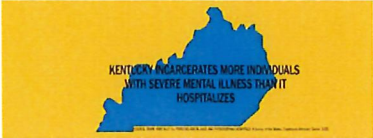


Fayette County  
Mental Health  
Court

Judge John Tackett  
Heather Malics  
Connie Milligan  
Kelly Gunning  
Jennifer Van Ort-Hazzard



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### History Of FMHC Development



- Mayor Gray commissioned a task force in January 2013 to address crisis with homeless people in Lexington.
- Task force report cited recidivism in jails as a problem and recommended a MHC
- Decriminalization committee formed (multiple stakeholders) to explore alternatives to incarceration
- FCBHC established in 2014. Pilot Program funded by Office of Homeless Intervention and Prevention
- Goals: Reduce recidivism and number to jail days by offering alternative assisted outpatient treatment

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### ACES: Adverse Childhood Experiences

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
Physical Abuse	Physical Neglect	Mental Illness	Incarcerated Relative
Sexual Abuse	Emotional Neglect	Mother Unlabeled Activity	Substance Abuse
Suicide		Divorce	

Why are ACES important? **4 OR MORE HIGH RISK = Linked to 1/3 of Mental Illnesses**

- Strong predictors of adult health risk and disease
- Implicated in the 10 leading causes of death in the United States
- Virtually every study show that ACES are strong predictors of homelessness (Burt, 2001)
- 4.5 x more likely to develop depression
- 11 x more likely to be IV drug users
- 14 x more likely to make suicide attempts

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**JAILS AND MENTAL DISORDERS (SAMHSA)**

- TRAUMA HISTORY LINKED TO REACTIVITY AND INCARCERATION
- Data from 5 yr Court Diversion Study (N=2,122)
- Any Physical or Sexual Abuse


	Lifetime	Current
• Female	95.5%	73.9%
• Male	88.6%	86.1%
• Total	92.2%	79.0%



**4%**  
of the general population have SMI



**17%**  
of jail inmates have SMI



**72%**  
of those in jail with SMI have a co-occurring disorder

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**533 Mental Health Courts nationwide – We Are Unique**

- Focus on Peer Support – lived experience
- Network providers and supports
- Focus on skill development
- Wrap arms around participants in early phases until they have tools to operate independently
- Graduation is based on ability to function successfully
  - In Treatment
  - Drug Free
  - Safely Housed
  - Employed

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**FMHC MISSION**

Protect public safety and reduce the recidivism rate of offenders with mental illness by increasing their wellness using an integrated approach involving court supervision, mental health treatment services, education, employment, and personal accountability. The Mental Health Court seeks positive and long-lasting changes.

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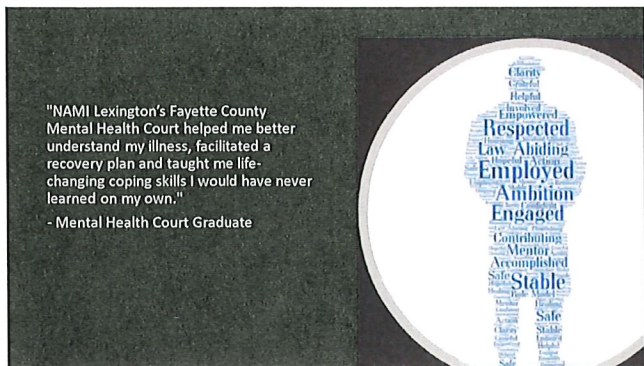
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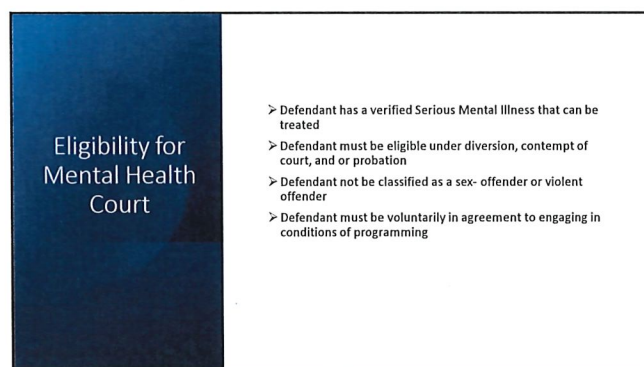
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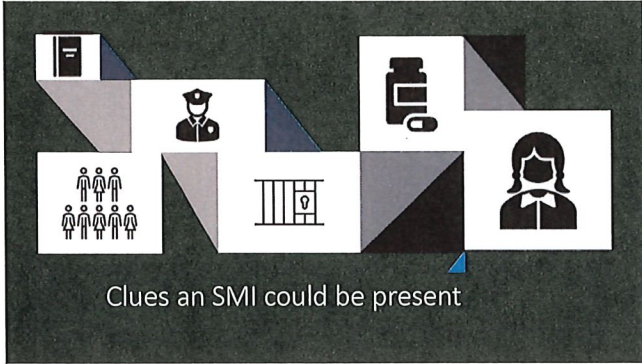
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**OKAY – SO HOW DO I MAKE A REFERRAL?**  
(it's as easy as 1, 2, 3!)

1. Complete and tender a Referral Order to the presiding Judge.
2. As a courtesy notice, please email MHC staff that a referral has been made.  
[jennifer@namilex.org](mailto:jennifer@namilex.org)
3. When/if the Judge signs the tendered Order, the Clerk will enter same into record and forward to us at Mental Health Court and forward a copy to your office

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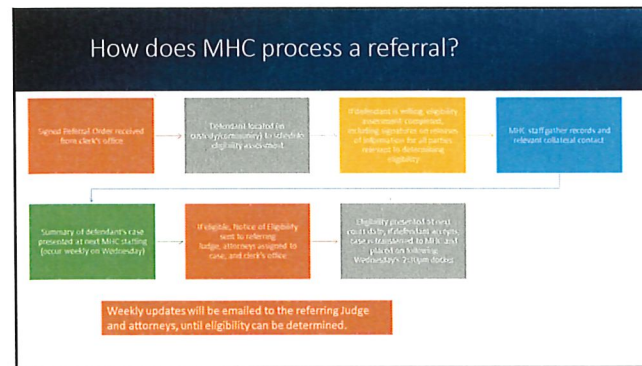
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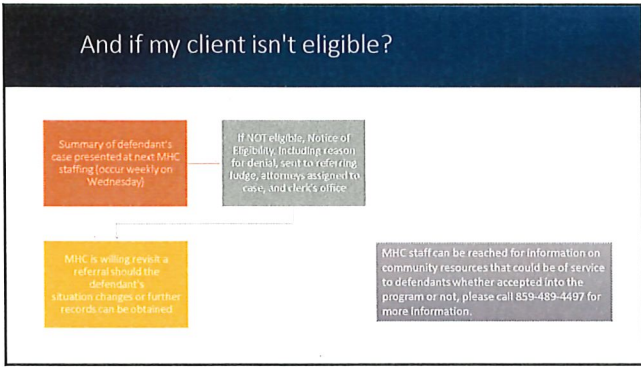
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### Fayette County Mental Health Court Team

- Judge John Bickett- Presiding Judge
- Kelly Gunning- Program Director
- Connie Milligan- Clinical Director
- Heather Matice- Assistant Commonwealth Attorney
- Jennifer Van Ort-Hazzard- Coordinator
- Bill Buckman-Interventions Coordinator
- Corey Hall- Peer Support Specialist, MSP
- Makia Adkins- Peer Support Specialist
- Jennifer Giles- Family/Peer Support Specialist

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### Phases of the MHC program

All phases:  
\*Random drug screens  
\*Support on individualized goals  
\*Monitoring of productivity, housing, & treatment plan compliance

**Phase 1: Stabilization**

- Case management for major life activities: housing, benefits, income, etc.
- Multiple weekly contacts
- Weekly peer-led skills/support group
- Weekly court appearance

**Phase 2: Treatment**

- Monitoring and continued case management as needed for major life activities
- Weekly contact
- Weekly peer-led skills/support group
- Bi-weekly court appearance
- Completion of a Wellness Recovery Action Plan

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### Phases of the MHC program

All phases:  
 \*Random drug screens  
 \*Support on individualized goals  
 \*Monitoring of productivity, housing, & treatment plan compliance

**Phase 3: Motivation**

- Multiple contacts through month to monitor engagement with community supports and providers
- Optional attendance at skills/support group
- Appearance at court every 3rd week

**Phase 4: Wellness**

- Maintain engagement with community supports and providers
- Explore Aftercare programming
- Write and share "In Our Own Voice" recovery story.

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### MHC Aftercare/Alumni program

"I graduated...my recovery did not."  
 --MHC Alumni

- Access to case management and accountability as requested for maintenance of recovery
- Mentoring opportunities with current participants
- Weekly processing and skills groups
- Voluntary completion of Treatment Efficacy Assessments at regular intervals
- Incentives for on-going engagement

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### Why MHC??

• Our participants are now looking at a different set of bars...

Metric	Value
Stable Housing	97%
Substance Abuse	down 55%
Actively engaging in MH Treatment	90% still in Active MH Treatment
Increase in Employment/productivity	Productive Engagement up 35% to 76%

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**Legal Status – IMPLICATIONS OF MHC PARTICIPATION**

- Does A Defendant Need to Plead Guilty Prior to Entering Diversion Court?
- Pretrial/Post-Conviction- What Occurs if Defendant is Unsuccessful In Diversion Court?

**Referral Options to Mental Health Court**

- An order of diversion
- An order of probation
- An order of contempt of court



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**Tips for encouraging your client's success in mental health court**

- Communication! Communication! Communication!
- Encourage Client to Buy Into MHC Programing – not their Subjective View of MH or SUD Programing (Although MHC is Individually Tailored to the Participant)
- Remember The Virtue of Patience- Program Lasts a MINIMUM OF ONE YEAR!

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**New Criminal Charges**



- Do New Criminal Charges Result in Immediate Termination From Mental Health Court?
  - Yes/No/Maybe
  - Marsy's Law
  - What Happens if New Charges Are Referred to Mental Health Court?

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**Participant Acts which will result in termination**

- Violence or Threats of Any Kind
- Weapons of Any Kind
- Continued Drug/Alcohol Use
- Bringing Drugs/Alcohol to Program
- Romantic/Sexual Relationships
- Financial Relationships With Peers
- New Criminal Activity (may)
- Engaging Peers in Criminal Activity
- Participant not working designated program



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**Successful Graduation! Now What?**

Motion to Dismiss Made by the County

Amendment to Misdemeanor Charge if Necessary

Exoneration of New Charges After 60 days  
→ Mazy's Law Could Be Invoked

Probation – Letter to Probation Judge to Terminate-Or Modify Probation Based Upon Successful Completion of Mental Health Court



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**Emergency Detention— An Alternative to Arrest**

KRS 202A.041 Warrantless arrest and subsequent proceedings.

(1) Any peace officer who has reasonable grounds to believe that an individual is mentally ill and presents a danger or threat of danger to self, family, or others if not restrained shall take the individual into custody and transport the individual without unnecessary delay to a hospital or psychiatric facility . . .

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**What does it mean to be a danger to yourself or others?**

KRS 202A.011(2)

"Danger" or "threat of danger to self, family, or others" means substantial physical harm or threat of substantial physical harm upon self, family, or others, including actions which deprive self, family, or others of the basic means of survival including provision for reasonable shelter, food, or clothing.

The statute does not require:

- Suicidal Ideation
- Homicidal Ideation

A person can pose a danger to self or others without intending harm if their symptoms prevent them from accessing/providing the basic means of survival for themselves or their dependents.

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**KRS 202A.051  
Petition for  
Involuntary  
Hospitalization**

Can be filed by

- Qualified mental health professional
- Peace officer
- County Attorney
- Commonwealth's Attorney
- Spouse
- Relative
- Friend
- Guardian
- Any other interested person

- Paperwork is on the 4<sup>th</sup> floor Fayette District Court (mental health clerks)
- Petitioner will be asked to swear to the truth of the petition's contents
- Judge may order sheriff to pick up individual and transport to ESH for examination
- If the mental health professionals at ESH admit the individual, court proceedings are held to determine length of stay
- You can also find these forms on the website of the Administrative Office of the Courts at
  - <https://kycourts.gov/Legal-Forms/Legal%20Forms/710.pdf>

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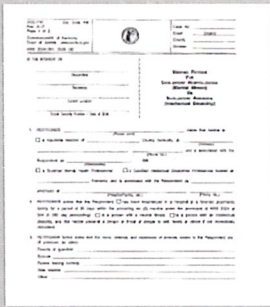
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**Petition for  
Involuntary Hospitalization  
(AOC-710)**

- The key to filling out this form is specificity.
- Scenario:  
 • An individual living in your neighborhood is known to prowl inside fenced yards in the middle of the night and peep into bedroom windows. This person is an adult who lives with their parent due to having mental health issues (according to the parent). The weather in the early morning hours is below freezing, and they are wearing pajamas.




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The hospital's admission criteria are more stringent than the criteria for filing a petition.

**Petition:**

- ✓ Belief that individual is mentally ill
- ✓ Presents a danger or threat of danger to self, family or others if not restrained

**KRS 202A.026:**

- ✓ Mentally ill person
- ✓ Who presents a danger or threat of danger to self, family or others as a result of the mental illness
- ✓ Who can reasonably benefit from treatment
- ✓ For whom hospitalization is the least restrictive alternative mode of treatment presently available

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**Restoration Orders**

**KRS 504.100**  
Requires the Court to order an examination by a psychologist or psychiatrist if there are reasonable grounds to believe a defendant is incompetent to stand trial.

**KRS 504.110**

- Allows the Court to commit a defendant to a treatment facility if there is a substantial probability that the defendant will attain competency in the foreseeable future.
- For Mental Health Court participants that would be ESH.

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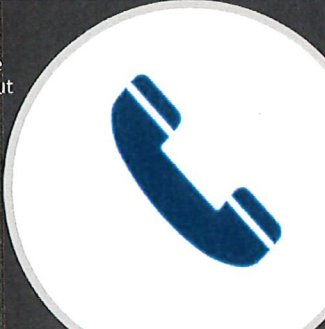
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Thank you for coming!

For further information about the referral process or questions about specific cases please contact the following:

- Jennifer Van Ort-Hazzard, Coordinator
- i. (859) 489-4497
- ii. [Jennifer@namillex.org](mailto:Jennifer@namillex.org)



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