

**210.504 Commission meetings -- Duties -- Development of comprehensive state plan.**

- (1) The commission created in KRS 210.502 shall meet as often as necessary to accomplish its purpose but shall meet at least quarterly 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 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) 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 Behavioral Health, Developmental and Intellectual Disabilities 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;
  - (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; and

- (f) Recommend improvements in identifying, treating, housing, and transporting prisoners in jails and juveniles with mental illness who reside in detention centers. Items to be reviewed include but are not limited to:
  - 1. Recommendations for statutory and regulatory changes;
  - 2. Training and treatment funding;
  - 3. Cost-sharing proposals;
  - 4. Housing and transportation costs;
  - 5. Appropriate treatment sites; and
  - 6. Training requirements for local jailers and other officers of the court who may come in contact with persons deemed mentally ill and who are incarcerated or in detention.
- (5) The commission shall develop a comprehensive state plan that provides 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) The state plan shall 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 whether the recommendations should be implemented by administrative regulations or proposed legislation for the General Assembly.
- (7) 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 and shall submit annual updates no later than October 1 to the Governor and the Legislative Research Commission.

**Effective:** April 27, 2018

**History:** Amended 2018 Ky. Acts ch. 171, sec. 13, effective April 14, 2018; and ch. 207, sec. 13, effective April 27, 2018. -- Amended 2012 Ky. Acts ch. 146, sec. 90, effective July 12, 2012; and ch. 158, sec. 39, effective July 12, 2012. -- Amended 2003 Ky. Acts ch. 5, sec. 2, effective June 24, 2003. -- Created 2000 Ky. Acts ch. 507, sec. 3, effective April 21, 2000.

**Legislative Research Commission Note (4/27/2018).** This statute was amended by 2018 Ky. Acts chs. 171 and 207, which do not appear to be in conflict and have been codified together.