

**CHAPTER 64****(SJR 94)**

A JOINT RESOLUTION urging the Cabinet for Health and Family Services to implement best practices and to enhance the availability and access to community-based services for individuals with mental illness, substance abuse disorders, autism spectrum disorders, brain injuries, and mental retardation and other developmental disorders.

WHEREAS, the Cabinet for Health and Family Services and its Departments for Mental Health and Mental Retardation Services and Medicaid Services have initiated the "Windows of Opportunity" process to ensure a global approach to the system of care for individuals with disabilities that requires cooperation and collaboration among state agencies and organizations, individuals with disabilities, family members, and service providers; and

WHEREAS, the Departments of Medicaid Services and Mental Health and Mental Retardation Services have a joint interest in a service and delivery system that supports consumer-driven health care and empowers participants to be informed in health care decisions; and

WHEREAS, the Cabinet for Health and Family Services has committed to develop a comprehensive "Freedom Plan" with input from stakeholders to provide a system of services and supports that promotes freedom, independence, self-determination, and productivity, and provides meaningful opportunities for individuals with disabilities, the elderly, or both; and

WHEREAS, the Kentucky Medicaid program is involved in Medicaid modernization to improve the overall health and functioning of Medicaid recipients and to bring services to a level and method of delivery consistent with other states and the commercial sector; and

WHEREAS, individuals with disabilities have the right to receive the best available treatment and services in the setting of their choice and the right to choose services that are most effective for recovery, resiliency, freedom, independence, self-determination, productivity, and self-sufficiency; and

WHEREAS, the United States Supreme Court's *Olmstead* decision requires states to provide community-based treatment for an individual with a mental disability when it is deemed appropriate by treatment professionals, the individual does not oppose community placement, and the placement can be reasonably accommodated by the state; and

WHEREAS, in February 2001, President Bush announced the New Freedom Initiative to work toward transforming the system of care so that the promise of "a life in the community for everyone" can be realized; and

WHEREAS, the President's New Freedom Commission recommends accelerated research to promote recovery, resilience, and self-sufficiency; the creation of public-private partnerships to advance evidence-based practices through demonstration projects; improvement and expansion of the professional workforce to enhance evidence-based practices; and development of a knowledge base in the understudied areas of mental health disparities, trauma, acute care, and the long-term effects of medications; and

WHEREAS, the Commonwealth of Kentucky believes in and promotes a transformed system of care that will be consumer- and family-oriented, that is focused on recovery, resilience, and self-sufficiency, and that has a continuum of care that includes intermediate care facilities for mentally retarded individuals when appropriate, the implementation of the best evidence-based practices to improve outcomes, community-oriented models of practice, and self-determination

and person-centered planning, freedom, independence, and productivity for individuals with disabilities;

NOW, THEREFORE,

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

Section 1. The Cabinet for Health and Family Services, the Department for Medicaid Services, and the Department for Mental Health and Mental Retardation Services shall seek to expand the number of individuals who may be effectively served in community settings. In doing so, the cabinet and its departments shall promote the use of evidence-based best practices for its professional staff and contracted agents.

Section 2. The Cabinet for Health and Family Services shall maintain and enhance the continuum of care for individuals with disabilities that includes, but is not limited to, a range of services from minimal supports to residential settings, including intermediate care facilities for mentally retarded individuals. In doing so, the cabinet shall seek to provide services that are self-directed by the consumer and that focus on achieving or maintaining independence, freedom, productivity, and self-sufficiency.

Section 3. The Cabinet for Health and Family Services shall report on initiatives, projects, and progress in these efforts to the Interim Joint Committee on Health and Welfare through 2007.

**Approved March 11, 2005.**