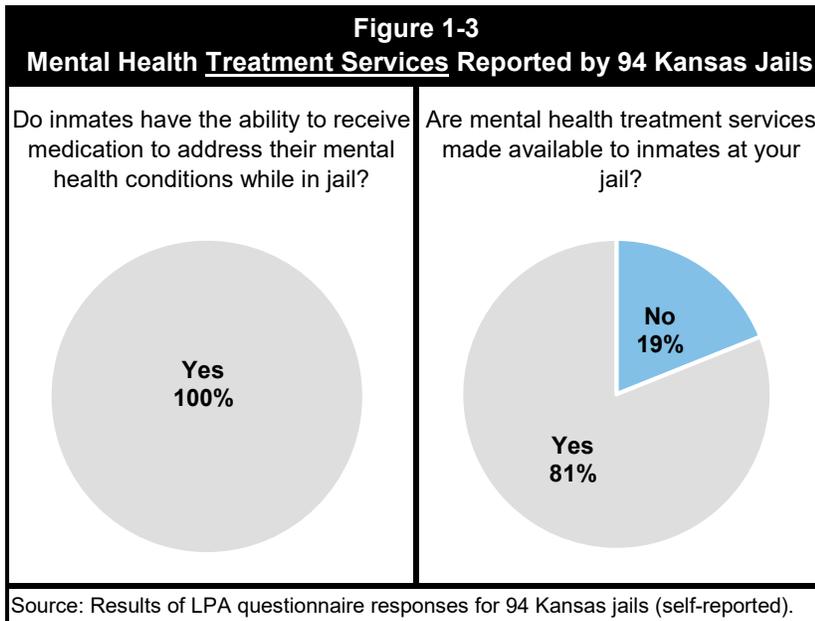
Most Jails Reported Some Mental Health Treatment Services Were Made Available to Inmates but the Types of Services Offered Varied

National standards recommend all inmates with identified mental health conditions receive appropriate treatment while in jail. We asked jails about two key services:

- psychiatric medication services
- mental health treatment

Standards recommend both services are available to all inmates who need them while in jail. These services help inmates manage their conditions and helps prevent inmates from harming themselves or others. They can also help address the mental health condition that may have contributed to an inmate's incarceration. **Figure 1-3** on the next page shows how jails responded to our questions about treatment services.

All responding Kansas jails reported inmates could receive medication for mental health conditions while in jail. National standards recommend jails ensure all inmates who need mental health medications can receive them in a timely, continuous, and clinically appropriate manner. Mental health professionals or other legally-authorized individuals should prescribe medication, though trained jail staff may provide it. As shown in **Figure 1-3** on the next page, all 94 jails reported inmates could receive mental health medications while in jail.



81% of responding Kansas jails reported inmates could receive varying types of mental health treatment services while incarcerated. National standards recommend all inmates with a mental health condition have the ability to receive treatment while in jail. Mental health professionals should provide treatment services. At a minimum, the standards recommend the following services are available to jail inmates:

- crisis intervention
- medication management
- individual and group counseling
- psychosocial and psychoeducational programs
- treatment documentation and follow up

This variety of treatment services helps ensure inmates receive the type of treatment needed for their condition.

- **Though the types of treatments varied across jails, 81% of jails reported at least some of the recommended treatments were available to inmates as shown in Figure 1-3.** For example, some jails reported all the recommended treatment services were available, but others reported only a couple treatments were available such as crisis intervention and individual and group counseling. Many jails reported treatments were provided both on-site and off-site at providers like a community mental health center or state mental health hospitals.
- **As Figure 1-3 shows, 19% of jails reported treatment services were not available to inmates.** Most of these jails (13 of the 18) were small jails with an average daily population of less than 70 inmates but were split between eastern and western Kansas. Most jails (12 of the 18) also estimated that more than 20% of their inmates had a mental health condition. It is possible some of these

jails may offer treatment services to some inmates, just not all inmates. For example, three of the 10 jails in our sample reported treatment services were not available. However, when we followed up with them they told us limited treatment was offered only in emergency situations.

Jails not offering treatment services to inmates reported they lacked funds or community resources to do so. Of the 18 jails that did not provide treatment services, eight responded that their budget did not allow for mental health treatment and seven reported a lack of mental health resources in their area. Additionally, all three jails and community mental health centers in our sample that did not provide treatment said the community mental health center lacked staff, funding, or time to provide treatment to jail inmates.

Inmates who do not receive treatment for their mental health condition may relapse or not function safely in jail. National standards suggest a treatment array ensures inmates can receive the treatments needed to address their mental health conditions. Treatment helps inmates to function regularly and safely as well as helps prevent inmates with serious mental illnesses from relapsing.

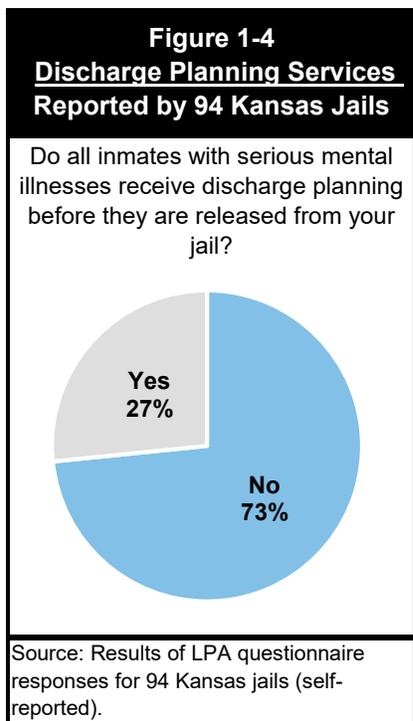
Only About One Fourth of Kansas Jails Reported Discharge Planning Services Were Made Available to Inmates Nearing Release From Jail

National standards recommend all inmates with serious mental illnesses receive a discharge plan before they are released from jail. Discharge planning helps inmates with serious mental illnesses reintegrate into the community by providing them with resources to meet their needs until they can be seen by a provider in the community. According to national standards, mental health professionals should design discharge plans, though jail staff may help deliver them. A discharge plan is created based on each inmate's needs and can include a supply of medication, a list of resources and supports specific to their condition, and appointments with providers or arrangements for psychiatric hospitalization.

Only 27% of responding Kansas jails reported all inmates with serious mental illnesses received a discharge plan to connect them to community services prior to release. *Figure 1-4* on the next page shows the percentage of jails that reported discharge planning services were made available to inmates with serious mental illness. As the figure shows, only 27% of jails reported all inmates with serious mental illnesses received discharge plans.

Jail officials we interviewed told us a lack of funding and timing issues make it difficult to provide discharge planning.

Of the 10 jails in our interview sample, eight reported inmates with serious mental illnesses did not receive a discharge plan prior to their release. Several of these jails reported they, the community mental health center, or both lacked funds to provide discharge plans to inmates with serious mental illnesses. Additionally, some reported they did not have sufficient time or notification of inmates' release to prepare a plan. For example, jail staff may not know when an inmate will be released because the court makes that determination at subsequent hearings or the inmate may post bond. As a result, mental health assessments and evaluations and other information required to prepare a discharge plan cannot be assembled quickly enough.



Releasing inmates with serious mental illnesses without a discharge plan increases the risk they may not receive treatment in the community. Discharge planning helps inmates with serious mental illnesses by providing them the services and connections they need to transition to the community. These connections provide continuity in inmates' treatments after release to ensure they can manage their conditions. If inmates do not receive discharge planning, they may not schedule or attend follow-up appointments or take medication to manage their conditions. Although this may increase the likelihood inmates reoffend and return to jail, we were unable to gather recidivism data for inmates with mental health conditions in Kansas jails.

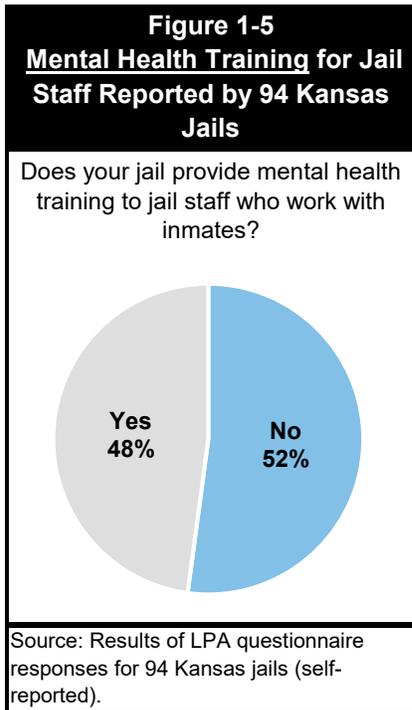
Less Than Half of Kansas Jails Reported They Provided Mental Health Training to Jail Staff

National standards recommend jails provide mental health training to all jail staff who work with inmates. Jail administrators and mental health professionals should develop and approve the training. It should include specific elements to help officers:

- recognize signs and symptoms of mental health conditions
- communicate with inmates showing signs of a mental health condition
- learn suicide prevention procedures
- learn proper procedures for referral of inmates with mental health conditions

Training in mental health ensures jail staff are prepared when a mental health incident arises.

48% of responding Kansas jails reported they provided mental health training to jail staff, but only 26% reported providing that training annually. *Figure 1-5* to the left shows the percentage of jails that reported providing mental health training to their staff. As the figure shows, 48% of jails reported they provided mental health training. However, national standards recommend providing mental health training to jail staff annually because it ensures they receive timely updates on mental health information. Only 26% of responding jails reported the mental health training was provided annually.



Jail officials we interviewed reported challenges finding training programs all staff could attend. Of the 10 jails in our interview sample, eight reported they did not provide annual mental health training to their jail staff. Most of these jails said there is a lack of training opportunities specific to jail staff or that training courses are not frequent enough for all staff to attend. For example, if training is only offered at one time of day, jails may be short-staffed or must pay overtime costs for staff who attend training outside their normal working hours. However, based on our interviews, it appears some jails and community mental health centers may not communicate with one another about mental health training needs and opportunities. Some community mental health centers that served the 10 jails in our sample told us they could provide training for little to no cost on different days and times throughout the year.

An absence of mental health training creates a risk that jail staff may not properly interact with inmates who have a mental health condition. Jail staff may notice behavioral or emotional changes indicative of an inmate’s mental condition because they interact with inmates daily. Therefore, jail staff have an important role in recognizing when an inmate may need referred to a mental health professional. Without training, jail staff may not know how to work with inmates with mental health conditions or when to refer inmates to a mental health professional for help.

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

The mental health system in Kansas provides services to individuals primarily through community-based organizations rather than state institutions. Therefore, if jail inmates with mental health conditions want to receive services after they are released from jail, they have to rely on community mental health services. This is an important part of the process because the continuation of care in the community may reduce the likelihood that individuals relapse, reoffend, and return to jail.

We interviewed 25 community mental health centers about the services available in Kansas communities and the challenges individuals have accessing them when they leave jail.

Community mental health centers provide community-based mental health services in all 105 counties in Kansas. They provide a full range of inpatient and outpatient mental health services, including evaluation and diagnosis, case management, medication management, emergency services, and prevention, treatment, and rehabilitation services (see *Appendix B* for definitions of these services). *Figure OV-1* on page 4 shows a map of the community mental health centers in Kansas and their service areas. As the figure shows, most community mental health centers provide services in multiple counties.

Community mental health centers told us they typically do not know or track if their clients were previously in jail, which means the findings in this section generally apply to all adults, not just individuals who recently left jail. It also means there is no central, statewide data on what community services former jail inmates receive or what challenges they have accessing community services. As a result, we relied on information community mental health centers reported. We also did not evaluate the quality or appropriateness of community services provided or the services specific individuals received.

Community mental health centers identified several challenges that may limit the mental health services individuals receive in the community. We interviewed all 25 community mental health centers serving adults about the services they and other mental health providers offer. They consistently reported the following challenges.

- **Individuals may have trouble accessing community services if they do not have stable housing or reliable and affordable transportation.** Community mental health centers across the state reported many former jail inmates do not have stable housing when they leave jail and communities have little to no housing options for them. This is problematic because individuals generally are not successful addressing their mental health conditions until they have secured basic necessities like food, clothes, and shelter.

Transportation is another challenge individuals have receiving mental health services in the community. An individual must either have reliable transportation of their own or use public transportation to get to the mental health provider. Community mental health centers told us many of the individuals they serve, including former jail inmates, do not have reliable transportation. Community mental health centers in rural communities said public transportation may not be available, whereas centers in urban communities said public transportation may be too expensive or does not have sufficient bus routes.

- **Individuals in rural communities may have trouble accessing services because only limited services may be available in their area.** We categorized 20 community mental health centers as providing services in rural communities (all community mental health centers except those covering Douglas, Johnson, Sedgwick, Shawnee, and Wyandotte counties). Individuals in rural communities may have to travel farther distances or wait longer to receive services because some rural community mental health centers do not have a presence in all communities or may provide limited services or hours because of a lack of funding and staffing as described on page 24. Further, due to the rural nature of many Kansas communities, few options exist for mental health treatment outside of the community mental health center. Many of the rural community mental health centers reported only a few private practitioners existed in the area and two community mental health centers reported they were the only mental health service provider in their area.
- **Individuals who do not have insurance or cannot pay may be limited in where they can receive mental health services.** K.S.A. 65-211 requires community mental health centers to provide mental health services to residents regardless of their ability to pay. Many community mental health centers reported many of their clients do not have the resources to pay for services out of pocket and are either uninsured or underinsured. However, other community providers, like private practitioners, generally require payment. As a result, individuals who lack resources to pay for services must rely largely on community mental health centers.
- **Individuals may have trouble accessing services at the state's two mental health hospitals because of wait times and a lack of bed space.** Kansas has two state mental health hospitals that provide inpatient mental health services to adults. Larned State Hospital covers the western two-thirds of the state and Osawatomie State Hospital covers the eastern one-third. K.S.A. 39-1602(h) requires community mental health centers to screen individuals to determine if they require treatment in a state mental health hospital. Some community mental health centers reported there can be significant wait times for admission to the state hospitals due to long wait lists and a lack of bed space. This means the community mental health center or the jail must potentially provide crisis management and stabilization services instead of an individual receiving the needed care at the state hospital. On the questionnaire, jails also frequently identified long wait times and a lack of bed space at state hospitals as challenges.

Community mental health centers provided several recommendations to address these challenges. Many community mental health centers recommended changes to Medicaid policy, including expanding Medicaid eligibility and suspending Medicaid during jail stays instead of terminating it. They also recommended increasing funding for community mental health services and directing funds to the following areas: community mental health centers and state mental health hospitals,

programs for individuals with serious mental illnesses, a statewide program for transitional and supportive housing, and video conferencing services as an alternative to in-person mental health services. Finally, both community mental health centers and jails recommended increased mental health training for law enforcement.

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

Jails ultimately are responsible for the mental health care costs of inmates in their custody. K.S.A. 22-4612 requires Kansas jails to pay mental health providers for services provided to jail inmates who do not have private insurance. Jails pay the amount the provider billed for the services or the Medicaid rate, whichever is less. However, the community mental health centers in some counties reported they did not bill jails for services because the center already received county funds. In these cases, many mental health care costs were shifted from the jail to the community mental health center (medication costs were an exception).

We could not estimate the cost for all Kansas jails to provide mental health services because of the lack of statewide data on mental health costs. Mental health services in Kansas jails are provided by jail staff as well as mental health providers, typically community mental health centers. Therefore, we would need to collect cost data from both jails and community mental health centers to estimate the costs for all Kansas jails. However, four of the five jails and community mental health centers we interviewed about costs did not maintain separate data on their current mental health costs or services provided to inmates. Additionally, community mental health centers that serve multiple counties may provide services to more than one jail, which further exacerbates tracking costs related to each jail.

We reviewed five jails and community mental health centers and estimated it may cost each an additional \$25,000 to \$375,000 annually to provide the recommended mental health services. We interviewed jails and community mental health centers in Barton, Jefferson, Morris, Russell, and Woodson counties to estimate the additional resources they would need to provide or improve recommended mental health services at jails. We judgmentally selected the five jails from our interview sample of 10 jails to maintain a mix of locations and sizes, so the sample is not projectable. *Appendix D* summarizes all five jails and their estimated additional resource needs and costs. The costs should be interpreted as estimates because they are high-level approximations provided by jails and community mental health centers. Although the five jails and community mental health

centers incurred costs to provide the services currently offered, our estimates focused only on the additional resources and costs needed to improve existing services or provide additional services recommended by national standards.

Figure 1-6 below shows the estimated annual cost for the five jails and community mental health centers to obtain the additional resources necessary to provide or improve recommended mental health services. As the figure shows, we estimated it would cost each jail between \$25,000 and \$375,000 per year. Training was not a factor in most cost estimates because almost all five jails could obtain annual mental health training for little to no cost through the community mental health center. Further, the community mental health centers in Barton, Morris, and Russell counties thought it was more realistic for them to provide certain services to all jails (not just the one in our sample), so they estimated the resources needed to serve all county jails in their respective areas.

Figure 1-6 Estimated Additional Annual Costs to Provide Recommended Mental Health Services in Selected Counties			
County	Jail Costs	Community Mental Health Center Costs	Additional Annual Costs
Woodson	\$0	\$25,000 - \$75,000	\$25,000 - \$75,000
Jefferson	\$6,000 - \$18,000	\$68,000 - \$120,000	\$74,000 - \$138,000
Russell (a) (b)	\$0	\$185,000	\$185,000
Morris (b)	\$0	\$244,000	\$244,000
Barton (b)	\$110,000 - \$145,000	\$165,000 - \$230,000	\$275,000 - \$375,000
Total	\$116,000 - \$163,000	\$687,000 - \$854,000	\$803,000 - \$1,017,000

(a) The amounts shown here include only additional annual costs. The amounts do not include jails and community mental health centers' current costs to provide mental health services. Also, the community mental health center that serves Russell County estimated they would need \$250,000 in one-time costs to increase a scholarship program to recruit additional staff.

(b) The cost estimates for Morris, Barton, and Russell counties include resources needed by the community mental health center to serve all county jails in their area, not only the jail in our sample.

Source: LPA summary of unaudited cost estimates provided by a sample of local jails and community mental health centers.

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. For example, Woodson County jail booked 106 inmates in 2017 and already referred some inmates to the community mental health center. We estimated it would cost the community mental health center about \$25,000 to \$75,000 per year to add one staff person to decrease the time jail inmates currently wait to receive services from two weeks to two days. In contrast, the

Russell County jail booked 515 inmates in 2017 and already referred some inmates to the community mental health center. We estimated it would cost the community mental health center about \$185,000 annually to add three staff to decrease the wait time for jail inmates at the Russell County jail and the other 15 jails in their area. Additionally, the community mental health center estimated it would need \$250,000 in one-time costs to increase a scholarship program that helps with staff recruitment by allowing staff to further their education in exchange for continued service.

We also interviewed the Johnson County jail but excluded them from our analysis because they reported all recommended services were available at their facility. *Appendix D* includes the additional resources Johnson County estimated they may need to improve community services to inmates after their release, which is not a cost we estimated for other counties.

Jails and community mental health centers consistently identified additional community mental health center staff as the biggest resource needed. All five jails and community mental health centers said the community mental health center would need additional staff to provide or reduce wait times for the recommended mental health services to the jail (or all jails in the center's area). However, four community mental health centers reported challenges hiring and retaining qualified staff. Moreover, 14 of the community mental health centers we interviewed for our work on community services on page 21 reported difficulty hiring staff. Specifically, rural community mental health centers said it was difficult to offer competitive wages and to find people interested in moving to those areas.

Jails and community mental health centers reported a few other resource needs as summarized in *Appendix D*. Those resources included jail staff to coordinate and supervise inmates during appointments with the community mental health center (Barton County jail), additional funds to send all staff to annual training (Jefferson County jail), and additional funds to help with staff recruitment (community mental health center serving Russell County).

OTHER FINDINGS

Contrary to Federal Guidance, KDHE Currently Terminates Jail Inmates' Medicaid Enrollment but the Effect May Be Small

The Centers for Medicare and Medicaid Services (CMS) encourages states to suspend, rather than terminate, Medicaid recipients' enrollment when they are incarcerated. Federal law prohibits jail and prison inmates from receiving federal Medicaid payments while incarcerated. However, it does not require states to terminate inmates' Medicaid enrollment. In fact, CMS has issued guidance encouraging states to suspend the Medicaid enrollment of inmates to avoid disrupting their care when they are released from jail. According to KDHE (Kansas Department of Health and Environment) staff, it can take up to three months for individuals to reapply and be approved for Medicaid. The potential delay could result in individuals not being able to pay for or receive needed mental health services and ultimately reoffending and returning to jail.

Currently, KDHE terminates jail inmates' Medicaid enrollment when it learns they have been incarcerated. KDHE policy prohibits inmates from receiving both federal and state Medicaid payments when they are in jail. Consequently, KDHE terminates jail inmates' Medicaid enrollment when it learns they are booked in jail. Although suspending inmates' Medicaid enrollment would also comply with federal law, KDHE staff told us the Kansas Eligibility Enforcement System (KEES) currently does not have the ability to suspend a Medicaid recipient's enrollment. They said KEES could be modified to allow for suspension, but such modification would need to be prioritized among other requests of the system.

As of November 2017, 14 states and Kansas had a policy to terminate jail inmates' Medicaid enrollment rather than suspending it. According to information from the National Conference of State Legislatures, 35 states and the District of Columbia passed legislation to suspend jail inmates' Medicaid enrollment. Of these, 18 states and the District of Columbia suspend inmates' enrollment for the duration of individuals' incarceration and 16 states suspend enrollment for a specific period of time such as 30 days or one year. Alabama passed suspension legislation in 2016 but it currently is not clear how it will be enacted.

However, it is likely only a small number of jail inmates are affected because KDHE is not regularly notified when Medicaid recipients enter jail. KDHE officials explained they do not have a process to determine when a Medicaid recipient enters jail to terminate their enrollment. KDHE terminates jail inmates' Medicaid enrollment only when it learns of their incarceration. However, jails do not notify KDHE when a Medicaid recipient is

booked into their custody, and KDHE said it is rare for Medicaid recipients to notify the department of changes to their enrollment status.

KDHE staff told us they terminated the Medicaid enrollment of 217 adults in calendar year 2017 due to their incarceration in a jail or state prison. We do not know how many of those adults were terminated for being in a state prison instead of a local jail because KDHE does not track that specific information. However, state prison inmates likely comprise a majority of the 217 adults because, unlike jails, the Kansas Department of Corrections shares information with KDHE when an inmate enters or leaves a state prison. Therefore, KDHE is more likely to know of individuals incarcerated in state prisons than local jails to terminate their Medicaid enrollment.

During the 2018 legislative session, two bills were introduced but not passed that would have required KDHE to suspend inmates' Medicaid enrollment. Substitute for Senate Bill 195 and House Bill 2508 would have required KDHE to suspend jail inmates' Medicaid enrollment when they entered jail and reinstate it when they were released. The bills would have required KDHE to develop processes and regulations for implementing suspension. Both bills would have applied to individuals in jails, state prisons, state mental health hospitals, or other mental health hospitals. Substitute Senate Bill 195 was passed by the Senate Public Health and Welfare Committee but did not receive consideration by the full Senate. House Bill 2508 was introduced in the House Committee on Health and Human Services but did not receive a hearing.

Conclusion and Recommendations

Conclusion

The mental health system in Kansas would benefit from an integrated statewide plan and more consistent collaboration between jails and community mental health. The 96 jails across the state are ultimately responsible for inmates' mental health needs while in jail, but jail staff do not have the expertise to provide necessary services. Further, because jails are decentralized, mental health services for inmates are inconsistent across the state. Increased coordination and collaboration with community mental health centers would improve the level of and consistency of services for jail inmates.

However, increased collaboration alone will likely not be enough to address some of the issues we identified as part of this audit. More systemic issues affecting the state's mental health system overall—such as a lack of adequate transportation, limited availability of services in rural areas, and potential funding and staffing shortages—will likely require broader policy decisions to resolve.

Recommendations

Kansas Department for Aging and Disability Services (KDADS)

1. To address the problems associated with recommended mental health services in Kansas jails (pages 13-26), KDADS should:
 - a. Work with the Legislature, local sheriffs, and community mental health centers to develop a statewide plan. The plan should include the following components:
 - i. the types of mental health services that should be available to inmates in Kansas jails
 - ii. what agencies or entities should be responsible for providing necessary mental health services to inmates
 - iii. what and how much mental health training should be provided to all jail staff statewide
 - iv. what resources are needed to fund the services and training that are determined necessary
 - v. mechanisms for jails and community mental health centers to better coordinate services before inmates are released from jail
 - vi. what statutory changes may be required to implement the statewide plan
 - b. Present the final plan to the Legislature for their consideration by July 1, 2020.

Kansas Department of Health and Environment (KDHE)

1. To address the problem with KDHE not receiving notification when inmates enter and exit jails (pages 27-28), KDHE should collaborate with local sheriffs to develop a plan for providing KDHE with the necessary information. If notification requires substantial additional resources or changes to KEES, KDHE should present a final plan to the Legislature during the 2019 legislative session. Otherwise, KDHE and local jails should begin implementing a new notification process by July 1, 2020.

APPENDIX A

Agency Response

On March 28, 2018, we provided copies of the draft audit report to the Kansas Department for Aging and Disability Services (KDADS) and the Association of Community Mental Health Centers of Kansas, the Kansas Department of Health and Environment (KDHE), and the Kansas Sheriffs' Association. Their responses are included as this appendix. KDADS and the Association of Community Mental Health Centers of Kansas submitted a single joint response. Following KDADS and KDHE's written responses is a table listing the agencies' specific implementation plan for each recommendation. We did not have any recommendations for the Kansas Sheriffs' Association.

We also provided copies of the relevant sections to the six jails and community mental health centers that we interviewed for additional details, though we did not request a formal response from them.

Although we made a few minor changes and clarifications to the report based on their feedback, agency officials concurred with our audit findings and conclusions and agreed to implement our recommendations.

STATE OF KANSAS

DEPARTMENT FOR AGING AND DISABILITY
SERVICES
NEW ENGLAND BUILDING
503 SOUTH KANSAS AVENUE
TOPEKA, KS 66603-3404



PHONE: (785) 296-4986
FAX: (785) 296-0256
kdads.wwwmail@ks.gov
www.kdads.ks.gov

GOVERNOR JEFF COLYER, M.D.
TIMOTHY KECK, SECRETARY

April 13, 2018

Ms. Kristen Rottinghaus
Principal Auditor
Legislative Division of Post Audit
800 SW Jackson Street, Ste 1200
Topeka, KS 66612

RE: Joint Response to *Community Mental Health: Evaluating Mental Health Services in Local Jails*

Dear Ms. Rottinghaus,

Thank you for the opportunity to review and comment on the draft copy of your performance audit, *Community Mental Health: Evaluating Mental Health Services in Local Jails*. KDADS, along with the Association of Community Mental Health Centers of Kansas (ACMHCK), also appreciates the work that was put into the drafting of this report and would like to take the opportunity to respond.

We concur with the conclusion that the mental health system in Kansas would benefit from an integrated statewide plan and more consistent collaboration between jails and community mental health providers. We also agree that the 96 jails across the state are ultimately responsible for the mental health needs of inmates while in jail and that all jail staff should receive training related to the mental health needs of individuals in these facilities.

KDADS and the ACMHCK believe that local jails would benefit from accessing existing training available such as Mental Health First Aide, Crisis Intervention Training (CIT), and Applied Suicide Interventions Skills Training (ASIST). With more than 100 locations around the state, the community mental health centers would have the capacity to provide these trainings.

KDADS Leadership has reviewed the recommendation listed for the agency. The agency response, and planned agency actions are listed below:

- **Kansas Department for Aging and Disability Services (KDADS)**
 1. To address the problems associated with recommended mental health services in Kansas jails (pages D-10 – D-22), KDADS should:
 - a. Work with the Legislature, local sheriffs, and community mental health centers to develop a statewide plan. The plan should include the following components:

- i. The types of mental health services that should be available to inmates in Kansas jails
 - ii. What agencies or entities should be responsible for providing necessary mental health services to inmates
 - iii. What and how much mental health training should be provided to all jail staff statewide
 - iv. What resources are needed to fund the services and training that are determined necessary
 - v. Mechanisms for jails and community mental health centers to better coordinate services before inmates are released from jail
 - vi. What statutory changes may be required to implement the statewide plan
- b. Present the final plan to the Legislature for their consideration by July 1, 2010.

• **Agency Response to Recommendation:**

KDADS agrees that in order to address the problems identified in this report, a statewide plan must be developed. KDADS also agrees that the agency should act as the facilitating agency for the development of this plan. In addition to working with the Legislature, local sheriffs and the community mental health center on the planning process, KDADS believes that it is important to include law enforcement associations, KDOC and KDHE. KDADS believes these groups will play an essential role in not only the development of these plans, but also in the future oversight of the implementation of any changes necessary across systems.

• **Agency Action on Recommendation:**

KDADS and the ACMHCK will identify and invite representatives from each of the stakeholder groups to participate in the statewide planning process by the fall of 2018 and will provide updates on this progress of this work to the LPA as requested.

KDADS and the ACMCK appreciates the time and effort that the LPA team took to evaluate this issue. We agree with the overall findings of the audit. Thank you for allowing us an opportunity to respond.

Sincerely,



Timothy E. Keck
Secretary
Kansas Department for Aging and Disability Services



Kyle Kessler
Executive Director
Association of Community Mental Health Centers of Kansas

Itemized Response to LPA Recommendations

Audit Title: Community Mental Health: Evaluating Mental Health Services in Local Jails
Agency: Kansas Department for Aging and Disability Services (KDADS)

LPA Recommendation	Agency Action Plan
Question 1	
1. To address the problems associated with recommended mental health services in Kansas jails, KDADS should:	
a. Work with the Legislature, local sheriffs, and community mental health centers to develop a statewide plan. The plan should include the following components:	KDADS agrees that in order to address the problems identified in this report, a statewide plan must be developed. KDADS also agrees that the agency should act as the facilitating agency for the development of this plan. In addition to working with the Legislature, local sheriffs and the community mental health center on the planning process, KDADS believes that it is important to include law enforcement associations, KDOC and KDHE. KDADS believes these groups will play an essential role in not only the development of these plans, but also in the future oversight of the implementation of any changes necessary across systems. KDADS and the ACMHCK will identify and invite representatives from each of the stakeholder groups to participate in the statewide planning process by the fall of 2018 and will provide updates on this progress of this work to the LPA as requested.
i. the types of mental health services that should be available to inmates in Kansas jails	
ii. what agencies or entities should be responsible for providing necessary mental health services to inmates	
iii. what and how much mental health training should be provided to all jail staff statewide	
iv. what resources are needed to fund the services and training that are determined necessary	
v. mechanisms for jails and community mental health centers to better coordinate services before inmates are released from jail	
vi. what statutory changes may be required to implement the statewide plan	
b. Present the final plan to the Legislature for their consideration by July 1, 2020.	

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
DIVISION OF HEALTH CARE FINANCE
LANDON STATE OFFICE BUILDING
900 SW JACKSON, SUITE 900 N
TOPEKA, KS 66612-1220



PHONE (785) 296-3981
FAX (785) 296-4813
WWW.KDHILKS.GOV

GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, SECRETARY

April 11, 2018

Justin Stowe
Interim Legislative Post Auditor
800 SW Jackson, Suite 1200
Topeka, KS 66612-2212

Dear Mr. Stowe:

Please find enclosed KDHE's formal response to the recommendation you included in your draft report of the audit evaluating mental health services in local jails. We appreciate the opportunity to comment.

If you have any questions, please do not hesitate to contact Christiane Swartz at Christiane.Swartz@ks.gov or 785-368-6296.

Regards,

A handwritten signature in black ink, appearing to read "Jonathan J. Hamdorf".

Jonathan J. Hamdorf, MBA
Division Director and State Medicaid Director

cc: Chris Clarke
Kristen Rottinghaus
Secretary Jeff Andersen

Itemized Response to LPA Recommendations

Audit Title: Community Mental Health: Evaluating Mental Health Services in Local Jails
Agency: Kansas Department of Health and Environment (KDHE)

LPA Recommendation	Agency Action Plan
Question 1	
<p>1. To address the problem with KDHE not receiving notification when inmates enter and exit jails, KDHE should collaborate with local sheriffs to develop a plan for providing KDHE with the necessary information. If notification requires substantial additional resources or changes to KEES, KDHE should present a final plan to the Legislature during the 2019 legislative session. Otherwise, KDHE and local jails should begin implementing a new notification process by July 1, 2020.</p>	<p>KDHE is currently working with APPRISS Safety to receive access to the Victims Information Notification Everyday (VINE) system. VINE is an incarceration data base that provides entry and exit notification for participating county jails. Approximately 80 Kansas jails participate. The VINE system will provide KDHE with the notification necessary to quickly and effectively manage these individual changes in the Medicaid program.</p> <p>Costs to implement the VINE system into the Medicaid process are being determined and will be included with a fiscal impact associated to a new Medicaid inmate reinstatement process. This is a KDHE policy change designed to immediately reinstate medical assistance coverage for former Medicaid recipients who are leaving a public institution. The new policy will allow these individuals immediate access to services. Currently, the new process is scheduled to be implemented in July, 2019.</p>



Kansas Sheriffs' Association

PO Box 1122, Pittsburg, KS 66762
Phone: (620) 230-0864 ★ Fax: (620) 230-0866
Sheriff Sandy Horton, Ret., Executive Director
Sheriff John R. Fletcher, Ret., Deputy Director

www.kansassheriffs.org

April 9, 2018

Justin Stowe, Interim Legislative Post Auditor
Legislative Division of Post Audit
800 SW Jackson St, Ste 1200
Topeka, KS 66612

Mr. Stowe,

On behalf of our association and our member sheriffs, we extend our thanks to you and your staff on this very important post audit study and report on Mental Health Services in Jails. Our association, and those responsible for managing the local jails in Kansas have been working for years to improve our ability to address the mental health needs of people held in our jails. We welcomed this audit to assist us in identifying ways we can further those efforts. We appreciate our association being allowed to assist you in reaching our sheriffs and helping to facilitate the flow of information from our sheriffs directly to your staff for this audit.

The number of mentally ill persons incarcerated in local jails began its upward trend in the late 1990's when the state decided to reduce state hospital capacities and shifted those treatment responsibilities toward a community mental health system that was not adequately prepared for the demand.¹ The number of mentally ill in jails and prisons has finally become a recognized concern across the United States, including in Kansas. We recognize the importance of addressing those mental health needs in our jail populations. Doing so will lead to better mental health recovery of individuals, reduce government costs, and reduce recidivism in our jail systems. The issue is not with the desire to address those needs but with limited jail resources, availability of treatment providers, and funding for those services.

It is important to recognize no one is held in our jails solely for a mental health condition. All persons in our jails are charged with a crime pending trial, serving a post-conviction sentence, or awaiting transfer to prison. Persons committing crimes are a cross section of our population. A 2017 report² estimates that nationally 18% of the population has a mental illness and about half of those have a co-occurring substance abuse problem. The report also estimates that more than half of the general adult population with mental illness do not receive treatment. The Kansas DOC reports 39% of their population has a mental health diagnosis with 11% severely and persistently mentally ill and 20% on psychotropic drugs.³ While we do not have solid numbers for all jails, we believe that percentage is significantly higher among our jail population than for DOC or the general population. This is supported by national data.⁴

In the past 10-15 years Kansas law enforcement has been engaged in efforts to divert people with identified mental health issues leading to the commission of public disorder crimes from jails and the criminal justice system and into the mental health systems. We continue to expand the number of officers who are trained in either Crisis Intervention or Mental Health First Aid. Coupled with more training on de-escalation techniques, this has led the way for our officers to be better prepared today than ever before to recognize when a person is in a mental health crisis and to direct them to treatment even when a minor crime has occurred. But we can't direct them to treatment if treatment resources are not readily available in the community. Many of our communities do not have adequate mental health resources. As noted in your report, these resource limitations also affect our ability to provide

those services within our jails. Diversion of the mentally ill from the criminal justice system when possible and reducing recidivism is critical to addressing bed space and jail operation cost challenges, but more importantly in restoring quality of life to the individual. Of course, not all people that engage in criminal acts can be diverted even when they have a mental illness. This is due to the nature or severity of the crime or because their mental illness does not seem to be the causative factor of their actions.

Training of jail staff is one of the standards mentioned in the report. While recognizing the responses to your survey, we believe all sheriffs are providing some level of training to all jail staff on critical mental health procedures, but not on an annual basis and probably not as extensive as they would like. As noted in the report, some jails struggle with finding adequate staff and training resources to meet their desired training goals. It is difficult for jails, especially the smaller ones, to send their jail staff to centralized training. Even local training can be difficult because to train all staff the training would have to be repeated several times in each jail or group of jails. This is time and cost intensive for both the jail and community mental health centers or others providing the training. It is easy to say annual training should be done, but to achieve that requires qualified instructors knowledgeable not only in mental health but also familiar with jail operations. While the community mental health centers may be one source of such training, we know their resources are already stretched thin. It also may be feasible for them to provide the training when their service area consists of one or a few counties, but these resources are thinnest in areas of the state where Community Mental Health Centers each service up to 20 counties. One way to meet these needs is to develop online training each jail staff can complete individually, or if possible interactive live online training, provided by good instructors with expertise in mental health in the jail setting. Our Association would be willing to work with any state agencies with the resources to develop and provide online training.

In addition to jail training by local agencies, the Kansas Sheriffs Association provides jail training opportunities. We hold an annual two-day jail training conference. One day is dedicated to medical (including mental health) and the second day is dedicated to legal and administration issues. The Association is also working with the Kansas Jail Association to expand the capacity of their Basic Jail Academy and Jail Supervisor Training.

We understand training is necessary to identify persons in our care who need special attention due to mental health and substance abuse issues. However, recognizing those needs is just the first step. Without adequate mental health resources in our community, we can only attempt to mitigate the effects of those conditions through intervention and the limited mental health responses our medical care givers can provide. The report addresses those gaps and the financial impact on jails and community mental health centers to provide the services needed in a small sampling of jails.

On the matter of intake services, mental health assessments and evaluations are difficult to consistently achieve in many local jails. This is due to lack of available qualified professionals in some areas of the state and the unplanned discharges from local jails that result in release before such assessments or evaluations can take place. This is particularly true since the standards suggest these be performed by varying levels of licensed professional mental health provider.

Discharge planning is another area emphasized in the report. Discharge planning is very challenging for local jails. Most of the people entering local jails will be in the jail less than 48 hours. Many of local jail inmates who are in jail longer are awaiting trial and subject to bond. A bond release, as well as the court disposition of the case can happen at any time without notice. The time of discharge from jails is not predetermined except for those serving a specified post-conviction sentence.

We are very concerned about the continuity of care for people coming into our jails and those being released. This is important for both physical health and mental health care needs. Our recent efforts to address the Medicaid suspension versus termination issue demonstrates our priority to this issue.

Continuity of care is greatly dependent on local medical and mental health resources, as well as many individual's transportation, health insurance, and employment challenges.

The discharge of prisoners with supplies of medication is also challenging. The referenced standards suggest ample medication be provided upon discharge to cover the period from release to when the person can reasonably expect to access community resources. This can vary depending on upcoming weekends and holidays, distance to the care providers, and individual challenges. Certain medicines are a special challenge within those guidelines for a person with identified mental illness or substance abuse disorders. A balance must be struck between the needs and the risk to abuse the drugs or even the sale of the drugs on the black market.

As the legislature reviews this report and seeks system improvements, we must emphasize that placing requirements on local jails will not work without increased mental health resources in our communities. The desire to address these needs already exists as demonstrated in efforts by several jails to coordinate with community mental health resources and to contract for mental health services. Mandates without availability of both financial and local service provider resources necessary to meet a mandate is a recipe for no meaningful results and increased liability on local jails. Jails are not alone in the gap between a desire to address mental health needs and resources. For example, we are now approaching three years of a moratorium on mental health court commitment admissions to Osawatomic State Hospital and the Department of Corrections does not have the resources to provide mental health and substance abuse treatment to every prisoner with those identified needs.⁵ We do not need another law on the books like exists for repeat DUI offenders⁶ creating an avenue for substance abuse treatment that doesn't exist. Unlike the federal and state governments, we do not have an option to push the solutions and the associated cost of those solutions to a lower level of government.

We look forward to utilizing the information in this report to assist our members in providing quality jail services, to demonstrate to our members successes in some counties in addressing these needs, and to work collaboratively with local and state leaders to find solutions to mental health resource needs for our jails. Diversion of the mentally ill from our local jails and adequate statewide access to treatment services for mental illness and substance abuse requires a state and local level team effort involving state agencies, local service providers, law enforcement, jails, and courts.



Sandy Horton, Sheriff-Retired
Executive Director

¹ Mental Health Care In Kansas, Roy W. Menninger, MD, https://kcdinfo.ks.gov/docs/default-source/dc---disability-history/ks-health-journalists-ks-history-menninger_2013.doc

History of Mental Health Care Systems in Kansas, Roy W. Menninger, MD <http://kcdinfo.ks.gov/docs/default-source/dc---disability-history/history-of-the-mental-health-care-system-in-kansas.doc>

² The State of Mental Health in America 2018, www.mentalhealthamerica.net/issues/state-mental-health-america

³ KDOC 2018 testimony to Sen. Ways and Means pg. 7 and 8, <https://www.doc.ks.gov/newsroom/legislative/2018/budget-ppt>

⁴ Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-2012, Office of Justice Programs, June 2017 <https://www.bjs.gov/content/pub/pdf/imhprpji1112.pdf>

⁵ KDOC 2018 testimony to Senate Ways and Means pg. 14, <https://www.doc.ks.gov/newsroom/legislative/2018/budget-ppt>

⁶ K.S.A 8-1567 (b)(2)

APPENDIX B

Glossary of Terms and Definitions

This appendix contains a glossary of the terms necessary to better understand the recommended mental health services jails and community mental health centers should provide.

Appendix B Glossary of Mental Health Terms	
Term	Definition
Case management	Assists persons in gaining access to needed medical, social, educational, and other services. Activities include assessment, development of a treatment plan, referral, and monitoring and followup.
Community mental health center	In Kansas, community mental health centers provide a community-based public mental health services safety net. They provide a full range of outpatient services and mental health rehabilitation services, such as psychosocial rehabilitation, community psychiatric support and treatment, peer support, case management, and attendant care. They are governed by K.S.A. 19-4001 through K.S.A. 19-4016.
Crisis intervention services	A crisis is a situation in which a person contemplates harm to themselves, others, or actions that could result in legal trouble. Important crisis intervention services include 24-hour crisis lines, walk-in crisis services, and mobile crisis teams. Services can also include psychiatric hospitalization, respite or residential services that help a person stabilize, resolve problems, and connect with sources of support.
Discharge planning	Refers to the process of providing sufficient medications for short-term continuity upon release and arranging for necessary follow-up mental health services before the inmate's release to the community.
Emergency mental health care	Care for an acute mental illness that cannot be deferred until the next scheduled mental health clinic or routine appointment.
Individual and group counseling	Also known as psychotherapy or talk therapy, individuals work with a trained therapist to explore and understand feelings and behaviors and gain coping skills. Some forms include cognitive behavioral therapy, dialectical behavior therapy, and exposure therapy among others. Sessions can be held individually or in groups such as families or couples.
Medication management	Medication services (e.g. administration, delivery in the facility, initial order distribution, and refills, etc.) that are clinically appropriate and provided in a timely, safe, and sufficient manner.
Mental condition	A diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder.
Mental health assessment	A structured interview by a mental health professional to determine if an inmate has mental health needs. An assessment would include questions about things like the inmate's history of psychiatric hospitalization, outpatient treatment, substance use hospitalization, suicidal behavior, special education placement and sex offenses.
Mental health evaluation	An evaluation is a thorough examination by a mental health professional to determine treatment needs.

Glossary of Mental Health Terms (Continued)	
Term	Definition
Mental health professionals	NCCHC standards define mental health professionals separate from mental health staff. For the purposes of this report, we refer to both as mental health professionals. Mental health professionals include all staff who have received instruction and training in identifying and interacting with individuals in need of mental health services. This could include, but is not limited to, psychiatrists, psychologists, psychiatric social workers, medical physicians, medical nurses, and others who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.
Mental health screening	A process of structured questioning and observation intended to prevent newly arrived inmates who pose a threat to their own or others' health, mental health, or safety from being admitted to the general population, and to get them rapid medical or mental health care. The screenings are focused on emergent and urgent mental health needs.
Psychoeducational programs	Psychoeducational programming teaches people about their illness and how they will receive treatment.
Psychosocial programming	Psychosocial programming includes different types of psychotherapy and social and vocational training that aim to provide support, education, and guidance to people with mental illness and their families.
Serious mental illness	A diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, that results in serious functional impairment.
Treatment documentation	Documentation of treatment goals and objectives, interventions necessary to achieve goals, and notation of clinical progress.

APPENDIX C
Mental Health Information Reported by 94 Kansas Jails

This appendix contains the information Kansas jails reported about the availability of mental health services to their inmates. We asked all 96 Kansas jails to complete a questionnaire about the mental health services available at their facilities. All but two jails, Harvey and Ottawa, completed the questionnaire in full. The questionnaire was based on key mental health services recommended in the National Commission on Correctional Health Care's 2015 *Standards for Mental Health Services in Correctional Facilities*. As described on page 14, we relied on information jails reported because there is no central, statewide data on mental health services in Kansas jails.

Appendix C

Mental Health Information Reported by 96 Kansas Jails

County Jail	Avg. Daily Inmate Population (a)	Jail Capacity (a)	Identification of Suicidal Inmates	Mental Health Screening	Mental Health Evaluation	Mental Health Medication	Mental Health Treatment	Discharge Planning	Mental Health Training
Jails That Reported ALL Recommended Mental Health Services Were Available to Inmates									
Douglas	232	186	✓	✓	✓	✓	✓	✓	✓
Jackson	100	108	✓	✓	✓	✓	✓	✓	✓
Johnson	767	818	✓	✓	✓	✓	✓	✓	✓
Kiowa	7	25	✓	✓	✓	✓	✓	✓	✓
Lyon	161	168	✓	✓	✓	✓	✓	✓	✓
Osage	23	31	✓	✓	✓	✓	✓	✓	✓
Reno	185	250	✓	✓	✓	✓	✓	✓	✓
Sedgwick	1,453	1,315	✓	✓	✓	✓	✓	✓	✓
Shawnee	565	707	✓	✓	✓	✓	✓	✓	✓
Sheridan	7	8	✓	✓	✓	✓	✓	✓	✓
Jails That Reported At Least One Recommended Mental Health Service Was Not Available to Inmates									
Allen	55	72	✓		✓	✓	✓	✓	
Anderson	40	48	✓		✓	✓			
Atchison	82	72	✓	✓		✓			
Barber	4	7	✓		✓	✓	✓	✓	
Barton	90	110	✓	✓		✓			
Bourbon	36	46	✓	✓	✓	✓			
Brown	27	50	✓	✓	✓	✓	✓		✓
Butler	195	235	✓	✓	✓	✓	✓		✓
Chase	120	150			✓	✓	✓	✓	

Appendix C
Mental Health Information Reported by 96 Kansas Jails

County Jail	Average Daily Inmate Population	Jail Capacity	Identification of Suicidal Inmates	Mental Health Screening	Mental Health Evaluation	Mental Health Medication	Mental Health Treatment	Discharge Planning	Mental Health Training
Jails That Reported At Least One Recommended Mental Health Service Was Not Available to Inmates (Continued)									
Chautauqua	45	22	✓	✓	✓	✓	✓		
Cherokee	75	106	✓	✓	✓	✓	✓		✓
Clark	4	8	✓		✓	✓	✓		
Clay	17	25	✓		✓	✓			✓
Cloud	85	86	✓	✓	✓	✓	✓		✓
Coffey	18	26	✓	✓		✓	✓		✓
Cowley	97	220	✓	✓	✓	✓			✓
Crawford	85	102	✓	✓	✓	✓	✓		✓
Decatur	5	11	✓		✓	✓	✓		
Dickinson	24	38	✓	✓		✓	✓		
Doniphan	12	44	✓		✓	✓	✓		
Edwards	3	10	✓		✓	✓	✓		
Elk	5	12	✓		✓	✓	✓		
Ellis	55	68	✓	✓		✓	✓	✓	✓
Ellsworth	7	18	✓	✓		✓	✓	✓	✓
Finney	120	220	✓	✓	✓	✓	✓		
Ford	137	250	✓	✓	✓	✓	✓		✓
Franklin	70	64	✓	✓	✓	✓	✓		✓
Geary	100	160	✓	✓	✓	✓	✓		✓
Graham	5	14	✓	✓		✓			✓
Grant	30	36	✓			✓	✓		

**Appendix C
Mental Health Information Reported by 96 Kansas Jails**

County Jail	Average Daily Inmate Population	Jail Capacity	Identification of Suicidal Inmates	Mental Health Screening	Mental Health Evaluation	Mental Health Medication	Mental Health Treatment	Discharge Planning	Mental Health Training
Jails That Reported At Least One Recommended Mental Health Service Was Not Available to Inmates (Continued)									
Greeley	1	3	✓	✓	✓	✓	✓		
Greenwood	30	32	✓	✓	✓	✓	✓		
Hamilton	7	16	✓		✓	✓	✓		
Harper	15	30	✓	✓	✓	✓	✓	✓	
Harvey	95	134	✓	✓	No Response	No Response	✓	No Response	No Response
Haskell	13	8	✓	✓		✓			✓
Jefferson	32	59	✓	✓	✓	✓	✓		✓
Jewell	2	4	✓		✓	✓	✓		
Kearny	8	20	✓	✓		✓			
Kingman	10	13	✓	✓	✓	✓	✓		✓
Labette	70	84	✓	✓		✓			✓
Lane	No Response	No Response	✓		✓	✓	✓	✓	
Leavenworth	142	224	✓	✓	✓	✓	✓		✓
Lincoln	3	12	✓		✓	✓	✓	✓	
Linn	No Response	17	✓	✓	✓	✓	✓	✓	
Marion	15	30	✓			✓			
Marshall	22	30	✓	✓	✓	✓	✓		
McPherson	41	54	✓	✓	✓	✓	✓		
Meade	14	74	✓	✓	✓	✓	✓		
Miami	45	22	✓	✓		✓			
Mitchell	No Response	No Response	✓	✓	✓	✓	✓		✓

**Appendix C
Mental Health Information Reported by 96 Kansas Jails**

County Jail	Average Daily Inmate Population	Jail Capacity	Identification of Suicidal Inmates	Mental Health Screening	Mental Health Evaluation	Mental Health Medication	Mental Health Treatment	Discharge Planning	Mental Health Training
Jails That Reported At Least One Recommended Mental Health Service Was Not Available to Inmates (Continued)									
Montgomery	122	165	✓		✓	✓			✓
Morris	2	8	✓	✓		✓	✓		
Morton	5	12	✓		✓	✓	✓		
Nemaha	15	32	✓	✓	✓	✓	✓		✓
Neosho	45	79	✓		✓	✓		✓	✓
Ness	4	9	✓			✓	✓		
Norton	10	8	✓	✓	✓	✓	✓		✓
Osborne	8	12	✓		✓	✓	✓		
Ottawa	51	60	No Response	No Response	No Response	No Response	No Response	No Response	No Response
Pawnee	11	16	✓		✓	✓	✓		
Phillips	9	10	✓	✓	✓	✓	✓		
Pottawatomie	17	68	✓		✓	✓	✓		
Pratt	20	30	✓	✓		✓			✓
Rawlins	2	10	✓	✓	✓	✓			✓
Republic	5	18	✓	✓	✓	✓	✓		
Rice	35	72	✓	✓	✓	✓	✓		✓
Riley	72	120	✓	✓	✓	✓	✓		✓
Rooks	10	20	✓	✓	✓	✓	✓		
Russell	19	22	✓	✓	✓	✓	✓	✓	
Saline	280	192	✓	✓	✓	✓	✓	✓	
Scott	20	23	✓		✓	✓	✓	✓	

Appendix C
Mental Health Information Reported by 96 Kansas Jails

County Jail	Average Daily Inmate Population	Jail Capacity	Identification of Suicidal Inmates	Mental Health Screening	Mental Health Evaluation	Mental Health Medication	Mental Health Treatment	Discharge Planning	Mental Health Training
Jails That Reported At Least One Recommended Mental Health Service Was Not Available to Inmates (Continued)									
Seward	100	125	✓	✓	✓	✓	✓		✓
Sherman	22	28	✓		✓	✓	✓		
Smith	3	13	✓		✓	✓	✓		✓
Stanton	6	45	✓		✓	✓	✓	✓	
Stevens	12	50		✓	✓	✓			
Sumner	115	185	✓	✓	✓	✓	✓		✓
Thomas	15	15	✓			✓	✓		
Trego	15	19	✓	✓	✓	✓	✓		✓
Wabaunsee	10	22	✓		✓	✓	✓		✓
Wallace	3	3	✓	✓	✓	✓	✓	✓	
Washington	35	34	✓	✓		✓			✓
Wilson	50	98	✓		✓	✓	✓		
Woodson	8	10	✓	✓	✓	✓	✓		
Wyandotte	395	516	✓	✓	✓	✓	✓		✓

(a) The average daily population exceeds the jail capacity in some counties. In these cases, the jail may be overcrowded and multiple inmates may be required to share the same space or place the inmate in another county jail that has open bed space.
Source: Results of LPA questionnaire responses for 96 Kansas jails (self-reported).

APPENDIX D

Cost Estimates for Providing Recommended Mental Health Services and Training to a Sample of Kansas Jails

This appendix contains a summary of our cost estimate work with a sample of jails and community mental health centers in six counties. Included in each county summary is a brief demographic description of the county and jail, current process surrounding mental health services for inmates, potential improvements we identified, and cost estimates for the resources each county may need to make those improvements. The six counties we selected were:

- Barton
- Jefferson
- Johnson
- Morris
- Russell
- Woodson

As discussed on page 26, we excluded Johnson County from our analysis in the main report because they reported all recommended services were available at their facility. However, we included their estimated costs to improve community services to inmates after their release in this appendix.

We interviewed jails and community mental health centers in each county about the additional resources they would need to provide or improve recommended mental health services for inmates. Staff from both organizations estimated the resources they would need to meet the increased demand on their systems if they provided or improved the recommended mental health services. Then we worked with staff to estimate the potential cost of the resources they identified. The costs should be interpreted as estimates because they are high-level approximations provided by jails and community mental health centers. Most of the jails and community mental health centers we identified did not maintain separate data on mental health costs or services provided to inmates, which required us to rely on information staff reported.

Barton County

General Information

Barton County operates a jail in Great Bend, Kansas. Barton County's population is approximately 27,000. The jail has a capacity of 110 inmates and the average daily inmate population is 90. In 2017, the jail booked 1,814 inmates. The community mental health center serving Barton County also serves three other counties, two of which have local jails.

Current Process as Reported by the Jail and Community Mental Health Center

When booked into the jail, inmates are screened for medical and mental health needs. The jail refers some inmates to the community mental health center for a mental health assessment and evaluation. They only refer inmates with emergency mental health needs or who were clients of the mental health center before coming to jail. The mental health center assesses and evaluates those inmates, but not all inmates. The jail provides medication services to inmates with verifiable prescriptions. The mental health center can provide a range of treatment services and discharge planning. However, they are not currently able to provide treatment services to inmates while incarcerated, except in the circumstances previously listed because they lack the resources. Discharge planning is not provided.

Improvements We Identified

To improve their current process, the jail would need to:

1. refer all inmates to the community mental health center for a mental health assessment and evaluation to determine if there is a need for treatment, medication, and discharge planning and facilitate services where mental health needs are found.
2. ensure all jail staff receive annual mental health training approved by a mental health professional.

Estimated Additional Resources and Costs Needed for Improvements

Additional Resources	Purpose	Estimated Cost
For Improvement 1		
2.5 – 3.5 in additional corrections staff at the jail (including additional nursing staff)	To facilitate the potential increase in supervision required if more inmates received mental health treatment while in jail.	\$110,000 - \$145,000 (per year)
1 additional service provider at the mental health center	To conduct mental health assessments for Barton County and the other two county jails served by the mental health center if the jails started referring all inmates for an assessment and evaluation.	\$44,000 (per year)
2 – 3.5 additional service providers at the mental health center	To provide treatment, medication management, and discharge planning to the Barton County jail if it started referring all inmates for assessment and evaluation and some had mental health needs.	\$121,000 - \$187,000 (per year)
For Improvement 2		
No additional resources required	The mental health center told us they could provide mental health training at no cost to the jail.	\$0

Jefferson County

General Information

Jefferson County operates a jail in Oskaloosa, Kansas. Jefferson County's population is approximately 19,000. The jail has a capacity of 59 inmates and the average daily inmate population is 32. In 2017, the jail booked approximately 600 inmates. The community mental health center serving Jefferson County also serves Atchison and Leavenworth counties, both of which have jails.

Current Process as Reported by the Jail and Community Mental Health Center

When booked into the jail, inmates are screened for medical and mental health needs. The jail refers some inmates to the community mental health center for a mental health assessment and evaluation. They only refer inmates who screen positive during the jail's initial screening. The mental health center assesses and evaluates those inmates for mental health needs, but not all inmates. Discharge planning is not provided by the jail. According to jail officials, county law enforcement attempts to divert people to treatment rather than send them to jail when possible. The jail reported this reduces the number of inmates they see with mental health needs.

Improvements We Identified

To improve their current process, the jail would need to:

1. refer all inmates to the community mental health center for a mental health assessment and evaluation to determine if there is a need for treatment, medication, and discharge planning and facilitate services where mental health needs are found.
2. ensure all jail staff receive annual mental health training approved by a mental health professional.

Estimated Additional Resources and Costs Needed for Improvements

Additional Resources	Purpose	Estimated Cost
For Improvement 1		
1 service provider at the mental health center	To provide assessment, evaluation, and treatment services to the potential increase in clients if the Jefferson County jail referred all its inmates for mental health assessment and evaluation.	\$50,000 - \$93,000 (per year)
Half-time case manager at the mental health center	To provide discharge planning services to those already referred by the jail and the potential increase in clients if the Jefferson County jail referred all its inmates for mental health assessment.	\$19,000 - \$22,000 (per year)
For Improvement 2		
Funding for costs associated with yearly training on mental health	To provide jail staff working directly with inmates yearly training on mental health issues.	\$6,000 - \$23,000 (per year)

Johnson County

General Information

Johnson County operates a jail in New Century, Kansas. Johnson County's population is approximately 585,000. The jail has a capacity of 818 inmates and the average daily inmate population is 767. In 2016, the jail booked approximately 15,300 inmates. The community mental health center serves only Johnson County.

Current Process as Reported by the Jail and Community Mental Health Center

The jail and its contracted medical and mental health provider, Correct Care Solutions, appear to provide the key services we identified. When booked into the jail, inmates are screened by jail staff for medical and mental health needs. Correct Care Solutions provides the rest of the mental health services at the jail, including assessments of all inmates (unless they refuse), further evaluation for those with identified needs, treatment, medication services, and discharge planning. However, because the jail works with a contracted provider, the community mental health center may not be aware of all inmates in need of their services in the community after release. The jail tries to address this issue by sending completed mental health screenings for most jail inmates to the mental health center, so it can attempt to follow up with inmates in need after their release.

Improvements We Identified

We did not find any improvements for the jail's process.

However, to improve the care inmates receive when they return to the community, the community mental health center would need to:

1. provide staff to meet with all inmates who screened positive for need while at the jail and prior to their release from jail. Meeting with inmates prior to release (instead of attempting to contact them after release) should increase the number of inmates reached.

Estimated Additional Resources and Costs Needed for Improvements (Related to Services at the Johnson County Mental Health Center After Release From Jail)

Additional Resources	Purpose	Estimated Cost
For Improvement to Care Received in the Community After Release from Jail		
4 service providers at the mental health center	To provide assessment services to inmates at the jail so services at the community mental health center are arranged prior to release.	\$210,000 (per year)
1 psychiatrist and 3-6 case managers at the mental health center	To provide treatment to the potential increase in clients if all inmates at the jail were assessed for community mental health center services prior to release.	\$260,000 (per year) for a psychiatrist \$195,000 - \$420,000 (per year) for case managers

Morris County

General Information

Morris County operates a jail in Council Grove, Kansas. Morris County's population is approximately 5,600. The jail has a capacity of eight inmates and the average daily inmate population is two. In 2017, the jail booked 182 inmates. The community mental health center serving Morris County also serves six other counties, all of which have local jails.

Current Process as Reported by the Jail and Community Mental Health Center

When booked into the jail, inmates are screened for medical and mental health needs. The jail refers some inmates to the community mental health center for a mental health assessment and evaluation. They only refer inmates with an apparent emergency need or inmates who request mental health services. The mental health center assesses and evaluates those inmates for mental health needs, but not all inmates. The mental health center can provide a range of treatment services and discharge planning. However, because of the expense of qualified professional staff, it currently can provide only medication management in limited cases to those in jail.

Improvements We Identified

To improve their current process, the jail would need to:

1. refer all inmates to the community mental health center for a mental health assessment and evaluation to determine if there is a need for treatment, medication, and discharge planning and facilitate services where mental health needs are found.
2. ensure all jail staff receive annual mental health training approved by a mental health professional.

Estimated Additional Resources and Costs Needed for Improvements

Additional Resources	Purpose	Estimated Cost
For Improvement 1		
1 additional intern at the mental health center	To handle an increase in the number of assessments performed for the Morris County jail.	\$1,500 (per year)
3 additional service providers at the mental health center	To handle an increase in inmates needing evaluation, treatment and discharge planning. These staff would also cover the six other counties served.	\$228,000 (per year)
Additional billed hours for a nurse practitioner or medical doctor at the mental health center	To handle the potential increase in inmates requiring medication management services (in Morris County only).	\$14,000 (per year)
For Improvement 2		
No additional resources required	The mental health center told us they could provide mental health training at no cost to the jail.	\$0

Russell County

General Information

Russell County operates a jail in Russell, Kansas. Russell County's population is approximately 7,000. The jail has a capacity of 22 inmates and the average daily inmate population is 19 inmates. In 2017, the jail booked 515 inmates. The community mental health center serving Russell County also serves 19 other counties in northwest Kansas, 15 of which have local jails.

Current Process as Reported by the Jail and Community Mental Health Center

When booked into jail, inmates are screened for medical and mental health needs. The jail refers some inmates to the community mental health center for a mental health assessment and evaluation. They only refer inmates with an apparent emergency need or inmates who request mental health services. The mental health center assesses and evaluates those inmates for mental health needs, but not all inmates. The jail reported a wait time of two to four weeks at the mental health center for a non-emergency assessment. The mental health center can provide a range of treatment services and discharge planning. The jail also has a local doctor who provides medication services when appropriate.

Improvements We Identified

To improve their current process, the jail would need to:

1. refer all inmates to the community mental health center for a mental health assessment and evaluation to determine if there is a need for treatment, medication, and discharge planning and facilitate services where mental health needs are found.
2. decrease wait time at the center for non-emergency assessments for inmates.
3. ensure all jail staff receive annual mental health training approved by a mental health professional.

Estimated Additional Resources and Costs Needed for Improvements

Resource	Purpose	Estimated Cost
For Improvements 1 and 2		
3 additional clinicians at the mental health center	To decrease wait times for non-emergency assessment for the Russell County jail and other jails served by the mental health center. This could help more inmates receive services while in custody.	\$185,000 (per year) <i>Even if these positions were funded, the mental health center may have trouble filling them</i>
Endowment funds for scholarship incentive program at the mental health center	To increase recruitment and retainment efforts which would help address staff shortage issues for their area.	\$250,000 (one-time)
For Improvement 3		
No additional resources required	The mental health center told us they could provide mental health training at no cost to the jail.	\$0

Woodson County

General Information

Woodson County operates a jail in Yates Center, Kansas. Woodson County's population is approximately 3,200. The jail has a capacity of 10 inmates and the average daily inmate population is eight inmates. Last year, the jail booked 106 inmates. The community mental health center serving Woodson County also serves five other counties, all of which have local jails.

Current Process as Reported by the Jail and Community Mental Health Center

When booked into the jail, inmates are screened for medical and mental health needs. The jail refers some inmates to the community mental health center for a mental health assessment and evaluation. They only refer inmates with an apparent emergency need or inmates who request mental health services. The mental health center assesses and evaluates those inmates for mental health needs, but not all inmates. However, the jail reported a wait time of two weeks for a non-emergency assessment. The mental health center can provide a range of treatment services and discharge planning. The jail also has a local doctor who provides medication services when appropriate.

Improvements We Identified

To improve their current process, the jail would need to:

1. refer all inmates to the community mental health center for a mental health assessment and evaluation to determine if there is a need for treatment, medication, and discharge planning and facilitate services where mental health needs are found.
2. decrease wait time at the center for non-emergency assessments for inmates.
3. ensure all jail staff receive annual mental health training approved by a mental health professional.

Estimated Additional Resources and Costs Needed for Improvements

Additional Resources	Purpose	Estimated Cost
For Improvement 1		
No additional resources required	The jail is small and is already referring a percentage of inmates for services, so the potential increase in demand on the mental health center would be small enough for them to handle with current resources.	\$0. <i>However, the mental health center anticipated it would need additional resources if all five county jails they serve also began referring all inmates for assessments. Those resource needs were not estimated.</i>
For Improvement 2		
Half-time service provider at the mental health center	To help decrease the wait times for non-emergency assessment referrals made by Woodson County jail.	\$25,000 to \$75,000 (per year)
For Improvement 3		
No additional resources required	The mental health center told us they could provide mental health training to the jail for a small fee. The jail said their training budget could cover the cost of training.	\$0

APPENDIX E Cited References

This appendix includes a list of the studies and reports cited in this report.

1. A Best Practice Approach to Community Reentry From Jails for Inmates With Co-Occurring Disorders: The APIC Model. (2003, January). *Crime & Delinquency, Vol 49 No. 1, 79-96.*
2. Best Practices in Mental Health at Corrections Facilities. (2011, November). *Partnership for the Public Good.*
3. Governor's Mental Health Task Force Report. (2014, April). *Kansas Department of Aging and Disability Services, Behavioral Health Services Council.*
4. Indicators of Mental Health Problems Reported by Inmates, 2011-2012. (2017, June). *U.S. Department of Justice, Bureau of Justice Statistics.*
5. Individuals With Serious Mental Illnesses in County Jails: A Survey of Jail Staff's Perspectives. (2016, July). *Public Citizen's Health Research Group and The Treatment Advocacy Center.*
6. Medicaid and Re-Entry: Postcard. (2017, January). *National Conference of State Legislatures.*
7. Mental Health Task Force Report. (2018, January). *Kansas Department of Aging and Disability Services, Behavioral Health Services Council.*
8. Standards for Mental Health Services in Correctional Facilities. (2015). *National Commission on Correctional Health Care.*