

CHAPTER 5**(HB 194)**

AN ACT relating to services to individuals with mental illness, alcohol and other drug disorders, and dual diagnoses.

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

Section 1. KRS 210.502 is amended 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) *The director of the Office of Family Resource and Youth Services Centers;***
 - (l) *The executive director of the Office of Aging Services of the Cabinet for Health Services;***
 - (m) *The executive director of the Kentucky Agency for Substance Abuse Policy;***
 - (n) *The executive director of the Criminal Justice Council;***
 - (o) *The director of the Administrative Office of the Courts;***
 - (p) *The chief executive officer of the Kentucky Housing Corporation;***
 - (q) *The executive director of the Office of Transportation Delivery of the Transportation Cabinet;***
 - (r) *The commissioner of the Department of Public Health;***
 - ~~(s)(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~~
 - ~~(t)(l)~~ 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;

- (u) *A chairperson and one (1) alternate who is a chairperson of a regional planning council appointed by the secretary of the Cabinet for Health Services from a list of five (5) chairpersons submitted by the Kentucky Association of Regional Mental Health/Mental Retardation Programs;*
 - (v) *A consumer and one (1) alternate who is a consumer of mental health or substance abuse services, who is over age eighteen (18), appointed by the secretary of the Cabinet for Health Services from a list of up to three (3) consumers submitted by any consumer advocacy organization operating within Kentucky or submitted by any regional planning council established under KRS 210.506; and*
 - (w) *An adult family member and one (1) alternate who is an adult family member of a consumer of mental health or substance abuse services appointed by the secretary of the Cabinet for Health Services from a list of up to three (3) persons submitted by any family advocacy organization operating within Kentucky or submitted by any regional planning council established under KRS 210.506.*
- (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 *designated in paragraphs (a) to (t) of subsection (1) of this section* shall serve during their terms of office.
 - (4) *Members and alternates designated in paragraphs (u) to (w) of subsection (1) of this section shall serve a term of two (2) years and may be reappointed for one (1) additional term. These members may be reimbursed for travel expenses in accordance with administrative regulations governing reimbursement for travel for state employees.*

Section 2. KRS 210.504 is amended to read as follows:

- (1) The commission created in KRS 210.502 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 April 21, 2000. The commission shall meet at least biennially thereafter,~~ or upon the call of either co-chair, 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 KRS 210.506. *The regional planning councils shall provide additional information or study particular issues upon request of the commission.*
- (3) *The commission:*
 - (a) *May establish work groups to develop statewide recommendations from information and recommendations received from the regional planning councils;*
 - (b) *May establish work groups to address issues referred to the commission; and*
 - (c) *Shall ensure that the regional planning councils have an opportunity to receive, review, and comment on any recommendation or product issued by a work group established under this subsection before the commission takes any formal action on a recommendation or product of a work group.*
- ~~(4)~~~~(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, *including but not limited to the Council on Postsecondary Education when assessing workforce issues*, 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 *schools and* community resources;
 - (d) Develop recommendations to decrease the incidence of *repeated arrests, incarceration, and* 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.
- (5){(4)} The commission shall develop a comprehensive state plan that *provides*{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. *The state plan shall also include strategies for increasing public awareness and reducing the stigma associated with mental illness and substance abuse disorders.*
- (6){(5)} ~~{Within six (6) months after receiving reports and recommendations from the regional planning councils established under KRS 210.506, 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.
- (7){(6)} *The commission shall develop a two (2) year work plan, beginning in 2003, that specifies goals and strategies relating to services and supports for individuals with mental illness and alcohol and other drug disorders and dual diagnoses and efforts to reduce the stigma associated with mental illness and substance abuse disorders.*

(8) 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 April 21, 2000, unless otherwise reauthorized by the General Assembly.]~~

Section 3. KRS 210.506 is amended 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 *individuals*~~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 *organizations, agencies, or* facilities that provide services for mental health and substance abuse in the region *that represent*~~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; *and*
 - (k) *Public and private hospitals that provide mental health and substance abuse services.*
- (4) *The regional planning councils may establish bylaws and procedures to assist in the operation of the councils.*

Section 4. KRS 210.509 is amended 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 *and identify specific barriers in each region to accessing services;*

2. Assess the capacity of and gaps in the existing system, including the adequacy of a safety net system ***and the adequacy and availability of the mental health and substance abuse professional work force in each region***; 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, ***including but not limited to community-based hospitalization***;
 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; ***and***
 5. ***Efforts to increase housing options for persons at risk of institutionalization***;
- (d) Identify funding needs ***and report to the commission established in Section 1 of this Act about the use of any flexible safety net funding if appropriated by the General Assembly***;
- (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; ***and***
- ~~(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 KRS 210.502 ***by July 1 of each odd-numbered year*** ~~within eight (8) months of April 21, 2000~~. 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 April 21, 2000, unless otherwise authorized by the General Assembly.}~~

Section 5. KRS 210.040 is amended to read as follows:

The Cabinet for Health Services shall:

- (1) Exercise all functions of the state in relation to the administration and operation of the state institutions for the care and treatment of persons with mental illness;

- (2) Establish or acquire, in accordance with the provisions of KRS 56.440 to 56.550, other or additional facilities for psychiatric care and treatment of persons who are or may become state charges;
- (3) Cooperate with other state agencies for the development of a statewide mental health program looking toward the prevention of mental illness and the post-institutional care of persons released from public or private mental hospitals;
- (4) Provide for the custody, maintenance, care, and medical and psychiatric treatment of the patients of the institutions operated by the cabinet;
- (5) Provide psychiatric consultation for the state penal and correctional institutions, and for the state institutions operated for children or for persons with mental retardation;
- (6) Administer and supervise programs for the noninstitutional care of persons with mental illness;
- (7) Administer and supervise programs for the care of persons with chronic mental illness, including but not limited to provision of the following:
 - (a) Identification of persons with chronic mental illness residing in the area to be served;
 - (b) Assistance to persons with chronic mental illness in gaining access to essential mental health services, medical and rehabilitation services, employment, housing, and other support services designed to enable persons with chronic mental illness to function outside inpatient institutions to the maximum extent of their capabilities;
 - (c) Establishment of community-based transitional living facilities with twenty-four (24) hour supervision and community-based cooperative facilities with part-time supervision; provided that, no more than either one (1) transitional facility or one (1) cooperative facility may be established in a county containing a city of the first class or consolidated local government with any funds available to the cabinet;
 - (d) Assurance of the availability of a case manager for each person with chronic mental illness to determine what services are needed and to be responsible for their provision; and
 - (e) Coordination of the provision of mental health and related support services with the provision of other support services to persons with chronic mental illness;
- (8) ***Require all providers who receive public funds through state contracts, state grants, or reimbursement for services provided to have formalized quality assurance and quality improvement processes, including but not limited to a grievance procedure; and***
- (9) Supervise private mental hospitals receiving patients committed by order of a court.

Approved March 6, 2003