

210.509 Meeting and duties of regional planning councils.

- (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 workforce 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;
 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 KRS 210.502 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) Make recommendations on each subsection of this section to the commission established under KRS 210.502 by July 1 of each odd-numbered year. These recommendations may be incorporated into the regional annual plans required by KRS 210.400.

Effective: June 24, 2003

History: Amended 2003 Ky. Acts ch. 5, sec. 4, effective June 24, 2003. -- Created 2000 Ky. Acts ch. 507, sec. 5, effective April 21, 2000.