

**CHAPTER 507 (HB 843)**

AN ACT relating to mental health and substance abuse and declaring an emergency.

*Be it enacted by the General Assembly of the Commonwealth of Kentucky:*

SECTION 1. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

*The General Assembly of the Commonwealth of Kentucky hereby finds and declares that:*

- (1) National initiatives, including the 1999 White House Conference on Mental Health and the 1999 United States Surgeon General's Report on Mental Health, have promoted the concept that mental health is fundamental to health care.*
- (2) It has been found that:*
  - (a) The leading causes of disability for individuals age five (5) and older are mental disorders;*
  - (b) The current mental health and substance abuse system is lacking a comprehensive state plan that would improve the mental health status of the citizens of the Commonwealth; and*
  - (c) It is necessary to require long-range planning for mental health and substance abuse services.*

SECTION 2. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

- (1) There is created the Kentucky Commission on Services and Supports for Individuals with Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses. The commission shall consist of:*
  - (a) The secretary of the Cabinet for Health Services;*
  - (b) The secretary of the Cabinet for Families and Children;*
  - (c) The secretary of the Justice Cabinet;*
  - (d) The commissioner of the Department for Mental Health and Mental Retardation Services;*
  - (e) The commissioner of the Department for Medicaid Services;*
  - (f) The commissioner of the Department of Corrections;*
  - (g) The commissioner of the Department of Juvenile Justice;*
  - (h) The commissioner of the Department of Education;*
  - (i) The commissioner of the Department of Vocational Rehabilitation;*
  - (j) The director of the Protection and Advocacy Division of the Public Protection and Regulation Cabinet;*
  - (k) Three (3) members of the House of Representatives who are members of the Health and Welfare Committee or the Appropriations and Revenue Committee, appointed by the Speaker of the House; and*

- (1) Three (3) members of the Senate who are members of the Health and Welfare Committee or the Appropriations and Revenue Committee, appointed by the Senate President.*
- (2) The secretary of the Cabinet for Health Services and one (1) member of the General Assembly appointed to the commission shall serve as co-chairs of the commission.*
- (3) Members shall serve during their terms of office.*

SECTION 3. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

- (1) The commission created in Section 2 of this Act shall meet as often as necessary to accomplish its purpose but shall meet at least quarterly during the 2000-2001 biennium, and the first meeting shall be held within six (6) months of the effective date of this Act. The commission shall meet at least biennially thereafter, or upon the call of either cochair, the request of four (4) or more members, or the request of the Governor.*
- (2) The commission shall receive, integrate, and report, as required by subsection (5) of this section, the findings and recommendations of the regional planning councils established under Section 4 of this Act.*
- (3) The commission shall serve in an advisory capacity to accomplish the following:*
  - (a) Based on information provided under subsection (2) of this section:*
    - 1. Assess the needs statewide of individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses;*
    - 2. Assess the capabilities of the existing statewide treatment delivery system including gaps in services and the adequacy of a safety net system; and*
    - 3. Assess the coordination and collaboration of efforts between public and private facilities and entities, and the roles of the Department for Mental Health and Mental Retardation and the regional community mental health centers, state hospitals, and other providers;*
  - (b) Identify funding needs and related fiscal impact, including Medicaid reimbursement, limitations under government programs and private insurance, and adequacy of indigent care;*
  - (c) Recommend comprehensive and integrated programs for providing mental health and substance abuse services and preventive education to children and youth, utilizing community resources;*
  - (d) Develop recommendations to decrease the incidence of multiple hospitalizations of individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses; and*
  - (e) Recommend an effective quality assurance and consumer satisfaction monitoring program that includes recommendations as to the appropriate role of persons with mental illness, alcohol and other drug abuse disorders, and dual diagnoses, family members, providers, and advocates in quality assurance efforts.*
- (4) The commission shall develop a comprehensive state plan that will provide a template for decision-making regarding program development, funding, and the use of state resources*

*for delivery of the most effective continuum of services in integrated statewide settings appropriate to the needs of the individual with mental illness, alcohol and other drug abuse disorders, and dual diagnoses.*

- (5) *Within six (6) months after receiving reports and recommendations from the regional planning councils established under Section 4 of this Act, the co-chairs of the commission shall present the plan to the Governor and the members of the General Assembly. The state plan shall:*
  - (a) *Advise the Governor and the General Assembly concerning the needs statewide of individuals with mental illness, alcohol and other drug disorders, and dual diagnoses; and*
  - (b) *Advise the Governor and the General Assembly on whether the recommendations should be implemented by administrative regulations or proposed legislation for the 2002 General Assembly.*
- (6) *The commission shall review the plan annually and shall submit annual updates no later than October 1 to the Governor and the Legislative Research Commission.*
- (7) *The commission shall cease to exist four (4) years after the effective date of this Act unless otherwise reauthorized by the General Assembly.*

SECTION 4. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

- (1) *The regional community mental health-mental retardation boards established under KRS 210.370 shall institute regional planning councils for the purpose of conducting assessment and strategic planning. The councils shall be attached to the community mental health-mental retardation boards for administrative purposes.*
- (2) *A member of the regional community mental health-mental retardation board shall serve as chair of the regional planning council.*
- (3) *The board shall issue invitations to join the council to no less than two (2) representatives of each of the following groups:*
  - (a) *Family members of adults and children with mental illness, alcohol and other drug abuse disorders, and dual diagnoses;*
  - (b) *Consumers of mental health and substance abuse services;*
  - (c) *County officials and business leaders;*
  - (d) *Health departments and primary care physicians;*
  - (e) *Advocates and community organizations;*
  - (f) *Educators and school personnel;*
  - (g) *Regional interagency councils established under KRS Chapter 200;*
  - (h) *Law enforcement and court personnel;*
  - (i) *Public and private facilities that provide services for mental health and substance abuse in the region representing inpatient services, outpatient services, residential services, and community-based supportive housing programs; and*

*(j) Individuals who provide mental health and substance abuse services in the region.*

SECTION 5. A NEW SECTION OF KRS CHAPTER 210 IS CREATED TO READ AS FOLLOWS:

- (1) The regional planning councils shall meet as often as necessary to accomplish their purpose.*
- (2) The regional planning councils shall:*
  - (a) Assess in the region the needs of individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses;*
  - (b) 1. Study the regional mental health and substance abuse treatment delivery system;*
    - 2. Assess the capacity of and gaps in the existing system, including the adequacy of a safety net system; and*
    - 3. Assess the coordination and collaboration of efforts between public and private facilities and entities;*
  - (c) Develop a regional strategy to increase access to community-based services and supports for individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses. The strategies may include:*
    - 1. Exploration of the use of community-based treatment programs;*
    - 2. Access to and funding for the most effective medications;*
    - 3. Promotion of family and consumer support groups statewide; and*
    - 4. Reduction of instances of criminalization of individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses;*
  - (d) Identify funding needs;*
  - (e) Evaluate the access of children and youth to mental health and substance abuse services and preventive programs within the region, including but not limited to those provided by schools, family resource and youth services centers, public and private mental health and substance abuse providers and facilities, physical health care providers and facilities, the faith community, and community agencies;*
  - (f) Collect and evaluate data regarding individuals with mental illness, alcohol and other drug abuse disorders, and dual diagnoses who experience repeated hospital admissions, involvement with law enforcement, courts, and the judicial system, and repeated referrals from hospitals to community-based services;*
  - (g) Recommend an effective quality assurance and consumer satisfaction monitoring program; and*
  - (h) Make recommendations on each subsection of this section to the commission established under Section 2 of this Act within eight (8) months of the effective date of this Act. These recommendations may be incorporated into the regional annual plans required by KRS 210.400.*
- (3) The regional councils shall cease to exist four (4) years after the effective date of this Act unless otherwise authorized by the General Assembly.*

Section 6. Whereas there exists a critical need to conduct a timely comprehensive review of the mental health and substance abuse treatment service delivery system, an emergency is declared to exist, and this Act takes effect upon its passage and approval by the Governor or upon its otherwise becoming law.

**Approved April 21, 2000**