



CASEY'S LAW

INSTRUCTION MANUAL

The Matthew "Casey" Wethington act for substance
abuse intervention

History and Purpose

Casey's Story

Casey was an energetic young man who enjoyed life until it was “taken” by drugs. As a boy, he participated in a variety of sports such as soccer, baseball, basketball, and wrestling. He enjoyed collecting baseball cards, playing video games, playing the guitar, riding bikes, and skateboarding. All of that changed when he “didn’t know” what he liked to do to have fun anymore and turned to drugs.

Casey's middle-class upbringing did not matter in the least when it came to the disease of addiction. Casey never intended to become addicted to drugs when he used the first time. What he did not realize was that his using would progress from abusing to dependence and then to the disease of addiction.

Casey's early drug use caused his development to be arrested at the age of 14 or 15. Regardless of that fact, and the fact that he suffered from an ultimately fatal disease, he was expected to respond as a normal, healthy young adult and choose treatment for himself. Parental intervention was discouraged and denied. Now it is too late for Casey but because of him, there is hope for others who suffer from addiction.

It is your responsibility to help change the stigma attached to addiction and be a part of the solution!

Why?

Casey's Law provides a means of intervening with someone who is unable to recognize his/her need for treatment due to their impairment. This law will allow parents, relatives, and/or friends to petition the court for treatment on behalf of the person who has a substance use disorder. The intent of Casey's Law is to allow families and friends to intervene for treatment prior to their loved one's involvement with the legal system, accumulation of felonies, and most importantly their death.

“Every effort to intervene on his disease was stymied because he was over the age of 18 and was not in the criminal justice system. I was told that “he has to want to, lose enough, and hit bottom”. That is contrary to the best practices for treatment of any other chronic, progressive, potentially fatal disease. With other diseases, we know that the sooner the disease is recognized, the longer it's treated, the better the chances for recovery.”

- CHARLOTTE WETHINGTON

Charlotte's Journey Through Casey's Law

After Casey's Law was passed in July of 2004, his mother Charlotte persevered in the fight against heroin. She is a true leader in advocating recovery and has provided a light at the end of the tunnel for so many. Charlotte helped establish a grief support group called PEACE that comforts other families who have lost their loved ones. She also hosts a monthly cable show, “Guide to Feeling Better”, which works to dispel myths and misconceptions about mental health and substance abuse disorders.

Charlotte and her husband Jim have restored Casey's 1967 Volkswagen Kombi Bus with the intention of providing the life-saving drug Narcan (Naloxone) and other invaluable resources throughout Northern Kentucky.

Charlotte worked for a decade as a recovery advocate for Transitions, Inc. and continues to serve in the many capacities related to recovery advocacy—including speaking at every opportunity about the disease of addiction. She does this in hope of raising awareness and inspiring others to advocacy. Her unfaltering efforts and Casey's Law itself have already saved so many lives, providing a hopeful option for those personally suffering from addiction as well as their loved ones.

OVERVIEW

Casey's Law

Casey's Law is a legal proceeding which results in a court order for involuntary treatment for a substance use disorder, regardless of the substance. Please read instructions fully, as outlined in section, STEPS IN THE PROCESS, before beginning the Casey's Law process. The process has multiple steps and requires the following:

1. It is advised that the Petitioner book appointments with the two professional evaluators prior to filing petition 700A. Attach the appointment dates, times, and provider information to the petition.
2. File the Casey's Law petition. Upon approval from the judge, the clerk will complete a summons containing the names and addresses of the QHP (Qualified Health Professional) along with the dates and times of the scheduled appointments.
3. The Sheriff will serve the Respondent with the summons. Once the Respondent is served, their failure to cooperate and attend the evaluations, court date, or treatment program may result in contempt of court.
4. Petitioner must attend evaluation appointments and obtain the completed Certification/Evaluations.
5. Return completed Certification/Evaluations to the County Clerk's office within 24 hours. This is required by law. Failure to do so could result in a dismissal of the case.
6. It is the responsibility of the Petitioner, not the court, to secure a treatment program for the Respondent to attend. Once Petition is filed, petitioner must locate treatment and have bed or placement available for court date.
7. Petitioner and Respondent will be required to attend court on a specified date.
8. Once treatment is ordered, it is the responsibility of the Petitioner to keep the court informed of any changes in the status of the Respondent.

Note: Some steps in the Casey's Law procedure may vary by county.

Casey's Law Training Disclaimer

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Definitions

Petitioner: A parent, relative, or friend, filing the paperwork requesting involuntary drug/alcohol treatment for a loved one.

Respondent: The person in need of involuntary substance use/alcohol treatment.

Petition: The formal legal application and paperwork for Casey's Law.

QHP: Stands for Qualified Health Professional and refers to the professionally certified individuals required to complete the Casey's Law certification forms.

Certification: Legal forms (evaluations) that must be completed by the QHP. Each professional must sign their form and have it notarized. The signed form MUST be returned to the clerk's office within 24 hours of its completion and no later than 24 hours before the hearing date.

Clerks: County Circuit Court Clerks

SCREENING

Casey's Law Comprehensive Screening Questionnaire

NOTE: To facilitate completion of petition Form 700A and in the event a questionnaire is requested by the evaluators, it is suggested this additional form, CASEY'S LAW COMPREHENSIVE SCREENING QUESTIONNAIRE, be completed prior. It will allow the Petitioner time to gather pertinent information and have readily available.

RECOMMENDATION: Make copies of all forms from this point forward to be retained in a permanent file!

Purpose:

- Information will help determine if Casey's Law is a viable option.
- Pending criminal charges will take precedence.
- Are there children involved? Arrangements can be made for their care.
- Does the respondent have an open case with Child Protective Services?
- Previous treatment may help determine the current treatment considerations.
- Withdrawal management/Detox may need to be considered.
- Polysubstance use is something to consider when looking for treatment.
- Casey's Law is not a viable option for juveniles.

Date _____

Petitioner's Name _____

Phone Numbers: Home _____ Mobile _____ Text ☐ Yes ☐ No

Relationship to person being petitioned _____

County where petition will be filed _____

Payment options - insurance, cash, or assistance needed _____

Person's name being petitioned (Respondent) _____

Age _____ Birth Date _____

Respondent's address or homeless _____

Is person in jail? ☐ Yes ☐ No If so, where? _____

What drugs are being used? _____

Is person detoxed? _____

Previous rehabs _____

Overdoses, if any _____

Hospitalizations _____

Hep C or other medical conditions _____

Marital Status _____ Pregnant ☐ Yes ☐ No

Children/Custody _____

INSTRUCTIONS

Petition Form 700A

NOTE: Two evaluations (certifications) are required before you have a court hearing. Scheduling the two appointments BEFORE filing the petition is highly recommended. This helps the court determine the court date for which the Respondent will be required to appear. It is advisable to provide the evaluators a copy of the completed Petition FORM 700A.

Overview

- Petition will be filed with the circuit court clerk in the county where the person with the substance use disorder resides.
- The clerk's office can provide a blank Casey's Law Petition, or one may be obtained online at link provided above. It is advisable to obtain a form and complete prior to appearing at the office. This allows ample time to fully complete the form and gather pertinent information that will provide convincing evidence for the judge to order the evaluations. (It will be helpful to refer to the completed CASEY'S LAW COMPREHENSIVE SCREENING form)
- Once the form is complete bring the names, address, and phone numbers of the two evaluators, appointment dates, and times to County Clerk's Office when filing the petition.
- The completed Form 700A should be signed in the clerk's office so the Petitioner's signature can be witnessed. It is required for every blank line to be completed.

Completing the form 700A

1. Respondent's name and address: must provide an address where the summons can be delivered or at least the last known address.
2. Line item 1, Petitioner: Complete name and address for person filing this petition. For relationship check only one box.
3. Line item 2, Other persons: This is a request for other relatives' information. Just complete what is known.
4. Line item 3, Reason for filing the petition: It is very important the Petitioner provide detailed history, any recent and relevant facts, attaching copies of court or medical documentation if available about the Respondent's addiction problems. This information can be noted on a separate piece of paper and attached to the petition when it is filed. Examples: attempts at all previous treatment, episodes of overdose or hospitalizations for drug related health issues, any mental health concerns, legal charges, years of usage, loss of employment and financial troubles, inability to maintain relationships or school coursework
5. Line item 4, Reasons the Respondent is a danger to themselves or others: Even if you cannot list how they are a danger to others at the minimum please state with every use of the drug they are a danger to themselves.
6. Line item 5: Must check ONE and ONLY ONE box for length of treatment – either up to 60 days OR up to 360 days. Checking neither box, or both boxes, may result in dismissal of the petition.
7. GUARANTEE OF PAYMENT: Petitioner will be required to sign this, however, Petitioner has the right to choose where treatment will be provided. This should not be a deterrent! There are low and no cost facilities in and out of state. Treatment options outside of Kentucky are allowed, provided no pending criminal charges prevent Respondent from leaving the state. There is a possibility the Respondent's health insurance will cover a portion of the assessment fees and the treatment. This will have to be addressed individually with each Respondent.

Petition Form 700A

Granting the petition

- The clerk will provide the Petitioner two evaluator, 703A, forms and a hearing date. According to the law, court dates must be scheduled within 14 days of the judge signing the petition.
- The petition will go to the judge to be reviewed to determine if probable cause exists to order the two evaluations. If the judge finds that probable cause exists, an order will be signed. Generally this occurs at time of filing the petition.
- The Respondent may be served by the County Sheriff's Department. A fee may apply for this service. If the Sheriff cannot serve due to lack of a permanent address, legally the Petitioner, if age 18 or over, has the right to serve the Respondent. It is advised a witness, age 18 or over, accompany the Petitioner when serving the summons. Check with your county to confirm they will allow a petitioner to serve the respondent.

Locating detox and treatment

1. Locate detox and treatment facility immediately after court date is set.
2. Petitioner bears the responsibility and right to choose the facility. Many variables to consider:
 - If treatment provides detox or if Respondent needs two places, first for detox then treatment
 - If Respondent is incarcerated or has pending charges
 - Financial situation, insurance, and the ability to pay
3. Treatment is ordered based on evaluations and can be ordered from up to 60 or not more than 360 days, depending on the request of the Petitioner and the results of the hearing. Treatment may be inpatient, outpatient, or a combination but should provide the appropriate continuum of care for the entire 60-360 days.



**VERIFIED PETITION
FOR 60/360 DAY INVOLUNTARY TREATMENT
(SUBSTANCE USE DISORDER)**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent's Name (please print)

RESPONDENT'S RESIDENCE ADDRESS: (please print) _____

Phone Number: _____

CURRENT LOCATION: (if different) _____

Phone Number: _____

1. PETITIONER, _____
Petitioner's Name (please print)

PETITIONER'S ADDRESS: (please print) _____

Phone Number: _____

states that he/she is: ☐ Spouse; ☐ Relative; ☐ Friend; or ☐ Guardian, of the above-named Respondent.

2. PETITIONER further states that the name, address, and residence of persons related to the Respondent are:
(if unknown, so state)

Parents or guardian: _____

Spouse: _____

Person having custody of Respondent: _____

Near relative: _____

Other: _____

3. PETITIONER believes that the Respondent is a person suffering from a substance use disorder because:
(state facts to support belief)

4. PETITIONER also believes that the Respondent presents a danger or threat of danger to self, family or others because: (state facts to support belief)

5. PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/admittance to a treatment facility if he/she meets the criteria for:

- ☐ involuntary treatment for not more than sixty (60) consecutive days; or
- ☐ involuntary treatment for not more than three hundred and sixty (360) consecutive days.

_____, 2_____
Date

Signature of Petitioner

Name of Petitioner (*please print*)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2____

My Commission Expires: _____

Notary/Clerk

By: _____, D.C.

The Petitioner or other authorized person (spouse, relative, friend, or guardian) must guarantee all cost for treatment. Page 3, "Guarantee of Payment," must be completed and notarized.

GUARANTEE OF PAYMENT

Pursuant to KRS 222.432(4)(f), either the Petitioner or other authorized person (spouse, relative, friend, or guardian) shall guarantee any and all costs for treatment of the Respondent for a substance use disorder, as may be hereinafter ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of the Respondent for all substance use disorder treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

_____, 2_____
Date

Name (please print)

Relationship to Respondent
(Petitioner, or Spouse, Relative, Friend, Guardian)

Signature

Billing Address: _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary/Clerk

By: _____, D.C.

Attach copy of Verified Petition to each copy of Warrant, Summons, and Hearing, Examination and Appointment of Counsel Notice and Order.

Distribution: Respondent; Petitioner; Respondent's Legal Guardian, Spouse, Parent(s), Near Relative or Friend (if applicable).

INSTRUCTIONS

Petition Form 703A

REMINDER: In the event an evaluator requests information on the Respondent from the family, it is suggested the CASEY'S LAW COMPREHENSIVE QUESTIONNAIRE, be completed prior and brought to the evaluations. It is advisable to provide the evaluators a copy of the Petition, Form 700A, that was filed. This will allow pertinent information to be readily available.

Overview

1. The law requires evaluations by two qualified health professionals. The language of the law provides a detailed explanation of what constitutes a qualified health professional. Each evaluator will need to complete Form 703A Certification of Qualified Health Professional.
 - One of the evaluators **MUST** be a medical doctor
 - The second evaluator **MUST** be a qualified health professional, which includes another physician, psychologist, a registered nurse with qualifying credentials, or licensed therapist/counselor. A complete list is included as part of Form 703A
2. It will be necessary to accompany the Respondent to appointments and facilitate their attendance by providing transportation, if necessary. Provide the evaluation (certification) forms to the professional and ensure they are completed.
3. The evaluator must date, sign, and have the certification (evaluation) form notarized. When making appointments, it should be confirmed a notary will be available at the office. Form 034 will accompany the assessment form, Form 703A, in the event the evaluating physician deems it necessary to request an order for a 72 hour hold on the Respondent in a medical or mental health facility.
4. Do not give the completed evaluations to the Respondent! Petitioner will want to make a copy of the evaluation/certification forms for record keeping.
5. The certification (evaluation) **MUST** be turned into the clerk's office within 24 hours of its completion and no later than 24 hours before the hearing date. To meet this deadline, the professional may, but is not required to, FAX the completed/notarized form to the County Clerk's Office. If an evaluation (certification) is faxed in order to meet the 24-hour deadline, the original form must be delivered to the clerk's office no later than the day before the hearing.
6. Failure to comply with these deadlines **MAY** result in a dismissal of the case.
7. If the Respondent refuses or fails to attend scheduled evaluation appointments the Petitioner must be prepared to testify to this fact in court. The judge may find the Respondent in contempt of court and may issue a 72-hour hold at a detention center for the sole purpose of completing the evaluation requirement. This will not result in any criminal charges.



**CERTIFICATION OF QUALIFIED
HEALTH PROFESSIONAL
(INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:

RESPONDENT _____

1. Comes the Affiant, _____, and states that he/she is a Qualified Health Professional as defined in KRS Chapter 222, and he/she is,

- ☐ A Qualified Mental Health Professional as defined in KRS 202A.011; and/or
☐ An Alcohol and Drug Counselor certified under KRS Chapter 309; and/or
☐ A Physician, licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.

2. Affiant further states that he/she examined the above-named Respondent and based on that examination, in his/her professional opinion, the Respondent

- A. ☐ **does** ☐ **does not** suffer from a substance use disorder; and
B. ☐ **does** ☐ **does not** present an imminent threat of danger to self, family or others as a result of a substance use disorder; **or there**
☐ **does** ☐ **does not** exist a substantial likelihood of such a threat in the near future; and
C. ☐ **can** ☐ **cannot** reasonably benefit from treatment.

3. The facts that support Affiant's belief that Respondent does suffer from a substance use disorder:

4. The facts that support Affiant's belief that Respondent presents an imminent threat of danger to self, family or others as a result of a substance use disorder or that there exists a substantial likelihood of such a threat in the near future:

5. Diagnostic impressions:

6. Other factors contributing to need for treatment:

7. Goal of treatment and recommendation for treatment:

8. Date examination was performed: _____, 2____

Further, Affiant sayeth naught.

_____, 2____
Date

Signature of QHP

Name of QHP (*please print*)

Title of QHP (*please print*)

Name of Treatment Facility of QHP (*please print*)

Subscribed and sworn to before me this _____ day of _____, 2____

My Commission Expires: _____

Notary Public

County, Kentucky

NOTE: The Respondent shall be examined no later than twenty-four (24) hours before the hearing date by two (2) Qualified Health Professionals, at least one (1) of whom is a physician. A separate Certification of Qualified Health Professional (AOC-703A) must be filed with the Court by each of the two (2) Qualified Health Professionals named in the Hearing, Examination and Appointment of Counsel Notice and Order (AOC-701A). The Qualified Health Professionals shall certify their findings to the Court within twenty-four (24) hours of the examination. See page 3 for more information on Qualified Health Professionals.

Petitioner is responsible for all costs of the examination.

CERTIFICATION

Note: If for 72-hour involuntary treatment, Certification is to be completed and filed by ONE "Qualified Health Professional." If for 60/360 day involuntary treatment, Certification is to be completed and filed by each of TWO "Qualified Health Professionals," one of whom must be a licensed physician.

Criteria for each professional are listed below

"Qualified health professional" has the same meaning as qualified mental health professional in KRS 202A.011, except that it also includes an alcohol and drug counselor certified under KRS Chapter 309.

"Qualified mental health professional" under KRS 202A.011(12) means:

- a. A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- b. A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- c. A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- d. A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons; or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- e. A **licensed clinical social worker** licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- f. A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- g. A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- h. A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years.

"Certified Alcohol and Drug Counselor" under KRS 309.080 means a person certified by the Kentucky Board of Alcohol and Drug Counselors pursuant to KRS 309.080 to 309.089.

Checklist

Print and fill out this form.

Casey's Law Comprehensive Questionnaire completed? ☐ Yes

Form 700A Petition: Date Filed _____

County Where Filed _____

Court Date _____

Evaluation 1: Doctor Name _____

Address _____

Appointment Date _____

Form 703A completed? ☐ Yes

Completed form 7003A filed? ☐ Yes

Evaluation 2: Qaulified Health Professional _____

Address _____

Appointment Date _____

Form 703A completed? ☐ Yes

Completed form 7003A filed? ☐ Yes

Nalaxone kit obtained? ☐ Yes

Withdraw Management Arrangements: _____

Treatment Arrangements: _____

Rights and Responsibilities

Petitioner

- Has the right to choose the two evaluators and treatment facilities for the Respondent.
- Has the right to request assistance from the county attorney.
- Has the right to ask if they may speak at the hearing and may be asked to testify.
- Has the right to inspect the confidential record pertaining to the Casey's Law Petition.
- Has the responsibility to pay for any court related costs in the process, including but not limited to the cost of the treatment. A fee may be charged for the Sheriff to serve the summons, this varies by county.
- Has the responsibility to be in court at each hearing. Petitioner should ask clerk to be notified if a contempt hearing is scheduled so they may be present in court.
- Has the responsibility to notify the court of any changes to phone numbers or addresses. This is necessary to ensure timely notification of any court proceedings involving the respondent.
- Has the responsibility to transport respondent to treatment. They are permitted to pay a sheriff or a third party to transport if they so choose.
- Has the responsibility to inform the court if Respondent leaves treatment or fails to continue with treatment.

Respondent

- Will be advised of their rights by the presiding judge.
- Has the right to counsel. This may be a private attorney or public defender. Note: Be aware the counsel's charge is to defend the rights of the Respondent and they may argue against the petition.
- Has the right not to testify.
- Has the right to call witnesses.
- Has the right to file an appeal.

Court Procedures

- Petitioner must be present in court on the hearing date designated on the summons.
- Name of Respondent will not be posted in court links or outside courtroom. This is a closed proceeding and will be confidential.
- Petitioner will provide where detox and treatment has been secured.
- Petitioner may be allowed or called to speak in the court proceedings.
- Judicial discretion may result in different procedures even within one county

Frequently Asked Questions

Question - Is there a filing fee?

ANSWER

There is NO FILING FEE to be charged by any county in Kentucky.

Question - Is there age limit?

ANSWER

No upper age limit, however, must be at least 18 years old.

Question - Will there be any criminal charges associated with Casey's Law?

ANSWER

No

Question - Do I have to have an attorney?

ANSWER

No. The County Attorney may serve as the Petitioner's representative, but this varies by county. A public defender can be assigned to the respondent if they are unable to provide their own representation.

Question - What if the Respondent refuses to attend the evaluations?

ANSWER

The Petitioner reports to the court non-compliance by the respondent. A bench warrant should then be issued and once arrested, a contempt hearing should be scheduled. If found in contempt, the respondent should be held for compliance with the original court order to attend the evaluations. However, this will not result in any criminal charges.

Question - What if the Respondent leaves the treatment program against court order?

ANSWER

It is the Petitioner's responsibility to report this to the court. A bench warrant should then be issued and once arrested, a contempt hearing should be scheduled. If found in contempt, the respondent may be held in non-compliance for up to 179 days unless conditionally discharged for return to treatment. However, this will not result in any criminal charges.

Question - Can more than one person sign on the petition?

ANSWER

Yes

Question - Can you file a Casey's Law petition more than once?

ANSWER

Yes

Question - What if there are current pending charges against the Respondent?

ANSWER

This will depend on the charges and should be discussed with the court, prosecuting attorney, or current case worker. It may be beneficial to request the court to order treatment rather than filing a Casey's Law petition.

Myths and Misconceptions

Myth - Involuntary treatment doesn't work

FACT

Treatment does not have to be voluntary to be successful. Treatment that is ordered by the court can be just as successful. The best predictor of success is length of time in treatment. Patients who remain in treatment and supportive care for at least 1 year are twice as likely to remain drug free.

Myth - The person must be homeless to qualify for Casey's Law

FACT

Homelessness has nothing to do with whether or not a petition is filed. There are however facilities that may have homelessness as a criterion for acceptance.

Myth - The facility must be a locked down facility

FACT

There are no locked down facilities for substance use disorders. If a person leaves against court order there is recourse for non-compliance.

Myth - If no treatment is available in the county where the petition is filed, Casey's Law does not apply in the county

FACT

The law applies regardless of where treatment is located, whether that is in state or out of state.

Myth - Only families who have financial means can file a Casey's Law petition

FACT

The Petitioner has the right to choose a facility that is affordable and there are low cost and no cost facilities available.

REFERENCES & RESOURCES

Resources and Links

caseyslaw.org

KYHELP Statewide Call Center

833-8KY-HELP (833-859-4357)

findhelpnowky.org

GetHelpKY.org

kyhrc.org

Recovery Kentucky Centers

kyhousing.org/Specialized-Housing/Pages/Recovery-Kentucky.aspx

NKY Hates Heroin

NKYHatesHeroin.com

www.nkyhatesheroin.com/wp-content/uploads/2018/02/NKYHH-ResourceGuide-1-31-2018.pdf

National Institute on Drug Abuse (NIDA)

drugabuse.gov

Substance Abuse and Mental Health Services Administration (U.S. Department of Health and Human Services)

samhsa.gov

Family Support Groups

Parent CRAFT by Cadence Online - cadenceonline.com

Parents of Addicted Loved Ones - palgroup.org

Al-Anon & Nar-Anon Family Groups - al-anon.org, nar-anon.org

People Advocating Recovery - peopleadvocatingrecovery.org

Young People in Recovery - youngpeopleinrecovery.org

Grief Recovery After Substance Passing - GRASPhelp.org

Facebook Groups (closed groups, approval required to join)

Casey's Law

Kentucky Parents Against Heroin

Where can I find a copy of the law?

www.lrc.ky.gov/Statrev/ACTS2004/0116.pdf

Click on the "Legislative Resources" and choose KRS 222.430 to 222.437

Naloxone and Overdose Prevention

When we talk about “hitting bottom”, we must remember that the “bottom” line is this: **People MUST be alive to recover!**

Signs Of Overdose

Non-responsive to stimulation, shallow breathing or not breathing, snoring or gurgling noises, pale skin, or blue lips. If person appears to be experiencing any of these symptoms, CALL 911!

What Are The Risk Factors Of Overdose?

Loss of Tolerance: Regular use of opiates leads to greater tolerance, i.e. more is needed to achieve the same effect. Overdose occurs when people start using again following a period of not using (abstinence) such as incarceration, detox or drug free or drug treatment and when using opiates that have been adulterated by other substances such as Fentanyl, cocaine, meth, Carfentanil.

Mixing Drugs: Mixing opiates with other drugs, especially depressants such as Benzodiazepines, Xanax, Klonopin, or alcohol can lead to an overdose.

Variation and Strength of Street Drugs: Street drugs may vary in strength and effect based on the purity of the heroin and the amount of other ingredients used to adulterate (cut) the drug.

Naloxone And How It Works

Naloxone, also known as the brand name Narcan, is a safe and effective medicine that can reverse the effect of opiate overdose. It can be injected or administered through the nasal cavities of the person who is experiencing an overdose. It attaches to the same parts of the brain that receive heroin and other opiates, and it blocks the opiates for 30-90 minutes to reverse the respiratory depression that would otherwise lead to death from overdose.

SB 192 allows anyone to carry, you, a family member, or the friend of a person addicted to heroin or narcotic painkillers known as opiates. YOU CAN CARRY NALOXONE.

Senate Bill 192 has a Good Samaritan 911 provision protecting the person who is overdosing and the person who calls to report the overdose from any criminal charges.

Not all first responders in the state of Kentucky carry naloxone. Where to obtain a Naloxone Kit:

1. Physician can issue a prescription and fill at the pharmacy
2. Most pharmacies carry and sell Naloxone without a prescription
3. Check with your local health department or social agencies for free training and distribution of naloxone.

Do's And Don'ts In An Overdose Situation

- DO Call for Help (Dial 911)
- DO support the person's breathing by administering oxygen or performing rescue breathing
- DO administer naloxone (a drug that reverses the effect of opioids) as an injection or a nasal spray – all friends/family should have naloxone and know how to use it
- DO put the person in the “recovery position” on the side, if he or she is breathing independently
- DO stay with the person and keep him/her warm
- DON'T try to stimulate the person with excessive force. It will only cause further injury. If light pinching or a knuckle rub on the sternum will not awaken the person, he/she may be unconscious
- DON'T put the person in a cold bath or shower. This increases the risk of falling, drowning or going into shock
- DON'T inject the person with any substance – saltwater, milk, speed or heroin, etc. – the only safe and appropriate treatment is Naloxone
- DON'T try to make the person vomit he/she may aspirate and cause further harm or choking



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