

**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- All main motions (except such as were withdrawn) and motions that bring a main question again before the assembly, stating the wording as adopted or disposed of, and the disposition--including temporary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- Secondary motions not lost or withdrawn where needed for clarity of the minutes;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.

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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.

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**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.

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**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



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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

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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**

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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



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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.

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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.

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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

	Position	Address I	City	Stat	Zip Code	Email	Phone I
<b>Directors</b>							
Adrain Holloway	Past President	444 Wells Lane	Versailles	KY	40383	hollowayky@earthlink.net	859-873-0159
Anita Hartsfield	President	469 Alderbrook Way	Lexington	KY	40515	achart2@email.uky.edu	859-948-6099
Cheryl Annes	Vice-President	Bourbon Community Hospital 9 Linville Dr.	Paris	KY	40361	cheryl.annes@bpc.net	859-967-7374
Cyndi Faulkner	Treasurer	185 St. James Drive	Lexington	KY	40502	cbfaulk2@gmail.com	859-806-9160
Armeda Carmickle	Secretary	1726 Blue Licks Road	Lexington	KY	40504	armeda2@gmail.com	859-277-2698
Bonnie Tracy	Member-at-Large	2030 Jeffrey Court Apt 11	Lexington	KY	40504	auntbonnie65@gmail.com	859-309-0119
Julie Perry	Member-at-Large	1136 Winter Haven Way	Lexington	KY	40509	jewel61770@gmail.com	859-230-2002
Jennifer Rice Curtis	Member-at-Large	1101 Veteran's Dr. 116A10-LD	Lexington	KY	40502	JenniferR.Curtis@va.gov	859-233-4511
John Landon	Member-at-Large	1107 Gainesway Dr. Lexington KY	Lexington	KY	40517	john.landon@ky.gov	732-539-0614
Randall "Rock" Blackburn	Member-at-Large	632 Cromwell Way	Lexington	KY	40503	Leslie.Reed@ESH.UKHC.org	606-202-3307
Leslie Reed	Member-at-Large	2969 Montavesta Rd	Lexington	KY	40502	fareesh.kanaa@gmail.com	
Dr. Fareesh Kanga	Member-at-Large						
Steve Stone	Member-at-Large						
<b>Staff</b>							
Kelly Gunning	Director of Advocacy and Public Affairs	3407 Winthrop Drive	Lexington	KY	40503	kelly@namilex.org	859-420-6507
Phill Gunning	Executive Director	3407 Winthrop Drive	Lexington	KY	40503	pgunning@namilex.org	859-539-1918
Julie Caudill	Administrative Assistant	305 Lindenhurst Dr. #7203	Lexington	KY	40509	julie@namilex.org	859-536-9028
Valerie Mudd	Consumer Programs Coordinator	2206 Alexandria Dr.	Lexington	KY	40504	val@namilex.org	859-230-3978
Sarah Brumfield	Training Coordinator	514 Dobbin Drive	Paris	KY	40361	sarah@namilex.org	859-340-9645
David Riggsby	Recovery Enthusiast	3431 Greenlaw Dr.	Lexington	KY	40517	david@namilex.org	859-619-2797
Tracy Jacobson	Director of Family Services	3320 Cheltenham Circle	Lexington	KY	40509	tracynamilex@gmail.com	859-536-8278
Susan Montgomery	Programs Assistant	305 Lindenhurst Dr. #7203	Lexington	KY	40509	susan@namilex.org	859-699-0668
Dana Gilliland	Navigator - Participation Station	205 Woodridge Lane #B1	Versailles	KY	40383	dana@pslex.org	859-475-7191
Evelyn Morton	Multicultural Action Committee Coordinator	2148 Larkspur Dr. #54A	Lexington	KY	40504	evelyn@namilex.org	859-489-4202
Marcie Timmerman	Click, Send Enthusiast	2692 Woodlawn Way	Lexington	KY	40511-8805	marcie@namilex.org	614-354-0058
Sherry Sexton	Kentucky Peer Specialist - ESH Team	222 Forge Hill Rd.	Owingsville	KY	40360	sherrysexton@windstream.net	606-336-4106
Randall "Rock" Blackburn	Kentucky Peer Specialist - ESH Team	225 E. Loudon Ave.	Lexington	KY	40505	rockblackburn5150@gmail.com	859-396-7062
Kirk Reynolds	Kentucky Peer Specialist - ESH Team	340 Romany Rd. #B7	Lexington	KY	40502	kirk.a.reynolds@gmail.com	859-967-3014
Julie Neace	Volunteer Coordinator	322 Epworth Ave	Wilmore	KY	40391	julierebecca.nami@gmail.com	859-312-8675



	Experience-Education/Work Position	Current Term Ends
<b>Directors</b>		
Adrain 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.)	

**\*\*PLEASE COMPLETE FOR EACH FUNDED PROGRAM\*\***

**Lexington Fayette Urban County Government  
Partner Agency Quarterly Report #4 (April 1 – June 30, 2014)  
Fiscal Year 2014**

**Partner Agency Name:** \_\_\_\_\_ NAMI Lexington \_\_\_\_\_

**Program Name:** \_\_\_\_\_ Participation Station \_\_\_\_\_

**Date:** \_\_\_\_\_ July 9, 2014 \_\_\_\_\_

**AGENCY AND PROGRAM FUNDING**

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- A. Please attach a year-end FY 14 amended budget for your agency, reflecting actual expenditures if available. If your fiscal year is not July 1 – June 30, please attach the most recent amended budget for your Agency and Subject Program.
- B. Please describe significant\* changes (increases and/or decreases) in funding sources, and the impact of these changes on the Agency and Subject Program.
- C. Please describe significant\* changes (increases and/or decreases) in expected Agency and Subject Program costs, and their respective impacts.

\*10% or more

**OUTCOME EVALUATION**

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- A. Using the Addendum to your agency's Purchase of Service Agreement, please demonstrate progress towards stated outputs and outcomes. For instance, if your expected output is 200 clients receiving access to services, please state the number of clients that have accessed services during the reporting period, and confirm that your stated measurement tool / approach was utilized for data collection.

NOTE: If there have been changes to your LFUCG funded program(s) necessitating amendment of your approved outcomes, please contact Craig Bencz with the Department of Social Services at 859-258-3807 (or email at [cbencz@lexingtonky.gov](mailto:cbencz@lexingtonky.gov)) to discuss the proposed amendments.

<b>Outputs*</b>	<b>Outcomes*</b>	<b>Measurement Tool / Approach*</b>	<b>4<sup>th</sup> Quarter Progress Towards Outputs/Outcomes, and Proof of Verification</b>	<b>Cumulative (1<sup>st</sup> through 4<sup>th</sup> Quarter Combined) Progress</b>
175 tracks held at the center during the reporting period with 932 participants attending scheduled tracks.	This represents an increase of 71% in offered tracks while attendance more than doubled from last quarter.	PS Sign-In Sheets, Attendance Tracking Tools and Database. 100% review of all attendances. Comparing the current quarter to last year's averages.	The dramatic increase in this measure was primarily due to "rebound" from the winter's severe weather and the number of closures last quarter. But overall, this quarter's stats are very good.	Increase the # of participants in educational and social events by 25% We achieved a fantastic 33.5% increase in educational programming for FY14. Goal Exceeded!

**\*\*PLEASE COMPLETE FOR EACH FUNDED PROGRAM\*\***

478 individual peer support interventions were documented this reporting period.	This represents an 61% increase over last quarter's individual peer support totals.	Qualitative Outcomes for Peer Support sheet and logs. Comparing the current quarter to last year's averages.	Part of this increase was due to better weather, but we also saw a dramatic increase in demand for our Kentucky Peer Specialists and specifically our Peer System Navigator.	Increase # of participants receiving formal individual peer support by 15% FY 14 saw our desired 15% increase in Individual Peer support. This surely would have been even higher if not for inclement weather. <b>Goal Achieved!</b>
103 support groups were held during this reporting period.	This is a whopping 43% increase in the number of support groups offered due primarily to offering groups at Eastern State Hospital and the Central Ky Recovery Center.	PS Sign-In Sheets, Attendance Tracking Tools and Database. 100% review of all attendances. Comparing the current quarter to last year's averages.	The new support groups have been positively received and the Kentucky Peer Specialists facilitating the groups have received wonderful feedback from participants.	Increase the # of support groups offered by 15% Support Group offerings increased by 42.5% in FY14. Now the challenge will be sustainability as support group participation tends to ebb and flow dramatically. <b>Goal Exceeded dramatically!</b>
15 "In Our Own Voice" presentations scheduled with 169 attendees in this quarter.	These numbers are a marked increase over the 2012 numbers for IOOV presentations.	NAMI National IOOV tracking tools & database. Comparing the current quarter to last year's averages.	In Our Own Voice outreach increased dramatically this quarter with presentations held at Ridge, Eastern State and the Central Ky Recovery Center.	Increase the # of outreach opportunities by 15% Attendance at IOOV presentations increased by 30.7% in FY14 with plans to train a new crop of presenters. <b>Goal Exceeded!</b>
There were 212 calls logged to the Participation Station Warmline in this reporting period as compared to a quarterly average of 227 in 2012.	We experienced change in our data entry staff during this quarter and suspect that some call logs have been misplaced, accounting for the decrease this quarter.	Warmline call logs and Warmline Database. 100% review of all calls. Comparing the current quarter to last year's averages.	While our documented logs were down this quarter, we believe the demand remained constant and the problems with data collection appear to be resolved for now.	Increase the number of Warmline calls by 15% Warmline call volume increased by a dramatic 40.6% in FY14. <b>Goal Exceeded!</b>

\*From Addendum to Purchase of Service Agreement – this information should not be changed.

**\*\*PLEASE COMPLETE FOR EACH FUNDED PROGRAM\*\***

- B. Did the Subject Program funded through LFUCG Partner Agency Funding meet its goals for FY 14 as stated in the application, and as approved in the Purchase of Service Agreement and Addendum?

Yes ☒ No ☐

If "no", please provide narrative explanation below (attach additional page(s) if necessary). Include discussion regarding year over year outcomes of the program (if applicable), funding changes throughout the fiscal year, etc.

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- C. If not already provided above, please provide the following information:

Number of clients served by LFUCG funded subject program in FY 14: **850**

Total number of clients served by your agency in FY 14: **9,000**

**Certification**

As the Chief Executive Officer (or equivalent) of this agency, I certify that the information provided in this Quarterly Report is true and complete to the best of my knowledge and belief.

I further agree that funds received from LFUCG will be used for the purposes for which they were requested and approved, and that the agency will comply with the requirements set forth in the application and the approved Purchase of Service Agreement and Addendum.

Phill Gunning \_\_\_\_\_  
Printed Name

7/9/2014 \_\_\_\_\_  
Date

**This report and required attachment(s) are due by July 10, 2014, and should be completed and submitted electronically to both of the following email addresses:**

**Craig Bencz, Administrative Officer – [cbencz@lexingtonky.gov](mailto:cbencz@lexingtonky.gov)  
Trina Brown, Administrative Specialist Sr. – [tbrown@lexingtonky.gov](mailto:tbrown@lexingtonky.gov)**

3<sup>rd</sup> Quarter 2014 Activities Report  
Kelly Gunning, Director of Advocacy and Public Affairs  
David Riggsby, Recovery Enthusiast  
Valerie Mudd, Consumer Programs Coordinator  
Recovery Based Services and Technical Assistance  
Bluegrass.org

#### Contract Services

***A. Recovery-oriented training and technical assistance and program consultation conducted by qualified NAMI Lexington personnel to achieve a systematic offering of peer operated supports and services.***

- Worked closely with Rose Douglass, Director SPMI services on the planning and implementation of the annual MIAW campaign, October 6-12, 2014, including the Annual Candlelight Vigil, Mental Health Court Dedication and Ribbon Cutting Ceremony and the NAMIWalks event. NAMI Lexington has promoted community awareness of SPMI related issues and used each venue as an opportunity to spotlight community partners, services and resources, available or developmental that will foster recovery for our citizens. This year's events focused on suicide and crisis prevention in the advent of "managing" managed care and the implications for community mental health. We also focused on decriminalizing SPMI and brought to light the advantages of opening the Mental Health Court and being able to divert individuals from criminal justice toward treatment and recovery. The NAMIWalks event also brings community focus to mental health and recovery via focusing on services provided by bluegrass.org and other community resources. It is the largest event in the community solely focused on mental health.
- Continue to refine and support pre and post training for bluegrass.org staff who will be working with Peer Support Specialists with a focus of working collaboratively with Peer Specialists that meets standards of The Joint Commission/CMS.
- Continue training and support for new hires (Peer Support Specialists) orienting them to job requirements, policies & procedures, communication techniques, terminating the therapeutic relationship, and handling crisis situations for both clients and themselves as required by TJC standards. We are there on an ongoing basis and available to support, mentor and offer "supervision" type feedback and follow up before during and after placement. We offer constant availability and also continuing educational opportunities.
- Continue to work and meet with Fayette County legislators and Criminal Justice stakeholders regarding Fayette County mental health court. The Fayette County MH Court Ribbon Cutting and Dedication was attended by dignitaries and invested partners from around the Region and around the State. The excitement around Fayette County being able to implement this on the basis of its partnerships was admirable and recognized repeatedly throughout the event. The evening provided an excellent opportunity for illuminating the need for treatment and recovery services as opposed to incarceration which is a lose-lose proposition. We continue to work with Rose Douglass, Luanne Steele and Jennifer Van Ort on developing the exact perimeters of case management for the court, utilizing both Blue Grass case managers and NAMI /Participation Station Peer Specialists.

***B. Evaluation of the Board's programs serving individuals with Serious and Persistent Mental Illness (SPMI) to determine whether programs are incorporating the Recovery Model into all aspects of services and to identify opportunities for improvement.***

- Worked with the evaluation team consisting of key NAMI Lexington staff to participate in the evaluation of bluegrass.org SPMI programming in all 17 counties. We are looking at the effects of program closures, managed care, funding shortfalls and staff turnover/downsizing. We are looking at the combined effects on overall recovery outcomes for clients. David Riggsby and the team are working closely with Rose Douglass to facilitate this process. A full report will be produced by November 2014.
- Consulted with Dr. David Susman and have selected the Recovery Knowledge Inventory (RKI) survey tool to assist with the evaluation of bluegrass.org SPMI services. This is a nationally used tool, tested for validity and reliability to gauge the level of Culture of Recovery within a mental health workforce. We plan to utilize this tool as part of the evaluation of current bluegrass.org SPMI programming. We have worked with the IT team to work through some glitches in IT security to be able to implement this survey, as a result it has taken a bit longer to roll out and through than we had hoped.

***C. Consumer Leadership Development training, supervision, and opportunities through Participation Station, a NAMI Lexington program open to consumers of the Board's services.***

- Continued to utilize Participation Station as a recovery-oriented development center for new peer leadership. The Station continues to have educational tracks daily during the week augmented by multiple support groups and individual peer support. New consumer leaders evolve as others move on to opportunities outside of Participation Station. Individuals have moved on to independent living, new employment opportunities and even home ownership.
- Continued to support consumer leadership development. We continue to offer ongoing training and practice of basic recovery to practice skills such as managing burn-out and offering self-care in the form of discussing and recognizing compassion fatigue and setting appropriate limits and boundaries for peer specialists.
- Provide regular bi-monthly staff meeting and co-ordination with Leadership Team regarding recovery based programming at Participation Station (PS) Continual oversight of recovery education track development and implementation with Leadership Team (PS)
- Ongoing training with Leadership Team as requested – WRAP facilitator training for peer specialists – “supervision” type de-briefing/ management of issues for peer specialists
- Continue developing an outreach campaign targeting bluegrass.org therapists and case managers to get up to date info out regarding referral to PS for ongoing outpatient recovery programs including the new System Navigator service. We hope to utilize information gleaned from the bluegrass.org SPMI service evaluation to help guide us in these efforts. We continue to see increased numbers of referrals from bluegrass.org Outpatient Therapists and Case Managers, with Case Managers utilizing The Station as a meeting place with clients.





National Alliance on Mental Illness

**nami**

**Lexington**

**namilex.org**

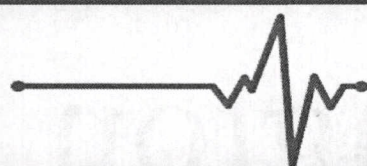
*"promoting recovery"*

# *Lifelines to our Community*

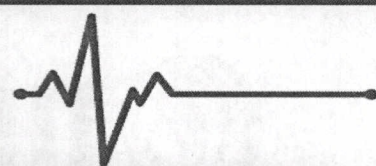


**2014 Annual Report**





# *On The Inside*



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# VITAL SIGNS

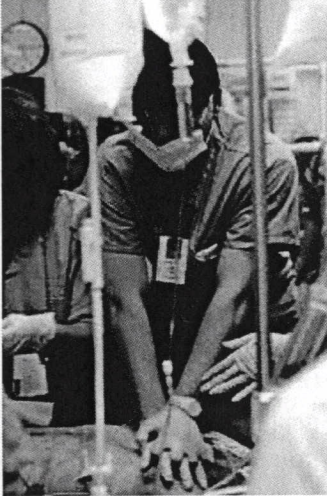
&

by Kelly Gunning



## LIFELINES TO HEALING

### Saving the Safety Net

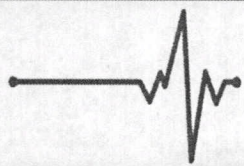


If we were clinically assessing our statewide Community Mental Health system, I am afraid we would be close to calling in Hospice and the clergy. There is a faint pulse and some of us still hold on to hope for meaningful change and work diligently and collaboratively to make that revitalization happen. We have been barely surviving on hit and miss supplemental 'life supports' to varying degrees for years now...chronically underfunded and gasping for the infusion of life sustaining funds and visionary transformation. The full frontal march to defund public mental health institutions began in earnest in the 1980s. Hospitals across this Nation have been closed at alarming rates and those that have survived are under increasing pressure to downsize and become court-ordered short term evaluation sites. Policymakers at every level must restore community mental health funding and rescue what system we have left after more than \$4.5 billion that has been cut, since 2009, from state mental health budgets. Much of community based service is now in the hands of Managed Care

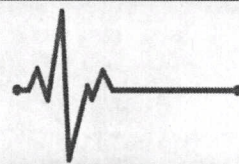
Insurance Companies, many for profit, and most community service providers have been forced through policy decisions to turn to said insurance reimbursement for funding. Thus, financial pressure subverts treatment based on a patient's needs; morphing, over time instead, into doing only what an insurance company, not a psychiatrist or skilled mental health professional, would deem "medically necessary" and reimburse only for the limited time it deems coverage appropriate. In many states, scarcely a skeleton is left of the former mental health care system; indeed in many states, there is scarcely any mental health care to be had. A public good has been sacrificed for private gain. As a nation and as individual states, we should acknowledge and change the nonsensical way in which we wait for a crisis before addressing mental health concerns. We historically are REACTIVE not PROACTIVE.

The time for the de-fibrillator is now. The time for the lifesaving intervention is now. We must continue working to change the focus from crisis care to crisis prevention interventions and recovery based services before recovery becomes elusive and unlikely. That means early identification, integrated care offered by professionals and peers in community settings and emergency help provided by trained mental health personnel in clinical settings, not by sheriffs, police and wardens in our jails and prisons reacting to tragedy. These upstream crisis prevention services are the things that NAMI Lexington strives to co-create and be a part of. We are consistently partnering with other stakeholders to create and maintain a crucial safety net of vital services that the 'system at large' has been forced to critically narrow, if not altogether abandon. Many times NAMI Families and Consumers are the lone voice of individuals LIVING the results of ill-conceived policy decisions based on dollars, not impact on individuals. Things like the new Mental Health Court and the two new Community Conversation groups are working in earnest to save vital services and improve linkage and intervention availability across various community entities. More and more Community service non-profit entities are providing more and more 'safety net' services on shoestring budgets and are forced continually to try to invigorate community funders to donate at a time, when more and more worthy causes emerge. Thank you to all of our partner agencies (you know who you are)...there would be no LifeLines and perhaps no signs of life at all if we didn't collectively continue to cooperate in bringing our causes to the forefront.





# *A Lifeline of Advocacy*



## **Taking Down the Wall**

### **LifeLines OUT of Recidivism and IN to Treatment Creating LifeLines to our Community Partners...**

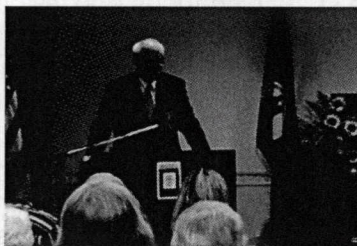
2014 has been an exciting year for NAMI Lexington and our success in advocating, facilitating and collaboration has achieved some impressive milestones.

The Fayette County "Take Down the Wall" decriminalization initiative has accomplished at least two of the three very important goals we established in our inaugural meeting in October 2012. We established the need for community collaboration and cross discipline conversation and problem solving around services for our Severely Mentally Ill (SMI) citizens who are caught in a cycle of recidivism.



#### **Creating a Forum for Community Networking and Problem Solving**

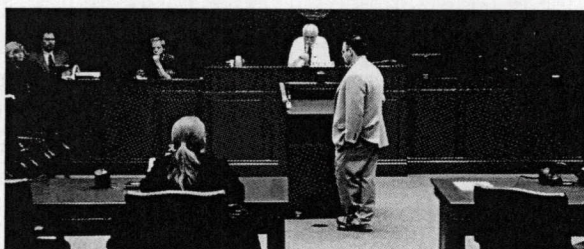
Meetings were focused on creating interdisciplinary relationships across the system of care. The goal was to collectively identify issues and co-create a community crisis response to the cycle of individuals who are falling through the cracks of the mental health, criminal justice and hospital systems. 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...such as a psychiatric emergency services destination or a one stop approach where all appropriate services are centralized for at risk individuals.



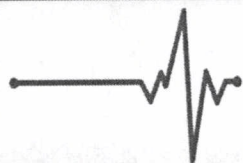
#### **Creating a Mental Health Court – Opening November 17, 2014:**

The specialty, therapeutic court would divert individuals

involved in misdemeanor offenses to a Mental Health Court which would insure that the individual was afforded access to a path of treatment and resources instead of going to jail. In Mental Health Court, the forum would exist, should we be successful in implementing court appointed specialty social workers which we advocated for with legislation during the 2014 legislative session through House Bill 221, brought by House Representative and Co-Chair of the House Health and Welfare Committee, Rep. Tom Burch. In the future as we look to some Assisted Outpatient Treatment (2014/Senate Bill 50) options for clients with recidivism issues and anosognosia, the Mental Health Court will be up and running and would be able to accommodate those cases as well, in Fayette County.







# *A Lifeline to Families*



## Family Services



NAMI Lexington's Family Services program was very busy in 2014! In 2011, we realized that most of our cries for help come from families in immediate crisis. Many cannot wait until our next Family to Family class begins. To better respond to these individuals, we instituted NAMI

Introductions; a weekly support and NAMI orientation group. In 2014 NAMI Introductions was offered every week and to date has had 144 contacts. In addition, our Family support groups were offered three times a month and have had 125 contacts!

We had 3 Family Workshops in 2014, and each relayed information on topics requested by our members. Jean Lafky presented on Co-Occurring

mental illness and highlighted the Double Trouble in Recovery 12-step program she worked to build. Paul Glaser, MD, PhD, a professor of Psychiatry, Neurology and Anatomy at UK presented on "The Good, the Bad and the Ugly" of psychiatric medications. Dr. Glaser used his extensive experience to relay information on new medications and the variety of types of psychotropic medications available today. He also bravely fielded questions from many members in attendance. Carlton Craig, Ph.D., professor at UK's Center on Trauma and Children, presented our last workshop on Cognitive Behavioral Therapy. He explained the purpose and uses of CBT and also answered questions by those in attendance. These workshops are presented as part of our Family Services team, but are open to and attended by all. If there's a topic you'd like to learn more about, please



**NAMI Lexington has offered  
THREE 12-week  
Family to Family classes for  
the 3rd consecutive year!**

### **Mental Health Presentations provided to the community:**

- University of KY social work classroom both in the Spring and Fall semester
  - Montessori High School
  - Good Sheppard Episcopal church
  - The staff at Lord's Legacy Organization
  - University of KY rehab counseling class.
- Created recording for Dr. Feist-Price

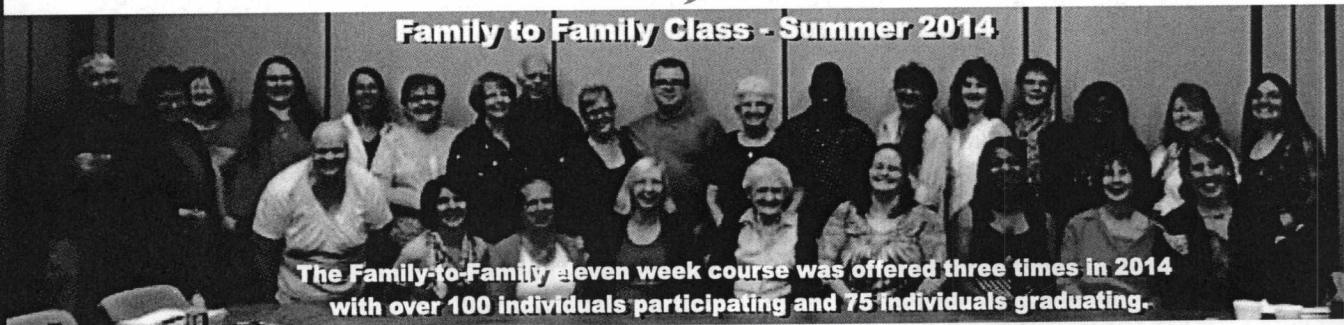
### **Comments from Family to Family Students**

"I feel like I am a better wife, mother, person as a result of this class. I am calmer, more understanding, more accepting and my relationships have improved considerably."

"Coming to this class was like comfort food for me and I don't feel like I wasted one minute!"

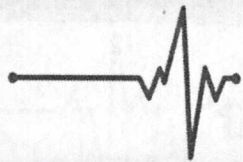
"I received a lot of clarification from the confusion and I am more at peace. I've learned how to handle episodes and

### **Family to Family Class - Summer 2014**

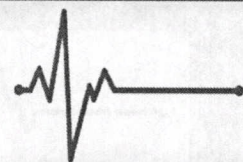


**The Family-to-Family eleven week course was offered three times in 2014 with over 100 individuals participating and 75 individuals graduating.**





# *A Lifeline to Consumers*



## Peer Services at Eastern State Hospital



Peer Specialist Team Providing In-patient Services at Eastern State Hospital NAMI Lexington has been at the fore front of

Peer Operated Services in the Bluegrass Region and across Kentucky. We have advocated tirelessly for the inclusion of Ky. Peer Specialists, as a vital provider of recovery oriented services in the hospital setting. We feel that one of the most important functions the peer role serves is to offer 'lived experience' and hope to those individuals experiencing hospitalization AND their families and supporters. We are proud to announce that we have been able to secure a contract for providing Peer Services on the units, in the Recovery Mall and during visitation at the hospital through cooperation and collaboration with the leadership team at UK HealthCare. We are so pleased to be a part of the progressive vision for improving outcomes and advancing the probability of out-patient recovery and access

to community levels of the continuum of care by establishing these important relationships in the hospital. We look forward to expanding these vital services to include more one to one peer counseling and utilizing peers from around the state to create "warm handoffs" back to their local service providers and resources.

**Special Thanks to the hardworking, dedicated and compassionate Kentucky Peer Specialists on NAMI Lexington's ESH Team**

**Rock Blackburn, KPS**

**Sarah Brumfield, KPS**

**Arneda Carmickle, KPS**

**Valerie Mudd, KPS**

**Kirk Reynolds, KPS**

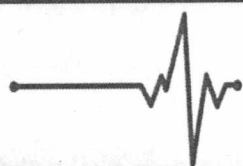
**Sherry Sexton, KPS**

**Bonnie Tracy, KPS**

### **Hospital -Community Partnership Meetings**

With the major transition of management of Eastern State Hospital to UK HealthCare, there were many changes. Along with many changes were many rumors, misunderstandings and outright confusion about how things worked. Initially, there was not a lot of good, reliable, factual, information out there. Through the decriminalization committee work that was going on there was a lot more conversation about the hospital's role in the entire community equation; especially as it was related to the issue of individuals not receiving care and the misunderstanding as to why that was happening. In July, it became apparent that we needed to open up lines of communication and work with the hospital to solve these complex questions. In cooperation with NAMI, the hospital management team graciously invited the community crisis managers and agencies to the table to begin drilling down into these areas of concern to forge solutions TOGETHER. This could be a huge game changing factor in the future of mental health care for the service area of Eastern State Hospital.





# *A Lifeline to Consumers*



## Participation Station and KYSTARS

### **Celebrating 5 Years of Participation Station this December!!**

An average of 410 participants every month (that is NOT unique visitors) in the first half of 2014 (we're still compiling for second half, of course).

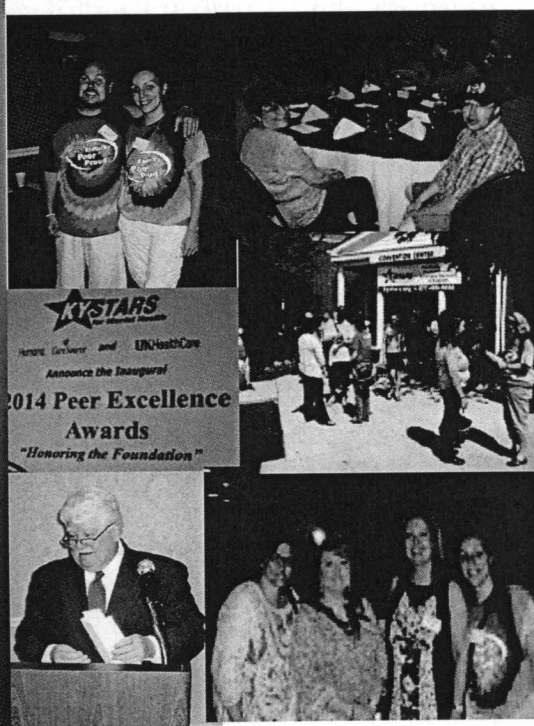
An average of 107 unique participants in the first half of 2014.

There is at least one support group offered 5 days of the week. Support groups averaged 7 members in the first half of 2014, and have grown to at least 10 in the second half of 2014.

Added Double Trouble in Recovery 2 years ago this month, a 12-step program for co-occurring mental illness and substance abuse, where they can talk about psychiatric medications and how mental illness affects their sobriety in an open, anonymous, supportive environment.

Added Emotions Anonymous this summer which is a 12-step program for individuals dealing with emotion regulation difficulties. It's average attendance has been 10 since the beginning and is increasing.

Participation Station has a "magic" quality about it because it is an open environment with no clinical expectations or clinical setting features. We ask your name, not your diagnosis, and help with whatever you want help with. If you're just looking for a safe place to make friends and hang out, we're that as well.



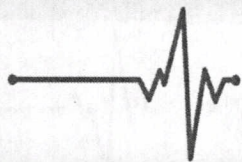
## **KYSTARS at Work**

In May 2014, we were proud to present the Bluegrass.org/ KYSTARS Kentucky Consumer Conference. The conference was a huge success and was attended by over 300 individuals from throughout the state. There were specific tracts for Kentucky Peer Specialists and for individual that work in a peer operated center.

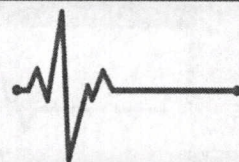
The evening before the conference, we hosted the first annual Kentucky Peer Excellence awards. This event was generously sponsored by Humana CareSource and UK Healthcare. It was a wonderful evening and awards were given to peer support pioneers from all 14 regions in the state. Molly Clouse, KPS received a statewide award for her long history of Consumer Leadership. This award will now be named the Molly Clouse Consumer Excellence Award.







# *A Lifeline to Our Community*



## NAMIWalks 2014



**Special Thanks to bluegrass.org -**

10 years as our Presenting Sponsor!

And Thank You everyone -

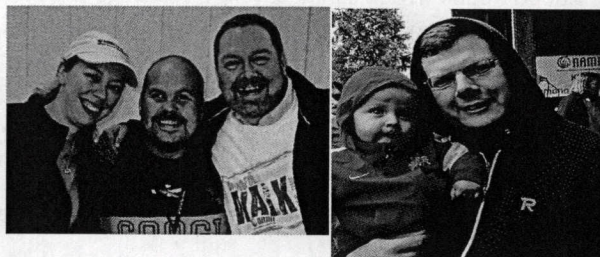
YOU helped us raise 69.2% of our total goal!

### **AWARD WINNERS:**



Corporate Team Fundraiser:

**Eastern State Hospital**



Top Fundraiser Team - Business:

***bluegrass.org***

Top Fundraiser Team - Non-business:

***NAMI Winchester***

**Teams Raising over \$500**

Eastern State Hospital Corporate  
Team \$ 4,771.56

Bluegrass.org - \$3,285

NAMI Winchester - \$1,585

Stoner Creek - \$1,485

Russell - \$1,375

Versailles UMC Faith Team - \$1,105

Participation Station- \$1,053.95

Ayden's Angels - \$1,050

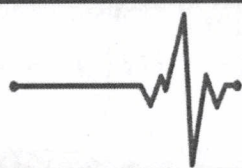
"..Awesome positive energy! Everyone was friendly, full of energy even though it was a chilly rainy day," reported one participant.

As one of our family members put it, "NAMIWalks does an

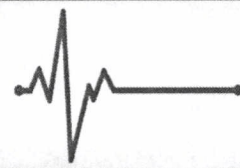
awesome job reducing the stigma around mental illness!"







# A Lifeline to Our Community



## MAC & Social Media



You are not alone in this Fight.....

The mission of the Multicultural Action Committee (MAC) is to reach out to the diverse populations in and around Lexington. The MAC Team advocates, educates and supports by partnering with community organizations and at faith-based events.

### 2014 MAC Highlights:

The MAC Team welcomes Evelyn Morton as the new MAC program coordinator this year. Evelyn's lived experience and her passion to network in her community have fueled a very successful outreach resulting in many new subscribers to the MAC Team listserv and volunteers to the team!

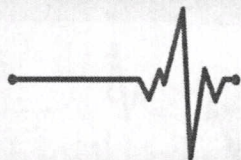
NAMI Lexington's MAC Team sponsored **"Battle of the Choirs"** at the **Lyric Theatre** in April. Numerous excellent Choirs competed for the favor of the Judges and the 350 people in attendance. Each and every performance was memorable and no one envied the job of the judges to pick any one choir over another! The event benefited Open Door House Ministries whose ministry is feeding the homeless and reaching out to families in the community

The MAC Team hosted the first Annual **Community Fun Day** event to celebrate Minority Mental Health Awareness month in July. The event, held at the **Charles Young Community Center**, was sponsored by **UK Health Care** and **Humana CareSource**. Over 300 in attendance enjoyed a free picnic lunch, music, team basketball, games, activities, and on-site vendors. Response was overwhelmingly positive with numerous comments that more "family-friendly" events were needed in the community and to please consider hosting a Community Fun Day again next year. Done - The NAMI Lexington MAC team is already planning next year's event!

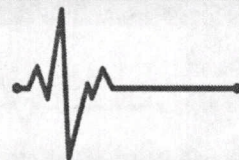
NAMI Lexington members have rarely had issues being social with one another. Dealing with mental illness together has been the driving force for all we do. We're translating some of that camaradery and information sharing to the digital world via multiple social media platforms – Facebook, Twitter, Instagram, and Pinterest. Tune in on "What is it Wednesdays" to learn key terminology we use. "Throwback Thursday" holds some jewels of photos of NAMI events past. Other features shared include event notifications, facts, studies, and even profiles of your favorite staff and volunteers.







# A Lifeline to All



## 2014 NAMI Lexington Events

***NAMI Lexington hosted, sponsored and participated in over 90 events in 2014! Take a look at the many ways NAMI Lexington has worked to provide advocacy, education and support promoting recovery in Mental Health.***

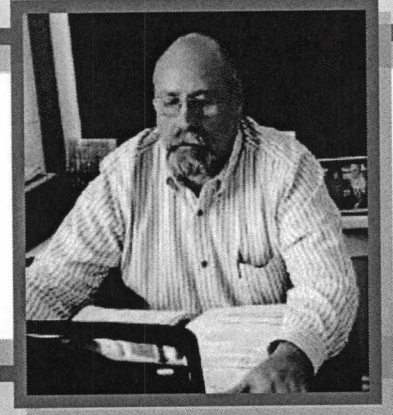
Annual New Year's Eve Party PS  
F2F Class Start  
Martin Luther King Day - MAC  
Mental Health First Aid Training  
874K Rally  
February Black History Month - MAC  
Valentines Day Party - PS  
NAMI Smarts  
NAMIKY Advocacy Day  
UK Social Work Class Presentation  
Presentation on ADD/ADHD  
CKRITT Transition Fair  
NAMI Workshop Dual Diagnosis and Treatment  
KY State Univ. presentation on Suicide in the Elderly  
Connections Support Group Facilitator Training  
KY Gives Day  
UK Alumni Association Virtual Networking  
NAMI UK Screening "Call Me Crazy"  
Battle of the Choirs - The Lyric - MAC  
Mental Health First Aid Training  
WAGS Autism Awareness NAMI UK  
May is Mental Health Awareness Month  
Mental Health Awareness Walk UK Campus  
Derby Party - PS  
Rebekah Cotton Presentation  
ADHD Overview with Dr. Swope NAMI UK  
NAMIWalks Information Meeting Natasha's  
Suicide Bereavement Discussion  
Recovery Across KY Panel  
Peer Awards Ceremony  
KYSTARS Consumer Conference  
MAC Bracktown Church Mental Health Event  
F2F Class Start  
UK Appreciation Day Vendor Booth  
Mental Health and Aging Training  
KET MH Court Interview Kelly w/ Renee Shaw  
Art in Unlikely Places Event  
NAMI Workshop Dr. Glaser Medications  
July is Minority Mental Health Month  
MAC Community Event Charles Young Center  
PS Car Wash  
NAMIKY Annual Conference

NAMIKY Conference  
Back to School Event  
Prof. Women Forum NAMIWalk Promotion  
Woodland Arts Festival  
International Overdose Awareness Day  
NAMIWalk Kick Off Event  
Faithway Church Event MAC  
UK Fusion  
Community Health Improvement Plan  
September is Recovery Month  
WRFL Radio Discussion on Suicidality MH Stigma  
NAMI National Convention  
Roots and Heritage Festival  
Suicide Prevention Walk  
National Suicide Prevention Week  
International Suicide Prevention Day  
F2F Class Start  
ScareFest  
Autism Walk  
KEMI Health Fair  
IOOV Presenter Training  
NAMIWalk Volunteer Meeting  
Mental Health Coalition  
Recovery Festival  
NAMI Workshop Dr. Craig on CBT  
Nuns on a Bus  
Mental Illness Awareness Week  
Candlelight Vigil  
Mental Health Court Ribbon Cutting Ceremony  
UK Depression Screening  
NAMI Walk  
Mental Health First Aid Training  
Family to Family Teacher Training  
UK Social Work Class Presentation  
Halloween Party at PS  
GoodGiving Guide Challenge  
NAMI Basic Teacher Training  
Compassion Fatigue Presentation  
KY Psych Rehab Association Strategic Planning  
PS Yard Sale for PS Walk Team  
NAMIFest @ BCTC for NASA Walk Team  
Mental Health Ministry - VUMC





*from the desk of  
our executive director*



**Thanks to YOU,** NAMI Lexington continues to expand Advocacy, Education, Support and Outreach – the cornerstones of our mission - **“Promoting Recovery”**. Embracing LifeLines to Wellness in our community requires a solution oriented focus. Our staff and programs continue to grow and develop. Interns, volunteers, and program participants continue to provide invaluable resources and “lived-experience” insight. Our Partners continue to Partner and we continue to increase the number of people we serve.

Working with groups of knowledgeable and compassionate individuals devoted to problem solving is inspirational. Identifying gaps, bottlenecks, and pockets of misunderstanding leads to creating solutions. Implementing solutions through collaboration provides hope and synergy that is invaluable. **We want to thank each and every one of you** for your individual contributions that together provide hope and inspiration for so many. Please enjoy our annual report - an illustration (not all-inclusive!) of NAMI Lexington’s current endeavors and a glimpse of the future.

## 2014 NAMI-Lexington

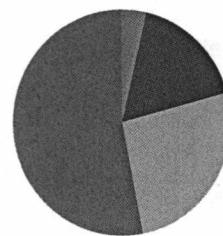
### SUPPORT and REVENUE

Contributions, membership	\$19,100
Fundraising and In-Kind services	\$86,166
Grants	\$131,475
Program Service Reimbursements	\$265,891
	<b>\$502,632</b>

### EXPENSES

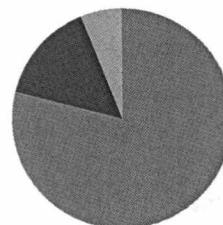
Program Services	\$390,232
General and Administrative	\$73,707
Fundraising	\$29,288
	<b>\$493,227</b>

### SUPPORT and REVENUE



- Contributions, membership
- Fundraising and In-Kind services
- Grants

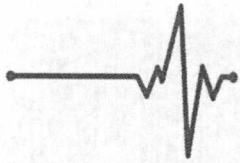
### EXPENSES



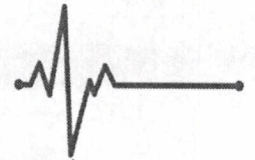
- Program Services
- General and Administrative
- Fundraising

Detailed Financial Reports are available at [www.namilex.org](http://www.namilex.org)





## ***2014 Paid NAMI Memberships***



Cheryl Anness	Susan Frank	Jackie Lesperance	Helmut Schumacher
Richard Arnold	Kelly Fyffe	Madeleine Loeffler	Dale Segress
Julie Ash-Beach	Linda Garth	Nathan Maldonado	Sherry Sexton
April Bach	Christen Gatton-Stinnett	Tondelayo Maldonado	Arthur Shechet
Kathryn Bailey	Dana Gilliland	Olivia McCoy	Larry Souder
Calvin Banks	Daniel Gray	Tamara McNabb	Donald Soule
Susan Bean	Phillip & Kelly Gunning	Lisa Miller	John Soule
Michael Beard	James Haggie	Shanta Mitchell	Kaitlyn S Stephens
Shanta Brooks	Ty Hall	Betty Morton	Kimberly Stevens
Gina Burns	David Hanna	Bonita Morton	Steve Stone
Kathy Burrell	Lawrence and Jeanne Harris	Evelyn Morton	Terrie Tate
Dan Cahalan	Barbara Harvey	Faye Morton	Carol Teague
Arnedo Carmickle	Terri Hazelwood	Julie Neace	Marcie Timmerman
Julie Caudill	Connie Hendricks	Mary Neill	Vanessa Tirabassi
Tom Colceri	Marion Hitt	Iona Noger	Jolinda Todd
Bonnie Collins	Alma Holliday	Richard and Sherry Owen	Virginia Trueblood
Carolyn Colliver	Adrain Holloway	Kelly Patierno	Audrey Tusie
Mary Craycraft	Timothy Houchin	Maurice Pickett	Theresa Walton
Patricia Creighton	Vickie House	Ryan Quarels	Linda Wardle
Jennifer Curtis	Dietrich Hubbard	Barbara Rainey	Priscilla Wells
Steven Dieterich	Bonnie Huddleston	Leslie Reed	Roberta White
Lula Drewes	Ella Hunter	Sean Reilley	Martha Wiedemann
Terri Edwards	Tracy Jacobson	Brenda Rice	Carolyn Wilkinson
Deborah Eggum	Brandi Johnson	John Richards	Melinda Wirkus
Reg Elliott	Waltr Lane	Sandy Richards	Jeanie Wolfson
Judy Erdman	Greg Lavy	Douglas Rigsby	Mary Woolley
Robert Faesy	Arnedo Lawson	Lucille Risner	Steve Zessin

### ***Donations were received in Honor of:***

Debra Jean Robinson  
Lois Wortman  
Franklin Thompson  
Katherine Wilder  
Tony Noger

### ***Donations were received in Memory of:***

J. Logan Backer  
Jackie Frazier  
Esther Jacobson  
Colleen O'Reilly  
Michael Copley  
Virginia Gift  
Terry Miles  
Matthew Taylor  
David Webb

## **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; (including demographics, charges, prior criminal history, diagnosis)
- 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
- 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.