



National Alliance on Mental Illness

**NAMI**

**Lexington**

**namilex.org**

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**NAMI Lexington Proposal**

**LFUCG RFP# 70-2014 - Fayette Mental Health Court**

**Requested Funding - \$196,863**

NAMI Lexington is pleased to submit a proposal to the Lexington Fayette Urban County Government to provide fiscal management and program oversight to the Fayette Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports as opposed to being sentenced to a jail term. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

NAMI Lexington has received the support many diverse stakeholders including, but not limited to: Judge Wilkie and Fayette District Court, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Chief Ronnie Bastin and Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, as well as the many individuals who have given tirelessly of their time and efforts during planning and development.

NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

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## **NAMI Lexington Proposal for RFP# 70-2014 Fayette Mental Health Court**

### **5.1 Project Design**

#### **Operation, reduction / prevention of homelessness among persons with serious and persistent mental illness (SPMI)**

The Fayette Mental Health Court (FMHC):

- Is based on therapeutic jurisprudence and restorative justice principles, and emphasizes a collaborative and individualized approach aimed at reducing the chances of reoffending.
- Deploys a multidisciplinary team consisting of judges, prosecutors, providers, case workers, and peer support specialists that provide a treatment-oriented, person-centered approach to address the needs of the individual.
- Peer support specialists will perform the role of “systems navigator” which will include matching FMHC participants to appropriate housing services and supports. Independent housing with access to services in the community is a primary goal and value shared by people with mental illnesses.
- ***Having one’s own home - whether it is an apartment, a furnished room, or a house - is the cornerstone of independence for people.*** Appropriate housing for court participants is a top priority. When a person has a decent, safe, and affordable home, he or she has the opportunity to be successful in a treatment plan and become part of the community. With

stable permanent housing, people with mental illnesses are able to achieve other important life goals, including improved health, education, job training, and employment.

- **The Fayette Mental Health Court (FMHC) team** began operation on November 24<sup>th</sup>, 2014 and includes:

**Judge Kim Wilkie** – Court team lead

**Judge Julie Goodman** – backup to Judge Kim Wilkie

**Heather Matics** – Attorney, Fayette County Attorney's Office

**Denise Redwine** – Attorney, Department of Public Advocacy

**John Landon** - Attorney, Department of Public Advocacy (FMHC team consultant)

**Rebecca L. Asher, Psy.D.** - Licensed Psychologist, Forensic Evaluator, Eastern State Hospital

**Rose Douglas, LCSW** - Regional Director of SPMI services – bluegrass.org

**Jennifer Vanort, LCSW** - Case Manager – bluegrass.org

**Taylor Johnson, MRC, CRC** - Case Specialist, Court Coordinator

**Dana Gilliland, Kentucky Peer Specialist** – NAMI Lexington / Participation Station

**Kelly Gunning, M.A.** – Community Psychologist, NAMI Lexington – Assistant court coordinator, community liaison

**David Riggsby**, NAMI Lexington – Consultant, Data collection and program evaluation

**Connie Milligan, LCSW** – Consultant retired from bluegrass.org, former Corporate Director Access and Crisis Services, Director Kentucky Mental Health Crisis Network for Jails

**Team collaboration ensures successful outcomes**

The FMHC core team will function as a closely operating, cohesive unit. Relevant and timely communication will be facilitated by holding two staffing meetings per week to update and coordinate information and processes related to the service and needs of existing and incoming FMHC participants. This ensures regular, ongoing communications with team members, community providers and other stakeholders. The court coordinator will regularly communicate with all team members and service partners and then share his / her knowledge with others through one-on-one interactions. These patterns of communication warrant that all stakeholders are on the "same page", reinforcing the collaborative process and ensuring the potential to achieve successful outcomes.

#### **Target population, eligibility criteria, referral to the court**

The target population is persons with serious mental illness who face minor criminal charges.

This population is frequently homeless or at risk of homelessness.

A defendant shall be referred to FMHC through one of the following procedures:

- An order of diversion: Diversion shall be the favored method of resolving charges through FMHC.
- An order of probation: a referral to FMHC may be made at any time during probation, including a referral in lieu of revocation.
- An order of contempt of court: any judge may refer a person charged with contempt of court to FMHC in lieu of being incarcerated on the contempt charge.

#### **Screening for viable candidates, determination criteria**

Upon receipt of a written order of referral from a judge, FMHC staff will screen viable candidates to determine for eligibility for FMHC using the following criteria. The person:

- Shall have a verifiable mental illness that can be treated.
- Shall be eligible for diversion under this program or probation; or shall have been found in contempt of court; and
- Shall not be a "sex offender" as defined by KRS 17.550; or a "violent offender" as defined by KRS 439.3401
- The evaluation shall examine which services the person has the ability to utilize. The evaluation team shall report the possible services back to the court.
- Any person who would not otherwise qualify for participation in the Court may be admitted to the FMHC with approval of the Court.

**Diagnosis of mental illness or developmental disability**

Diagnosis will be made on the basis of records reviewed and an initial intake evaluation completed by FMHC staff. An individual will be required to have a documented DSM-IV-TR/DSM V mental health diagnosis that is approved for the purposes of FMHC from a licensed mental health professional. When a referral to FMHC is received, documentation of a prior forensic evaluation (competency, criminal responsibility, mental status) will be requested along with a signed release of information for records of prior and current mental health treatment. Once all documentation is received, a team member from FMHC will complete an intake assessment on the individual in question to assess appropriateness for FMHC. Intake assessments will be completed at the Fayette County Detention Center if the individual is currently incarcerated.

**Prior assessments, acceptable length of time since previous diagnosis**

All individuals accepted into FMHC must have a prior documented DSM-IV-TR/DSM V diagnosis by a licensed mental health professional. Length of time since diagnosis received will

be reviewed on a case by case basis. The acceptable length of time since previous diagnosis will depend on such factors as type of diagnosis (i.e. intellectual disability diagnosis must be made prior to age 18), length of time since treatment received, and other factors as deemed necessary by FMHC staff. If questions exist as to the current diagnosis of the defendant referred, the FMHC staff may request the defendant submit to a forensic or psychological evaluation prior to FMHC staff making a determination of appropriateness for admittance into the program.

### **Legal incentive for participation**

Eligible defendants do not plead guilty at the outset of participation and are monitored regularly by the Fayette Mental Health Court Judge and a dedicated clinical team while under court mandate. Upon graduation, all charges are dismissed for misdemeanor offenders.

### **Addressing non-compliance**

The FMHC team recommends the appropriate responses for a participant's compliance or non-compliance with FMHC requirements and the FMHC Judge has the ultimate decision making authority.

### **Substance use testing**

Drug testing may be administered to any FMHC participant on a regular and random basis, or upon a reasonable suspicion of drug use. The Court will utilize the most cost efficient drug testing services for FMHC, utilizing policies and specifications as authorized by the FMHC. All FMHC participants shall be required to be available for specimen collection as required by the case manager. The FMHC shall be authorized to establish further policies and procedures relating to drug testing.

## **Program incentives, sanctions and process for discharge from the program**

**Incentives** may be provided during FMHC sessions and may include, but are not limited to:

- Promotion to the next phase; certificates and tokens; decreased supervision;
- Increased privileges and responsibilities; Praise from the FMHC judge and team;
- Extended curfews and other incentives approved by the FMHC team.

Each participant shall comply with all requirements and other conditions established by the FMHC. Failure to comply may result in the FMHC judge imposing **sanctions** upon the participant. *Sanctions may include, but are not limited to:*

- Admonishments from the FMHC judge;
- Residential mental health treatment in compliance with KRS 202A;
- Community service; Phase demotion; Increased group treatment;
- Home incarceration; Imprisonment; and termination from FMHC.

**Discharge from the program** will occur with graduation upon successful completion or termination due to non-compliance.

## **Program Duration and Graduation**

- 1.) The FMHC program shall consist of four phases as follows:
  - a. Phase I: stabilization phase to last approximately 3 months
  - b. Phase II: treatment phase to last approximately 3 months, depending on progress
  - c. Phase III: Self-motivation phase to last approximately 3 months

- d. Phase IV: wellness phase leading to graduation to last approximately 3 months
- 2.) The agreed phase criteria must be completed to the satisfaction of the FMHC Judge prior to the graduation to the next phase. In no event shall a participant's time in each phase be less than thirty (30) days.
- 3.) FMHC participants may be required to accept additional terms to successfully complete FMHC. Such terms may include, but are not limited to, the following:
- Employment, school, and/or home visits by FMHC staff;
  - Curfews as established by FMHC;
  - Medical and/or mental health referrals and subsequent treatment recommendations, including treatment programs.

FMHC graduation will typically be held for an eligible participant within 90 days of successful completion of Phase IV of the FMHC program.

### **Supportive Services**

Participants, along with a case manager and a peer support specialist or other trained mentor will develop a person-centered individual treatment plan upon completion of all assessments and review of participant history. The treatment plan will include housing assistance, individual therapy, group therapy, medication management, case management, substance use related therapy, support group meetings, vocational and employment assistance, and attendance at Participation Station, a peer-operated recovery and education center.

Peer specialists and mentors will provide the important role of assisting participants with transportation needs, accessing treatment and medication, and identifying additional benefits and services appropriate for each individual. Agencies that treat persons suffering from mental



illness on behalf of the state will be utilized to the maximum extent practicable for treatment and other needed services. NAMI Lexington will maintain a list of authorized state providers and local private providers for said treatment or other services.

**Time to begin treatment**

Intake assessments will be scheduled within 30 days from the time referral documentation is received, unless special circumstances are deemed appropriate and approved by the FMHC. Peer support and mentor services and development of a person-centered treatment plan may begin immediately upon acceptance into the program.

**Direct Screening, assessments, and case management** will be provided by qualified community partners. The court coordinator will facilitate coordination of services, communications, and data collection. NAMI Lexington will provide a Kentucky Peer Specialist (KPS) to provide peer support services and system navigation services to court participants. The KPS will work closely with case managers, the court coordinator, and designated community liaisons to access housing, employment, and other services.

**Offender to FMHC participant to graduate**

After referral and upon receipt of the assessment, Notice of Eligibility, Agreement of Participation and other pertinent information regarding the defendant, the FMHC judge and team shall determine whether the person may be admitted into FMHC. To determine admissibility, the FMHC judge and team shall evaluate the following:

Current criminal charge(s)/conviction(s); Past criminal conviction(s) (if any); results of the assessment; Information regarding the victims, if any; defendant's willingness to

participate; and; other relevant information as identified by the FMHC judge and team members.

Once a participant is admitted into the mental health program, the team immediately begins work with the participant to identify needed services and program participation goals. The participant will be introduced to the expectations of the court and will receive a guide to program participation. Participants will complete the activities associated with each phase of the program until all activities have been completed and criteria is met for program graduation.

### **Housing**

The MHC team will collaborate with community partners to identify a full range of permanent housing opportunities, including subsidized housing. Not all participants served will need housing but for those that do this will be a critical component. Success without housing is unlikely! NAMI Lexington is in frequent conversation with housing providers regarding availability and access of housing opportunities.

- Emergency shelter will be pursued when appropriate at Hope Center, Salvation Army, and Catholic Action Center / Community Inn.
- The Housing First model being developed by Hope Center with support from LFUCG will be pursued as a high priority housing option that will likely be a great fit for MHC participants.
- Assisted living programs such as those at New Beginnings and Canaan House may be a good choice for graduating participants. The support services agencies such as these can provide will be a key third component for success that intercedes when struggles emerge.

- Umbrella leasing programs such as the one being developed by Catholic Action Center, NAMI Lexington and Stonebridge apartments have the promise of providing units that would qualify as emergency, transitional, or permanent housing options. These units would be available to Housing First participants and will have an on-site Kentucky Peer Specialist provided by NAMI Lexington to assist residents in accessing wrap around services, peer support, and mentoring programs.
- NAMI Lexington will continue to build collaborative relationships and foster projects that are vital to increasing access to affordable housing options.
- NAMI Lexington will continue to attend monthly meetings of the Central Kentucky Housing and Homeless Initiative (CKHHI), which provides a forum for service agencies to share information and resources. This will provide ongoing access to a number of housing options as they are developed and have openings.

Homelessness and mental illness together have a strong association with public disorder and criminality. The FMHC team will assist these individuals in breaking the cycle of homelessness by establishing and pursuing a permanent housing plan. The plan will outline housing goals and objectives (i.e. scheduling appointments, applying for public benefits, linking to health and mental health care and substance abuse services, etc.) and accessing and maintaining necessary services among health care and social services through a coordinated system.

Examples of *activities designed to stabilize participants and move them toward greater levels of self-sufficiency include:*

- 1) Attend weekly appearances in FMHC
- 2) Attend scheduled appointments with service providers and / or group meetings.
- 3) Comply with all treatment and service goals/plan, including medication recommendations

- 4) Complete the activities outlined in the participant-centered permanent housing plan.
- 5) Establish/maintain sobriety; Submit to random drug testing as ordered
- 6) Attend WRAP (Wellness and Recovery Action Plan) training activities
- 7) Act as a mentor for other FMHC participants
- 8) Appropriate activities for each participant will be chosen on a case-by-case basis by agreement of all team parties and the participant.

#### **Involuntary Termination, loss of housing**

As a last resort, The FMHC staff or team may make a recommendation to the FMHC judge that a participant be terminated from FMHC due to the participant's non-compliance with FMHC requirements or conditions. If the FMHC judge agrees with the recommendation of termination, the case shall be referred back to the appropriate circuit or district for further proceedings. The effect of termination from the program on the participant's housing will depend on numerous variables including but not limited to the terms of any lease the participant has entered into and the specifics of the charges pending for the individual.

#### **Protecting Participant Confidentiality, compliance with laws and regulations**

FMHC proceedings shall be confidential and all proceedings shall be closed unless otherwise authorized by the FMHC judge. Documents contained in a participant's FMHC case file shall be confidential and shall not be released. All case files will be secured and double locked as required by HIPPA regulations regarding personal health information. Due to the treatment component of FMHC, team members shall sign a confidentiality agreement. FMHC team members shall comply with state and federal confidentiality laws regarding treatment information.

## **Filing of FMHC Documents**

Upon utilization of any of the following documents, a copy of such documents shall be filed, under seal, by the FMHC staff with the appropriate court clerk for entry into the court record of the underlying criminal offense:

- 1.) Order referring to FMHC; Notice of Eligibility; Order transferring to FMHC;
- 2.) Affidavit of Violations; and, Orders of graduation or termination

## **5.2 Outcomes / Data Collection**

Data-based decision making is critical for any successful project. Data will be utilized to demonstrate effectiveness of the program in relation to participants, the mental health/substance abuse treatment system, and the criminal justice system. For our purposes, we will utilize the program logic model that is used by LFUCG for Extended Social Resource (ESR) Program participants.

<b>ACTIVITIES – services provided to the participants</b>	<b>OUTPUTS – how much of the services will be provided to how many</b>	<b>INDICATORS - Measurable benefits for participants</b>
Receive appropriate referrals to program  Screening referrals for eligibility in the program	Comprehensive holistic services will be provided as appropriate to all participants based on assessed needs to approximately 30 participants annually.	Participants should expect to experience an overall improvement in quality of life. This improvement will be measured at minimum by improvements in:

<p>Assessing program participant's needs. (i.e. treatment, housing, case management, etc.)</p> <p>Monitoring participants adherence to recovery/treatment plan</p> <p>Monitoring stability of participants housing situation.</p> <p>Monitoring participants interface with the criminal justice system</p>		<ol style="list-style-type: none"> <li>1. Mental Health/Substance Abuse Treatment</li> <li>2. Stable Housing</li> <li>3. Legal Status</li> </ol>
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<b>Outcomes</b> – what shows participant goal status	<b>Measurement Tool/Approach</b> – tools used to measure Indicators	<b>Sampling Strategy and Sample Size</b>	<b>Frequency and Schedule of Data Collection</b> – when/how often the measurement tools are used
Participants will demonstrate 6 months of adherence to appropriate mental health treatment and services prior to graduation.	FMHC Resource Needs Assessment, FMHC Weekly Checklist Phase I-IV.	100% individuals graduating	Participants will be assessed upon entry into the program, with progress evaluated weekly with the FMHC Weekly

			Checklist Phase I-IV.
Homeless participants will demonstrate 6 months of stable housing prior to graduation.	FMHC Resource Needs Assessment, FMHC Weekly Checklist Phase I-IV.	100% individuals graduating	Participants will be assessed upon entry into the program, with progress evaluated weekly with the FMHC Weekly Checklist Phase I-IV.
Participants will be arrest free for 6 months prior to graduation.	FMHC Resource Needs Assessment, FMHC Weekly Checklist Phase I-IV.	100% individuals graduating	Participants will be assessed upon entry into the program, with progress evaluated weekly with the FMHC Weekly Checklist Phase I-IV.
Participants with substance use issues will test negatively for 6 months prior to graduation.	FMHC Resource Needs Assessment, FMHC Weekly Checklist Phase I-IV.	100% individuals graduating	Participants will be assessed upon entry into the program, with progress evaluated weekly with the FMHC Weekly Checklist Phase I-IV.

**Other data elements that will be collected and aggregated for ongoing analysis**

- Number of individuals screened
- Number of individuals eligible (according to program criteria)
- Number of individuals accepted
- Number enrolled in the program;
- Number and percentage of participants by diagnosis at admission;
- Number and percentage of participants successfully completing the program;

- Number and percentage of participants not completing the program by reason for non-completion;
- What services/what type of services did the court participants receive (e.g., case management, housing first, supported employment)?
- How often did they receive them (e.g., once a week)?
- For how long did they receive them (e.g., six months)?
- Participant housing status at admission and after completion;
- Retention in mental health treatment; retention in substance abuse treatment;
- Relevant characteristics of the individuals who were eligible but not accepted
- (including demographics, charges, prior criminal history, diagnosis)
- Reasons not accepted (including legal or clinical reasons)
- Relevant characteristics of the eligible defendants who decline to participate
- Reasons for declining to participate (e.g., requirements too strict, supervision time too long)
- Relevant characteristics of those who were accepted into the court (e.g., demographics, charges, prior criminal history, diagnosis)
- Length of time between key decision points (e.g., screening to acceptance, acceptance to case termination)
- Reasons for termination (e.g., drop-out, completion, revocation)

### **Source of data elements**

The FMHC will rely on a combination of data extracted from official agency records and information collected from participant interviews. Team members will need to determine when the court can rely on self-reported data. Agency records will be relied on for data on the flow of participants through the program and services received. Self-reported data from consumers on the services they received may provide supplemental data in some cases. For some outcomes



(e.g., rates of homelessness), both agency records (criminal justice and mental health) and self-reported information are needed. For other measures, such as service system satisfaction, data must be obtained directly from the participants using interviews or surveys. All of the stakeholders involved in the operation of the court will collaborate to develop and refine a successful data collection plan using input from staff of the various partner agencies who have knowledge and expertise in the kinds of data their agencies can provide.

**Who will enter the data**

FMHC team communications center around the court coordinator. The court coordinator is then responsible for sharing his / her knowledge with others through one-on-one interactions. These patterns of communication are reliant on the relationships and implicit trust among staff members rather than a set, institutionalized schedule of meetings. *As the hub of communications, the court coordinator will have the responsibility of overseeing data entry.*

**Where the data will ultimately be stored.**

Data will be stored and maintained by the court coordinator and NAMI Lexington. A locked file cabinet in a locked office will be provided for hard copy records and a database for electronics records will be maintained by the court coordinator and NAMI Lexington. Further exploration and refinement of data collection and maintenance procedures will take place during the first quarter of MHC operations. Existing software for FMHC data collection will be reviewed and compared. The MHC team will choose from existing data collection software or develop an appropriate Microsoft Access database for use by the team.

Additionally, information for participants who are homeless will be tracked and reported utilizing HMIS - Homeless Management Information System. HMIS is designed to capture standardized, person-level information on men, women, and children who access homeless

services. HMIS allows for the sharing of electronic data on client needs, service utilization, housing status, access to mainstream benefits, and other information within a local community. This information assists with coordinated case management while honoring client consent and confidentiality. HMIS also supplies local homeless service provider organizations with data on persons served, including housing and service outcomes. Aggregate HMIS data from local homeless service providers within a jurisdiction informs community planning efforts, such as 10-year plans to end homelessness and the Annual Homeless Assessment Report. Collaboration for information collection with key community stakeholders is critical to success. Collaboration with other local providers on information tracking and reporting can also assist with implementing efficient business processes, resulting in more time for case managers to spend directly with clients.

#### **Other Outcome Targets**

The MHC court team will look at information available from other mental health courts in Kentucky, surrounding states and national level statistics to help determine appropriate target numbers for each of the minimum outcomes categories mandated by LFUCG and for those additional categories selected by the team with stakeholder input. There are many variables to be considered when determining target numbers. Availability of services and effectiveness of partner agency collaboration will have some bearing on outcomes. Specific, measurable, realistic and time oriented targets will be determined for each desired outcome and submitted with the third quarterly report to LFUCG.

#### **Other Indicators FMHC Team will assess for appropriateness**

- Greater participation in treatment and increased frequency of treatment services
- Improved independent functioning
- Reductions in homelessness
- Less criminal conduct
- Fewer inpatient psychiatric hospitalizations
- Lower risks to public safety than traditional adjudication
- Improvements in quality of life and psychosocial functioning
- More favorable interactions with the judge and perceptions that they have been treated with greater fairness and respect than in traditional courts
- Number of provider agencies involved with FMHC participants
- Number of treatment contacts
- Duration of treatment engagement
- Intensity of treatment (calculated by number of treatment episodes and total number of minutes of treatment received during pre- and post-referral periods)
- Change in mental health status
- Change in substance use
- Improved client functioning
- Percent of cases with charges resolved within specified timeframe
- Number of arrests one year prior to FMHC participation versus one year following discharge from the FMHC
- What were the effects of services on participants' criminal justice involvement?
- Number of arrests during program participation and subsequent to participation
- Type of charge (e.g. violent, property, drug, etc.)
- Number of admissions to jail during program participation and subsequent to participation

- Reason for admission (e.g., new charge, technical violation)
- Number of days in jail for new crimes
- Number of days in jail because of sanctions for non-adherence to court conditions
- Mental Health Outcomes
- What were the effects of the services on participants' mental health symptoms and overall functioning?
- Number of inpatient hospitalizations and length of stay
- Number of emergency room admissions and type of treatment received
- Changes in symptoms (using, for example, the Modified Colorado Symptom Index)
- Number of days homeless
- Number of victimizations (e.g., domestic violence, assault, robbery)
- Level of satisfaction with services offered
- Changes in quality of life (using, for example, Lehman's Quality of Life Interview)
- Number of days clean / sober, or number of positive urinalysis tests
- Number of days employed or in school during a specified period (e.g., 10 out of the last 30 days)
- Level of compliance with psychotropic medication plan

### **5.3 Sustainability**

**NAMI Lexington** will develop a complete, written sustainability plan for the FMHC during the first 6 months of the operation of the court. A committee will research all potential public and private funding sources at the local, state, and federal levels as well as opportunities for non-monetary support. Recommendations for future funding and collaboration opportunities for the FMHC will be provided in the plan.

Potential funding sources include:

- U.S. Department of Justice (Bureau of Justice Assistance)
- U.S. Department of Health and Human Services (Substance Abuse and Mental Health Services Administration)
- Justice and Mental Health Collaboration Program (JMHCP)
- Funding to reduce crime & lighten jail populations
- Potential state general funds and federal block grant funds administered by the state
- Private foundations
- Private and public corporations
- **Collaborate** on grants or funding requests with other agencies
- Religious groups
- Contracts for services –
  - i.e. training and technical assistance to other communities developing courts

Potential non-monetary support includes:

- Goods and services donated by community partners
- Shared personnel with community partners
- Use of volunteers and graduate student interns where appropriate

#### **5.4 Organizational Capacity**

NAMI Lexington is the only local non-profit dedicated specifically to providing advocacy, education, and support to individuals and families impacted by serious and persistent mental illness (SPMI). Chronic homelessness is a significant factor in the lives of people in our community with SPMI and NAMI Lexington maintains a steady focus on the availability of and access to programs and services that address the needs of this population. NAMI Lexington is

funded by multiple grants, contracts for services, and fundraisers. A partial list of funders includes bluegrass.org; Department of Behavioral Health Developmental and Intellectual Disabilities; LFUCG; Eastern State Hospital / UK HealthCare; Western State Hospital; Janssen; Humana CareSource; WellCare; Ridge Behavioral Health; and First Southern Bank.

NAMI Signature Programs offered free by NAMI Lexington:

- In Our Own Voice – Living with a Mental Illness,
- NAMI Connections Consumer Support Groups and Family Member Support Groups
- Sharing Hope – African American and Hispanic Faith-based community outreach
- Family-to-Family 12-week Education Course
- Hearts and Minds (Whole Health Training)

A sampling of other significant programs and trainings offered by NAMI Lexington:

- Participation Station, a Peer-operated recovery center co-sponsored by bluegrass.org
- NAMI Lexington is providing 22 hours per week of direct recovery programming services and provisional Peer Support services to patients at Eastern State Hospital.
- QPR Suicide Prevention Training / Gatekeeper Suicide Prevention Training
- WRAP (Wellness Recovery Action Plan) Trainings and Workshops
- Warm Line, a Peer operated non-emergency phone line
- Double Trouble in Recovery (DTR) Support Groups for individuals with co-occurring addiction and mental health disorders; Emotions Anonymous 12 step group
- Multicultural Action Committee (MAC) provides culturally competent advocacy, education, outreach and support to African American and Hispanic communities
- NAMI Lexington offers affordable staff and employee training programs such as the **evidence-based** Mental Health First Aid training. The Mental Health First Aid program is an interactive 8 hour that can be conducted in one full day or two half-day events. Mental Health

First Aid introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

### **Evidence-based practices in project design**

The Centers for Medicare & Medicaid Services (CMS) has declared *peer support an “evidence-based mental health model of care*. The leadership team at Participation Station (PS), a peer-operated center, adopted the evidence-based SAMHSA toolkit for Consumer Operated Services and the associated evaluation/outcome tools. The Fidelity Assessment Common Ingredients Tool (FACIT) measures the success of the program. PS also systematically collects data regarding individual outcomes for participants utilizing the Peer Outcomes Protocol (POP).

NAMI Lexington continues to grow and support Peer-operated services. NAMI Lexington contracts with the Department of Behavioral Health Developmental and Intellectual Disabilities (DBHDID) to provide recovery training and technical assistance to 8 NEW Peer Operated Centers across the state. Peer Support is an evidence-based practice that is renowned for its ability to enhance engagement of individuals with serious mental illness into treatment.

*Supported Employment/Individual Placement and Support is an evidence-based practice* that helps people with mental illness and other disabilities identify and acquire part-time or full-time jobs of their choice in the community. NAMI Lexington provides unique supported employment opportunities for individuals by hiring part-time staff that are consumers of mental health services and providing ongoing training and supports that allow them to acquire the skill needed to pursue full time employment opportunities. Our part-time staff members are supported through times of relapse and hospitalization and realize that they do not have to worry about losing their job when they are struggling. Knowing this gives them the confidence to focus solely on their own recovery and wellness.

The National Registry of Evidence Based Practice (NREPP) has added Family-to-Family as an evidence-based practice. The NAMI Family-to-Family Education Program is a free 12-session course taught by other family members who have received intensive training for its presentation. Instruction and course materials are provided free to class participants. NAMI Lexington provides the Family to Family Education Course 3 times each year, graduating an average of 25 participants per course.

The **project director** will be the Court Coordinator (job description attached). Taylor Johnson, currently working with the drug court (CV attached) has been recommended by Judge Wilkie and has agreed to the position pending funding.

### **Organization and Staff Training**

The FMHC is operational as of November 24th. All team members bring years of training and experience to their roles on the team. The team prepared for 2 years to open the FMHC. Judge Karen Thomas from the FMHC in Northern Kentucky and Jim Burch from the FMHC in Louisville both provided informal trainings and numerous resources to the team. The team also travelled to Louisville and Newport to observe those courts in operation.

Additional resources reviewed and “borrowed” from include A Guide to FMHC Design and Implementation from Bureau of Justice Assistance; The Role of FMHCs in System Reform from the Bazelon Center For Mental Health Law; The Brooklyn FMHC Evaluation from the Center for Court Innovation; and Developing and Implementing a FMHC in Michigan from the Michigan Supreme Court State Court Administrative Office. Previously submitted grant proposals from the FMHCs in northern Kentucky and Louisville were also reviewed. Additional training will be identified and scheduled as needed including training associated with HMIS licensing and data entry.

### **Grants management and financial accountability**



NAMI Lexington uses the non-profit version of Quickbooks to manage grant and contract financials. Each deliverable for each grant and contract is assigned a class in Quickbooks and each expenditure is identified with an account in the Chart of Accounts and a class to tie the expenditure to a particular grant / contract / project and deliverable. Reports can be obtained specific to a particular grant, contract, specific deliverables and various other combinations of detail. Our most recent audit (2013) is attached.

**Organization history, service delivery model and philosophy, and governance structure**

The Lexington Affiliate of the National Alliance on Mental Illness (NAMI Lexington) was founded in 1985 to provide education, support and advocacy for persons whose lives are impacted by serious mental illness. NAMI Lexington has been awarded at the local, state, and national levels as a front-runner in areas of inclusiveness, innovation, diversity, cultural competence, consumer and peer-empowerment, and scope of services. NAMI Lexington is governed by a board of directors and receives advice and guidance from several non-voting advisory committee members. (2015 Board of Directors and Staff information is attached.)

**HMIS participation**

NAMI Lexington is currently pursuing licensing with HMIS. We have discussed HMIS data entry with Brett Russell at bluegrass.org and David Shadd at the Hope Center. We have reviewed minimum required Universal Data Elements at <https://www.hudexchange.info/hmis/hmis-data-and-technical-standards/> and have determined we would most likely apply for a service point license. We have been referred to Polly Lloyd at Kentucky Housing for assistance to 1) obtain an HMIS license; 2) set up training through KHC to set up our system and provide staff training, and 3) maintain the agreed upon (between LFUCG, NAMI Lexington and KHC) data in HMIS.

## 5.5 Partnerships and Match/Leverage

The Fayette County “Take Down the Wall” decriminalization initiative began in October, 2012 following a community forum hosted by NAMI Lexington. The initiative established the need for community collaboration and cross discipline conversation and problem solving around services for persons with a serious mental illness who are caught in a cycle of recidivism. Meetings were focused on creating interdisciplinary relationships to collectively identify issues and co-create a community crisis response to the cycle of individuals who are falling through the cracks of the mental health, criminal justice and hospital systems. These individuals are consistently at high risk for incarceration, homelessness and victimization. We looked at current community resources and desired community resources and began directly dialoguing about specific responses to individuals in need at any given time.

A reliable network is established and an informal process of “pick up the phone” and involve the partners who can directly impact the outcome of the crisis situation at hand is established until we can achieve the larger goal of having a more centralized crisis management entity.

The entire “Take Down the Wall” committee is committed to the success of the FMHC and is a stellar example of *leveraging the entire community!* The Committee includes participants from the following agencies and organizations: Bluegrass.org; Eastern State Hospital / UK HealthCare; University of Kentucky; Department of Behavioral Health Development and Intellectual Disabilities; Catholic Action Center; Central Kentucky Housing and Homeless Initiative; Hope Center; New Beginnings; Fayette District Court; County Attorney’s Office; Department of Public Advocacy; Lexington Jail; Fayette County Sheriff; Lexington Police; Office of Homelessness Prevention and Intervention; NAMI

Lexington; Participations Station; Kentucky Mental Health Coalition; Protection and Advocacy; and the VA Medical Center.

*MOUs are currently being developed with Paul Beatrice of bluegrass.org and John Phillips of Eastern State Hospital for services they are contributing to the FMHC.* Roles and responsibilities have been identified and draft MOUs have been submitted to leadership teams and / or legal departments for review. Services and personnel from these providers are already in place with the FMHC team and the MOUs are expected to be in place soon.

The judges, prosecuting attorneys, and public defenders currently providing services to the team have participated in the planning of the FMHC for 2 years and are committed to serving the community in their roles.

Verbal commitments and letters of support have been received from Hope Center, New Beginnings, Catholic Action Center, and formal or informal match and / or leverage agreements are expected as meetings can be scheduled and roles and responsibilities can be defined. NAMI Lexington will continue to develop partnerships in the community to serve the FMHC and court participants. We expect match / leverage opportunities to increase exponentially in years 2 and 3 of the operation of the court as outcomes can be reported and the value of the FMHC to the community can be documented.

**BUDGET AND BUDGET JUSTIFICATION**

**Fayette Mental Health Court**

Proposal submitted by NAMI Lexington 12/15/2014

**A. Personnel**

Position	Name	Compensation	GRANT FUNDED	NON-GRANT SOURCES	TOTAL
Court Coordinator	Taylor Johnson, MRC, CRC	\$50,000	\$50,000		\$50,000
Kentucky Peer Specialist	Dana Gilliland, KPS	\$28,000	\$28,000		\$28,000
Data Collection / Evaluation Specialist	David Riggsby	\$6,250	\$6,250		\$6,250
Recovery Consultant / Community Liason	Kelly Gunning	\$7,500	\$7,500		\$7,500
Access and Crisis Services Consultant	Connie Milligan	\$7,500	\$7,500		\$7,500
<b>Total Personnel</b>			<b>\$99,250</b>		<b>\$99,250</b>

- .1.0 FTE Court Coordinator - annual salary \$50,000 (based on \$24.00 / hour) plus 50% of health insurance premium (not to exceed 1 % of salary)*
- .1.0 FTE Kentucky Peer Specialist - annual salary \$28,000 (based on \$13.50 / hour) plus 50% of health insurance premium (not to exceed 1% of salary)*
- .125 FTE Data Collection / Evaluation Specialist (based on \$24.00 / hour) - no health benefit*
- .125 FTE Recovery Consultant / Community Liason (based on \$28.85 / hour) - no health benefit*
- .125 FTE Access and Crisis Services Consultant (based on \$28.85 / hour) - no health benefit*

**B. Fringe**

	GRANT FUNDED	NON-GRANT SOURCES	TOTAL
<b>TOTAL PERSONNEL</b>	<b>\$99,250</b>		<b>\$99,250</b>
FICA and Medicare	\$7,593		\$7,593
Unemployment	\$2,680		\$2,680
Workers Compensation	\$794		\$794
Health Insurance (50% premium co-pay up to 1% of salary, full-time individuals only)	\$7,800		\$6,000
<b>Total Fringe (currently 19%)</b>	<b>\$18,866</b>		<b>\$18,866</b>

**C. Training / Travel / Licensing**

	GRANT FUNDED	NON-GRANT SOURCES	TOTAL
Training / Licensing - HMIS	\$2,500		\$2,500
Travel - (35 miles / day x .50 / mile X 2 staff X 150 days)	\$5,250		\$5,250
<b>Total Training / Travel / Licensing</b>	<b>\$7,750</b>		<b>\$7,750</b>

**D. Operating Expenses**

	GRANT FUNDED	NON-GRANT SOURCES	TOTAL
Household furnishings provided by Catholic Action Center		\$20,000	\$20,000
Office Equipment - desks / printers / phones provide by NAMI Lexington		\$1,500	
Laptop Computers - full time employees only	\$1,500		
Office and Program Supplies based on 20 participants	\$3,000		
Office space - Annual rent	\$7,200		
Utilities	\$3,600		
<b>Total Operating Expenses</b>	<b>\$15,300</b>	<b>\$21,500</b>	<b>\$36,800</b>

**F. Contracted Services / Other Supports**

	GRANT FUNDED	NON-GRANT SOURCES	TOTAL
Licensed Psychologist, Forensic Evaluator - Currently provided by Eastern State Hospital		\$26,000	\$26,000
Licensed Clinical Social Worker 1 - currently provided by bluegrass.org		\$13,000	\$13,000
Licensed Clinical Social Worker 2 - currently provided by bluegrass.org		\$13,000	\$13,000
Trained Community Mentors provided by Catholic Action Center		\$13,000	\$13,000
Fiscal Management / Program Evaluation and reporting oversight provided by NAMI Lexington		\$13,000	\$13,000
Data Collection / Data security / Data storage oversight provided by NAMI Lexington		\$13,000	\$13,000
Cell phones and service - \$50 / month X 2 (full time staff only)	\$1,200		
Substance Use Testing - 10 participants X 26 weeks + 20 participants x 26 weeks	\$36,600		
Based on average of 2 quotes - Premier and AMC			
Emergency Housing Supports	\$15,000		
Motel vouchers / rental deposits, 1st month rental assistance / utility deposits for 10 participants			
<b>Total Contracted Services / Other Supports</b>	<b>\$37,800</b>	<b>\$91,000</b>	<b>\$128,800</b>

GRANT FUNDED	NON-GRANT SOURCES	TOTAL
<b>\$178,966</b>	<b>\$112,500</b>	<b>\$291,466</b>

**INDIRECT COST RATE**

10% of Total Request

**TOTAL REQUEST**

**\$196,863**

**\$17,897**

**NAMI Lexington Proposal**  
**LFUCG RFP# 70-2014 - Fayette Mental Health Court**

**Required Documents List**

- 1) Affidavit
- 2) Affirmative Action Plan
- 3) Workforce Analysis Form
- 4) Equal Opportunity Agreement
- 5) General Provisions
- 6) External Audit
- 7) Certificate of Insurance



***“Promoting Recovery”***

## AFFIDAVIT

Comes the Affiant, Phillip Gunning, Executive Director, and after being first duly sworn, states under penalty of perjury as follows:

1. His/her name is Phillip Gunning, and he/she is the individual submitting the proposal or is the authorized representative of NAMI Lexington (KY), Inc., the entity submitting the proposal (hereinafter referred to as "Proposer").
2. Proposer will pay all taxes and fees, which are owed to the Lexington-Fayette Urban County Government at the time the proposal is submitted, prior to award of the contract and will maintain a "current" status in regard to those taxes and fees during the life of the contract.
3. Proposer will obtain a Lexington-Fayette Urban County Government business license, if applicable, prior to award of the contract.
4. Proposer has authorized the Division of Central Purchasing to verify the above-mentioned information with the Division of Revenue and to disclose to the Urban County Council that taxes and/or fees are delinquent or that a business license has not been obtained.
5. Proposer has not knowingly violated any provision of the campaign finance laws of the Commonwealth of Kentucky within the past five (5) years and the award of a contract to the Proposer will not violate any provision of the campaign finance laws of the Commonwealth.
6. Proposer has not knowingly violated any provision of Chapter 25 of the Lexington-Fayette Urban County Government Code of Ordinances, known as "Ethics Act."

**Continued on next page**

7. Proposer acknowledges that "knowingly" for purposes of this Affidavit means, with respect to conduct or to circumstances described by a statute or ordinance defining an offense, that a person is aware or should have been aware that his conduct is of that nature or that the circumstance exists.

Further, Affiant sayeth naught.

Phillip Manning  
STATE OF Kentucky  
COUNTY OF Jayette

The foregoing instrument was subscribed, sworn to and acknowledged before me by drivers license on this the 30th day of December, 2014.

My Commission expires: \_\_\_\_\_

<b>KIM KING</b> NOTARY PUBLIC STATE AT LARGE, KENTUCKY COMM. # 507857 MY COMMISSION EXPIRES MARCH 17, 2018
--

Kim King  
NOTARY PUBLIC, STATE AT LARGE



**EQUAL EMPLOYMENT OPPORTUNITY AND  
AFFIRMATIVE ACTION  
EEO/AA POLICY AND PLAN**

**EEO/AA POLICY STATEMENT**

It is the policy of this Company to comply and cooperate to the fullest extent with all applicable regulations of the Equal Employment Opportunity Provisions of the Civil Rights Act of 1964, Executive Order 11246, the Rehabilitation Act of 1973 (29 U.S.C. 793), the Americans with Disabilities Act (ADA) of June 26, 1990 and the Vietnam Era Veterans Readjustment Assistance Act of 1972, all as amended. This policy pertains, as far as the responsibility of this Company is concerned, to any arrangement under which employees, including trainees, are selected for work.

It is the policy of this Company not to discriminate against any employee or applicant for employment because of race, religion, color, age, sex, and national origin, disabilities or Vietnam Era and Special Disabled Veterans status. This Company will take affirmative action to assure an equal employment opportunity to all qualified persons, and that employees are treated equally during employment without regard to their race, religion, color, age, sex, national origin, disabilities, or Vietnam Era and Special Disabled Veteran's status. Such action shall include but not be limited to:

1. Employment, upgrading, demotion, or transfer.
2. Recruitment and recruitment advertising
3. Layoff or termination
4. Rate of pay or other forms of compensation
5. Selection for training, including apprenticeship, pre-apprenticeship and/or on-the-job training.

**EXECUTIVE DIRECTOR DUTIES**

It is the policy of this Company that the Executive Director will maintain the duties of an Equal Employment Opportunity Officer (EEO Officer). The name and contact information for the Executive Director will be communicated along with this policy. The Executive Director has responsibility for effectively administering and promoting an active program of equal employment opportunity. The Executive Director will coordinate the EEO efforts of superintendents, supervisors, foremen and others in the position of hiring personnel.

**NAMI Lexington (KY), Inc., hereafter referred to as 'the Company' or 'this Company' will adopt this policy and plan at the first opportunity, which is the next meeting of the Board of Directors, currently scheduled for January 26, 2015.**

This Company's Executive Director has the responsibility for effectively administering and promoting an active program of equal employment opportunity within the Company. The Executive Director will make recommendations, where appropriate, to correct any deficiencies

found in the Company's program. The Executive Director will ensure that this policy and plan are being carried out.

### **EEO/AA PLAN**

It is the policy of this Company that there not be any discrimination by virtue of race, religion, color, age, sex, national origin, disabilities or Vietnam Era and Special Veterans status, in the functions of hiring, placement, up-grading, transfer or demotion. In addition, there shall not be any discriminatory practices in recruitment, advertising, or solicitation for employment, rates of pay or other forms of compensation, selection for training including apprenticeship, layoff or termination, or treatment during employment. The Company has affirmative action obligations in the hiring of minorities, females, disabled and veteran's applicants.

We will not use goals, timetables or affirmative action standards to discriminate against any person because of their race, religion, color, age, national origin, disabilities, or Vietnam Era and Special Disabled Veteran's status.

This Company shall take specific affirmative actions to ensure equal opportunity. Our compliance with this policy and plan shall be based upon our efforts to achieve maximum results from our actions and we shall document our efforts fully. This Company will implement specific affirmative action steps, at least as extensive as the following actions to ensure equal employment opportunity:

1. Ensure and maintain a working environment free of harassment, intimidation, and coercion at all times and in all facilities at which our employees are assigned to work. We shall specifically ensure that all foremen, superintendents and other on-site supervisory personnel are aware of and carry out our obligations to maintain such a working environment.
2. Establish and maintain a current list of minority and female recruitment sources, provide written notification to minority and female recruitment sources and to community organizations when we have employment opportunities available, and maintain a record of the organization's responses.
3. Maintain a current file of the names, addresses and telephone number of each minority and females off-the-street applicant or female referral from a union and minority or female referrals from a union, a recruitment source or community organization and of what action was taken with respect to each such individual. When applicable if such individual was sent to the Union hiring hall for referral and was not referred back to the Company by the union or, if referred, not employed by the Company, this shall be documented in the file with the reason therefore, along with whatever additional actions the Company may have taken.
4. When applicable provide immediate written notification to the Director when the union or unions with which we have a collective bargaining agreement have not referred to us a minority person or woman sent by us, or when we have other information that the union referral process has impeded our efforts to meet our obligations.
5. Develop on-the-job training opportunities and/or participate in training programs for the area which expressly include minorities and women, including upgrading programs and

apprenticeship and trainee programs relevant to the Company's employment needs, especially those programs funded or approved by the Department of Labor. We shall provide notice of these programs to the sources complied under "2" above.

6. Disseminate the company EEO policy notice by providing notice to the unions and training programs and requesting their cooperation in assisting us in meeting our EEO obligations; by including it in any policy manual and collective bargaining agreement; by publicizing it in the company newspaper, annual report, etc.; by specific review of the policy with all management personnel and with all minority and female employees at least once a year; and by posting the company EEO policy on bulletin boards accessible to all employees at each location where construction work is performed.

7. Review, at least annually, the Company's EEO policy and affirmative action obligations under these specifications with all employees having any responsibility for hiring, assignment, layoff, termination or other employment decisions including specific review of these items with onsite supervisory personnel such as Superintendents, General Foremen, etc. prior to the initiation of construction work at any job site. A written record shall be made and maintained identifying the time and place of these meetings, persons attending, subject matter discussed and disposition of the subject matter.

8. Disseminate the Company EEO policy externally by including it in any advertising in the news media, specifically including minority and female news media and proving written notification to and discussing the company EEO policy with other contractors and subcontractors with whom the company does or anticipates doing business.

9. Direct our recruitment efforts, both oral and written, to minority, female and community organizations, to schools with minority and female students and to female recruitment and training organizations serving our recruitment area and our employment needs. Not later than one month prior to the date for the acceptance of applications for apprenticeship or other training by any recruitment source, we shall send written notification to organizations such as the above, describing the openings, screening procedures, and tests to be used in the selection process.

10. We will encourage present minority and female employees to recruit other minority persons and women and, where reasonable, provide after school, summer and vacation employment to minority and female youth, both on the site and in other areas of our workforce.

11. Validate all test and other selection requirements where there is an obligation to do so under 41 CFP Part 60-3.

12. Conduct at least annually, an inventory and evaluation of all minority and female personnel for promotional opportunities and encourage these employees to prepare for, through appropriate training, etc. such opportunities.

13. Ensure that seniority practices, job classifications, work assignments and other personnel practices, do not have a discriminatory affect by continually monitoring all personnel and employment related activities to ensure that the EEO policy and our obligations under these specifications are being carried out.

14. Ensure that all facilities and company activities are non-segregated except that separate or single-user toilets and necessary changing facilities shall be provided to assure privacy between the sexes.

15. Document and maintain a record of all solicitations of offers for subcontracts from minority and female construction contractors and suppliers, including circulation of solicitations to minority and female contractor associations and other business associations.

16. Conduct a review, at least annually, of all supervisors' adherence to and performance under the company EEO policies and affirmative action obligations.

### **RECORDS**

This company will keep records to monitor all employment related activity to ensure that the company's EEO policy is being carried out. Records shall at least include for each employee the name, address, telephone numbers, construction trade, union affiliation if any, employee identification number when assigned, social security number, race, sex, status (e.g., mechanic, apprentice, trainee, helper, or laborer), dates and changes in status, hours worked per week in the indicated trade, rate of pay, and locations at which the work was performed.

### **REPORTING OF COMPLAINTS**

If at any time anyone feels he or she has been discriminated against because of sex, race, religion, color, age, national origin, disabilities or Vietnam Era and Social Disabled Veteran status, they should report this matter to the company Executive Director whose name and contact information is communicated along with this policy.

The Executive Director will investigate all complaints of alleged discrimination made to the company in connection with its contractual obligations. The Executive Director will attempt to resolve such complaints, corrective actions to be taken and will then follow up on actions taken and their effect. If the investigation indicates that the discrimination may affect persons other than the complainant, such corrective actions shall include such other persons. Upon completion of each investigation, the Executive Director will inform every complainant of all of his or her avenues of appeal.

**WORKFORCE ANALYSIS FORM**

Name of Organization: **NAMI Lexington (KY), Inc.** \_\_\_\_\_

Date: **12/12/2014**

Categories	Total	White		Latino		Black		Other		Total	
		M	F	M	F	M	F	M	F	M	F
Administrators	3	1	2								
Program Directors	4	1	2				1				
Kentucky Peer Specialists	8	2	6								
Supervisors											
Foremen											
Technicians											
Protective Service											
Para-Professionals											
Office/Clerical											
Skilled Craft											
Service/Maintenance											
<b>Total:</b>	<b>15</b>	<b>4</b>	<b>10</b>				<b>1</b>				

Prepared by: Phillip Manning, Executive Director  
 Name & Title

NAMI Lexington currently has 3 full-time and 12 part-time employees. 9 employees are diagnosed with a serious mental illness and are on disability, working part-time. Additionally, NAMI Lexington pays a small stipend to a rotating pool of approximately 20 consumers of mental health services to provide educational tracks and peer support services at Participation Station, a peer-operated education and recovery center co-sponsored by NAMI Lexington and bluegrass.org

## EQUAL OPPORTUNITY AGREEMENT

### The Law

- Title VII of the Civil Rights Act of 1964 (amended 1972) states that it is unlawful for an employer to discriminate in employment because of race, color, religion, sex, age (40-70 years) or national origin.
- Executive Order No. 11246 on Nondiscrimination under Federal contract prohibits employment discrimination by contractor and sub-contractor doing business with the Federal Government or recipients of Federal funds. This order was later amended by Executive Order No. 11375 to prohibit discrimination on the basis of sex.
- Section 503 of the Rehabilitation Act of 1973 states:

*The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap.*

- Section 2012 of the Vietnam Era Veterans Readjustment Act of 1973 requires Affirmative Action on behalf of disabled veterans and veterans of the Vietnam Era by contractors having Federal contracts.
- Section 206(A) of Executive Order 12086, Consolidation of Contract Compliance Functions for Equal Employment Opportunity, states:

*The Secretary of Labor may investigate the employment practices of any Government contractor or sub-contractor to determine whether or not the contractual provisions specified in Section 202 of this order have been violated.*


\*\*\*\*\*

The Lexington-Fayette Urban County Government practices Equal Opportunity in recruiting, hiring and promoting. It is the Government's intent to affirmatively provide employment opportunities for those individuals who have previously not been allowed to enter into the mainstream of society. Because of its importance to the local Government, this policy carries the full endorsement of the Mayor, Commissioners, Directors and all supervisory personnel. In following this commitment to Equal Employment Opportunity and because the Government is the benefactor of the Federal funds, it is both against the Urban County Government policy and illegal for the Government to let contracts to companies which knowingly or unknowingly practice discrimination in their employment practices. Violation of the above mentioned ordinances may cause a contract to be canceled and the contractors may be declared ineligible for future consideration.

Please sign this statement in the appropriate space acknowledging that you have read and understand the provisions contained herein. Return this document as part of your application packet.

### Bidders

*I/We agree to comply with the Civil Rights Laws listed above that govern employment rights of minorities, women, Vietnam veterans, handicapped and aged persons.*

  
Signature C

NAMI Lexington (KY), Inc.  
Name of Business

## **GENERAL PROVISIONS**

1. Each Respondent shall comply with all Federal, State & Local regulations concerning this type of service or good.

The Respondent agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended, and KRS Chapter 338. The Respondent also agrees to notify the LFUCG in writing immediately upon detection of any unsafe and/or unhealthful working conditions at the job site. The Respondent agrees to indemnify, defend and hold the LFUCG harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

2. Failure to submit ALL forms and information required in this RFP may be grounds for disqualification.
3. Addenda: All addenda, if any, shall be considered in making the proposal, and such addenda shall be made a part of this RFP. Before submitting a proposal, it is incumbent upon each proposer to be informed as to whether any addenda have been issued, and the failure to cover in the bid any such addenda may result in disqualification of that proposal.
4. Proposal Reservations: LFUCG reserves the right to reject any or all proposals, to award in whole or part, and to waive minor immaterial defects in proposals. LFUCG may consider any alternative proposal that meets its basic needs.
5. Liability: LFUCG is not responsible for any cost incurred by a Respondent in the preparation of proposals.
6. Changes/Alterations: Respondent may change or withdraw a proposal at any time prior to the opening; however, no oral modifications will be allowed. Only letters, or other formal written requests for modifications or corrections of a previously submitted proposal which is addressed in the same manner as the proposal, and received by LFUCG prior to the scheduled closing time for receipt of proposals, will be accepted. The proposal, when opened, will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope which is plainly marked "modifications of proposal".
7. Clarification of Submittal: LFUCG reserves the right to obtain clarification of any point in a bid or to obtain additional information from a Respondent.

8. Bribery Clause: By his/her signature on the bid, Respondent certifies that no employee of his/hers, any affiliate or Subcontractor, has bribed or attempted to bribe an officer or employee of the LFUCG.
9. Additional Information: While not necessary, the Respondent may include any product brochures, software documentation, sample reports, or other documentation that may assist LFUCG in better understanding and evaluating the Respondent's response. Additional documentation shall not serve as a substitute for other documentation which is required by this RFP to be submitted with the proposal,
10. Ambiguity, Conflict or other Errors in RFP: If a Respondent discovers any ambiguity, conflict, discrepancy, omission or other error in the RFP, it shall immediately notify LFUCG of such error in writing and request modification or clarification of the document if allowable by the LFUCG.
11. Agreement to Bid Terms: In submitting this proposal, the Respondent agrees that it has carefully examined the specifications and all provisions relating to the work to be done attached hereto and made part of this proposal. By acceptance of a Contract under this RFP, proposer states that it understands the meaning, intent and requirements of the RFP and agrees to the same. The successful Respondent shall warrant that it is familiar with and understands all provisions herein and shall warrant that it can comply with them. No additional compensation to Respondent shall be authorized for services or expenses reasonably covered under these provisions that the proposer omits from its Proposal.
12. Cancellation: If the services to be performed hereunder by the Respondent are not performed in an acceptable manner to the LFUCG, the LFUCG may cancel this contract for cause by providing written notice to the proposer, giving at least thirty (30) days notice of the proposed cancellation and the reasons for same. During that time period, the proposer may seek to bring the performance of services hereunder to a level that is acceptable to the LFUCG, and the LFUCG may rescind the cancellation if such action is in its best interest.

A. Termination for Cause

- (1) LFUCG may terminate a contract because of the contractor's failure to perform its contractual duties
- (2) If a contractor is determined to be in default, LFUCG shall notify the contractor of the determination in writing, and may include a specified date by which the contractor shall cure the identified deficiencies. LFUCG may proceed with termination



if the contractor fails to cure the deficiencies within the specified time.

- (3) A default in performance by a contractor for which a contract may be terminated shall include, but shall not necessarily be limited to:
  - (a) Failure to perform the contract according to its terms, conditions and specifications;
  - (b) Failure to make delivery within the time specified or according to a delivery schedule fixed by the contract;
  - (c) Late payment or nonpayment of bills for labor, materials, supplies, or equipment furnished in connection with a contract for construction services as evidenced by mechanics' liens filed pursuant to the provisions of KRS Chapter 376, or letters of indebtedness received from creditors by the purchasing agency;
  - (d) Failure to diligently advance the work under a contract for construction services;
  - (e) The filing of a bankruptcy petition by or against the contractor; or
  - (f) Actions that endanger the health, safety or welfare of the LFUCG or its citizens.

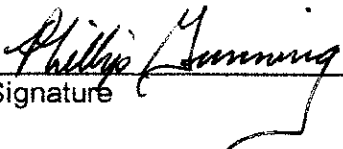
#### B. At Will Termination

Notwithstanding the above provisions, the LFUCG may terminate this contract at will in accordance with the law upon providing thirty (30) days written notice of that intent, Payment for services or goods received prior to termination shall be made by the LFUCG provided these goods or services were provided in a manner acceptable to the LFUCG. Payment for those goods and services shall not be unreasonably withheld.

13. Assignment of Contract: The contractor shall not assign or subcontract any portion of the Contract without the express written consent of LFUCG. Any purported assignment or subcontract in violation hereof shall be void. It is expressly acknowledged that LFUCG shall never be required or obligated to consent to any request for assignment or subcontract; and further that such refusal to consent can be for any or no reason, fully within the sole discretion of LFUCG.
14. No Waiver: No failure or delay by LFUCG in exercising any right, remedy, power or privilege hereunder, nor any single or partial exercise thereof, nor the exercise of any other right, remedy, power or privilege shall operate as a waiver hereof or thereof. No failure or delay by LFUCG in exercising any right, remedy, power or privilege under or in respect of this Contract shall

affect the rights, remedies, powers or privileges of LFUCG hereunder or shall operate as a waiver thereof.

15. Authority to do Business: The Respondent must be a duly organized and authorized to do business under the laws of Kentucky. Respondent must be in good standing and have full legal capacity to provide the services specified under this Contract. The Respondent must have all necessary right and lawful authority to enter into this Contract for the full term hereof and that proper corporate or other action has been duly taken authorizing the Respondent to enter into this Contract. The Respondent will provide LFUCG with a copy of a corporate resolution authorizing this action and a letter from an attorney confirming that the proposer is authorized to do business in the State of Kentucky if requested. All proposals must be signed by a duly authorized officer, agent or employee of the Respondent.
16. Governing Law: This Contract shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Contract, the Parties agree that the venue shall be the Fayette County Circuit Court or the U.S. District Court for the Eastern District of Kentucky, Lexington Division. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Contract or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.
17. Ability to Meet Obligations: Respondent affirmatively states that there are no actions, suits or proceedings of any kind pending against Respondent or, to the knowledge of the Respondent, threatened against the Respondent before or by any court, governmental body or agency or other tribunal or authority which would, if adversely determined, have a materially adverse effect on the authority or ability of Respondent to perform its obligations under this Contract, or which question the legality, validity or enforceability hereof or thereof.
18. Contractor understands and agrees that its employees, agents, or subcontractors are not employees of LFUCG for any purpose whatsoever. Contractor is an independent contractor at all times during the performance of the services specified.
19. If any term or provision of this Contract shall be found to be illegal or unenforceable, the remainder of the contract shall remain in full force and such term or provision shall be deemed stricken.

  
\_\_\_\_\_  
Signature

12/12/2014  
\_\_\_\_\_  
Date

NAMI LEXINGTON  
LEXINGTON, KENTUCKY

AUDITED FINANCIAL STATEMENTS

DECEMBER 31, 2013 and 2012

HICKS & ASSOCIATES CPAS, PLLC  
CERTIFIED PUBLIC ACCOUNTANTS

C O N T E N T S

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FINANCIAL STATEMENTS

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    NOTES TO FINANCIAL STATEMENTS.....8

# Hicks & Associates CPAs, PLLC

CERTIFIED PUBLIC ACCOUNTANTS

## INDEPENDENT AUDITORS' REPORT

Board of Directors  
NAMI Lexington  
Lexington, Kentucky

We have audited the accompanying financial statements of NAMI Lexington (a nonprofit "Organization"), which comprise the statements of financial position as of December 31, 2013 and 2012, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

INDEPENDENT AUDITORS' REPORT  
-continued-

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2013 and 2012, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Hicks & Associates CPAs, PLLC*

March 24, 2014

NAMI LEXINGTON  
STATEMENT OF FINANCIAL POSITION  
DECEMBER 31

ASSETS		
CURRENT ASSETS	<u>2013</u>	<u>2012</u>
Cash	\$ 31,982	\$ 49,109
Accounts receivable	46,760	53,760
Prepaid expense	3,853	4,172
	82,595	107,041
TOTAL CURRENT ASSETS	82,595	107,041
TOTAL ASSETS	\$ 82,595	\$ 107,041
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 4,748	\$ 1,061
Payroll liabilities	7,655	5,384
	12,403	6,445
TOTAL CURRENT LIABILITIES	12,403	6,445
NET ASSETS		
Unrestricted	70,192	100,596
TOTAL LIABILITIES AND NET ASSETS	\$ 82,595	\$ 107,041

See Notes to Financial Statements.

NAMI LEXINGTON  
STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS  
YEAR ENDED DECEMBER 31

SUPPORT AND REVENUE	2013	2012
Donations	\$ 17,194	\$ 4,128
Fundraising revenue	43,990	45,589
Grants	133,475	113,500
Contract revenue	248,578	225,548
In-kind contributions and services	24,000	25,884
Interest	13	28
Memberships	2,256	2,721
Miscellaneous	7,522	8,017
	<hr/>	<hr/>
TOTAL SUPPORT AND REVENUE	477,028	425,415
EXPENSES		
Advertising	14,463	14,115
Bad debt expense	750	-
Conferences	21,038	23,081
Contract	30,964	40,019
Contract labor	35,493	24,736
Equipment and maintenance	9,714	6,890
Fundraising expenses	5,600	5,995
Gifts	6,868	5,169
Insurance	2,146	1,913
Office expense	10,927	13,025
Payroll taxes and benefits	37,091	34,816
Postage	2,242	1,954
Printing	2,363	2,039
Professional fees	7,161	7,489
Rent	29,598	28,364
Supplies	12,620	18,744
Telephone	6,068	5,454
Travel	18,220	13,988
Utilities	1,921	805
Wages	252,185	229,014
	<hr/>	<hr/>
TOTAL EXPENSES	507,432	477,610
NET CHANGE IN NET ASSETS	(30,404)	(52,195)
NET ASSETS, BEGINNING OF YEAR	<hr/> 100,596	<hr/> 152,791
NET ASSETS, END OF YEAR	<hr/> <hr/> \$ 70,192	<hr/> <hr/> \$ 100,596

See Notes to Financial Statements.



NAMI LEXINGTON  
STATEMENT OF CASH FLOWS  
YEAR ENDED DECEMBER 31

	<u>2013</u>	<u>2012</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ (30,404)	\$ (52,195)
Bad debt expense	750	-
Changes in operating assets and liabilities:		
(Increase) decrease in:		
Accounts receivable	6,250	(15,886)
Prepaid expenses	319	(2,427)
Increase (decrease) in:		
Accounts payable	3,687	431
Payroll liability	2,271	(1,554)
	<u>                    </u>	<u>                    </u>
NET CHANGE FROM OPERATING ACTIVITIES	<u>(17,127)</u>	<u>(71,631)</u>
NET CHANGE IN CASH	(17,127)	(71,631)
CASH, BEGINNING OF YEAR	<u>49,109</u>	<u>120,740</u>
CASH, END OF YEAR	<u>\$ 31,982</u>	<u>\$ 49,109</u>

See Notes to Financial Statements.

NAMI LEXINGTON  
NOTES TO FINANCIAL STATEMENTS

NOTE A - NATURE OF OPERATIONS AND ACCOUNTING POLICIES

Nature of Business

NAMI Lexington, herein referred to as "Organization", is a non-profit organization created to assist families, caregivers and individuals whose life experience includes living with a serious and persistent mental illness. NAMI Lexington provides advocacy, education, outreach and support through NAMI Signature programs developed at the National level and supported by NAMI National and NAMI KY. NAMI Lexington has also developed numerous other significant programs to meet the needs of the community. All NAMI programs are free to the public.

NAMI Lexington co-sponsors the only peer-operated services and support center in Kentucky and contracts with the Department of Behavioral Health, Developmental and Intellectual Disabilities (DBHDID) to provide recovery-oriented training and technical assistance to Community Mental Health Centers and State Psychiatric Hospitals. Collaborating with numerous other community partners allows NAMI Lexington to focus on an integration of Mental Health Services and Primary Health Care. Integrated health care is a system of health care in which both mental and physical problems and disorders are treated simultaneously. It is a system that recognizes that a mental disorder must be treated with equal importance as a physical disorder.

Basis of Financial Statements

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles.

The Organization reports information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets. There were no temporarily or permanently restricted net assets at December 31, 2013 and 2012.

Cash and Cash Equivalents

The Organization considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Tax Status

The Organization is exempt from federal income taxes under Section 501 (c) (3) of the Internal Revenue Code and is not a private foundation. It is, however, subject to income taxes on "unrelated business income", of which management has determined there were none for the years ended December 31, 2013 and 2012.

NAMI LEXINGTON  
NOTES TO FINANCIAL STATEMENTS

NOTE A - NATURE OF OPERATIONS AND ACCOUNTING POLICIES - continued

As of December 31, 2013 and 2012, the Organization has no uncertain tax positions that qualify for disclosure in the financial statements. Tax years still open under federal and state statute of limitations remain subject to review and change.

Use of Estimates

The preparation of financial statements in conformity with auditing standards generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Accounts Receivable

Management believes that all receivables will be collected, and therefore, these financial statements do not include an allowance for doubtful accounts.

In-kind Contributions and Services

The Organization receives donated use of property and specialized services which are reported on the statement of activities. The estimated value of these in-kind contributions and services totaled \$24,000 and \$25,884 for the years ended December 31, 2013 and 2012.

NOTE B - DATE OF MANAGEMENT'S REVIEW

The Organization's subsequent events have been evaluated by management through March 24, 2014, which is the date the financial statements were available to be issued.



## Fayette Mental Health Court Team Bios

### KIM WILKIE - SHORT BIO RE: MENTAL HEALTH COURT

1. 1980: UK Law School graduate (December 1980).
2. 1981-1984: Attorney with Fayette County Office of the Public Defender.
3. 1984-2008: Boehl, Stopher & Graves, Lexington Office; Partner.
4. 2008-2010: "Of Counsel", Reinhardt & Associates.
5. 2010 (Nov. 2): Elected Fayette County District Court Judge, 3rd Division.
6. January 2011- Present: Fayette County District Court Judge, 3rd Division.
7. 2012 – Present: Established and currently presiding Judge, Fayette County Heroin Drug Court.
8. 2014 – Present: Established and currently presiding Judge, Fayette County Mental Health Court.

**DENISE REDWINE, Attorney - DPA**

Denise Redwine has been a Staff Attorney with the Lexington Public Defenders' Office of the Department of Public Advocacy (DPA) for eleven years. She is a graduate of the University of Kentucky (B.A.), East Tennessee State University (M.S.) and obtained her Juris Doctorate the Salmon P. Chase College of Law at Northern Kentucky University, where she was a member of the Law Review.

Prior to joining DPA, she was employed at the Lexington-Fayette County Health Department , Montgomery County, KY fiscal court, Bethesda Hospitals, Cincinnati, OH, and Ohio Casualty Insurance Co. and maintained a private legal practice with a focus on employment, family, and consumer protection law. She is a former participant in Leadership Montgomery County.

At Lexington DPA, she co-chairs the office's representation of clients in commitment hearings at Eastern State Hospital as well as practices in the criminal misdemeanor and felony divisions.

**Heather Matics, Attorney – County Attorney's Office**, spent five years living with her family in Santa Cruz, Bolivia, where she became fluent in Spanish. She graduated with honors from Kentucky Wesleyan College in Owensboro, receiving a B.A. in history. Heather earned her J.D. from the University of Louisville, Brandeis School of Law, in May 1996. Her professional career includes years spent as a public defender and as a senior staff attorney for the Kentucky Court of Appeals. She joined the Fayette County Attorney's Office as a general prosecutor in February, 2011.

**John Landon, Attorney - DPA** – Graduated Lafayette College, *cum laude*, and attended the University of Kentucky Law School. Afterwards, I accepted a position in the Kentucky Department of Public Advocacy in their Lexington Kentucky Office. I have handled misdemeanor and felony litigation, as well as litigated for clients in civil commitment hearings. After four years of practice in the Lexington office, I accepted a position in the Appellate Branch of the DPA. In this position, I litigate for clients in the Kentucky Court of Appeals and the Kentucky Supreme Court.



## Skills, Licensure, & Professional Certification

- HIPAA; Ethics; Substance Use/Misuse/Abuse; CEUs maintained
- Motivational Interviewing; Cog-Beh Therapy; Dialectical-Behavior Therapy; Moral Recognition Therapy
- Certified Alcohol & Drug Counselor (CADC) in-progress; Licensed Professional Counselor Associate (LPCA) in-progress; Certified Rehabilitation Counselor (CRC) obtained



## Rebecca L. Asher, Psy.D.

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3525 Branchwood Place  
Lexington, KY 40503  
(502) 889-0189  
Rebecca.Asher@yahoo.com

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### Licensure

**Licensed Psychologist, Kentucky Board of Examiners of Psychology**

**License Number:** KY-1575

**Expiration Date:** 09/25/2015

### Educational History

**Spalding University, Louisville, KY**

Doctor of Psychology in Clinical Psychology, January 2008

**Eastern Kentucky University, Richmond, KY**

Master of Science in Clinical Psychology, Deaf Emphasis, May 2003

**University of Kentucky, Lexington, KY**

Bachelor of Arts in Psychology, May 2001

### Work Experience

**Eastern State Hospital, Lexington, KY**

**Clinical Psychologist/Forensic Evaluator:** December 2010 to present

**Supervisor:** David Susman, Ph.D.

**Duties:** Carries out court ordered forensic evaluations for civil commitment, guardianship, competency to stand trial and criminal responsibility. Provides related court testimony as an expert witness in Fayette County and other area courts. Completed felony level competency and criminal responsibility evaluations as an outpatient evaluator through Kentucky Correctional Psychiatric Center from December 2010 until July 2014. Serves as an aid to other staff psychologists at Eastern State in completing individual and/or group therapy, psychological evaluations, participation with interdisciplinary teams, and developing individual recovery plans as needed. Also participates in facility wide clinical and administrative committees, develops and conducts staff training, and participates in performance improvement functions. Supervises psychology student affiliates and interns. Provides consultation to Fayette County Mental Health Court.

**Central State Hospital, Louisville, KY**

**Staff Psychologist:** September 2007 to November 2010

**Supervisor:** Russ Williams, Psy.D.

**Duties:** Participated as a member of a multidisciplinary treatment team on the Secure Care Unit, an all male inpatient psychiatric unit for forensic patients, men with significant behavioral problems, and issues of sexually acting out. As a staff psychologist duties include providing individual and group psychotherapy, performing initial assessments of patients and conducting additional psychological testing as needed. Facilitated development of the unit's therapeutic milieu through patient contact and staff consultation. Provided supervision of clinical interns and practicum students. Participated in departmental and hospital activities as required, including the Patient Rights Committee and TARC committee for forced medications. Provided forensic services for patients and the legal system, including testimony in Jefferson and other area courts as an expert witness in Mental Inquest proceedings and completion of Competency and Criminal Responsibility evaluations.

### **The Center for Attention Deficit Disorders, Louisville, KY**

**Psychometrician:** December 2003 to August 2006 & September 2007 to January 2009

**Supervisor:** John Lacy, Ph.D.

**Duties:** Conducted psychological evaluations for adolescents and children at Caritas Peace Center, an inpatient hospital. Also conducted three-year reevaluations for students receiving special education services through the New Albany/Floyd County Public School system, and psychological evaluations for Wellstone Regional Hospital for inpatient adults, adolescents, and children, administering approximately 5-10 psychological evaluations per week. Provided peer supervision for a practicum student at this site with emphasis on improvement of assessment skills.

## **Teaching Experience**

### **Eastern Kentucky University, Corbin, KY**

**Part-time Instructor:** January 2011 to May 2011

**Supervisor:** Robert Brubaker, Ph.D.

**Duties:** Instruct undergraduate psychology courses:  
*Abnormal Psychology*, One section, January 2011 to May 2011

### **Jefferson Community and Technical College, Louisville, KY**

**Adjunct Instructor:** January 2005 to December 2005 & August 2007 to December 2007

**Supervisor:** Ronald Wallace

**Duties:** Instructed undergraduate psychology courses including:  
*Introduction to Psychology*, Two sections, January 2005 to May 2005  
One section, August 2007 to December 2007  
*Developmental Psychology*, One section, August 2005 to December 2005

## **Internship Experience**

### **Argosy University Correctional Psychology Internship Program, Schaumburg, IL APPIC Accredited Clinical Psychology Pre-Doctoral Internship**

**Pre-Doctoral Intern:** August 2006 to August 2007

**Site Supervisor:** Amy Ray, Ph.D.

**Duties:** Completed a six month rotation at Dwight Correctional Center. This is a maximum security female institution and reception/classification center. Duties included individual, group therapy and psychological evaluations with female offenders. Completed intake mental health evaluations for women entering the prison population, monthly segregation rounds, crisis intervention, and provision of supervision to a practicum student. Also completed a six month rotation at Stateville Correctional Center/Northern Reception Center for the State of Illinois. This is a maximum security facility for male offenders, and the primary reception and classification center in Illinois. Duties included individual, group therapy, and psychological evaluations for offenders. Duties also included crisis intervention, mental health intake evaluations for men entering the institution, and weekly rounds for offenders with severe mental illness awaiting transfer to a psychiatric placement.

### **Supervised Practicum Experience**

#### **Advanced Therapy Practicum - Kentucky State Reformatory, LaGrange, KY**

**Advanced Therapy Practicum Student:** September 2005 to July 2006

**Site Supervisor:** Robin Sublett, Ph.D.

**University Supervisor:** Gary Petiprin, Ph.D.

**Duties:** Provided individual therapy and psychological/neuropsychological evaluations for male offenders housed in the Correctional Psychiatric Treatment Unit. This unit is for individuals who have severe mental illness and is housed within a medium security male correctional institution. Proposed the development of a program for the incarcerated male population with severe mental illness to improve social skills, institutional adjustment, and medication management.

#### **Therapy Practicum - Spalding Counseling Center, Louisville, KY**

**Doctoral Therapy Practicum Student:** September 2004 to August 2005

**Site Supervisor:** Thomas Bergandi, Ph.D.

**University Supervisor:** Brenda Nash, Ph.D.

**Duties:** Provided individual, couples, family therapy, and psychological evaluations to Spalding University staff, students, and Presentation Academy High School students.

#### **Assessment Practicum - Roederer Correctional Complex, LaGrange, KY**

**Doctoral Assessment Practicum Student:** September 2003 to February 2004

**Site Supervisor:** Timothy Hurst, Psy.D.

**University Supervisor:** Richard Johnson, Ph.D.

**Duties:** Conducted psychological evaluations for incarcerated males upon entering the prison system.

#### **Masters Internship - The Kentucky United Methodist Home, Versailles, KY**

**Masters Internship Student:** January 2003 to July 2003

**Site Supervisor:** Dewey Sanders, Ph.D.

**University Supervisor:** Don Beal, Ph.D.

**Duties:** Served as primary therapist for an emergency shelter which included conducting weekly individual and group therapy with adolescent boys displaying a vast array of psychological problems. Also conducted all psychological evaluations on campus for male and female long-term residents, and served as on-call crisis person one week a month. Co-led

weekly groups for families who were at risk for their children being placed out of the home in the Community Outreach Program.

**Masters Practicum - Blackburn Correctional Complex, Lexington, KY**

**Masters Practicum Student:** August 2002 to December 2002

**Site Supervisor:** Don Beal, Ph.D.

**Duties:** Assisted case workers with reclassification of offenders, attended psychoeducational groups, and assisted with general casework related to the inmates.

**Masters Practicum - EKU Psychology Clinic, Richmond, KY**

**Masters Practicum Student:** January 2002 to December 2002

**Site Supervisor:** Don Beal, Ph.D.

**Duties:** Conducted individual and couples therapy with adults, completed intake evaluations for new clients, and learning disability assessments for Eastern Kentucky University students. Volunteer work in the community for this site included co-leading anger management and social skills groups for elementary school children.

**Masters Practicum - Kentucky School for the Deaf, Danville, KY**

**Masters Practicum Student:** January 2002 to May 2002

**Site Supervisors:** Robin Santa-Teresa, MA, MS, CAGS and Robert Brubaker, Ph.D.

**Duties:** Conducted psychoeducational assessments for three-year re-evaluations of special education programming, completed classroom behavioral observations and co-led a weekly topical group for middle school girls in American Sign Language.

**Undergraduate Internship - Awareness Counseling and Consulting, Georgetown, KY**

**Undergraduate Student:** May 2000 to August 2000

**Supervisors:** Velva Reed, MS and Don Lynam, Ph.D.

**Duties:** Assisted with providing court ordered psycho-educational group therapy for individuals convicted of DUI charges.

### **Research Experience**

**Spalding University, Louisville, KY**

**Defense Date:** December 2007

**Dissertation Chair:** Thomas Bergandi, Ph.D.

**Dissertation Title:** "Has Clinical Training in Human Sexuality Changed Over the Past Twenty Years? A Survey of Clinical Psychology, Counseling Psychology, and Doctor of Social Work Programs."

**Poster Presentation:** APA Conference, August 2008

**Spalding University, Louisville, KY**

**Empirical Research:** January 2004 to May 2004

**Supervisor:** Thomas Titus, Ph.D.

**Research Title:** The Effects of Boredom on the Attention Management of People with ADHD

**Eastern Kentucky University, Richmond, KY**

**Research Assistant:** May 2002 to May 2003

**Supervisor:** Jerry, Palmer, Ph.D.

**Topic:** Assisted in an empirical study that evaluated the 'Just World Hypothesis'

### **Professional References**

**John Lacy, Ph.D.**

Licensed Clinical Psychologist  
The Center for Attention Deficit Disorders  
Louisville, KY  
Telephone: (502) 412-9197

**Russell Williams, Psy.D.**

Licensed Clinical Psychologist  
Kentucky State Reformatory  
LaGrange, KY  
Telephone: (502) 222-9441

**Amy Ray, Ph.D.**

Correctional Program Training Director  
Argosy University - Schaumburg Correctional Psychology Internship  
Schaumburg, IL 60173  
Telephone: (815) 727-3607 ext.7451

## Jennifer Van Ort

Case Manager, Mobile Outreach Team

[bluegrass.org](http://bluegrass.org)

1351 Newtown Pike

BS in Criminal Justice

BS in Social Work including a 6 month internship with probation for adults and juveniles

3 years experience as Detention Deputy and reserve Deputy training,

8 years experience in Supported Living Services for Individuals with Developmental Disabilities

Currently in year 3 working with Adults with Serious and Persistent Mental Illness in residential and community settings.

I look forward to combining my experience and passions to supervise and support the patrons of the FMHC.

Jennifer

Lexington, KY 40511

(859) 519-0187

[jvanort@bluegrass.org](mailto:jvanort@bluegrass.org)

## David Riggsby

3431 Greenlawn Dr.

Lexington, KY 40517

(859) 273-8554

[david@kystars.org](mailto:david@kystars.org)

## Work Experience

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### **NAMI-Lexington, (August 2011-present)**

**Co-Director, KYSTARS** (Kentucky System Transformation, Advocacy, Recovery & Support), Provides Leadership and direction to the program and oversight of the contract with the Kentucky Department of Behavioral Health. Provides recovery-based training and technical assistance to the public mental health program throughout the state. Provides support to NAMI-Lexington's Participation Station peer-operated recovery program. Implemented and provides support to the peer operated warmline service. Oversees quality management indicators and data systems for the entire non-profit organization.

### **Bluegrass Regional Psychiatric Service, Inc. (Eastern State Hospital), (October 2000-July 2011) retired**

**Director of Quality Management**, Provided direct supervision of quality oversight departments (Performance Improvement, Infection Control, Risk Management, Safety/Environment of Care, and Utilization Review). Oversaw hospital-wide efforts to prepare for and maintain Joint Commission accreditation. Wrote Plans of Correction and Measures of Success for any citation received. Developed and implemented Core Measures data tracking system. Directed hospital-wide teams, oriented all new staff, students and patients. Served on the Hospital Management Committee. Lead hospital-wide effort to shift clinical services to a recovery-based system of care including development and implementation of the Recovery Mall which centralized clinical services and significantly increased the amount of active treatment each patient received. Organized and provided oversight of all hospital data systems and critical quality indicators. Developed and implemented the hospital's StatIt PImd system of displaying real time indicator data for Managers in order to increase utilization of data in decision making.

**Bluegrass Regional Psychiatric Service, Inc. (Eastern State Hospital), (December 1987-September 2000)**

**Rehabilitation Services Administration Coordinator**, Coordinated rehabilitation services at the hospital. Coordinated the department's performance improvement program. Provided direct care groups, screened patients for rehabilitation services, trained new staff and provided oversight to data for the entire department including Occupational Therapy, Therapeutic Recreation, Music Therapy, Library Services, Physical Therapy and Chaplaincy Services. Lead departmental and interdisciplinary performance improvement teams/initiatives.

**Bluegrass Regional Psychiatric Service, Inc. (Eastern State Hospital), (September 1986-September 1987)**

**Patient Aide**, Provided direct patient care and supervision, performed appropriate care procedures, lead unit based groups and provided individual support to patients under the direct supervision of a Registered Nurse.

**Education**

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University of Kentucky – Lexington, KY, Psychology Undergraduate (August 1981-May 1986)

Paul G. Blazer Senior High School – Ashland, KY, General Studies

**Achievements/Awards**

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National Merit Scholarship Finalist

Chessie System Merit Scholarship

Hallie C. Shouse Award (Outstanding Clinical Employee) Bluegrass Regional MH/MR Board, Inc.

Irene Nooe Award (Outstanding Long Term Employee) Bluegrass Regional MH/MR Board, Inc.

President, Bluegrass Association for Healthcare Quality (BAHQ)

Treasurer, Kentucky Association for Healthcare Quality (KAHQ)

NAMI-Lexington "Wings" Award for Mental Illness Advocacy Efforts

Certified Mental Health First Aid Instructor (January 2012)

**Skills**

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Has had significant training and experience with many performance measurement/improvement systems, concepts and tools including LEAN, Six Sigma, FOCUS-PDCA, Team Building, etc.

Significant skills/experience in teaching/leading groups with both patients and employees.

Significant knowledge of the Joint Commission, Center for Medicare & Medicaid Services, Office of Inspector General and other regulatory bodies.

Proficient in Microsoft Office Suite (Word, Excel, Access, PowerPoint, Publisher, Front Page, etc.), Adobe Suite, various data systems such as AS400, Siemens Medical Services, experienced with website development and creation of marketing tools (brochures, annual reports, etc.)

**Kelly Gunning** has a master's degree in Community Psychology and has worked the past 12 years for NAMI Lexington: starting as a full time volunteer, she is currently the Director of Advocacy and Public Policy. During this tenure she has also served as an onsite advocate at Eastern State Hospital . Kelly has worked in the mental health field since 1988. She worked for the Indian Health Service and was one of the first non-Native persons hired by Doyon Native Corporation in Alaska where she worked for the bulk of her early career. During the time she was completing her education, she always felt it was pertinent to volunteer and/or simultaneously work in the field to more completely understand and experience the plethora of issues involved in delivering wrap-around social services in a variety of community mental health settings, including desolate and isolated Alaskan Bush communities. Kelly has been Executive Director at NAMI Lexington since 2004 and currently serves as the Director of Advocacy and Public Affairs for the organization. In March 2002, her 24 year old son was diagnosed with paranoid schizophrenia. It could be said that she prepared her whole life for that diagnosis. In 2012 it was with great honor that Kelly received "The Governor's Dignity of Humanity Award" from the Ky Medical News for her work in advocating for the replacement of the 200 year old Eastern State Hospital.

## **Resume**

**Connie P. Milligan, LCSW**  
121 Preston Ave. Lexington, KY 40502  
859-806-8910 [cpmilligan@live.com](mailto:cpmilligan@live.com)

### **Education**

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#### **University of Kentucky**

Masters of Social Work  
Lexington, Kentucky  
December 1979 with honors

#### **Transylvania University**

BA Education  
Lexington, Kentucky  
June 1974

### **Licensure**

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#### **Licensed Clinical Social Worker**

Kentucky License No. 378 since 1984

#### **Transformational Coach**

Certification in Core Curriculum– June 2014

### **Employment**

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**Self Employed -Spectrum Transformation Services**

Offering individual and group services, training and consultation

**Corporate Director**, Access and Crisis Services. 1996 to 2014

**Director**, Mental Health Crisis Network for Jails, 2003 to 2014

Bluegrass Regional Mental Health-Mental Retardation Board, Inc.

1351 Newtown Pike, Lexington, KY 40511

Director of Mental Health Crisis Network for Jails involves developing the program as a pilot in 2003; obtaining legislation in 2004 and now offering services statewide with a dedicated funding stream of 2 million. Responsibilities include the development and implementation of this mental health and suicide risk management program for the jails of Kentucky, including program instrument and protocols development, networking the service infrastructure for 86 jails and 14 Mental Health Regions, training for all jail personnel along with mental health staff across the state, staff supervision, software development, data collection and analysis.

Corporate Director of Access and Crisis Services includes managing a centralized intake assessment, referral and scheduling center, and emergency services crisis line which provides services for 42 counties, including the Bluegrass Region and other regions in the state under contract, utilizing a sophisticated tailor-made software system. Responsibilities include program development and supervision, implementation, training, consultation, data collection and analysis and representation on relevant state-wide emergency services initiatives.

**Consultant, Training and Technical Assistance**

Policy Research Associates (National GAINS Center)

345 Delaware Ave.

Delmar, NY 12054

January 2007 to present

Provide consultation and training to interested states, counties and stakeholders across the country to reduce the incidence of people with mental illness being in the corrections systems. Training includes "Partnership Building and Collaboration" and "Cross Systems Mapping" and "Strategic Analysis"

**Program Director**

Bluegrass East Comprehensive Care Center

201 Mechanic Street, Lexington, KY 40507

January 1986 to May 1996

As Director of Growth Resources Employee Assistance Program, Gratz Park Adult Outpatient Mental Health Services and Emergency Services, I provided program development, fiscal management, personnel supervision and outpatient psychotherapy to adults. Growth Resources responsibilities included marketing, contract maintenance, training and consultation

to twenty four local and national contracts with business/industry, city and county governments, and Universities.

**Program Director**

Bluegrass East CCC  
12 East Broadway, Winchester, KY 40391  
February 1982 - May 1986

As Manager and Director of four outpatient offices in Clark and Powell counties, I supervised employees and oversaw the operation of two outpatient programs and two partial hospitalization programs. Duties include staff supervision, program planning, fiscal management and clinical work with children and families, outreach and community organizing.

**Mental Health Specialist, II**

Bluegrass East CCC  
12 East Broadway, Winchester, KY 40391  
February 1980 - May 1982

Outpatient clinician for Clark and Powell counties, Worked primarily with children, adolescents, and families utilizing family therapy, marital therapy and play therapy techniques. Group work included parenting education classes, adolescent groups, women's group and an adult psychotherapy group in addition to conducting emergency assessments.

**Other Employment**

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**Contract Therapist**

**Alfred B Chandler Medical Center**  
Outpatient Psychiatry, University of Kentucky  
June 1982- December 1990

Conducted outpatient group treatment for patients with eating disorders. Groups provided long term therapy and education to resolve the presenting symptoms of Bulimia and Anorexia.

**Private Practice**

**Doctor's Park, 1517 Nicholasville Road**  
Lexington, KY 40508  
1985 - 1999

Operated a part-time private practice for outpatient psychotherapy to adults, adolescents and families.

**Professional Affiliations**

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- **NAMI Lexington Decriminalization Committee** – Co-Director, Community Group, October 2012 – Present
- **Central Kentucky Homelessness and Housing Initiative** – mental health representative, November 2012 to present
- **Bluegrass Re-entry Council**, Founding Executive Board, Executive Director, August 2009 to 2011
- **Commonwealth of Kentucky Suicide Prevention Group**, Founding Executive Committee, March 2002 to 2007, Chair 2003-2005.
- **Criminal Justice/Behavioral Health Work Group**, as legislatively mandated by HB 843, Commonwealth of Kentucky – July 2002 to 2009
- **Good Shepherd House**, Board of Directors - 1993 to present, Vice President 2003-2006 and 1997-2000, Clinical Director 2012- present
- **Kentucky Community Crisis Response Team**, Founding Executive Board Member and Clinical Director, 1991-1998
- **Fayette County School Crisis Response Team**, Founder and member 1991-1995
- **Kentucky Society for Clinical Social Work**, , Executive Board Member 1980-1991, and 1993-1994, President, 1983-1985

#### **Honors and Appointments**

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- **NAMI Lexington – “Pioneer Award”** Pioneering for the Future of Mental Health in the Commonwealth -October 2013
- **Council of State Government “Innovative Program Award”** 2006 - for the Kentucky Jail Mental Health Crisis Network
- **American Association of Suicidology, Co-chair of the Jail Suicide Workgroup**, 2005
- **Kentucky Mental Health Institute “ Trail Blazer In Best Practices”** Award, for Mental Health Training for Jailers, October 2003
- **Bluegrass Professional Staff Organization**, President 1997-1999, Training Director 2000-2004, Member 1996 to 2004, Training Director, 2010 to present
- **Award from the Office of the Adjunct General**, Commonwealth of Kentucky For the development of the Statewide Community Crisis Response System June 12, 1999
- **Hallie Shouse Award**, for clinical excellence and leadership 1992
- **W, Van Meter Alford Award** for clinical excellence 1981
- **Alpha Delta Mu Honor Society**

#### **National Conference Presentations**

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- **“Bringing the Hermetic Principals to Life”** – International Transformational Presence Coaching Summit, Vught, Netherlands, June 17, 2014
- **“Collaborating Across Multiple Systems of Care – Utilizing a Suicide Risk Assessment Tool”**, American Association of Suicidology, Baltimore, MD, April 17-19 2012

- **“Mental Health Services to Jails Using Innovative Technology and Best Practice Protocols,”** National Council’s Mental Health and Addictions 41<sup>st</sup> Annual Conference, San Diego, CA, May 2-4, 2011
- **“Video Mental Health Assessments and Services”** – AJA’s 30<sup>th</sup> Annual Training and Conference & Jail Expo – Cincinnati, Ohio, May 15-19, 2011 with Ray Sabbatine
- **“Intake Screening: Preventing Suicide and Managing Mental Health Care in Rural Jails”** – American Jail Association Annual Conference, Sacramento, CA. May 6, 2008. with Ray Sabbatine
- **“Innovative Networking to Reduce In-Custody Suicide”** – American Association for Suicidology Annual Conference , Boston, MA, April 18, 2008
- **“From the Inside – Reducing Risk and Increasing Diversion”** National Gains Center Conference, Washington, DC, March 18, 2008
- **“Mental Health Risk Management for Rural Jails”** – American Jail Association Conference, Nashville, TN, May 22, 2007 with Ray Sabbatine
- **“Increasing Jail Treatment and Diversion”**, National Alliance for Mental Illness, Annual Convention, Washington, DC, July 7. 2006
- **“Risk Management Services for Jails: An Examination of the KY Jail Mental Health Crisis Network”**, National GAINS Center Conference, Boston, MA, April 7, 2006
- **“In-Custody Innovation -Kentucky’s MH Program for Jails”** , NASMHPD Annual Conference, Lake Tahoe, NV, September 13, 2005
- **“Innovation and Collaboration to Reduce Jail Suicide”** – American Association of Suicidology Annual Conference, Broomfield, CO, April 15, 2005, presented with Ray Sabbatine
- **Innovative Risk Management Techniques for Jails”** – National Alliance for the Mentally Ill, Washington, DC, September 11, 2004, presented with Ray Sabbatine, MA
- **“Innovation In Collaboration - Mental Health Risk Management & Treatment Services For Jails”** – Gaines Center National Conference, Las Vegas, NV, May 14, 2004, presented with Rita Ruggles
- **“From Mental Health Triage to Risk Management – A Resource for Local Jails”** American Association of Suicidology Conference, Santa Fe, NM. April 24, 2003 presented with Ray Sabbatine, MA
- **“Creative Techniques for Managing High Risk Behavior”**, Crisis Intervention Conference, Chicago IL April 2001 (presented by Kim Griswold, MA due to family emergency)

#### **Other Relevant Training/Workshop Presentations**

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- **“Bluegrass Suicide Risk Assessment and Intervention”** – 30 trainings conducted for clinical staff at Bluegrass MH-MR Board between Sept. and Jan. 2011.
- **“Cross System Mapping” “Partnership Building and Collaboration” and “Trauma Informed Care”** - GAINS Center workshops for Community Partners working with Justice Involved People with Mental Illness– provided to communities in LA; May 2011, IL and PA 2009 CO and TX, 2008.

- **“Mental Health Assessment and Suicide Intervention Training for New Jailers”** – Kentucky Jail Association Annual Conference, December 10, 2010
- **“Mental Health Training”** (various topics)– Presented to the Kentucky Jailers Association Annual Meetings, 2005, 2006, 2007, 2008, 2009, 2011
- **“Suicide Risk and Intervention” and “Working with Personality Disorders”** – presented to the Crisis Intervention Team (CIT) training for Bluegrass Region Police Departments. 2008
- **“Implementation Training – KY Jail Mental Health Crisis Network”** – presented to staff of 83 jails and 14 mental health regions across the state from 2004 to 2006, as needed with Ray Sabbatine
- **“Program Overview – KY Jail Mental Health Crisis Network”** Kentucky Department of Protection and Advocacy Conference, Frankfort KY, March 21, 2006, presented with Ray Sabbatine
- **“Innovation and Collaboration to Reduce Jail Suicide”** Pretrial Release Services Annual Conference, Lexington KY June 2005 and June 2006, presented with Ray Sabbatine.
- **“Mental Health Intervention in Detention Facilities”** District Court Judges College, Louisville, KY June 2005
- **“Providing Mental Health Services to People in the Criminal Justice System”**, Kentucky Mental Health Institute, Louisville, KY September 27, 2005, presented with Ray Sabbatine
- **“Mental Health Training and Consultation to Jails”** Mandatory training for all jail personnel presented to 14 jail jurisdictions and the KY Jail Association Annual Meetings with Ray Sabbatine, MA – February through November 2003, June 2004, October 2005
- **“Mental Health Risk Management Services for Jails”** Public Defender Education Conference, Lexington, KY June 23, 2004
- **Critical Incident Team Training– The Challenging Response – *Suicide and Personality Disorders*** Training for Franklin County Police Critical Incident Response Team, January 28, 2003
- **“Behavioral Health Needs in Local Jails – A Cross Training Program”** Developed the legislatively mandated mental health curriculum and “Train the Trainers” at Kentucky Dam Village State Park November 7-8 2002, and Lexington Fayette-Urban County Detention Center, November 21-22, 2002
- **“Crisis Assessment and Intervention – *Suicide Prevention*”** – University of KY Social Work Department, November 11, 2002, Bluegrass Crisis Line, Dec. 12, 2002 and Crisis Stabilization Program, Feb 19, 2003.
- **“Centralized Services – *Making Mental Health Resources More Accessible*”** – The Kentucky Mental Health Institution, Louisville, KY October 8, 2002.
- **“Clinical Orientation”** – A full day training developed and presented to new clinical employees of BGRMH-MR Board - 2001 to 2004
- **“Suicide Assessment and Prevention”** – Lexington Fayette-Urban County Government Police Department’s annual training for police sergeants 1991-1999
- **“Responding to Emotional Crisis”** – Annual training for Lexington-Fayette Urban County Government Fire Department Paramedics – 1991-1999
- **“Suicide Assessment, Intervention and Risk Management”** – Professional Staff Training, Bluegrass Psychiatric Hospital , May 23, 1996

- **“Suicide Assessment and Intervention – *What You Do Can Make a Difference*”** Kentucky Police Dispatchers Training, Eastern Kentucky Law Enforcement Program, Richmond, Kentucky, February 18, 1996
- **“Critical Incident Stress Debriefing – a training for counselors”** Kentucky Community Crisis Response Team Conference, Frankfort, KY March 1994
- **“Decriminalizing the Mentally Ill –*The New Civil Commitment Process*”**  
Developed mandatory Kentucky State Police and local police department training and trained-the-trainers on implementing new Kentucky Revised Statutes for civil commitment June–September 1992
- **“Adjusting to College Life”** – Transylvania University Freshmen Orientation Weekend - Program for incoming parents and students, spring and fall 1991 - 1996
- **Training Programs for EAP services** included numerous courses on Substance Abuse in the Workplace, Stress Management, Supervisory Training, Coping with Change, and conducting Critical Incident Stress Debriefing. 1986-2000.
- **“Drug Testing in the Workplace: Changes in the Workforce”** EEO Conference, Lexington Race Relations Commission, Lexington, KY January 9, 1991.
- **“Stress Management for Emergency Responders: *Blueprint for the 90s*”** Lexington Fayette Urban County Government Environment and Emergency Management Conference, August 22, 1990.

## **Publications**

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- Article written from interviews – Milligan, C. and Sabbatine, R ; *Kentucky Jail Triage Program Adds Video Conferencing to It’s Mix*; Mental Health Weekly, Volume 21, Number 42, October 31, 2011
- Milligan, C. and Sabbatine, R; , “ From Public Crisis to Innovation - The Mental Health Crisis Network” American Jails, January/February 2008
- Milligan, C. and Sabbatine, R; “Calling for Help: A Kentucky Program Makes Mental Health Consultants Available to Jails 24/7,” Behavioral Healthcare, August 2006
- Milligan, C. and Sabbatine, R. “Reducing Risk and Responding to Mental Health Needs: Kentucky’s Need System of Care”, Corrections Today, February 2006
- Gaines Center Newsletter, Program Spotlight, “Mental Health Risk Assessment and Intervention for Jails: Kentucky’s Innovative Program” December, 2005.
- “Kentucky Develops Innovative Service Model for County Inmates”, Mental Health Weekly, Vol. 16, Number 9, February 27, 2006
- Milligan, C. and Sabbatine, R. “Innovations to Reduce Jail Suicide – A Kentucky Initiative” Jail Suicide/Mental Health Update, Volume 12, Number 4, spring 2004.
- Sabbatine, R. and Milligan, C., “Kentucky Correctional Prevention Program Offers Keys to Reducing Inmate Suicide”, Preventing Suicide, Volume two, Number four, September 2003.

### **Phill Gunning, Executive Director – NAMI Lexington**

Phill began as a volunteer Board Member for NAMI Lexington in 2002, became the NAMIWalks Manager in 2005, and the Executive Director in 2009. Phill is a trained teacher of the NAMI Signature program, Family-to-Family, and is also a Teacher Trainer. He has served as President of the NAMI Kentucky Board of Directors and currently serves as an at-large member of the Board of Directors of New Beginnings, an organization providing housing and supports to consumers of mental health services.

Phill's 30 years of entrepreneurial, small business ownership, and general management experience were a valuable resource for NAMI Lexington as the organization transitioned from an all volunteer organization with limited funding to an organization of paid staff with diversified funding sources and the concomitant Federal, state, and local reporting requirements. Phill has attended numerous trainings, workshops, and seminars on a variety of topics including:

- ④ Leadership, Management, and Consulting;
- ④ Recruiting and Hiring;
- ④ Networking and Team Development;
- ④ Project Management and Event Management;
- ④ Non-Profit Management;
- ④ Board Member Development;
- ④ Grant-writing and Fundraising;
- ④ Affordable Housing, HUD Programs and FHA/VA Guaranteed Loans;
- ④ Contract Negotiation and Contract Management;
- ④ Information Technology;
- ④ Quickbooks and Microsoft Office Suite;
- ④ NAMI Leadership Institute;
- ④ NAMI Family-to-Family, Train the Trainer; and
- ④ Numerous Tracks at NAMI National and State Annual Conferences.

Additionally, Phill has served on committees, boards, and workgroups for a variety of trade organizations at the local, state and national levels.

**NAMI Lexington Proposal  
LFUCG RFP# 70-2014 - Fayette Mental Health Court**

**Letters of Support List**

Ed Monahan – Department of Public Advocacy

Mark Birdwhistell – UK HealthCare

John Phillips – Eastern State Hospital

Chief Ronnie Bastin – Lexington Division of Police

Larry Roberts – Fayette County Attorney

David Shadd – Hope Center

Dr. Sheila Schuster – Kentucky Mental Health Coalition

Steve Shannon – KARP (Kentucky Association of Regional Programs)

Ginny Ramsey – Divine Providence, Inc. / Catholic Action Center

David Christiansen – CKHHI (Central Kentucky Housing and Homeless Initiative)

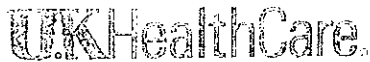
Ray Sabbatine – Retired Jailer / Criminal Justice Consulting

Connie Milligan – Retired Director of Emergency Services, bluegrass.org / Consultant



***“Promoting Recovery”***





December 3, 2014

To Whom it May Concern:

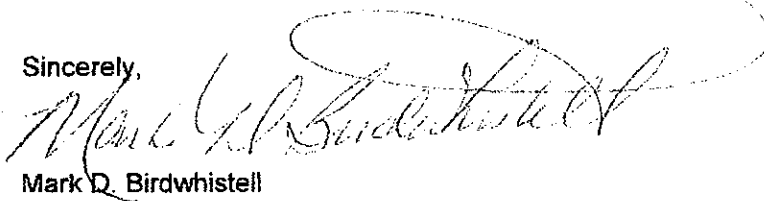
UK HealthCare is pleased to offer its support for NAMI Lexington's proposal to the Lexington Fayette Urban County Government to provide funding for a Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports as opposed to being sentenced to a jail term. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for this court was apparent, as evidenced by the support and participation of many diverse state and local organizations and entities including, but not limited to, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, NAMI Lexington, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, Mayor Jim Gray, as well as the many individuals who have given tirelessly of their time and efforts.

Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

Sincerely,



Mark D. Birdwhistell

Vice President for Administration and External Affairs

Office of the Executive Vice President for Health Affairs

University of Kentucky • 317 Wethington Building • 900 South Limestone • Lexington, Kentucky 40536-0200  
Phone: 859-323-5126 • Fax: 859-323-1918 • ukhealthcare.uky.edu

# Eastern State Hospital

Managed by UK HealthCare

December 4, 2014

To Whom It May Concern:

Eastern State Hospital is pleased to offer its support for NAMI Lexington's proposal to the Lexington Fayette Urban County Government to provide funding for a Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports as opposed to being sentenced to a jail term. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for this court was apparent, as evidenced by the support and participation of many diverse state and local organizations and entities including, but not limited to, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, NAMI Lexington, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, Mayor Jim Gray, as well as the many individuals who have given tirelessly of their time and efforts.

Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

Sincerely,



John W. Phillips

Chief Administrative Officer  
Eastern State Hospital



**LARRY S. ROBERTS**  
FAYETTE COUNTY ATTORNEY

110 W. VINE STREET  
LEXINGTON, KENTUCKY 40507  
(859) 254-4941

M. LEE TURPIN  
FIRST ASSISTANT

ROBYN H. SHIER  
DIRECTOR, CHILD SUPPORT ENFORCEMENT

December 5, 2014

Dear Urban County Councilmembers,

As the elected Fayette County Attorney, I am writing to express my office's support for NAMI Lexington's proposal to administer the funds allocated to the Fayette County Mental Health Court by the Lexington Fayette Urban County Government. NAMI Lexington has been a vital partner in the two-plus year effort to establish this court. In October 2012, NAMI Lexington assembled a group of community organizations to discuss the difficulties faced by criminal defendants with mental health needs. As a result of this group's efforts, the Fayette County Mental Health Court was authorized by the Kentucky Supreme Court on July 7, 2014.

The Court offers accused criminal defendants an alternative to jail sentences by providing eligible defendants access to mental health treatment and community supports. It connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for an alternative to incarcerating the mentally ill was recognized by diverse state and local organizations, including NAMI Lexington, the County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt, Mayor Jim Gray, and many other individuals who have given tirelessly of their time and efforts.

When Chief Justice John Minton signed the regulations authorizing the Fayette County Mental Health Court, we had no funding to hire a coordinator or to provide the necessary treatment to our participants. NAMI Lexington stepped into that breach, firmly resolved to make this court a reality. Our first court session was held on November 24, 2014. In addition to actively participating in every planning meeting and court event scheduled, NAMI Lexington has volunteered individuals to serve as temporary coordinators until we can hire a permanent staff member.

Due to its demonstrated commitment and dedication to this endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette County Mental Health Court.

Sincerely,

Larry S. Roberts  
Fayette County Attorney

C E N T E R

Hope Center  
Emergency Shelter  
(859) 252-7881

Don and Cathy  
Jacobs House

Jacobs Hope  
Cafeteria  
(859) 543-2222

George Privett  
Recovery Center  
(859) 225-4673

Bali-Quantrell Jones  
Center for Women  
(859) 252-2002

One Parent  
Scholar House  
(859) 252-4828

Hope Center  
Recovery Program  
Lexington-Fayette  
County Detention  
Center  
(859) 425-2700  
ext. 7372 - Women  
ext. 7389 - Men

Hill Rise Place  
(859) 255-8077

Barbara Hardwick  
Rouse House  
(859) 252-2002

SHELTER

FOOD

CLOTHING

RECOVERY

EMPLOYMENT

HOUSING

HEALTH

MENTAL HEALTH

SOCIAL SERVICE

OUTREACH

CHILD  
DEVELOPMENT

EDUCATIONAL  
SUPPORT

December 3, 2014

Hope Center is pleased to offer its support for NAMI Lexington's proposal to the Lexington Fayette Urban County Government to provide funding for a Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports as opposed to being sentenced to a jail term. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for this court was apparent, as evidenced by the support and participation of many diverse state and local organizations and entities including, but not limited to, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, NAMI Lexington, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, Mayor Jim Gray, as well as the many individuals who have given tirelessly of their time and efforts.

Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

Sincerely,



David Shadd, MS, LPP  
Director of Programs  
Hope Center



## KENTUCKY MENTAL HEALTH COALITION

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December 8, 2014

To Whom It May Concern:

On behalf of the 80 member organizations of the Kentucky Mental Health Coalition, I am pleased to write this letter of strong support for the funding proposal submitted by NAMI Lexington regarding the Mental Health Court in Fayette County.

I was the moderator of the first of many community-wide discussions among stakeholders about the problems of individuals with serious mental illness in Fayette County being incarcerated, rather than receiving needed treatment. From that beginning discussion during Mental Illness Awareness Week in October of 2012, NAMI Lexington has led the way in bringing organizations and individuals to the table, keeping the focus on the needs of those suffering from serious mental illness, and looking for partnerships which would result in real progress.

It was truly an acknowledgement of the community's persistence and involvement and NAMI Lexington's leadership when the Kentucky Supreme Court authorized in July of 2014 the establishment of a Mental Health Court in Fayette County. I was able to attend the ribbon-cutting in October of this year and know how exciting it was that the first session of the Mental Health Court was held on November 24, 2014!

We have excellent experience here in Jefferson County and elsewhere in the Commonwealth with the success of the Mental Health Court model. This approach funnels those with significant behavioral health issues to treatment and supports in the community, rather than to incarceration. The Fayette County Mental Health Court – like those in other locations – represents a network and partnership of the community's mental health agencies, the corrections and judicial systems and community agencies that provide those supports and services like housing that are critical to the individual's success in following a treatment path rather than one of jail time.

NAMI Lexington has a storied history – and a well-deserved reputation – as a small, nonprofit advocacy organization which is able to identify a need, bring together all of the affected parties, work through any differences in approach or philosophy to gain consensus, and then persistently “beat the drum” to get the necessary approval, authorization, funding, etc. to make change happen! In this case, they demonstrated the ability to bring together multiple community and state organizations and entities to lay out the need, identify the Mental Health Court as part of the solution, and then to keep the coalition partnerships working together to realize the goal.


ADVOCACY ACTION NETWORK  
120 SEARS AVENUE, SUITE 212 LOUISVILLE, KY 40207  
PHONE: (502) 894-0222 TOLL-FREE (877) 894-0222 FAX: (502) 894-0635  
WEBSITE: [WWW.ADVOCACYACTION.NET](http://WWW.ADVOCACYACTION.NET)

NAMI Lexington has been the catalyst and the lynch-pin of Fayette County's Mental Health Court and is recognized as such by their partners. They are, therefore, in an excellent position to be designated as the agency which will have the responsibility of administering the funding, conducting the evaluation of the court and making the reports and updates of the court's activities.

I wholeheartedly endorse NAMI Lexington's proposal. The Fayette County Mental Health Court, the organizations and agencies involved and the individuals with serious mental illness adjudicated by the court will be well-served by NAMI Lexington having that role!

Thank you for the opportunity to express the support of the KY Mental Health Coalition. Please do not hesitate to contact me, should you need further information.

Sincerely,

  
Sheila A. Schuster, Ph.D.  
Executive Director  
[kyadvocacy@gmail.com](mailto:kyadvocacy@gmail.com)

ADVOCACY ACTION NETWORK  
120 SEARS AVENUE, SUITE 212 LOUISVILLE, KY 40207  
PHONE: (502) 894-0222 TOLL-FREE (877) 894-0222 FAX: (502) 894-0635  
WEBSITE: [WWW.ADVOCACYACTION.NET](http://WWW.ADVOCACYACTION.NET)



152 West Zandale Drive  
Suite 201  
Lexington, KY 40503  
Phone: 859-272-6700  
Fax: 859-272-5200

December 4, 2014

To Whom it May Concern:

The Kentucky Association of Regional Programs, Inc. represents 11 of the 14 Community Mental Health Centers (CMHCs) throughout the Commonwealth. The CMHCs serve and support over 180,000 Kentuckians each year.

KARP is pleased to offer its support for NAMI Lexington's proposal to the Lexington Fayette Urban County Government to provide funding for a Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports as opposed to being sentenced to a jail term. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for this court was apparent, as evidenced by the support and participation of many diverse state and local organizations and entities including, but not limited to, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, NAMI Lexington, Catholic Action Center, Central Kentucky Housing and Homeless Coalition, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, Mayor Jim Gray, as well as the many individuals who have given tirelessly of their time and efforts.

Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

Please do not hesitate to contact our office at 859-272-6700 if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Steve Shannon".

Steve Shannon  
Executive Director

**Kentucky Association of Regional Programs, Inc.**

**DIVINE PROVIDENCE, INC**  
**Catholic Action Center**  
**614 E 7<sup>TH</sup> STREET**  
**LEXINGTON, KENTUCKY 40505**  
**(859) 514-7210**  
**email: [caclex2000@gmail.com](mailto:caclex2000@gmail.com)**  
**website: [www.godsnet.info](http://www.godsnet.info)**

12/9/14

**To: LFUCG Office of Homeless Prevention and Intervention**  
**From: Ginny Ramsey, Director Divine Providence, Inc.**  
**RE: Mental Health Court Letter of Support: NAMI Lexington**

Divine Providence, Inc is delighted to support the efforts of NAMI Lexington's proposal for funding to manage the Fayette County Mental Health Court. For the past 2 years community partners have been working with NAMI Lexington to develop this outreach that will yield great impact on our homeless population who suffer with mental illness and rotate between the streets and the jail.

We will provide at no cost to the program, Community Mentors trained to work with those who are suffering from mental illness and homelessness as they are working with the Mental Health Court and service providers. This model has been successful in many areas of the country, and based on the Savannah, GA model has been proven as a best practice by surrounding the clients with professional services, peer mentors and community mentors who will guide and connect the individuals who need intense support to live in safety and dignity. We look forward to the full implementation of the Mental Health Court in Fayette County and appreciate the efforts of all involved.

If you have any questions, feel free to contact me at the above email or phone.





Dec 4, 2014

Phill Gunning  
Executive Director  
NAMI Lexington  
ADDRESS  
Lexington, KY ZIP

Dear Phill,

The Central Kentucky Housing and Homeless Initiative is delighted to support NAMI Lexington's proposal to the Lexington Fayette Urban County Government for funding for the recently opened Mental Health Court. NAMI Lexington has been involved in establishing the Mental Health Court from the very beginning, facilitating discussions on community issues through a comprehensive group of stakeholders beginning in October 2012. This collaboration ultimately resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

The opening of the Fayette County Mental Health Court enables individuals with mental health issues to obtain professional treatment and community supports rather than being sentenced to jail terms. The Fayette Mental Health Court connects our community's mental health services system, corrections system, and numerous charitable organizations that provide critical supports and services.

The need for this court was apparent, as evidenced by the support and participation of many diverse state and local organizations and entities including, but not limited to, Hon. Larry Roberts and the Fayette County Attorney's Office, the Department of Public Advocacy, Lexington Office of Homelessness Prevention and Intervention, UK HealthCare, Eastern State Hospital, bluegrass.org, NAMI Lexington, Catholic Action Center, Central Kentucky Housing and Homeless Initiative, Hope Center, Fayette County Detention Center, Lexington Division of Police, Sheriff Kathy Witt and the Fayette County Sheriff's Office, Mayor Jim Gray, as well as the many individuals who have given tirelessly of their time and efforts.

Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is the best and most qualified agency to administer the funding, evaluation and reporting for the Fayette Mental Health Court.

Sincerely,

A handwritten signature in black ink, appearing to read 'David Christiansen', is written over a horizontal line.

David Christiansen, MSW  
Executive Director

130 W. New Circle Road, Suite 110  
Lexington, KY 40505  
(859) 281-9402  
[www.ckhhhi.org](http://www.ckhhhi.org)



**SABBATINE & ASSOCIATES**  
**237 Bonniemere Rd**  
**Shelbyville, KY 40065**

**Ray Sabbatine**

**Sabbatine@mac.com**

**Criminal Justice Consulting**

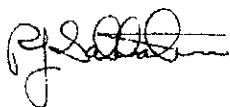
**Cell 859- 806-0935**

Ray Sabbatine is pleased to offer its support for NAMI Lexington's proposal to the Lexington Fayette Urban County Government to provide funding for a Mental Health Court. NAMI Lexington facilitated discussions of community issues by a large group of stakeholders beginning in October 2012. This group's efforts resulted in the authorization by the Kentucky Supreme Court on July 7, 2014 to implement a Mental Health Court for Fayette County. The first session of this court was held on November 24, 2014.

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Based on all of the preliminary groundwork and dedication to this two year endeavor, NAMI Lexington is a logical choice to administer the funding, evaluation and reporting for the Fayette Mental Health Court.





Connie P. Milligan, LCSW  
121 Preston Ave. Lexington, KY 40502  
859-806-8910 [cpmilligan@live.com](mailto:cpmilligan@live.com)

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Charlie Lanter  
Director, Office of Homelessness Prevention and Intervention  
LFUCG Mayor's Office  
200 East Main Street  
Lexington, KY 40507

Dear Mr. Lanter,

It is my pleasure to write a letter of endorsement for NAMI Lexington to be the grant holder for the Fayette County Mental Health Court. I have been involved in the development of the Mental Health Court for the past two years as a committee member and co-chair of the NAMI Lexington Decriminalization Committee. I was one of many community stake holders involved in its development, representing Bluegrass.org as the Corporate Director of Access and Crisis Service, having just retired November 1, 2014 after a 34 year career in mental health services.

The Fayette County Mental Health Court was created in response to the difficulty people experience rotating from hospitalization, the Jail, and homelessness on the street or in shelters, with limited involvement in mental health treatment. The lack of treatment is at the heart of the problem. This cycle of difficulty has been documented in communities across the country. One of the solutions has been the development of Mental Health Courts which uses a Judge's "black robe effect" to court order people, with a track record of problems related to their mental illness, into treatment where they can be monitored and helped into needed mental health services, housing and other social supports. It is an approach that has a documented track record of success.

NAMI Lexington presented the idea of a Mental Health Court to a group of community stake holders at a community forum during Mental Health Week in October 2012. A documentary of the one of the successful Mental Health Court programs in Florida was shown and an assembled panel of experts was asked to comment on it. I was one of the panel members and strongly endorsed its concept, having also made a recommendation for such a program to Mayor Gray's Commission on Homelessness.

NAMI Lexington followed up the community forum by assembling up to 50 local and state service providers, Judges, court personnel, police, jail and mental health and other community

stakeholders to discuss solutions to this problem. In the monthly meeting that followed, the development of a Mental Health Court was one of the top agenda items. NAMI Lexington brought all needed resource people and information into the planning and development process. They've had the vision and the track record of success to make this program workable in our community.

NAMI Lexington comes into this role with a tremendous amount of experience which speaks to their capacity to be the grant holder for the Fayette County Mental Health Court. They have taken on many of the communities challenges in the past and have brought about tremendous needed social changes. They organized community and state agencies, the Legislature and the Governor to support the building of a new Eastern State Hospital. They developed and run a recovery mall of recovery services for the hospital, which is the backbone of treatment services. They have developed and trained peer support advocates, which will be used in the Mental Health Court. They have an ongoing family to family peer training program to help loved ones understand mental illness. And most importantly, they have developed a social club drop-in center at Participation Station which gives consumers active involvement in recovery oriented services.

These types of services, organized and run by NAMI Lexington, are at the heart of what is needed for the people serviced in the Fayette County Mental Health Court. While they are also accustomed to collaborating with traditional outpatient services providers like Bluegrass.org for individual therapy, medication, and case management, and would do so with the Mental Health Court, their focus is primarily in helping consumers be more socially responsible and productive. They have the big picture of what consumers need and have the ability to meet those needs. It is for these reasons that I strongly endorse NAMI Lexington as the grant holder to operate the Fayette County Mental Health Court.

I am happy to answer any additional questions you may have.

Respectfully yours,

Connie P. Milligan, LCSW

**NAMI Lexington Proposal**  
**LFUCG RFP# 70-2014 - Fayette Mental Health Court**

**Additional Documents List**

- 1) Bylaws**
- 2) Policies and Procedures**
- 3) Directory - 2015 Board of Directors and Staff**
- 4) Brochures and Flyers – (back pocket)**



***“Promoting Recovery”***

**Bylaws of NAMI Lexington (KY), Inc.  
Revised October 31, 2012**

**ARTICLE 1 - NAME**

The name of the Corporation shall be NAMI Lexington (KY), Inc. and it is sometimes referred to in these Bylaws as the Corporation.

**ARTICLE II - PURPOSES**

1. Education: to inform the general public, legislators, mental health professionals, and those personally affected by neurobiological disorders, of their prevalence and treatments as well as of new research and developments in the field.
2. Support: to provide opportunities for family members and consumers to share their experiences and to receive mutual support from others who share an understanding of neurobiological brain disorders.
3. Advocacy: to appeal for the rights of persons with neurobiological disorders and their families as well as to advocate for appropriate governmental services for consumers and their families.
4. Cooperation: to cooperate with other local and national organizations to offer educational programs, to foster research on the causes and treatment of neurobiological brain disorders, and to determine present and future needs for services in the Lexington area.
5. General: to have all purposes for which a corporation may be formed under the non-stock, non-profit corporation law of the State of Kentucky.

**ARTICLE III - BASIC POLICIES**

The following are the basic policies of the Corporation:

1. The Corporation shall be noncommercial, nonsectarian, and nonpartisan.
2. The name of the Corporation or the names of any members in their official capacity shall not be used in connection with any partisan interest or for any purpose not appropriately related to the promotion of the objectives of the Corporation and limited by the provisions of the Articles of Incorporation.
3. The Corporation shall cooperate with other organizations and agencies concerned with persons with neurobiological brain disorders and their families.

**ARTICLE IV - MEMBERSHIP AND DUES**

1. Any individual who subscribes to the purposes and basic policies of the Corporation may become a member of the Corporation subject only to compliance with the provisions of the Bylaws. Membership in the Corporation shall be available without regard to race, disability, creed, sex, religion, age, or national origin.
2. The Corporation shall admit persons to membership at any time and their membership will expire in accordance with NAMI Lexington Policies and Procedures.
3. Only members in good standing of the Corporation shall be eligible to participate in the business meetings, or to serve in any of its elective or appointive positions.
4. Each member of the Corporation shall pay such annual dues as are prescribed by the Board of Directors.

**Bylaws of NAMI Lexington (KY), Inc.**  
**Revised October 31, 2012**

**ARTICLE V - MEETINGS**

1. Regular meetings of the Board of Directors shall be held as determined by resolution of the Board of Directors.
2. The president of the Board may convene a special meeting of the voting members. A minimum of 5 members of the Board of Directors may require the president, in writing, to convene a special meeting of the voting members with a specified issue or issues, appropriate for vote by the membership, to be on the agenda. The president must convene the requested special meeting of the membership within 14 days of the receipt of the written request.
3. In all meetings of the Board of Directors, fifty percent (50%) of the members shall constitute a quorum. A majority of those present at any Board meeting shall have power to act in all matters, except as specifically provided to the contrary elsewhere in these bylaws. Meetings of the Board shall be open except when the Board votes to meet in executive session. An affirmative vote of the majority of those present and voting shall be required for the transaction of business in any meeting of the Corporation.
4. The annual meeting of the Corporation shall be in November or at such other time directed by the Board. Notice of the annual meeting shall be given in writing, e-mailed to members and/or posted on the NAMI Lexington website at least fourteen (14) days prior to the date of the meeting. Members may continue to receive written notice by request. Those members in attendance shall constitute a quorum for the annual meeting. In no case may a proxy act or vote on behalf of a member in meetings of this organization.

**ARTICLE VI - BOARD OF DIRECTORS**

1. At each Board Meeting, a majority vote of the Board of Directors may change the number of directors from seven (7) as set forth as the initial Board of Directors in the Articles of Incorporation but as limited by the provisions thereof (not less than three (3) nor more than twenty (20)).
2. The Board of Directors shall consist of the past president, president, vice president, secretary, and treasurer and up to fifteen (15) members-at-large from the Corporation, as set forth in the Articles of Incorporation.
  - (a) The Board of Directors of the Corporation shall select the nominating committee. The nominating committee shall consist of four (4) members: one (1) shall be an officer, one (1) a Board member, one (1) a consumer, and (1) shall be a member of the Corporation who is not serving as a Director. The committee members shall elect the chairperson of the nominating committee.
  - (b) The nominating committee shall select from the membership of the Corporation persons to serve on the board of Directors in accordance with the number of directors last set by the Articles of Incorporation or the membership at the annual meeting. The committee must obtain the approval of each candidate before his/her name may be presented.
  - (c) The recommended slate of nominees shall be circulated to the members of the Corporation in writing at least thirty (30) days prior to the election. Nominations may be received from the general membership. The persons receiving the highest number of votes by the membership shall serve as Directors for the ensuing two years.

**Bylaws of NAMI Lexington (KY), Inc.**  
**Revised October 31, 2012**

(d) The term of office for each director shall be a maximum of two years. No director may serve for more than three consecutive terms. A director who replaces another director mid-term may serve for two additional terms. The Nominating Committee, the Board, and the Members may not select or elect a person for nomination, appointment, or election to the Board for a term that begins less than two years following their departure from the Board after serving three terms. The sole exception is the past president, who may serve in that capacity despite previous service during three consecutive terms.

(e) In case of a resignation of a person who is an at large member of the board of Directors, the vacancy can be filled by a majority vote of the Board of Directors at the first regular meeting of the Board with notice being given 30 days in advance.

**3. RESIGNATION, TERMINATION and ABSENCES.**

(a) Resignation. Any officer or director may resign by tendering a written resignation. An officer or director who discovers, finds themselves, or is placed in a position with the actuality of a conflict of interest, shall immediately resign from the Board or office. An officer or director who is unable to fulfill their duties as required for effective Board functioning shall resign. Resignations shall be effective immediately upon receipt by the Board.

(b) Absences. Any officer or director who is absent from three consecutive meetings shall be deemed to have resigned as of the date of the third missed meeting.

(c) Terminations. All directors are subject to removal for cause. A vote of the majority of directors may remove any officer or director whenever the termination would serve the best interest of NAMI Lexington. The president, or any three directors, shall raise the question of terminating the membership of any officer or director arguably meeting the conditions of subsection a. above who has not resigned.

**ARTICLE VII - OFFICERS AND THEIR ELECTION**

**1. OFFICERS:**

(a) The officers of the Corporation shall consist of a president, a president elect, a vice president, a recording secretary, a corresponding secretary and a treasurer.

(b) Officers shall be elected by ballot biannually in the month of November. However, if there is but one nominee for any office, it shall be in order to move that the recording secretary cast the elective ballot of the Corporation for the nominee.

(c) Officers shall assume their official duties the following January after being elected and shall serve for a term of two (2) years until the election and qualification of their successors.

(d) Each officer shall serve a two-year term. Terms shall begin upon completion of elections. An individual may not serve consecutive terms in the same position. An individual may serve consecutive terms in different officer positions.

**2. ELECTION:**

(a) There shall be a nomination committee composed of such members as the Board of directors shall determine and the nomination committee shall select from the membership of the



**Bylaws of NAMI Lexington (KY), Inc.**  
**Revised October 31, 2012**

Corporation the nominees for officers of the Corporation and present the nominees so selected to the membership.

(b) Officer nominations are permitted from the floor provided the candidate is a member in good standing.

(c) Only those persons who have signified their consent to serve if elected shall be nominated.

3. VACANCY:

A vacancy is filled by a board member elected by a majority vote of the remaining board members (30 day notice of such election having been given) for the unexpired term. In case a vacancy occurs in the office of the president, the vice president shall assume this office.

**ARTICLE VIII - DUTIES OF EXECUTIVE COMMITTEE and OFFICERS**

1. The Executive Committee shall:

(a) transact necessary business in the intervals between meetings of the Corporation and such other business as may be referred to it by the Corporation.

(b) create standing committees.

(c) approve the works of the standing committees.

(d) present a report at the regular meetings of the Corporation.

(e) appoint an auditor or an auditing committee in January to audit the treasurer's accounts of the previous year.

(f) perform the duties prescribed in the parliamentary authority in addition to those outlined in these Bylaws and those assigned from time to time.

(g) deliver to their successors all official material no later than ten (10) days following the election of their successors.

2. Duties of the elected officers:

(a) **The president** shall preside at all meetings of the Corporation and of the Board of Directors at which he may be present; shall perform such other duties as may be described in these Bylaws or assigned to him by the Board of Directors; and shall coordinate the work of the officers and committees of the Corporation in order that the purposes may be promoted.

(b) **The vice president** shall act as aide to the president and shall perform the duties of the president in the absence of the president and assist the president with all duties.

(c) **The secretary** or designee shall record the minutes of all of the Corporation and of the board of directors and shall perform such other duties as may be delegated to him. The recording secretary shall keep a record of any and all votes at the Board of Directors meetings. The secretary may conduct the official correspondence as necessary.

**Bylaws of NAMI Lexington (KY), Inc.**  
**Revised October 31, 2012**

(d) **The treasurer** shall have supervision and custody of all monies, securities and other valuable properties of the corporation and shall cause to be kept full and accurate accounts of the receipts and disbursement of the corporation in books belonging to it. The treasurer shall cause all monies and other valuable effects to be deposited in the name and to the credit of the corporation in such accounts and in such depositories as may be designated by the Board of Directors. The Treasurer shall disburse and supervise the disbursement of funds of the corporation in accordance with authority of the Board of Directors, taking proper vouchers therefore. The Treasurer shall render to the President and Directors, whenever required, a written detailed account of his transactions as Treasurer and of the financial condition of the corporation, including a statement of all its assets, liabilities, and financial transactions. The Treasurer shall further perform such other duties as the President or Board of Directors direct and such other duties as usually pertain to the office of treasurer. The Treasurer may, with the consent of the Board of Directors, assign such duties to the staff of the corporation. The Treasurer shall be relieved of all of the responsibility for any securities or monies or the disbursement thereof committed by the directors to the custody of any other person or corporation, or the supervision of which is delegated by the Board of Directors to any other officer, agent or employee, and the Treasurer shall not be responsible for any action of any officer, agent or employee of the corporation.

**ARTICLE IX - EXECUTIVE DIRECTOR**

An Executive Director may be employed by the Board of Directors and shall have general direction of and supervision over the staff and day-to-day affairs of the corporation. The Executive Director shall exercise such authority and perform such duties as the Board of Directors may from time to time assign to the Executive Director.

**ARTICLE X - SPECIAL COMMITTEES**

1. The Board of Directors may, at any time, form standing or ad-hoc committees and appoint their members.
2. The president shall be a member ex-officio of all committees except the nominating committee.

**ARTICLE XI - DIVERSITY, INCLUSION & NON-DISCRIMINATION**

*This Article is intended to assure that NAMI Lexington actively strives to be inclusive of every sector of our demographics and makes no distinction between people who have a mental illness and other members.*

1. NAMI Lexington shall actively recruit, engage and serve members from every race, culture, ethnicity, age, religion, socio-economic status, sexual orientation, gender, and disability and shall not discriminate against any person or group in the requirements for membership, provision of service or support, or in its policies or actions.
2. In keeping with NAMI's values regarding nondiscrimination and with applicable federal law, NAMI Lexington shall include in bylaws, operating policies and procedures, and other relevant policy documents, explicit statements that require the organization to embrace the broadest possible definition of inclusion and nondiscrimination.
3. NAMI Lexington shall collect a baseline of members' voluntarily-supplied demographic information as identified and requested by the National Board of Directors. Additional membership information may be collected by State Organizations and Affiliates.

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4. Whenever there is a demand and the interests of members can best be served by support through groups sharing some affinity, including but not limited to lived experience or primary language, and provided the necessary infrastructure and funding can be developed, NAMI Lexington will offer multiple support groups beyond our baseline family and/or consumer groups.

5. NAMI Lexington membership and leadership will aspire to reflect the demographic composition of our respective community. NAMI Lexington will use the most recent national census data as the standard for local demographics and for measuring success in reaching this aspiration.

**ARTICLE XII - NAMI NAME and LOGO**

1. This Organization acknowledges that NAMI controls the use of the name, acronym and logos of NAMI and that their uses by this corporation shall be in accordance with NAMI policy.

2. Upon termination of affiliation with or charter by NAMI, the uses of these names, acronyms and logos by this Affiliate member shall cease.

**ARTICLE XIII - AMENDMENTS**

Any proposed amendment to the affiliate bylaws is to be presented in writing to the entire general membership at least 30 days before the meeting at which it is to be voted on. Ratification of the amendment requires a favorable vote by at least two-thirds of the members in good standing present at the meeting.

# NAMI Lexington

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Policies and Procedures

**NAMI Lexington  
Policies and Procedures of the Governing Body and Staff**

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**NAMI Lexington  
Policies and Procedures of the Governing Body and Staff**

**I. PROCEDURE FOR RECORDING ACTION TAKEN AT REGULAR AND CALLED MEETINGS OF THE BOARD AND GENERAL MEMBERSHIP**

At the scheduled and called meetings of the board and general membership of NAMI Lexington, a designated staff person or board member will record all action items per Roberts Rules of Order in the Minutes of the meeting.

The minutes from the previous meeting will be reviewed at the next regular meeting and upon approval, will be filed either in hard copy or electronically for a minimum of seven years.

*The following information is for reference for the recording secretary.*

In the meetings of ordinary societies, there is no object in reporting the debates; the duty of the secretary, in such cases, is mainly to record what is "done" by the assembly, and not what is said by the members. The minutes should show:

- Kind of meeting, "regular" (or stated) or "special," or "adjourned regular" or "adjourned special";
- Name of the organization or assembly;
- Date/time of meeting and place, when it is not always the same;
- The fact of the presence of the regular chairman and secretary, or in their absence the names of their substitutes,
- Whether the minutes of the previous meeting were read and approved, or approved as corrected, and the date of the meeting if other than a regular business meeting;
- All main motions (except such as were withdrawn) and motions that bring a main question again before the assembly, stating the wording as adopted or disposed of, and the disposition—including temporary disposition (with any primary and secondary amendments and adhering secondary motions then pending);
- Secondary motions not lost or withdrawn where needed for clarity of the minutes;
- Previous notice of motions;
- Points of order and appeals, and reasons the chair gives for the ruling;
- Time of adjournment.

Generally the name is recorded of the mover, but not of the seconder, unless ordered by the assembly. When corrections to the minutes are made by the assembly, the corrections are made in the written text of the minutes being approved, and the minutes of the meeting where they are corrected merely state that the minutes were approved "as corrected", without actually stating the details of those corrections.

The secretary should sign the minutes, and in some societies the minutes are also signed by the president. When the minutes are approved, the word "Approved" should be written on the minutes with the secretary's initials and the date.

**NAMI Lexington**  
**Policies and Procedures of the Governing Body and Staff**

The essentials of a record should be entered, as previously stated, and when a count has been ordered or where the vote is by ballot, the number of votes on each side should be entered. When the voting is by roll call, a list of the names of those voting on each side should be entered, and those answering "Present", and enough names of those present, who fail to respond, to reflect that a quorum was present.

Where the regular meetings are held weekly, monthly, or quarterly, the minutes are read at the opening of each day's meeting, and, after correction should be approved. Where the meetings are held several days in succession with recesses during the day, the minutes are read at the opening of business each day. If the next meeting of the organization will not be held for a long period, as six months or a year, the minutes that have not been read previously should be read and approved before final adjournment. If this is not practical, then the executive committee or a special committee should be authorized to correct and approve them. A special meeting does not approve minutes, and its minutes should be approved at the next regular meeting.

When the reading of the minutes is dispensed with they can afterwards be taken up at any time when nothing is pending. If not taken up previously, they come before the assembly at the next meeting before the reading of the later minutes.

For additional information, refer to RONR 10th ed. pp. 451-458.

Robert's Rules says that all MAIN motions should be shown in the minutes. However, at a meeting, the secretary will have a need to record nearly all motions and what was done (their disposition), recording details that are not intended to show up in the final draft to be submitted for approval at the next regular meeting.

These notes will then be edited and condensed so that secondary motions, e.g. amendments, are not listed separately in the minutes, but are incorporated into the final wording that is the exact same wording used by the chair in putting the question to a vote and/or otherwise disposing of the main motion. The final draft will show all MAIN motions, as amended, and will not show the evolution of the wording of a motion during its amendment. Thus, a half-dozen handwritten pages may become a single typewritten page.

For example, the final draft minutes may be worded as follows: After amendment, a motion by H.M. Robert was adopted, "that the club purchase a new laptop computer for use by the secretary in preparing minutes and other correspondence, at a cost not to exceed \$2,500."

The fact that the motion was amended is mentioned only parenthetically, without providing details.

**NAMI Lexington**  
**Policies and Procedures of the Governing Body and Staff**

**II. GOVERNING BODY REVIEW of Annual Tax Return (Form 990)**

The Executive Committee and the Finance Committee of the NAMI Lexington Board of Directors will thoroughly review the completed Form 990 (annual tax return) prior to the filing of the return. The President of the Board of Directors will preside over the review. The completed Form 990 will also be made available to the committees and the full Board of Directors a minimum of 15 days prior to filing deadline. Any questions from the board regarding the completed Form 990 will be directed to the President of the board. Another area of controversy with the development of the Form 990 is whether the exempt organization's governing board is required to review the Form 990 before filing (Line 10). The proposed instructions make it clear that the IRS's principal interest is whether such a review took place, and if so, how (although the inference is that such a review is preferred practice). Details concerning the review (who conducted it, whether it was conducted before or after filing, the extent of the review) are to be described on Schedule O.

The Executive Committee together with the Finance Committee of the NAMI Lexington Board of Directors will thoroughly review the completed Form 990 (annual tax return) prior to the filing of the return. The President of the Board of Directors will preside over the review. The completed Form 990 will be made available to the committees and the full Board of Directors a minimum of 21 days prior to the filing deadline. Any questions regarding the completed Form 990 will be directed to the Finance Committee for review with the tax preparer. The review will be completed a minimum of 7 days prior to the filing deadline.

All governing documents, Form 990, conflict of interest policy and financial statements are available by request to the public. A notice of the availability of documents is posted on the NAMI Lexington website (<http://namilex.org>) and sent to the general membership annually.



**NAMI Lexington**  
**Policies and Procedures of the Governing Body and Staff**

**III. Document Retention and Destruction Policy**

**Purpose**

In accordance with the Sarbanes-Oxley Act, which makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding, this policy provides for the systematic review, retention and destruction of documents received or created by **NAMI Lexington** in connection with the transaction of organization business. This policy covers all records and documents, regardless of physical form, contains guidelines for how long certain documents should be kept and how records should be destroyed. The policy is designed to ensure compliance with federal and state laws and regulations, to eliminate accidental or innocent destruction of records and to facilitate **NAMI Lexington's** operations by promoting efficiency and freeing up valuable storage space.

**Document Retention**

NAMI Lexington follows the document retention procedures outlined below. Documents that are not listed, but are substantially similar to those listed in the schedule will be retained for the appropriate length of time.

**Corporate Records**

The following records will be kept permanently:

- Annual Reports to Secretary of State/Attorney General
- Articles of Incorporation
- Board Meeting and Board Committee Minutes
- Board Policies/Resolutions
- By-laws
- Construction Documents
- Fixed Asset Records Permanent
- IRS Application for Tax-Exempt Status (Form 1023)
- IRS Determination Letter
- State Sales Tax Exemption Letter

The following records will be kept as individually noted:

- Contracts (after expiration) - 7 years
- Correspondence (general) - 3 years

**Accounting and Corporate Tax Records**

The following records will be kept permanently:

- Annual Audits and Financial Statements
- Depreciation Schedules
- General Ledgers
- IRS 990 Tax Returns

**NAMI Lexington**  
**Policies and Procedures of the Governing Body and Staff**

The following records will be kept as individually noted:

- Business Expense Records - 7 years
- IRS 1099s - 7 years
- Journal Entries - 7 years
- Invoices - 7 years
- Sales Records (box office, concessions, gift shop) - 5 years
- Petty Cash Vouchers - 3 years
- Cash Receipts - 3 years
- Credit Card Receipts - 3 years

**Bank Records**

- Check Registers - Permanent
- Bank Deposit Slips - 7 years
- Bank Statements and Reconciliation - 7 years
- Electronic Fund Transfer Documents - 7 years

**Payroll and Employment Tax Records**

- Payroll Registers - Permanent
- State Unemployment Tax Records - Permanent
- Earnings Records - 7 years
- Garnishment Records - 7 years
- Payroll Tax returns - 7 years
- W-2 Statements - 7 years

**Employee Records**

- Employment and Termination Agreements - Permanent
- Retirement and Pension Plan Documents - Permanent
- Records Relating to Promotion, Demotion or Discharge - 7 years after termination
- Accident Reports and Worker's Compensation Records - 5 years
- Salary Schedules - 5 years
- Employment Applications - 3 years
- I-9 Forms - 3 years after termination
- Time Cards - 2 years

**Miscellaneous**

- Donor Records and Acknowledgement Letters - 7 years
- Grant Applications and Contracts - 5 years after completion

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**Legal, Insurance and Safety Records**

The following records will be kept permanently:

- Appraisals
- Copyright Registrations
- Insurance Policies
- Real Estate Documents
- Stock and Bond Records
- Trademark Registrations

The following records will be kept as individually noted:

- Leases - 6 years after expiration
- OSHA Documents - 5 years
- General Contracts - 3 years after termination

**Electronic Documents and Records**

Electronic documents will be retained as if they were paper documents. Therefore, any electronic files, including records of donations made online, that fall into one of the document types on the above schedule will be maintained for the appropriate amount of time. If a user has sufficient reason to keep an email message, the message should be printed in hard copy and kept in the appropriate file or moved to an "archive" computer file folder. Backup and recovery methods will be tested on a regular basis.

**Emergency Planning**

NAMI Lexington's records will be stored in a safe, secure and accessible manner. Documents and financial files that are essential to keeping NAMI Lexington operating in an emergency will be duplicated or backed up at least every week and maintained off site.

**Document Destruction**

NAMI Lexington's Executive Director is responsible for the ongoing process of identifying its records, which have met the required retention period and overseeing their destruction. Destruction of financial and personnel-related documents will be accomplished by shredding.

Document destruction will be suspended immediately, upon any indication of an official investigation or when a lawsuit is filed or appears imminent. Destruction will be reinstated upon conclusion of the investigation.

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**Compliance**

Failure on the part of employees to follow this policy can result in possible civil and criminal sanctions against NAMI Lexington and its employees and possible disciplinary action against responsible individuals. The Executive Director and Governance committee chair will periodically review these procedures with legal counsel or the organization's certified public accountant to ensure that they are in compliance with new or revised regulations.

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**IV. Standards of Excellence:**

***Diversity, Inclusion & Non-Discrimination***

*Standards of Excellence in this area are intended to assure that NAMI Lexington actively strives to be inclusive of every sector of our demographics and makes no distinction between people who have a mental illness and other members.*

- NAMI Lexington shall actively recruit, engage and serve members from every race, culture, ethnicity, age, religion, socio-economic status, sexual orientation, gender, and disability and shall not discriminate against any person or group in the requirements for membership, provision of service or support, or in its policies or actions.
- In keeping with NAMI's values regarding nondiscrimination and with applicable federal law, NAMI Lexington shall include in bylaws, operating policies and procedures, and other relevant policy documents, explicit statements that require the organization to embrace the broadest possible definition of inclusion and nondiscrimination.
- NAMI Lexington shall collect a baseline of members' voluntarily-supplied demographic information as identified and requested by the National Board of Directors. Additional membership information may be collected by State Organizations and Affiliates.
- Whenever there is a demand and the interests of members can best be served by support through groups sharing some affinity, including but not limited to lived experience or primary language, and provided the necessary infrastructure and funding can be developed, NAMI Lexington will offer multiple support groups beyond our baseline family and/or consumer groups.
- NAMI Lexington membership and leadership will aspire to reflect the demographic composition of our respective community. NAMI Lexington will use the most recent national census data as the standard for local demographics and for measuring success in reaching this aspiration.

***Communication***

*Standards of Excellence in this area are intended to create an environment in which information is shared in the most effective, appropriate and timely manner both within and between all levels of the organization so that all levels of NAMI can collaborate most effectively to accomplish their common mission.*

- NAMI Lexington shall communicate directly and regularly with members through multiple channels and, at a minimum, this will include a periodic newsletter and/or an electronic list serve. NAMI Lexington may produce and disseminate other publications and correspondence as appropriate and as resources permit.
- NAMI Lexington shall adhere to the NAMI Identity Guidelines in all publications and communications, whether in print or electronic media. These guidelines can be found at [www.nami.org/identity](http://www.nami.org/identity).
- NAMI Lexington shall report to NAMI Kentucky quarterly, or upon request, issues of local concern including, but not limited to, policy decisions and changes in leadership, financial or legal status, governing documents, public policy positions, and fund raising practices. NAMI Lexington adopts

## **NAMI Lexington Policies and Procedures of the Governing Body and Staff**

this practice to assist in attaining and maintaining a minimum level of legal, fiscal and organizational security by enforcing good business practices and transparency in governance.

### **Membership**

*Standards of Excellence in this area are intended to create an unambiguous definition of membership that supports the evolution of the organization from a loose confederation of semi-independent organizations to a single unified national organization with state and local presence.*

*NAMI members embrace the NAMI mission, which is described in the preamble of the NAMI (National) Bylaws:*

*“NAMI recognizes that the key concepts of recovery, resiliency and support are essential to improving the wellness and quality of life of all persons affected by mental illness. Mental illnesses should not be an obstacle to a full and meaningful life for persons who live with them.*

*“NAMI will advocate at all levels to ensure that all persons affected by mental illness receive the services that they need and deserve, in a timely fashion.”*

- NAMI Lexington shall define a “member” as “anyone who accepts NAMI’s mission and pays dues in accord with NAMI policies.”
- Regardless of their point of entry, all NAMI members are considered members of all levels of NAMI: National, State Organization and Affiliate.
- NAMI Lexington shall offer an opt-out mechanism for members to self-select what information and correspondence they may wish to receive from NAMI Lexington.
- NAMI Lexington shall collect and report standard baseline membership information, to all NAMI levels, and may collect additional membership information, as desired.

### **Dues**

*Standards of Excellence in this area are intended to create an efficient and user-friendly standard dues structure that is responsive to the unique financial needs of all levels of NAMI, regardless of regional economy and/or demographic composition. Confusion and inconsistency around dues are problematic for members and potential members alike. We seek to reduce confusion and increase our membership.*

- NAMI Lexington shall charge the standard NAMI membership dues amount, as determined by the NAMI National Board of Directors. A lesser dues rate, known as the “Open Door” rate, shall be available to those whose economic circumstances require it.
- NAMI Lexington shall recognize members who join through the “Open Door” dues rate as full members, entitled to the full rights and privileges of NAMI membership, including voting on all NAMI matters.

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**V. NAMI Lexington Board of Directors – Conflict of Interest Policy**

We, the Directors of NAMI Lexington, resolve that no member of the Board of Directors shall participate in any discussion or vote on any matter in which he or she or a member of his or her immediate family has potential conflict of interest due to having material economic involvement regarding the matter being discussed.

When such a situation presents itself, the director must announce his or her potential conflict, disqualify himself or herself, and be excused from the meeting until discussion is over on the matter involved. The President of the meeting is expected to make inquiry if such conflict appears to exist and the board member has not made it known.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

**NAMI Lexington  
498 Georgetown Street, Suite 201  
Lexington, KY 40508**

**NAMI Lexington**  
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**VI. NAMI Lexington Whistle Blower Policy**

**General**

NAMI Lexington requires all employees to observe the highest standard of business and personal ethics in the conduct of their duties and responsibilities. As representatives of NAMI Lexington, employees must practice honesty and integrity in fulfilling responsibilities and comply with all applicable laws and regulations.

**Reporting Responsibility**

It is the responsibility of all employees to report violations or suspected violations in accordance with this Whistleblower Policy.

**No Retaliation**

No employee who in good faith reports a violation shall suffer harassment or retaliation, nor will he or she suffer an adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Whistleblower Policy is intended to encourage and enable employees and others to raise serious concerns within NAMI Lexington prior to seeking resolution outside NAMI Lexington.

**Reporting Violations**

NAMI Lexington subscribes to an open door policy and suggests that employees share their questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, an employee's supervisor is in the best position to address an area of concern. However, if an employee is not comfortable speaking with his or her supervisor, or is not satisfied with the supervisor's response, the employee is encouraged to speak with anyone in management that he or she is comfortable in approaching. Supervisors and managers are required to report suspected violations to the President of the Board of Directors, who acts in a "Compliance Officer" capacity for NAMI Lexington. The "Compliance Officer" has specific and exclusive responsibility to investigate all reported violations. For suspected fraud, or if an employee is either not satisfied or uncomfortable even after following NAMI Lexington's open door policy, the employee should contact the "Compliance Officer" directly.

**Compliance Officer**

NAMI Lexington's Compliance Officer, currently the President of the Board of Directors, is responsible for investigating and resolving all reported complaints and allegations concerning violations and, at his or her discretion, for advising the Executive Director and/or the Executive Committee. The Compliance Officer is required to report, at least annually, to the Executive Committee on compliance activity.



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**Accounting and Auditing Matters**

The Executive Committee shall delegate action relating to concerns and complaints regarding NAMI Lexington's accounting practices, internal controls and auditing to the Audit Committee. The Compliance Officer shall work with the Audit Committee until the matter is resolved.

**Acting in Good Faith**

Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing that the information disclosed indicates a violation. Any allegations that prove to be false or unsubstantiated, and which prove to have been made maliciously or knowingly, will be viewed as a serious offense requiring disciplinary action.

**Confidentiality**

Violations or suspected violations may be submitted on a confidential basis by the complainant or may be submitted anonymously. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

**Handling of Reported Violations**

The Compliance Officer will notify the sender and acknowledge receipt of the reported violation or suspected violation within three business days. All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation.

**Current President, NAMI Lexington Board of Directors:**

Theresa Walton  
President, NAMI Lexington Board of Directors  
522 Powhatan Trail  
Frankfort, KY 40601-1626

**NAMI Lexington**  
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**VII. Executive Director Annual Review  
and Compensation Determination**

The ultimate purpose of the Annual Performance Review of the Executive Director is to improve the effectiveness and productivity of NAMI Lexington. Meeting this commitment requires that the Executive Director perform his or her job as capably as possible. The Executive Director is employed by the Board of Directors and is under the direct supervision of the President of the Board.

Performance review is utilized by the Executive Committee of the Board of Directors to:

- Work toward attainment of NAMI Lexington's mission, goals, and objectives
- Inform the employee of strengths, weaknesses, and progress
- Improve performance and productivity
- Strengthen work relationships and improve communication
- Develop employee skills
- Recognize accomplishments and good work
- Make recommendations for employee compensation

The consistent use of the performance review will assist the board in the planning, monitoring, evaluation, and development of the Executive Director's performance. This process will also enable the Executive Director to clearly understand his/her job duties and performance expectations and how they fit in to the overall purpose, vision, and goals of NAMI Lexington. It is the responsibility of the Executive Committee to honestly evaluate the work performance of the Executive Director at least one a year.

A performance review conference will be scheduled in the sixty-day period preceding the date of the employee's next anniversary employment date. An effectively managed performance review conference can improve the ongoing communication between the board and the Executive Director. The performance review conference is a private discussion and should **only** involve the Executive Committee and the Executive Director. Steps should be taken to ensure privacy and minimize interruptions or distractions. Each Executive Committee member will complete a written Executive Director Evaluation Form upon completion of the conference.

During the performance review conference, the committee should

- Review the Executive Directors' current performance goals and/or expectations, and
- Discuss performance effectiveness during the past rating period

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- Develop a performance improvement plan to address improvement opportunities  
and/or to increase employee effectiveness during the next rating period
- Establish individual performance goals or expectations for the next rating period  
and demonstrate how they support the goals of the organization

**Compensation Determination**

Compensation will be determined by the Executive Committee and approved by the full board. Factors used to determine compensation include:

- Education, certification, or other professional credentials
- Experience
- Knowledge
- Skills
- Performance and/or Productivity
- A review of compensation for persons with similar job descriptions in similar organizations
- NAMI Lexington's ability to pay
- Other meritorious qualities as determined by the Executive Committee

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**VIII. NAMI Lexington – Financial Reporting and Audit Oversight**

NAMI Lexington's financial statements are compiled by the bookkeeper and reviewed monthly by the Board of Directors and quarterly by and an independent accountant whom is not affiliated with the chosen external audit company. External audits are conducted annually.

The NAMI Lexington Board of Directors shall select and oversee an independent external auditor. The Board is responsible for selecting the independent auditor and reviewing its performance, with a focus on whether the auditor has the competence and independence necessary to conduct the audit engagement, the overall quality of the audit, and, in particular, the independence and competence of the key personnel on the audit engagement teams.

The board shall take steps to ensure the continuing independence of any auditor that conducts an audit of the organization. The Finance Committee shall oversee all internal and external audits.

**NAMI Lexington**  
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**IX. NAMI Lexington – Fraud Prevention Policy**

**Control the mail** – Limiting access to the company’s mail is essential in preventing the unauthorized negotiation of cash receipts. In small businesses, owner/management should either personally pick up the mail, or have the mail picked up by an employee who has no responsibilities related to the handling or recording of deposits, accounts receivable records or revenues.

*Office coordinator currently picks up mail, fills out report of all mail received. Forward copies of report to E.D., forward mail to appropriate parties, monies to bookkeeper)*

**Control the bank statements** – Similarly, the owner/management should personally pick up the company’s bank statements directly from the bank, or have them picked up by an employee who has no related responsibilities and delivered to the owner/manager unopened. Owner/management should review the contents of the statements before they are reconciled.

*Bookkeeper downloads bank statements for reconciliation. Executive Director reviews statements and signs off prior to reconciliation.*

Specific items that Executive Director is alert to include:

- Missing checks
- Checks issued out of sequence
- Unknown payees
- Checks that appear to have been altered
- Checks not signed by authorized signatories
- Other unusual items

**Control the accounts receivable** – Owner/management should limit access to accounts receivable records, and in particular, the ability to issue credit memoranda, discounts and refunds. Accounts receivable detail ledgers should be balanced with the control account at regular intervals and any differences should be investigated promptly. Only owner/management should be authorized to charge off accounts deemed uncollectible. Any discrepancies reported by customers should be investigated promptly. Aged accounts should be reviewed monthly and past due accounts investigated.

*This isn’t currently very relevant to NAMI Lexington. We have had a couple NAMIWalks sponsor pledges in past that were not met, but we do not typically have many receivables for goods or services.*

**Control the inventory** – Owner/management should carefully monitor gross profit, and investigate any unexpected variances. Access to inventories should be limited as much as possible, and the use of surveillance equipment may deter inventory theft. If a perpetual inventory is used, periodic counts should be performed at regular intervals for comparison with the perpetual records.

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**T-shirts, NARSAD cards, silver pins – we don't currently keep these items secure or under surveillance...we have never tried to carefully monitor gross profit or see if we break even on these items...**

**Control the accounts payable** – Establish and monitor approved vendor lists. Owner/management should periodically review the list of approved vendors, being alert to:

- Unknown vendors
- Vendors with names similar to other known vendors
- Vendors with no physical address or telephone number
- Vendors whose addresses match employee addresses

**E.D. to review a vendor report, detailed check report, and journal entries from Quickbooks monthly and sign off. All sequences and voided checks are accounted for.**

**E.D. to personally review supporting documentation and approve all Journal entries.**

**All payables are reviewed and signed off on by E.D. prior to payment.**

**Limit the number of authorized check signers** – If possible, only the owner/manager should be authorized to sign checks. If not possible, consider requiring two signatures on checks, at least those over a specified amount. The use of facsimile signatures should be avoided if at all possible. Never sign checks in blank. Review supporting documentation when checks are signed and investigate any discrepancies. Currently – Bookkeeper writes checks, E.D. or authorized board member signs them. Currently authorized to sign checks - Phill Gunning, Faye Morton, Carolyn and Donnie Colliver. Bob Stagner, our CPA informs us it is ok for Joy to write, Faye to sign, as long as someone else is responsible for receiving mail and reporting as above in “Control the Mail”

**Checks = or > \$1,000 require 2 signatures**

**Monitor exception reports** – All unprocessed transactions will be carefully examined by E.D. monthly for propriety. This includes revenues, expenses, purchasing and payroll transactions.

**Establish a budget** – E.D. and Treasurer will establish an operating budget and review and report actual to budget comparisons monthly to President and Executive Committee. Any significant variances will be investigated.

**Perform thorough background checks on all new employees** – E.D. will call former employers and educational institutions for verification of previous employment and education. Questions regarding gaps in employment or educational history will be answered satisfactorily. A credit report (if authorized by the candidate) will be obtained prior to employment.

**NAMI Lexington  
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**NAMI Lexington employees will be required to take uninterrupted vacations and establish a schedule of rotation of employee responsibilities** – More than just good management, rotation of duties provides a strong disincentive to commit fraud. In addition, it provides an opportunity to discover fraud that has already occurred.

**Be alert to changes in employee attitudes, behavior and lifestyles** – Because of day-to-day contact, management is in the best position to observe the unusual – attitudes that are hostile or defensive toward management or the company in general, changes in behavior that are inconsistent with employees' normal disposition or lifestyles that are not reasonable based on the employees' level of compensation. Matters that may be of particular concern include:

- Indications of dissatisfaction with compensation, lack of promotion
- Indications of gambling
- Indications of drug use or excessive use of alcohol
- Indications of financial distress
- Indications of infidelity
- Indications of serious illness
- Indications of excessive nervousness
- Indications of severe stress

**Provide employees an opportunity to report the occurrence of fraud or other abuse anonymously** – In a recent survey, one in five employees said they were personally aware of the occurrence of fraud in the workplace. Eighty percent said they would be willing to report fraud if they did not have to identify themselves. Management can establish hotlines, "suggestion boxes" or other means to enable employees to bring the occurrence of fraud to its attention without requiring employees to give their names. *Covered in whistle blower policy*

**Clearly communicate to employees the behavior that is expected of them** – Believe it or not, ignorance has been cited as a common cause of fraud. Some employees have been trained to commit fraudulent acts without knowing what they were doing, just assuming that "that's the way it's done".

**Take strong action against employees who commit fraud** – Call the police or other law enforcement agency and press charges. Failing to do so sends a message to other employees that management doesn't take fraud seriously.

**Conduct your own activities on a high ethical level** – Employees will follow the lead of management, whether that lead is ethical or not. More than what is said or included in a policy manual, the actions of management establish behavioral norms.

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**IX. NAMI Lexington – Membership Policy**

Persons pay an annual fee (see below) which entitles them to membership for a year. On behalf of the member, NAMI Lexington pays NAMI Kentucky and NAMI the required annual fee for membership. In this way, the person is a member at all levels of NAMI.

Membership expiration dates are set on a quarterly basis: March 31, June 30, October 31, and December 31. If a person initially joins in February, their membership will expire March 31 of the following year.

Renewing members maintain the same expiration date.

A person is no longer a member if two quarters have passed since their expiration date.

**Membership Rates:**

Membership Type	Total Paid	NAMI KY Fee	NAMI
Open Door	\$3	\$1	\$1
Student	\$10	\$1	\$1
Individual	\$20	\$4	\$10
Family	\$35	\$4	\$10
Professional	\$50	\$4	\$10
Organization	\$100	\$4	\$10



<u>Position</u>	<u>Address I</u>	<u>City</u>	<u>Stat Zip Code</u>	<u>Email</u>	<u>Phone I</u>
<b>Directors</b>					
Adrain Holloway	444 Wells Lane	Versailles	KY 40383	holloway@earthlink.net	859-873-0159
Anita Hartsfield	469 Alderbrook Way	Lexington	KY 40515	ahart2@email.uky.edu	859-948-6099
Cheryl Annes	Bourbon Community Hospital 9 Linville Dr.	Paris	KY 40361	cheryl_annes@prt.net	859-967-7374
Cyndi Faulkner	185 St. James Drive	Lexington	KY 40502	cbfaulk2@gmail.com	859 806 9160
Annada Carmickle	1726 Blue Licks Road	Lexington	KY 40504	arnada2@gmail.com	859-277-2698
Bonnie Tracy	2030 Jeffrey Court Apt 11	Lexington	KY 40504	amtbomme65@gmail.com	859-309-0119
Julie Perry	1136 Winter Haven Way	Lexington	KY 40509	jewel61770@gmail.com	859-230-2002
Jennifer Rice Curtis	1101 Veteran's Dr. 116A10-LD	Lexington	KY 40502	JenniferR.Curtis@va.gov	859-233-4511
John Landon	1107 Gainesway Dr. Lexington KY	Lexington	KY 40517	john.landon@ky.gov	732-539-0614
Randall "Rock" Blackburn					
Leslie Reed	632 Cromwell Way	Lexington	KY 40503	Leslie.Reed@ESH.UKHC.org	606-202-3307
Dr. Fareesh Kanga	2969 Montavesta Rd	Lexington	KY 40502	fareesh.kanga@gmail.com	
Steve Stone					
<b>Staff</b>					
Kelly Gunning	Director of Advocacy and Public Affairs	Lexington	KY 40503	kelly@namilex.org	859-420-6507
Phill Gunning	Executive Director	Lexington	KY 40503	pgunning@namilex.org	859-539-1918
Julie Caudill	Administrative Assistant	Lexington	KY 40509	Julie@namilex.org	859-536-9028
Valerie Mudd	Consumer Programs Coordinator	Lexington	KY 40504	val@namilex.org	859-230-3978
Sarah Brumfield	Training Coordinator	Paris	KY 40361	sarah@namilex.org	859-340-9645
David Riggsby	Recovery Enthusiast	Lexington	KY 40517	david@namilex.org	859-619-2797
Tracy Jacobson	Director of Family Services	Lexington	KY 40509	tracynamilex@gmail.com	859-536-8278
Susan Montgomery	Programs Assistant	Lexington	KY 40509	susan@namilex.org	859-699-0668
Dana Gilliland	Navigator - Participation Station	Versailles	KY 40383	dana@pslex.org	859-475-7191
Evelyn Morton	Multicultural Action Committee Coordinator	Lexington	KY 40504	evelyn@namilex.org	859-489-4202
Marcie Timmerman	Click, Send Enthusiast	Lexington	KY 40511-8805	marcie@namilex.org	614-354-0058
Sherry Sexton	Kentucky Peer Specialist - ESH Team	Owingsville	KY 40360	sherrysexton@windstream.net	606-336-4106
Randall "Rock" Blackburn	Kentucky Peer Specialist - ESH Team	Lexington	KY 40505	rockblackburn5150@gmail.com	859-396-7062
Kirk Reynolds	Kentucky Peer Specialist - ESH Team	Lexington	KY 40502	kirk.a.reynolds@gmail.com	859-967-3014
Julie Neace	Volunteer Coordinator	Wilmore	KY 40391	julierebecca.nami@gmail.com	859-312-8675

	<u>Experience-Education/Work Position</u>	<u>Current Term Ends</u>
<b>Directors</b>		
Adrian Holloway	Family Member / RN - Woodford Public Schools	2016
Anita Hartsfield	Administrative/Projects coordinator - UK Healthcare / MHA	2018
Cheryl Annes	Family Member / RN - Stoner Creek Centre	2016
Cyndi Faulkner	MHA, CPHQ / adjunct faculty member - multiple universities, teaching in the Masters of Health	2016
Armeda Carmickle	Consumer / KPS / Participation Station Leadership	2016
Bonnie Tracy	Consumer / KPS / Participation Station Leadership	2016
Julie Perry	APRN - Bluegrass Community Health Care	2015
Jennifer Rice Curtis	VA Medical Center - Local Recovery Coordinator / Peer Support implementation / LSCW	2015
John Landon	Public Defender / Lafayette College, UK Law School	2016
Randall "Rock" Blackburn	OT / Rehab Director & Assistant Recovery Mail Director, Eastern State Hospital	2016
Leslie Reed		2016
Dr. Fareesh Kanga		2016
Steve Stone		2016
<b>Staff</b>		
Kelly Gunning	Community Psychologist / Family Member	
Phil Gunning	Family Member	
Julie Caudill	Consumer / Family Member / Veteran / Graphic Design / Administration / Kentucky Peer Specialist	
Valerie Mudd	Consumer / Former Radiology Technician / Kentucky Peer Specialist	
Sarah Brumfield	Consumer / Retired Cosmetologist / Kentucky Peer Specialist	
David Riggsby	Retired Quality Improvement Director, Eastern State Hospital	
Tracy Jacobson	Family Member / MSW	
Susan Montgomery	Consumer / MSW / Kentucky Peer Specialist	
Dana Gilliland	Consumer / Systems Navigator @ Participation Station / Kentucky Peer Specialist	
Evelyn Morton	Family member / SCSEP program participant	
Marcie Timmerman	Family member / MHA	
Sherry Sexton	Consumer / Eastern State Hospital Peer Team / Kentucky Peer Specialist	
Randall "Rock" Blackburn	Consumer / Eastern State Hospital Peer Team / Kentucky Peer Specialist	
Kirk Reynolds	Consumer / Eastern State Hospital Peer Team / Kentucky Peer Specialist	
Julie Neace	BSW / KPFC (Kentucky Partnership for Families and Children, Inc.)	



**Family to Family Course  
Now Accepting Participants**

NAMI Lexington's next ***Family to Family*** education course **begins Wednesday, January 14, 2015**. Classes meet each Wednesday from 6:30pm until 9:00pm for eleven consecutive weeks.

This course is a NAMI National signature education / support program offered **free** and taught by trained NAMI members with the lived experience of having a family member with mental illness.

- ***Attend with other family members*** just like you in a confidential setting.
- ***Gain insight*** into how mental illness affects your relative and ***gain empathy*** by understanding the subjective, lived experience of a person with mental illness.
- Take an ***eye-opening*** look inside some of today's current brain research related to the biology of brain disorders.
- Learn how families can ***become advocates*** for better treatments for their relatives.
- ***Up-to-date information*** about medications, side effects and strategies for adherence, and the evidence-based, most effective treatments to promote recovery.
- ***Special workshops*** for problem solving, listening and communication techniques; acquiring strategies for handling crisis and relapse.
- ***Care for the Caregiver***. Learn to cope with worry, stress and emotional overload; learn to focus on care for you as well as your loved ones.
- All ***instruction and course materials are free*** to class participants
- More information and a tribute video – <http://www.nami.org/familytofamily>

**Class size is limited** and requires pre-enrollment. To reserve a place, contact Tracy at 859-536-8278 or [tracynamilex@gmail.com](mailto:tracynamilex@gmail.com)



***“Promoting Recovery”***



## TRAINING AND TECHNICAL ASSISTANCE CENTER

### OUR MENU OF SERVICES

- Consumer Oriented Programs
  - ADMHT: Advance Directives for Mental Health Treatment
  - QPR Suicide Prevention
  - Gatekeeper Suicide Prevention
  - BRIDGES: Building Recovery
    - Individual Dreams Goals Education & Support
  - WRAP -Wellness Recovery Action Plan
  - Leadership Academy
  - Peer Support Specialist
- NAMI-based Programs
  - In Our Own Voice
  - NAMI Connections
  - Sharing Hope
  - Family to Family
  - Hearths & Minds (Whole Health)
  - Parents & Teachers as Allies
- Specialized Trainings & Technical Assistance for:
  - State Psychiatric Hospitals
  - Community Mental Health Centers
- Recovery Webinars
- Program Development for:
  - Peer Operated Centers
  - Mental Health Warmlines



## How to reach us

The Center is located at Participation Station, Kentucky's first consumer run-consumer driven recovery program.

We are at 869 Sparta Court in Lexington, KY. You can reach us toll-free at 877-498-6633



## We need your help

You can help us enhance mental health services in Kentucky! We would love to hear about programs in your area. We have a survey available on the web.

You can access our survey at: <https://www.surveymonkey.com/s/TGDXB36>



Working Together for Hope, Recovery And Wellness



869 Sparta Court  
Lexington, KY 40504  
[kystars.org](http://kystars.org)

# Who We are

KYSTARS is a unique state-wide group consisting of behavioral health consumers, professionals, administrators and family members working collaboratively to promote the reality of recovery throughout Kentucky. We are dedicated to assist people with incorporating recovery based principles into all facets of our behavioral healthcare system.

We believe that all people are capable of change, growth and recovery!

# What We do

KYSTARS believes change occurs with a combination of collaboration, education and support. With these principles in mind, we have established the KYSTARS Training and Technical Assistance Center. Our center is available to advise, consult and provide support to consumers, professionals and programs across the commonwealth.



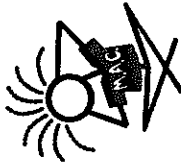
Kentucky System Transformation,  
Advocacy, Recovery & Support

*We're here for you...*

**SUPPORT GROUPS** are open to anyone whose life is impacted by mental illness.

We offer a variety of support groups, typically held at Participation Station, located at 869 Sparta Court in Lexington, Kentucky (across from Advance Auto Parts and Thornton's on Versailles Road, near Red Mile Road.)

For a current schedule, visit our website at [www.namilex.org](http://www.namilex.org) and choose "Support".



**NAMI LEXINGTON**

is happy to serve as

**YOUR RESOURCE** for mental health education, support, and advocacy.

Visit us on the web at [www.namilex.org](http://www.namilex.org) for updates and information.



NAMILexington and @StationLex



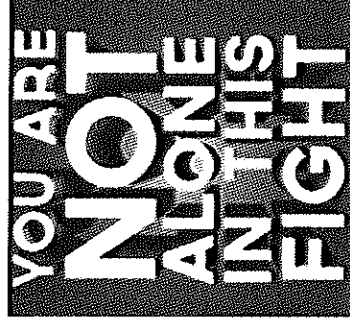
"Like" our page on Facebook.

**"Mental illness"**

is a term used to describe a group of **biologically-based**

**medical illnesses** which include schizophrenia, bipolar disorder, depression and anxiety disorders.

Treatment for mental illness works and is cost efficient.



If you would like to get involved with our Multicultural initiative please contact:

**Evelyn Morton**

**Multicultural Outreach Coordinator**

**NAMI Lexington**

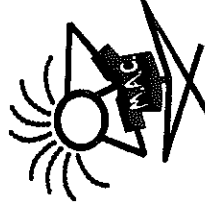
**498 Georgetown Street, Suite 201  
Lexington, Kentucky 40508**

**[evelyn@namilex.org](mailto:evelyn@namilex.org)**

**859-272-7891**



**Multicultural Action Committee**



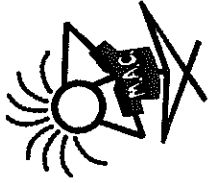
A NAMI Lexington program  
**Promoting Recovery**  
across diverse populations.

- **Biological Brain Disorders** are NOT character flaws or moral weaknesses!
- **TREATMENT works!**
- **EDUCATION** eliminates Stigma!
- **HOPE** can be restored!
- **ADVOCACY** creates change!

**We meet people where they are!**

We are dedicated to reducing the stigma associated with serious mental illness and to helping create a community that treats Individuals and Family Members with **unconditional respect!**

The National Institute of Mental Health estimates that one out of four families in the U.S. will have a loved one with a serious mental illness.



## DID YOU KNOW ...

### Mental illness

- can strike persons of any age, sex, or ethnic group
- can occur in any family
- is far more common than cancer, diabetes, heart disease or arthritis
- is frequently stigmatized and misunderstood in many cultures
- is NOT the same as intellectual disabilities, which involve deficits in learning ability and intellectual process.
- is NOT the result of weak character or bad parenting
- is a brain disease, biologically based, and is no one's "fault"

*God, grant me the serenity  
to accept the people I cannot change,  
the courage to change the one I can,  
and the Wisdom to know it's me!*



## MAC GOALS

- To reach out in culturally competent ways to educate interested community members about mental illnesses, **recovery** and **hope**.
- Advocate for more services, provided in culturally appropriate venues as determined by the community.
- Work to enhance relationships with providers of mental health services including: overcoming barriers so that we can honor language, spirituality and cultural practices.

## PRINCIPLES OF SUPPORT

- We will see the individual first, not the illness.
- We aim for better coping skills.
- We find strength in sharing our experiences.
- We won't judge anyone's pain as less than our own.
- We forgive ourselves and reject guilt.
- We are aware that we cannot resolve all problems.
- We expect a better future in a realistic way.
- We will never give up hope.

## Membership-Please join us!

Regular      \$35.00  
Open Door    \$ 3.00

(Open Door is a reduced rate membership for those with limited means/fixed incomes.)

Membership Amount Enclosed \$ \_\_\_\_\_



## Donations

Donations may be made to  
NAMI Lexington at any time.

Donation Amount Enclosed \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

## DUES/DONATIONS ARE TAX DEDUCTIBLE

Make Checks Payable to:  
NAMI Lexington

498 Georgetown Street, Suite 201  
Lexington, Kentucky 40508

Or donate online at [namilex.org](http://namilex.org)



*Mental illness is a term used to describe a group of biologically based medical illnesses which include schizophrenia, bipolar disorder, depression and anxiety disorders.*

*Treatment for mental illness works and is cost effective.*

**NAMI Lexington offers:**

- Family and Consumer support groups
- Informative and entertaining workshops and guest speakers
- NAMI Family-to-Family Education, a 12 week course for family caregivers
- In Our Own Voice, individuals sharing their recovery experience
- Sharing Hope: Understanding Mental Health—Education, Outreach, Support Partnership with African American Community & Faith Networks
- NAMIWalks, a mental health awareness and fundraising family event
- Participation Station, a Peer operated, peer support center and The Warm Line, for anyone who "just needs someone to talk to"
- Advocacy - raising awareness, promoting recovery and system transformation
- Speakers and trainings for community groups, special events, and human resources departments

**SUPPORT GROUPS**

**We offer adult support groups for consumers and family members.**

Consumer Support Groups meet each Sunday from 2:30 p.m. — 4:00 p.m.

Family Support groups meet the First and Third Sunday of every month from 2:30 p.m. — 4:00 p.m.

NAMI Introduction provides an overview of NAMI programs and services, an opportunity to ask questions and share experiences.

3:00 p.m. - 4:00 p.m. every Thursday  
At Eastern State Hospital.

All groups meet at Participation Station located at 869 Sparta Court across from Advance Auto Parts and Thornton's on Versailles Rd. near Red Mile Rd.

**For more information about NAMI or any of our programs and services**

**please contact us.**

**Phone: 859-272-7891**

**[namimail@namilex.org](mailto:namimail@namilex.org)**

**No Stigma. Know More. Know NAMI.**



**mental illness**

*It's not all in your head*

*You are not alone...*



*namilex.org*

**"Promoting Recovery"**

and

**Assisting Individuals, Families, and Caregivers affected by persistent mental illness**

through

**Education, Advocacy, Outreach, and Support**

NAMI Lexington

498 Georgetown Street, Suite 201

Lexington, KY 40508

859-272-7891

[namimail@namilex.org](mailto:namimail@namilex.org)

<http://namilex.org>



## DID YOU KNOW . . .



- Mental illness can strike persons of any age, sex, or ethnic group, and can occur in any family.
- Mental illnesses are far more common than cancer, diabetes, heart disease or arthritis.
- The National Institute of Mental Health estimates that one out of four families in the U.S. will have a loved one with a mental illness.
- More hospital beds are occupied by people with serious mental illnesses than with any other disease.
- Mental illnesses are NOT the same as mental retardation, which involves deficits in learning ability and intellectual process.
- Mental illnesses are NOT the result of weak character or bad parenting.
- Serious mental illnesses are medical illnesses, biologically based, and are no one's "fault."
- As with physical illness, there are many different kinds of mental illnesses, with many different causes.
- Recovery is possible.
- Treatment saves lives.

## PRINCIPLES OF SUPPORT

- ✓ We will see the individual first, not the illness.
- ✓ We recognize that mental illnesses are medical illnesses that may have environmental triggers.
- ✓ We understand that mental illnesses are traumatic events.
- ✓ We aim for better coping skills.
- ✓ We find strength in sharing experiences.
- ✓ We reject stigma and do not tolerate discrimination.
- ✓ We won't judge anyone's pain as less than our own.
- ✓ We forgive ourselves and reject guilt.
- ✓ We embrace humor as healthy.
- ✓ We accept we cannot solve all problems.
- ✓ We expect a better future in a realistic way.
- ✓ We will never give up hope.

## Membership - please join us!

Regular 1 year Membership — \$35

Open Door — \$3 — Reduced rate for those with limited means / fixed incomes

Amount Enclosed \$ \_\_\_\_\_

Or donate online at [namilex.org](http://namilex.org)

### Donations

Donations may be made to  
NAMI Lexington at any time.

Amount of Donation Enclosed \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**DUES/DONATIONS ARE  
TAX DEDUCTIBLE**

Make Checks Payable to:

NAMI Lexington

498 Georgetown St., Suite 201  
Lexington, KY 40508

Donate Online

[namilex.org/donate](http://namilex.org/donate)



NAMI Lexington was founded in 1985 to provide education, support and advocacy for persons whose lives are impacted by chronic mental health challenges. NAMI Lexington has been a front-runner in family education, collaboration, inclusiveness, diversity, cultural competence, consumer and peer-empowerment, and scope of services.

**NAMI Signature Programs offered free by NAMI Lexington:**

- ***In Our Own Voice*** – Living with a Mental Illness,
- ***NAMI Connections*** Consumer Support Groups,
- ***Sharing Hope*** – African American and Hispanic Faith-based community outreach
- ***Family-to-Family***
- ***Family Member Support Groups***
- ***Hearts and Minds*** (Whole Health Training)
- ***NAMIWalks***

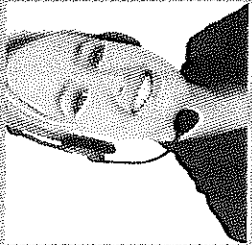
A sampling of **other significant programs and trainings offered free by NAMI Lexington:**

- ***Participation Station***, a Peer-operated recovery center co-sponsored by bluegrass.org
- ***Kentucky Advanced Psychiatric Directive*** Training
- ***QPR Suicide Prevention*** Training / Gatekeeper Suicide Prevention Training
- ***WRAP*** (Wellness Recovery Action Plan) Trainings and Workshops
- ***Warm Line***, a Peer operated non-emergency phone line for anyone who "just needs someone to talk to" co-sponsored by bluegrass.org
- ***Double Trouble in Recovery (DTR)*** Support Groups for individuals with co-occurring addiction and mental health disorders
- ***Emotions Anonymous 12 step group***
- ***NAMI Introductions*** – Overview of NAMI programs, information, and supports
- ***KYSTARS*** - Recovery Support Groups, Recovery Oriented Training and Technical Assistance, and Leadership Academy Peer Leadership Skills Training
- ***Guest speakers*** for local Psychology and Social Work classes at UK, ECU, Midway College, Asbury, Georgetown College, and Kentucky State University
- ***Partner*** with UK College of Nursing, UK College of Psychology, UK College of Psychiatry, UK College of Social Work, Asbury University College of Social Work, Morehead State College of Social Work and other regional Universities to provide field education for student interns
- ***Multicultural Action Committee (MAC)*** provides culturally competent advocacy, education, outreach and support to African American and Hispanic communities

NAMI Lexington also offers ***affordable staff and employee training programs*** such as ***Mental Health First Aid***. The Mental Health First Aid program is an interactive session which runs 8 hours. It can be conducted in one full day or two half-day events. Mental Health First Aid certification must be renewed every three years, and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

For more information on NAMI's free programs and affordable mental health training, please see <http://namilex.org> or call 859-272-7891.

## The Warm Line



The Warm Line is a program of the Participation Station.

It is a non-emergency phone line for people living with a mental illness. You can call

the Warm Line if you "just need someone to talk to" or you are experiencing a stressful time, feeling cut off from the world and isolated. It is staffed by Peer Supporters who have "been there" and have been trained to offer support, help with appropriate referrals or to just listen without judgment.

When you need someone to listen, give us a call.

**(859) 252-0058**

Lexington Area

Or call toll free at:

**(877) 840-5167**

Bluegrass Region

## Warm Line

### Hours of Operation

Monday - Thursday 10:00am-9:00pm

Friday & Saturday 5:00pm-9:00pm

Sunday: Closed

## Recovery IS Possible!

Call us at 859-309-2856

Check us out on the Web

<http://psapoc.org>

Email: [val@namilex.org](mailto:val@namilex.org) to

receive our track schedule in your inbox!

## Our Mission...

To provide a program-based environment that educates, empowers and enhances the lives of individuals moving toward recovery and mental wellness.

## Participation Station



## Participation Station

a peer operated center established by individuals working toward mental health & recovery

## The Warm Line

peer to peer telephone support to individuals living with mental illness.



visit us on the web at:  
<http://psapoc.org>

Participation Station works collaboratively with mental health service providers and consumers recovering from mental illness to strive towards a meaningful, enriching life.

# ***Jump on the Train and Follow the Tracks...***

## ***Things You Can Do at Participation Station***

- Have a cup of coffee
  - Make a new friend
  - Play a game or just hang out
  - Watch a movie
  - Read a book in the library
- Attend a class on:
    - Computer skills
    - Managing stress
    - Relaxation techniques
    - Self advocacy
    - Maintaining relationships
  - Volunteer
  - Learn about Recovery
  - Learn to improve your physical health
  - Learn to have a better quality of life.

The Participation Station is sponsored by the following organizations:



**All services are  
 fun, fulfilling and free!  
 Consumer run,  
 Consumer driven.**



## ***How to find us...***

Participation Station is located at 869 Sparta Ct. in Lexington. We are off Versailles Rd, one block toward downtown from Red Mile Road. We are on the bus line for easy access.

## ***Participation Station***

869 Sparta Court  
 Lexington, KY 40504  
 Phone: (859) 309-2856  
 E-mail: [val@namilex.org](mailto:val@namilex.org)