Kentucky Judicial Commission on

MENTAL HEALTH

Town Hall Report 2024

Town Hall Report

Commission Formation

On August 11, 2022, by Supreme Court Order 2022-42, the Kentucky Judicial Commission on Mental Health (KJCMH) was established. The KJCMH is charged with exploring, recommending, and implementing transformational changes to improve systemwide responses to justice-involved individuals experiencing mental health needs, substance use, and/or intellectual and developmental disabilities (IDD). The commission will take into consideration the vision, values, and goals of a multi-year assessment to enhance the practice, quality, and timeliness of the judicial response to cases involving these needs.

Commission Members

The commission membership is composed of appointed representatives from the judicial and legal communities; the juvenile, criminal, and child protection systems; the legislature; the business community; organizations with a substantial interest in behavioral health and intellectual or developmental disabilities matters; and other state and local leaders who have demonstrated a commitment to these issues affecting Kentuckians.

London Town Hall: September 27, 2023.
Left to Right-
Senator Brandon Storm, District 21
Oscar Gayle House, Chief Circuit Judge, 41st Judicial Circuit, Division 1
Gregory Lay, Chief Regional Circuit Court Judge, 27th Judicial Circuit, Division 1
Lucas Joyner, Family Court Judge, 27th Judicial Circuit, Division 4
John Paul Chappell, Chief District Judge, 27th Judicial District, Division 2
Henria Bailey-Lewis, Vice Chief Regional District Judge, 41st Judicial District, Division 2
Cathy Prewitt, Chief District Judge, 34th Judicial District, Division 1
Debra Hembree Lambert, Deputy Chief Justice, 3rd Supreme Court District

Town Hall Meetings

The Kentucky Judicial Commission on Mental Health hosted nine town hall meetings between August and November 2023. The town hall meetings were held to garner input from individuals who have lived experience within the judicial and behavioral health and/or intellectual and developmental service delivery systems. Attendees were asked to share experiences spanning judicial and behavioral health systems: interactions with law enforcement and first responders; sentencing and diversion; reentry; and community support structures. The following lists the locations and attendees for each event:*

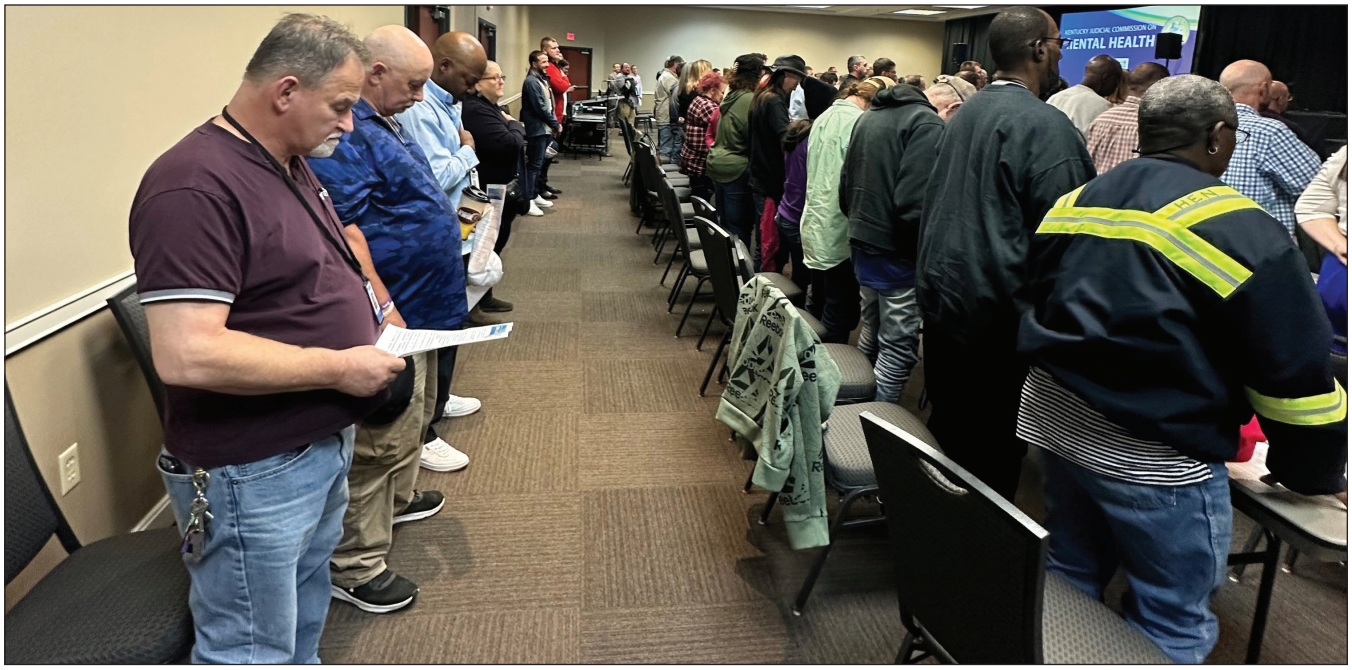
Town Hall Structure

Each town hall session was conducted with the support of the Kentucky Bar Association, which already had a series of events planned across the state and allowed the KJCMH to use equipment and venues for the town halls. At the beginning of the session, a panel of KJCMH members and staff opened the session by explaining the purpose of the commission and the town halls. The floor was then opened for participants to step forward to share their experiences. After a participant shared their story, the panel responded with follow-up questions and, when appropriate, suggestions for resources. The Department for Behavioral Health, Developmental and

Owensboro, August 30, 2023 (130 attendees)
Covington, September 6, 2023 (70 attendees)
Ashland, September 13, 2023, (71 attendees)
London, September 27, 2023 (105 attendees)
Lexington, October 11, 2023 (142 attendees)
Paducah, October 25, 2023 (110 attendees)
Louisville, November 8, 2023 (96 attendees)
Pikeville, November 15, 2023 (190 attendees)
Bowling Green, November 29, 2023 (116 attendees)

In total, over 1,000 individuals from across the state of Kentucky attended the town hall meetings to share their experiences and hear stories from individuals with lived experience.

**Note: Attendee number is approximate, based on head count.*



Intellectual Disabilities partnered with crisis staff from local community mental health centers to meet with individuals who needed support at any time during the town hall sessions. In addition to speaking publicly, all participants also had the opportunity to share their stories through a survey that was distributed physically and electronically through a QR code displayed throughout the town hall session. Copies of the survey were offered in Spanish and English. Each town hall also had sign language interpretation. The information from this report was gathered from a combination of in-person feedback, physical surveys, and electronic surveys.

Survey Structure

The surveys that were distributed to participants at the town halls began by asking the participants whether they had lived experience with mental illness, substance use, and/or intellectual and developmental disabilities or whether they were speaking on behalf of someone who had lived experience. The remaining questions focused on the individual with lived experience. The survey questions are included as Appendix A at the end of this report. Questions covered the following topics:

- Systems in which the person with lived experience interacted
- Ratings of those systems
- Suggested changes that would improve their ratings
- Demographic questions regarding participant age, race, and gender

The survey's final question was a free-text answer field, which encouraged the participant to share the story of the person with lived experience. Ninety-seven (n=97, 35.1%) individuals shared using this method.

Survey Response

A total of 276 survey responses were received over the nine town hall sessions. While a precise response rate is impossible to identify accurately due to the possibility of duplicate survey respondents and town hall participants, this is an approximate response rate of 25%. In other words, roughly one in every four town hall attendees chose to submit a survey response, either physically or electronically.

Survey Participant Breakdown

Survey participants were initially asked whether they were a person with lived experience or if they were responding on behalf of a family member or friend with lived experience. There was also an option to choose "other" and submit a custom answer in a free-text field. Participants used the "other" field almost exclusively for three purposes: to indicate that they fell into both listed options, to indicate that they were a system professional reporting on their experiences from the system side, or both above.

Response Options	Percentage of Participants
I am a person with lived experience	24% (n = 67)
I am family or friend to a person with lived experience	27% (n = 74)
Other:	
System Professional	22% (n = 60)
Has lived experience and is family/friends to someone with lived experience	12% (n = 32)
Has lived experience and is a system professional	2% (n = 5)
Is family or friends to someone with lived experience and is a system professional	6% (n = 16)
Has lived experience, is family/friends to someone with lived experience, and is a system professional	5% (n = 14)
Declined to answer	3% (n = 8)

This sample provided an array of perspectives from those impacted and professionals within the judicial, behavioral health, and/or intellectual and developmental disability systems. While some participants provided the specific type of system professional (e.g., criminal/legal system, behavioral health provider), it was not collected formally as part of the questions, and so the representativeness of the professional sample is unknown.

Survey Subject Demographics

Survey participants were asked to provide the age range, gender, and race/ethnicity of the individual. For the purposes of this report, the individual is defined as the participant themselves if they had lived experience, or their friend, family member, or client if the participant was reporting on another's lived experience.

Age

Survey participants could indicate the individual's age range from four options: under 18, 18-24, 25-55, and 55+. The largest group, comprising almost two out of every three individuals, was in the 25-55 range (63%). The second largest group was the transition-age youth population between the ages of 18-24 (17%), and the third was the youth population under 18 (13%).

Gender

Survey participants could indicate the gender of the individual with options for man, woman, nonbinary, prefer not to say, or other. The representation across males (45%) and females (44%) was equivalent. No individual survey contained nonbinary identification, however the remaining 11% consisted mostly of system professionals indicating they worked with clients of all genders or preferred not to say.

Race/Ethnicity

Survey participants could indicate the race and ethnicity of the individual from a number of options as well as indicating they would prefer not to say or entering their own option not on the list. The results are displayed in the below table.

The majority of the responses in the "other" category were system professionals indicating that they worked with clients from every racial and ethnic group.

In a report published on the Kentucky Court of Justice website by the Administrative Office of the Courts Department of Research and Statistics, the arrest rate of pretrial defendants by race is approximately 16% Black or African American and 4% Hispanic or Latine. Based on the proportion of Kentuckians arrested by race and ethnicity, Black or African American individuals, as well as Hispanic or Latine individuals, were underrepresented in survey responses.

Race/Ethnicity	Percentage of Participants
American Indian or Alaskan Native	0%
Asian	1%
Black or African American	8%
Hawaiian or Pacific Islander	0%
Hispanic or Latine	<1%
Multiracial	3%
White	71%
Prefer Not to Say	3%
Other	5%
Declined to Answer	8%

System Interactions

Survey participants were asked to share which systems the individual with lived experience interacted with during their experience with mental illness, substance use, and/or intellectual and developmental disabilities. Many systems were included, from the first contact with the justice system to treatment, from prison to reentry. Participants could select as many systems as the individual had encountered. As such, the data below presents the percentage of the total number of surveyed individuals who encountered each system.

System Ratings

After asking which systems each person interacted with, the survey then asked participants to share a rating for the person's system interactions on a scale of one (1) "very unacceptable" to five (5) "very acceptable." One rating was broadly applied for all system interactions; participants were not asked to rate systems individually.

The mean (average) score was 3.17, a neutral rating. The median (middle number) score was 3, also neutral and close to the average. The mode (most common) score was also

System	Percent of Town Hall Survey Respondents
Outpatient services	83%
Inpatient services	66%
Courtroom, virtual hearing	58%
Jail, detention, prison	55%
Police, EMS, or other first responder	53%
911 call, crisis line	43%
Diversion program, alternative sentencing, probation	42%
Specialty Courts	33%
Pretrial Services	32%
Reentry, parole	30%
Out-of-home placement, foster care	24%
Court Designated Worker	21%
Guardianship	20%

3. Overall, the ratings point to a view of the system which is balanced between acceptable and unacceptable. These sentiments are reflected more clearly in the subsequent question.

Stories and Experiences

Top Five Themes

The final section of the survey asked participants to share the story or experience of the person in a free-text field. The themes and observations pulled from these submissions were also combined with those from the individuals who chose to share their stories at the live events. The number of mentions of each theme were counted to identify which themes were the most popular among participants. Some themes also had sub-themes or recurring suggestions which were also documented. This section of the report combines the themes with related system improvements which were recommended by survey participants. Some recommended system improvements were relevant across all themes. Foremost among these is the recommendation to incorporate more voices with lived experience at all levels of the process. While the town halls themselves were an intentional step in this direction, continued improvement in creating opportunities for individuals with lived experience to provide input was a common theme across many of the suggestions that emerged from the stories and experiences.

Gaps in Adult Community Based Care

The most common theme related to gaps in the behavioral health continuum of care for justice-involved adults in community based treatment, with 111 mentions. Individuals noted that these gaps contribute to challenges in complying with court requirements and maintaining stability to complete other court-ordered activities. Some individuals noted that it was a judge who gave them their first introduction to treatment, while others noted that they were sent to treatment as a condition of bond or diversion but that the expectation of how quickly they would complete, what else they could do while in treatment (i.e. work or parenting), and inability to access treatment for one condition due to also dealing with another (co-occurring disorders) resulted in unavoidable, repeated sanctions or termination. Sub-themes included:

- Lack of crisis care
- Intensive outpatient programming
- Long-term specialized treatment

Also mentioned were inexperienced and/or undertrained staff and staff shortages, as well as the need for collaboration between behavioral health care providers and with court supervision, and barriers to access. Barriers noted that impede access to services include lack of transportation, insurance, personal identification, and instability related to the needs of daily living. Recommendations made to improve the issues included the development of specialized facilities, the provision of additional funding for agencies to expand services to hire and retain high quality staff, and the increased availability of transportation services.

Gaps in Youth Community Based Care

The second most common theme, similar to the first, focused on the behavioral health continuum of care for justice-involved youth, with 72 mentions. Sub-themes included:

- Barriers to juvenile hospitalization
- Need for more behavioral health services in schools
- Curricula to promote mental health literacy
- Need for specialized services to address trauma and grief among youth

Twenty-two (22) different accounts specifically mentioned the complications that arise from youth with dual involvement (often referred to as crossover youth) who have open cases in both the juvenile justice and

child welfare systems simultaneously. System improvements recommended for this theme included expanding the number of locations providing specialized treatment, such as trauma therapy, for youth and increasing interagency collaboration to better serve crossover youth.

Behavioral Health Treatment in Detention Facilities

The next most common theme, mentioned across 60 stories and experiences, focused on treating individuals with behavioral health needs in detention facilities. Sub-themes included:

- Medication access
- Staff shortages
- Need for training
- Reentry planning

Medication access while in custody was credited with improved facility safety as well as improved stabilization and outcomes for those experiencing incarceration. System improvement recommendations included reducing stigma and focusing on a restorative rather than a punitive system, improved reentry programs, and the ability to access beneficial treatment programs without going through the jail system first.

Sentencing and Diversion

The fourth most common theme was sentencing and diversion, reflected in 57 accounts. Across these stories, multiple opportunities for system improvements emerged. Those include:

- More programs statewide/diversion accessibility
- Unrealistic expectations of bond, probation, or diversion sentences
- Collaboration between treatment providers and court supervision staff
- Better understanding among eligible individuals on diversion programming options, program components and requirements

Comparable to recommendations to improve community based levels of care, participants noted that improving access to treatment through diversion options and improving communication between treatment programs and court staff would have contributed to better outcomes when they were justice-involved. It was also noted that more thorough explanations of programming, including requirements and sanctions, would have potentially changed outcomes for some who did not pursue diversion or were sanctioned/terminated when they were doing what they felt was their best.

Involuntary Commitment of Adults

The final of the top five most common themes related to Kentucky Revised Statutes (KRS) Chapter 202A and the involuntary hospitalization process for adults. Forty-one (41) individuals brought up this theme in their stories. Sub-themes included:

- Barriers to admission
- Lack of alternative levels of care to serve individuals in crisis
- Solutions needed for after-hours petitions
- Solutions needed for follow-up with petitioners
- Length of stay concerns
- Clearly outlining discharge criteria to focus on individualized stability requirements to return to the community.

Additional Themes

In addition to the top five themes mentioned in the previous section, nine (9) other themes emerged from the stories and experiences provided during the town halls.

Inpatient treatment for people with substance use disorder was part of 31 shares. Restrictive admission criteria, abbreviated length of stay and poor discharge planning were noted as barriers. Facilities that serve clients noted reimbursement rates and interpretation of insurance standards of level of care as barriers to serving individuals in need. One proposed system improvement related to this theme was to provide access to resources without requiring jail or court.

Peer support and case management services were noted as possible solutions to many of the above themes. Twenty-six (26) individuals mentioned one or both services during their stories, noting their availability in recovery centers, as Alternative Sentencing Workers with Department of Public Advocacy, probation, and others. Increased funding for these types of beneficial services was mentioned among the system improvements recommended by survey participants.

Stigma was noted in 26 stories and is credited for lack of resources, delay in sentencing to treatment and diversion, and lack of accommodations for disabilities. Reducing the stigma around mental illness, substance use, and/or intellectual and developmental disabilities was a common recommendation for system improvement, as well as pushing for the system to be more restorative rather than punitive in its approach to serving these individuals.

Lack of housing was noted in 25 reports. Subthemes indicated a shortage of affordable housing, recovery housing, specialized long-term supportive housing, and flexible, temporary options for periods of transition. Increased funding to directly provide assistance to those with lived experience was a recommended system improvement.

The other major theme presented was **law enforcement and first responders**. A main

subtheme was the value of Crisis Intervention Team (CIT) Training for officers and the availability of naloxone for opioid overdoses. Participants shared their perceived value for soft response options (i.e., responding officers not using lights and sirens), utilization of CIT reports/contacts to inform decisions on future calls for service, and having social workers or behavioral health specialists on first responder teams. Interagency collaboration can lead to the formation of these teams, which is one of the suggested system improvements.

Additional themes mentioned included a need for better information and understanding about the court system, autistic people, guardianship, and aging caregivers. Specific challenges and resulting inequities for individuals who are deaf or hard of hearing were also described across the criminal/legal continuum. These fall under the system improvement category of targeted services for specific populations, including individuals with intellectual and developmental disabilities.

Observations and Conclusions

Overall, the response to the KJCMH Town Halls resulted in several common suggestions. The individuals who submitted town hall surveys consisted of a mixed group of men and women, predominantly white, and largely adults aged 25-55 or younger. These individuals encountered several systems with both outpatient and inpatient treatment and largely rated those systems as neutral with respect to acceptability.

One opportunity for improvement includes the engagement of those who were under-represented during the Town Hall events. For example, participants of Hispanic or Latine descent made up less than 1% of the total responses but make up 4% of Kentucky's state population as well as 4% of the arrested population based on pretrial data. The turnout for Black participants was consistent with the state population numbers (8%). One of the recommendations for system improvement was the intentional inclusion of racially diverse voices with lived experience at the table. This should certainly be inclusive of those who belong to marginalized groups, whose experiences of the system have unique nuances to consider and, as some participants shared, are disproportionately negative compared to the majority population. In the future, focused outreach to cultural brokers for under-represented groups can help ensure their voice is included. Another opportunity to increase participation in future town halls would be the inclusion of fully virtual or hybrid format town halls to allow participation by individuals who cannot attend in person.

A deeper dive into the number of participants who completed the survey

with mental health, substance use disorder, and/or intellectual and/or developmental disability who experienced various aspects of the criminal/legal system also points to some interesting observations. Outpatient services served four out of every five participants who responded to the survey, and two out of every three accessed inpatient services. While not every participant who received outpatient services also received inpatient services and vice versa, many participants who completed the survey likely received both. One in every two participants who responded to the survey had been incarcerated, while only one in three received reentry services; this suggests that not everyone who is incarcerated receives support or services when reintegrating into the community.

The themes that emerged across all the surveys and live comments were common barriers faced by individuals with mental illness, substance use, and/or intellectual and developmental disabilities. These barriers included the need for affordable housing for those with lived experience as well as recovery housing and other more specialized placements; an expansion of community treatment options for specialized needs as well as a general increase in the level of experience and competency of treatment providers; the aging population of caregivers; the lack of transportation to and from treatment or other system obligations or resources; and treatment quality, among other topics. Individuals shared how barriers resulting from social determinants of health contributed to sanctions or termination from bond and diversion, as well as new charges following an increase in mental health symptoms and/or a return to substance use.

Several recommendations also emerged from the surveys and the town hall discussions. These recommendations varied across many topics including the expansion of resources available to justice-involved individuals, reduction of public stigma, intentionally including the voices of individuals with lived experience, and many others. The recommendations included systemic solutions, such as increasing funding for agencies or service providers, changing criminal/legal policies and practices, and expanding staffing and training for the workforce in these systems. Individuals with lived experience shared how treatment and diversion programs interrupted the cycle of judicial involvement and decreased recidivism, some noting decades of behavioral health disorders and judicial involvement finally ending in stability, employment, and advocacy. These individuals shared gratitude for the opportunity to share their story and that of those they knew in recovery, advocating for more diversion opportunities and collaboration between the justice system and community partners to enhance accessibility to life-changing opportunities for people living with mental illness, substance use, and/or intellectual and developmental disabilities.

Debra Hembree Lambert, Deputy Chief Justice, 3rd Supreme Court District and Chair of the Kentucky Judicial Commission on Mental Health

KENTUCKY JUDICIAL COMMISSION ON
MENTAL HEALTH

1. Please identify your current experience or connection to mental illness, substance use disorder, or intellectual or developmental disability:

☐ I have experienced mental illness, substance use disorder and/or intellectual or developmental disabilities

☐ I am the family or friend of someone who has experienced mental illness, substance use disorder and/or intellectual or developmental disabilities

☐ Other: _____

2. What systems have the person with experience interacted with? Please select all that apply.

- ☐ Outpatient services (medication management, counseling, group therapy, peer support, etc.)
- ☐ Inpatient services (residential, hospitalization)
- ☐ 911 call, crisis line
- ☐ Police, EMS, or other first responder
- ☐ Courtroom, virtual court hearing
- ☐ Pretrial Services
- ☐ Specialty Courts (Drug Court, Mental Health Court, Veteran's Treatment Court)
- ☐ Court Designated Worker
- ☐ Diversion program, alternative sentencing, probation
- ☐ Jail/detention/prison
- ☐ Out of home placement/foster care
- ☐ Guardianship
- ☐ Re-entry/parole

3. How would you rate the interaction(s) with the systems referenced above? Please rate your answer on scale of 1 to 5, with 5 being very acceptable and 1 being very unacceptable. _____

4. What change could have happened in order to raise your rating? _____

_____

5. Please circle the age of the person with the experience at their time of interaction with the system:

Under 18 18 - 24 25 – 55 56+

6. Please circle the race/ethnicity which best describes the person with experience:

Hispanic/Latine White Black/African American Asian Multiracial American Indian/Alaskan Native Hawaiian/Pacific Islander Prefer Not to Say

7. Please circle which gender best describes the person with experience:

Woman Man Non-Binary Prefer Not to Say Other _____

8. Participants are encouraged to share their experience publicly during the town hall meeting. However, if this is not comfortable for you, we welcome you to share your experiences in the space provided below. You may also email your response to this question to JCMH@kycourts.net.

If you prefer to complete this form electronically, please scan the QR code below.

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