

Jail Protocols

Kentucky Jail Mental Health Crisis Network

Duty to Protect

When a government chooses to incarcerate one of its citizens, that government and its jails assume a “Constitutional Duty” to provide reasonable care and safety to all inmates. Specifically, case law articulates a “duty to prevent inmate assault, suicide, serious healthcare failures and inadequate condition of confinement.”

The Jail Triage Program focuses primarily upon suicide prevention and the management of an inmate in mental health crisis. Jail Triage provides methods of identifying inmates who have or are currently exhibiting indices of suicide risk or mental health crisis. Once a jail becomes aware of these risk indicators, Jail Triage facilitates a timely and reasonable response intended to prevent harm and assure defensibility if serious inmate harm should occur.

How Jail Triage Works

Jail Triage is a voluntary program made available to Kentucky’s county jails at no cost to them, with a focus on providing suicide assessment and risk management for inmates while they are in custody. This also functions to help jails manage their liability. The services are telephonic and are initiated when staff at participating jails call a toll-free number to request a triage. This service is available 24 hours a day, 7 days a week at: **877-266-2602**.

Once a risk has been identified, a Jail Triage clinician is alerted and returns the jail’s telephone call to gather additional information and assign an appropriate risk level that suggests jail protocols regarding inmate housing, supervision, property, clothing and food. The need for further follow-up with local mental health or for a follow-up call to the Jail Triage line is also determined at that time, with timeframes for such communicated to jail staff.

Identifying Jail Risk

Contact with Jail Triage is recommended any time suicide risk or mental health concerns are identified. This may occur at several different points while the inmate is in custody. These will be discussed in more detail later in this overview:

- During the intake process with an arresting or transporting officer.
- During the booking/screening process
- When jail record indicates a previous alert or flag for suicide or mental health risk
- After an event such as an upsetting court appearance, phone call or visit.

- After the jail is contacted by concerned family or other outside party.
- When inmates express concern about another inmate's statements or behavior.
- When an inmate expresses a mental health or suicide concern.
- When jail staff observe behaviors of concern.

The "Jail Intake Assessment" and "Booking Screening Questions" screening tools are often the earliest means of identifying risk. The use of these two tools ensures that the same risk variables are identified by all jails participating in this program. Each question is designed to determine if a secondary level of assessment is required and includes a timely and appropriate referral based on how the question is answered.

The "Jail Intake Assessment" is designed for use when the inmate first arrives at the jail, gathering information from the arresting/transporting officer as well as from the inmate's first point of contact with jail personnel. The "Booking Screening Questions" is for use during the actual booking process, gathering both active and historical information directly from the inmate, from the booking officer's observations and from jail records. The screening questions regarding active suicide and mental health concerns can be asked again at any point in the incarceration. Similarly, jail staff observations are ongoing. These questions and observations are particularly important when any of the other concerns listed above are present.

These screening tools follow on the next two pages.

Jail Intake Assessment

Arresting/Transporting Officer Questions

1. Has this arrestee engaged in any assaultive or violent behavior? **(If yes, refer to custody supervisor.)**
2. Has your search of this arrestee uncovered any dangerous contraband such as drugs or weapons? **(If yes, refer to custody supervisor.)**
3. Has this arrestee attempted to allude or escape from custody? **(If yes, refer to custody supervisor.)**
4. Are you aware of the need to keep this arrestee separated from other persons housed in this facility? **(If yes, refer to custody supervisor.)**
5. Are you aware of this arrestee's consumption or use of potentially dangerous levels of alcohol or drugs? **(If yes, refer to medical.)**
6. Are you aware of any acute medical condition or injury recently sustained by this arrestee that may require immediate medical attention? **(If yes, refer to medical.)**
7. Has this arrestee demonstrated any behaviors that might suggest mental illness? **(If yes, call Jail Triage.)**
8. Has this arrestee demonstrated any behaviors that might suggest an intellectual or developmental disability? **(If yes, refer to custody supervisor.)**
9. Has this arrestee demonstrated any behaviors that might suggest acquired brain injury? **(If yes, refer to medical.)**
10. Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies? **(If yes, call Jail Triage.)**
11. Has there been any indication that the arrestee is reacting so negatively to their charge that they may engage in self harming behavior? **(If yes, call Jail Triage.)**
12. Do you have any other information that may assist this agency in the care and/or custody of this arrestee? **(If yes, refer to custody supervisor.)**

Jail Officer Assessment Questions

13. Are there any institutional alerts on file for this arrestee? **(If alerts are for mental health/suicide, call Jail Triage.)**
14. Is there a need for an immediate evaluation of this arrestee by health care staff or a custody supervisor? **(If yes, refer to the appropriate person.)**

Inmate Booking Screening Questions

1. Do you have a serious medical condition that may require attention while you are here? **(If yes, refer to medical staff.)**
2. Are you currently taking a prescription medication that may need continuation while you are here? **(If yes, refer to medical staff.)**
3. Do you have a serious mental health condition that may need attention while you are here? **(If yes, call Jail Triage.)**
4. Have you recently taken or been prescribed medication for emotional problems? **(If yes, refer to medical staff.)**
5. Have you been hospitalized for emotional problems within the last year? **(If yes, call Jail Triage.)**
6. Have you ever attempted suicide? **(If yes, call Jail Triage.)**
7. Are you currently thinking about suicide? **(If yes, call Jail Triage.)**
8. Have you recently ingested potentially dangerous levels of drugs and alcohol? **(If yes, refer to medical staff.)**
9. Have you ever experienced DTs or other serious withdrawal from drugs or alcohol? **(If yes, refer to medical staff.)**
10. Have you ever had a closed head injury that resulted in permanent disability? **(If yes, refer to medical staff.)**
11. Do you have learning or other disabilities that will impact your ability to understand instructions while you are here? **(If yes, refer to custody supervisor.)**
12. Are you aware of any reason you should be separated from another inmate while you are here? **(If yes, refer to custody supervisor.)**
13. Have you ever required separation from another inmate while incarcerated at another facility? **(If yes, refer to custody supervisor.)**
14. Do you understand that you may request a health care provider at any time while you are here? **(If no, refer to custody supervisor.)**
15. Have you understood all the questions that I have asked you? **(If no, refer to custody supervisor.)**
16. Have you provided us with all the information that you want us to be aware of while you are here? **(If no, refer to custody supervisor.)**

Questions for Booking Screening Officer

17. Does the screening officer feel that the arrestee is capable of understanding all the questions asked? **(If no, call Jail Triage for questions related to mental health, suicide, IDD, ABI, or in combination with substance abuse.)**
18. Does this arrestee have any institutional history of alerts? **(If yes, call Jail Triage for alerts related to mental health/ suicide. Notify custody supervisor or medical staff for other alerts.)**
19. Does this screening officer feel that his arrestee should be referred to a supervisor for review? **(If yes, notify immediately.)**
20. Is there any indication that the arrestee is reacting so negatively to their charge that they may engage in self harming behavior? **(If yes, call Jail Triage.)**

Concerns identified by the “Jail Intake Assessment” screening tool

In reviewing the “Jail Intake Assessment” screening tool, you may have noticed that only some of the questions are considered flags or triggers to call Jail Triage:

- Has this arrestee demonstrated any behaviors that might suggest mental illness?
- Has this arrestee demonstrated any behaviors that might suggest suicidal tendencies?
- Has there been any indication that the arrestee is reacting so negatively to their charge that they may engage in self harming behavior?
- Are there any institutional alerts on file for this arrestee? (related to mental health/ suicide)

By the time the arrestee arrives at the jail, he or she may no longer be exhibiting the behaviors or voicing the threats that were observed at the time of arrest/transport. This does not mean that the earlier concerns no longer indicate risk. If this were the case, no input from the arresting or transporting officer would be needed at all since information about active and observable concerns could be gathered by the booking officer. It is recommended that Jail Triage be contacted for any of the above concerns identified by the arresting or transporting officer regardless of the arrestee’s presentation once at the jail. This includes alerts that the inmate was on suicide watch at their previous facility even if the alert provides no specifics. Remember, we are looking for risk indicators from all available sources, not just proven or actual risk.

Arresting officers have often had previous dealings with these individuals such as performing wellness checks or serving mental inquest warrants and can be valuable sources for additional insight and history. Circumstances of the arrest as described in the citation can also be helpful in assessing degree of distress and in identifying heightened risk.

Concerns identified by “Booking Screening Questions”

Similar to the intake assessment screening tool, affirmative answers to only a small number of the 20 questions from the “Booking Screening Questions” tool are meant to prompt a call to Jail Triage:

- Do you have a serious mental health condition that may need attention while you are here?
- Have you been hospitalized for emotional problems within the last year?
- Have you ever attempted suicide?

- Are you currently thinking about suicide?
- Does the screening officer feel that the arrestee is capable of understanding all the questions asked? (related to mental health/suicide)
- Does this arrestee have any institutional history of alerts? (related to mental health/suicide)
- Is there any indication that the arrestee is reacting so negatively to their charge that they may engage in self harming behavior?

More than half of these questions are self-report, the accuracy of which depends on such things as inmates' honesty, secondary motivations, mental capacity, and degree of impairment by substances. Jail staff are not expected to determine what might or might not be accurate, or even relevant. If a "yes" answer is given to one of these screening questions, it is recommended that Jail Triage be contacted even if the flag seems minor. It is also recommended that Triage be contacted if there are institutional alerts from past incarcerations when inmates were put on suicide watch even if the reason is not known. Jail Triage clinicians have access to years' worth of history on many of these inmates to supplement what is being reported at this particular booking. This allows current risk to be evaluated against past history. If the flag really is minor, leave that judgment call to Jail Triage. We are educated, trained and licensed to make those decisions, and the Courts provide us with the protection to do so.

Jail staffs' observations are considered invaluable in this portion of the screening process. Do not hesitate to let Jail Triage clinicians know of any concerns you have even if they are difficult to describe. Your input is taken very seriously.

Concerns identified after an event

Suicidal impulses are often brief and in response to particular stressors. In jail settings, this is most clearly seen in response to disciplinary actions. In the heat of the moment, inmates forcefully threaten to kill themselves and may even engage in such self injury as head banging. Once they've had some time on suicide watch to safely calm and come to terms with their situation, the impulse passes and they no longer want to die. Calls to Jail Triage are common in these "event" situations.

Calls to Jail Triage are also common after an inmate receives news of the death of a loved one.

The more worrisome events are the ones that might get missed just because they don't stand out. Inmates routinely go to court, make phone calls, and have visits. When those things go badly, unless the inmate makes direct threats of

suicide, the cause and effect of their distress is not always obvious, and any resulting behavioral escalation can be mistaken as merely acting out. This often results in inmates having access to means to harm themselves before they've had time to calm and for the suicidal impulse to pass. Completed suicides can often occur after these events.

Don't hesitate to call Jail Triage if after a phone call, visit or court appearance inmates are physically agitated, have outbursts of anger or other emotion, don't seem like their usual selves, ask to be housed alone, or have any other shift in presentation. Also don't hesitate to ask inmates if they feel suicidal or to express concern for their well-being after these events. Asking them will not make them suicidal, but it may help confirm heightened risk.

Concerns identified by family or other outside parties

When a family member, lawyer, court personnel, probation officer or any other third party contacts the jail to express concern for the safety or well-being of an inmate, it is recommended that Jail Triage be contacted. Sometimes these concerns are baseless. Concerned parties who telephone the jail are not always who they claim to be, and motivations are not always concern for the inmate. Even so, these concerns always warrant further inquiry as part of risk management, and Jail Triage can assist the jail with that.

Concerns identified by other inmates

Some of the best eyes and ears at the jail are inmates who are housed together. They are often the first to notice changes in mood or behavior, to become aware of worrisome thinking patterns or to hear suicidal statements. They are also often the first to intervene in jail suicide attempts. It is recommended that any concern expressed by another inmate be taken seriously.

As with other third-party reports, there are times when inmates make false claims to get someone they don't like out of a cell or to otherwise cause trouble for another inmate. Whether the report appears to be true or false, call Jail Triage.

Concerns identified by the inmate

Inmates at times will ask to speak to mental health apart from any suicidal thinking or other obvious risk to their safety. Such requests are enough to prompt a call to Jail Triage. However, a request alone is not enough information for a Jail Triage clinician to assess risk and determine the need for contact with mental health. In these situations, jail staff are asked to gather as much information as possible about why the inmate feels the need to speak to mental health. This will greatly assist in the clinician's evaluation.

If the inmate is struggling with acute emotional distress, bad news from home, concerns about their legal situation, or active mental illness, Jail Triage may need to dispatch local mental health to prevent further decompensation. As always, jail staff are not expected to make these judgment calls. They are just asked to get this information from the inmate so Jail Triage clinicians can make appropriate recommendations.

Concerns identified by jail staff

Any time an inmate tells staff they are suicidal, reports voices telling them to do things or does something that gives the appearance of possible suicidality (makes a noose, hoards medication, self mutilates, head bangs, etc.), Jail Triage should be contacted. Even if the threat or action appears flippant, behaviorally motivated, conditional, for secondary gain or while impaired by substances. People who do not intend to die sometimes accidentally do so in these situations. Even false threats need to be assessed and managed safely.

Other behaviors can also be warning signs of worsening depression or suicide risk, and are worth a call to Jail Triage:

- Refusing repeated meals, commissary or life-sustaining medications
- Stopping visits and phone calls to support people and lawyers
- Losing interest in activities such as recreation time and showers
- Writing good-bye letters or otherwise settling affairs
- Giving away property
- Exhibiting distress that is accompanied by physical agitation
- Presenting with persistent sadness, fatigue or withdrawal
- Inciting other inmates or staff to harm them.
- Seeming noticeably different than their usual selves.

One serious category of concern often identified by jail staff is related to substance use and withdrawal. As noted on the screening questions, the priority when an arrestee reports substance use or withdrawal potential is to have them seen by medical since they could easily be in a life-threatening medical crisis. Jail Triage would never be the first or only point of contact for substance-related concerns since managing suicide risk in a jail setting involves allowing time for

suicidal impulses to pass and monitoring for improvement over time. Medical concerns, on the other hand, depend on prompt intervention.

Once medical concerns are addressed in these situations, calls to Jail Triage are often warranted since substance use can be a compounding factor in suicide risk due to decreased inhibitions, increased emotional distress, increased aggressiveness and constricted cognition that doesn't let the person see beyond their current despair. Arrestees often threaten suicide or make homicidal threats while impaired. They are also often impulsive and can be difficult to safely manage behaviorally. They may head bang, punch walls or otherwise be self-injurious. They may exhibit substance-induced psychotic features, have difficulty responding to screening questions or directions, or otherwise exhibit poor mental status. They may have exaggerated feelings of hopelessness or see this arrest as destroying their life. All these aspects of substance use heighten suicide risk at the jail and certainly warrant a call to Jail Triage once medical has been alerted.

Another risky part of substance involvement is that someone impaired or withdrawing from substances can be confused with someone having mental health problems when they're actually having a medical crisis. That's why it is always a good idea to refer to medical staff if there is any chance the arrestee uses substances.

The dangerousness of withdrawal symptoms in particular can be easy to miss since they may not appear for days after an arrest. Be especially mindful of inmates withdrawing from alcohol, benzodiazepines and opiates. Even if the inmate didn't disclose withdrawal risk, observing the symptoms below can indicate need for immediate medical attention.

Alcohol

Seizures and delirium tremens (DTs) are the most serious alcohol withdrawal symptoms and can result in death.

Watch for shaking, shivering, irregular/fast heartbeat, high blood pressure, heavy sweating, hallucinations, very high fever, nightmares, global confusion and seizures.

These symptoms can occur up to 3 days into withdrawal. They are more likely among inmates who have had a high intake of alcohol for more than one month (7-8 pints of beer daily or 1 pint of liquor daily). A history of seizures/DTs predicts future withdrawal episodes.

Benzodiazepines

Catatonia, convulsions/seizures, delirium tremens (DTs) similar to alcohol withdrawal and increased suicidal ideation are the most serious benzodiazepine withdrawal symptoms and can result in death.

Watch for psychosis, confusion, fever, mania, aggression and psychomotor rigidity or severe psychomotor agitation.

These symptoms can occur within 6-8 hours for short-acting benzodiazepines and within 24-48 hours for long-acting benzodiazepines. **Closely monitor on days 3 and 4.** Fatal symptoms often manifest during this window for heavy benzodiazepine users.

Opiates

Complications from persistent vomiting and diarrhea are the most serious opiate withdrawal symptoms and can result in death. Dehydration and elevated sodium levels may result in heart failure. Inadvertently breathing vomited material into the lungs may result in suffocation.

Watch for such dehydration symptoms as dizziness/fainting, rapid heartbeat and breathing, confusion/irritability, decreased urine output/dark colored urine, fatigue/sleepiness, and low blood pressure.

Symptoms for short-acting opiates (heroin) peak around 2-3 days. However, symptoms can continue for up to 10 days.

Seek help from a medical professional if any such symptoms are observed, whether that be the jail's own medical staff or an ambulance. Jail Triage staff are not medically trained. As mental health professionals, their assistance with substance-related concerns is limited to helping jails manage any heightened suicide risk while the inmate sobers and while the withdrawal symptoms subside.

The Jail Triage Process

Once the jail has identified a need to contact Jail Triage, staff should be prepared to provide some basic information about the inmate in question when the Jail Triage clinician returns their call:

- Name
- Social security number
- Birth date
- Charges and whether any of the charges are felonies
- Booking date
- Any known substance impairment or withdrawal potential

- Names of any known psychiatric medications
- Details about the concern that prompted the call (or changes to the initial concern if this is a retriage at a later date)
- Details about any known institutional alerts
- Inmate's current presentation

It is helpful if the jail staff person who contacts Jail Triage has direct knowledge of this information, since clinicians will often ask for additional details. There may be times when the Jail Triage clinician will ask to speak directly to the inmate for further clarification so an appropriate risk level can be assigned, and any needed follow-up arranged. A written triage report will be forwarded to the jail after the call is completed.

This program uses four levels of risk. Some of these levels are automatic depending on certain criteria. Others require more clinical judgment on the part of the Jail Triage clinician:

- **CRITICAL** – Active suicide attempts or other self-injury.
- **HIGH** – Active thoughts of suicide, history at initial triage of suicide attempts less than two years ago, concerns related to high charge-related risk, agitated psychosis, or lower-level risks compounded by additional factors that raise concern for the inmate's immediate safety.
- **MODERATE** – History at initial triage of a suicide attempt between two and ten years ago, family history of completed suicides, significant mental health treatment history, or psychiatric hospitalization within the past year. Active emotional distress without suicidal ideation, other active concerns worth monitoring, or lower-level risks compounded by additional factors.
- **LOW** – History at initial triage of a suicide attempt ten or more years ago, or a minor mental health history. Absence of additional compounding risk factors.

The table below outlines recommended housing, observation, property, clothing and food for each of these four levels. Once a level of risk has been determined, it is the responsibility of jail staff to implement the corresponding protocols. Failure to properly implement High-risk protocols in particular has resulted in serious injury and death, with inmates making suicide attempts while on watch by hanging/strangling themselves, cutting themselves and ingesting objects that they would not have been in possession of if the protocols had been followed.

	Critical	High	Moderate	Low
Housing	Restraint Chair	Single or Safe Cell	General Population	General Population
Observation	Constant	Frequent and Staggered	Individualized	Normal
Property	None	None or Suicide Blanket	Full	Full
Clothing	Regular	Suicide Smock	Jump Suit	Jump Suit
Food	Finger	Finger	Regular	Regular

In light of the 2015 Supreme Court decision in *Kingsley v. Hendrickson* regarding use of excessive force in jail settings, it is important to keep in mind that safety is the sole purpose of these protocols. On occasions when inmates resist complying with safety protocols, any force used must be objectively reasonable in context of keeping the inmate safe from self harm. In other words, force must fit what is trying to be accomplished. For example, when inmates refuse to dress out in a suicide smock, it is recommended that they be allowed to sit in the safety chair until they are ready to comply rather than forcibly removing their clothing and putting them into the smock. Being in the safety chair prevents inmates from using their clothing to harm themselves, so it accomplishes the goal of safety without using excessive force.

When the Jail Triage clinician assigns a risk level, jail staff will also be given one of three recommendations regarding that level:

- Maintain the risk level pending contact with mental health within a specified timeframe.
- Maintain the risk level for a specified timeframe and then call Jail Triage again to retriage.
- Maintain the risk level for a specified time and then reduce to the next lower level if no concerns arise.

Regardless of the recommendation, Jail Triage is available 24 hours a day, 7 days a week for additional consultation as needed if new mental health or suicide concerns arise: 877-266-2602.

Contact with mental health

If contact with mental health is recommended, this means a mental health professional will need to speak directly to the inmate to further assess and manage the inmate's suicide risk while at the jail. This is typically within 12 to 24 hours. Jail Triage is responsible for arranging this contact. The form the contact takes is at the discretion of the local mental health provider. It may be in person, via video or by telephone. The jail will be responsible for making the inmate available to mental health once contact is made. If the jail has safety concerns regarding this contact or if the inmate refuses, the risk level will be maintained and the need for follow-up will be revisited at a later date.

After mental health has assessed the inmate, the jail will be given further recommendations in writing. If you do not receive a written report for some reason, contact the providing agency so that the report can be sent again. Mental health may recommend that the risk level be increased, maintained or lowered by one level, depending on their assessment. The recommendation will include how long the jail is to keep the inmate at the assigned level and whether the jail is to call Jail Triage at the end of that time period for further assessment. Other suggestions may also be made regarding such things as involuntary hospitalization, referral to medical, referral to jail mental health staff, referral to a chaplain, use of inmate watchers or housing considerations. It is left to jails' discretion whether they wish to accept these suggestions.

Retriage after specified timeframe

If a retriage is recommended, this means the jail needs to call Jail Triage again after the specified timeframe. Before calling, jail staff should ask the inmate whether they are currently having suicidal thoughts or any other emotional distress. The retriage typically occurs after 12 to 48 hours, depending on the situation. The current risk level and need for follow-up with mental health is reassessed during the retriage, and further recommendations are made.

Retriages are commonly recommended by Jail Triage when an inmate was put on suicide watch for concerns that were heightened by substances, when initial suicidal threats were conditional or for secondary gain, in a retriage situation when there has been no significant improvement since the last contact with mental health, and in a moderate level situation when stability is a concern.

Retriages are commonly recommended after follow-up with local mental health when inmates are maintained on suicide watch, or when they are lowered but stability is still a concern. It should be noted that local mental health requires a Triage report each time they have contact with the inmate. If local mental health tells jail staff that they plan to see the inmate again after a certain period of time, the jail needs to call Jail Triage for a retriage before that will occur.

Reduce level after specified timeframe

Jail Triage and local mental health at times recommend that a risk level be reduced after a specified timeframe. This typically occurs when an inmate has been leveled at Moderate level for a minor concern at booking, or when an inmate has been reduced to a Moderate level from a High level that was situational or historical in nature. The typical recommendation is that the inmate be reduced to a Low level with no restrictions after demonstrating stability on Moderate for 24 or 48 hours. No call to Jail Triage is needed before the level is reduced unless some new concern has emerged.

Mental Health/Suicide Concerns Addressed Apart from Jail Triage

Jail Triage was created in response to an excessive number of suicides in Kentucky's jails. As such the program's mandate is to provide suicide risk assessment and management for inmates solely in context of their incarceration. All our protocols are based on that specific scenario. That means there are some situations in which Jail Triage is not the appropriate contact:

- *Once an order for a 202a evaluation has been issued.* The state contracts with Kentucky's regional mental health agencies to provide 202a evaluations that determine the need for involuntary psychiatric hospitalizations. Your local mental health agency is the appropriate contact once the jail receives a completed 202a petition signed by a judge (forms 710 and 711) or a warrantless citation for "Mentally Ill and a Danger to Self/Others" (violation code 03005 and statute/ordinance 202A.041.) Local mental health is also the appropriate contact if the 202a is initiated by the jail. It should be noted that only inmates with misdemeanor charges are eligible to be committed under the 202a statute. Local mental health will typically need the jail to fax the paperwork to them before an evaluation can be completed on the inmate. Some local mental health agencies may instruct you to contact Jail Triage because that is their procedure for dispatching a QMHP to the jail. If they request this, Jail Triage will be happy to assist in this as a secondary contact.
- *Once a release order has been issued.* At that point, Jail Triage has no further authority to assess risk. This applies even if the inmate is on a High level at the time a release order is issued. Jail Triage risk levels are meant to apply only to in-custody risk, not risk upon return to the community. Risk in the community is measured by different standards, and the assessment of such falls to professionals in the community. We recommend that a 202a be initiated if, in the opinion of the jail or the onsite healthcare provider, the releasee is a danger to themselves or others as they exit the jail. Lesser concerns can be communicated to the releasee's family or emergency contact person. Even when the releasee presents with no concerns, it is recommended that you give them their local community mental health center's card or crisis line number. Below is a list of crisis line numbers by region:

Adanta	800-633-5599
Centerstone of Kentucky	800-221-0446
Communicare	800-641-4673
Comprehend	877-852-1523
Cumberland River	606-864-2104 (business hours) 800-273-8255 (after hours)
Four Rivers	800-592-3980
Kentucky River	800-262-7491
LifeSkills	800-223-8913
Mountain Comp	800-422-1060
New Vista	800-928-8000
NorthKey	877-331-3292
Pathways	800-562-8909
Pennyroyal	877-473-7766
River Valley	800-433-7291

Engaging All in the Prevention of Suicide

As the jail assumes a duty to protect inmates from suicide, it is prudent to engage an inmate's family, friends and professional associates in suicide prevention. Signage and phone messaging should advise significant others as to their responsibility to notify the jail staff of any inmate action or communication that threatens the safety of that inmate. We all share a responsibility to prevent self-harm to those in custody.

Mental Health Training

Jail personnel in Kentucky are required to obtain a minimum of four hours of mental health training within the first year of service, and one hour of additional mental health training each year thereafter. Jail Triage is available to provide onsite mental health training upon request for a fee. Other potential sources for the required mental health training at a fee include local mental health, jail mental

health staff, and jail psych nurses. Jails would contact them directly to make inquiries.

Available training materials specific to Jail Triage can be located at www.newvista.org. Click on the Jail Triage link at the bottom of the page.