

1 AN ACT relating to substance use disorder treatment and recovery services and  
2 programs.

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

4 ➔Section 1. KRS 12.500 is amended to read as follows:

5 As used in KRS 12.500 to 12.520, unless the context otherwise requires:

6 (1) "Government funding" means financial assistance received by nongovernment  
7 entities in the form of federal, state, or local government grants, loans, loan  
8 guarantees, property, cooperative agreements, food commodities, direct  
9 appropriations, or other assistance. "Government funding" does not include tax  
10 credits, deductions, or exemptions.

11 (2) "Social service program" means a program administered by the federal, state, or  
12 local government using government funding to provide social services directed at  
13 reducing poverty, improving opportunities for low-income adults or children, self-  
14 sufficiency, rehabilitation, or other services directed toward vulnerable citizens.

15 "Social service program" includes but is not limited to:

- 16 (a) Adult or child day care;
- 17 (b) Adult or child protective services, foster care, or adoption, including programs  
18 relating to domestic violence;
- 19 (c) Services for adults or children with special needs or disabilities;
- 20 (d) Job training and related services, and employment services;
- 21 (e) Transportation services;
- 22 (f) Food or meal preparation or delivery services relating to soup kitchens or food  
23 banks;
- 24 (g) **Substance use disorder**~~[Alcohol and other drug abuse]~~ prevention and  
25 treatment;
- 26 (h) Health support services;
- 27 (i) Literacy and educational services, including adult education services;

1 (j) Crime prevention services and assistance to the victims and family members  
2 of criminal offenders; and

3 (k) Services for housing assistance as provided under local, state, and federal law.

4 ➔Section 2. KRS 202A.0819 is amended to read as follows:

5 (1) At a hearing and at all stages of a proceeding for court-ordered assisted outpatient  
6 treatment, the respondent shall be:

7 (a) Represented by counsel;

8 (b) Accompanied by a peer support specialist or other person in a support  
9 relationship, if requested by the respondent; and

10 (c) Afforded an opportunity to present evidence, call witnesses on his or her  
11 behalf, and cross-examine adverse witnesses.

12 (2) If a respondent does not appear at the hearing, and appropriate attempts to elicit the  
13 respondent's appearance have failed, the court may conduct the hearing in the  
14 respondent's absence.

15 (3) A qualified mental health professional who recommends court-ordered assisted  
16 outpatient treatment for the respondent shall:

17 (a) Testify at the hearing, in person or via electronic means;

18 (b) State the facts and clinical determinations which support the allegation that  
19 the respondent meets the criteria stated in KRS 202A.0815; and

20 (c) Testify in support of the treatment plan provided pursuant to KRS 202A.0817,  
21 and for each category of proposed evidence-based treatment, he or she shall  
22 state the specific recommendation and the clinical basis for his or her belief  
23 that such treatment is essential to the maintenance of the respondent's health  
24 or safety.

25 (4) If after hearing all relevant evidence, the court does not find by clear and convincing  
26 evidence that the respondent meets the criteria stated in KRS 202A.0815, the court  
27 shall deny the petition and the proceedings against the respondent shall be

1 dismissed.

2 (5) If after hearing all relevant evidence, the court finds by clear and convincing  
3 evidence that the respondent meets the criteria stated in KRS 202A.0815, the court  
4 may order the respondent to receive assisted outpatient treatment for a period of  
5 time not to exceed three hundred sixty (360) days. The court's order shall  
6 incorporate a treatment plan, which shall be limited in scope to the  
7 recommendations included in the treatment plan provided by the qualified mental  
8 health professional pursuant to KRS 202A.0817.

9 (6) The court shall report every order for assisted outpatient treatment issued under this  
10 section to the Department for Behavioral Health, Developmental and Intellectual  
11 Disabilities~~[Kentucky Commission on Services and Supports for Individuals with~~  
12 ~~Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses~~  
13 ~~established pursuant to KRS 210.502].~~

14 ➔Section 3. KRS 210.365 is amended to read as follows:

15 (1) As used in this section:

16 (a) "Crisis intervention team (CIT) training" means a forty (40) hour training  
17 curriculum based on the Memphis Police Department Crisis Intervention  
18 Team model of best practices for law enforcement intervention with persons  
19 who may have a mental illness, substance ~~use~~~~abuse~~ disorder, an intellectual  
20 disability, developmental disability, or dual diagnosis that meets the  
21 requirements of subsections (2) to (5) of this section and is approved by the  
22 Kentucky Law Enforcement Council;

23 (b) "Department" means the Department for Behavioral Health, Developmental  
24 and Intellectual Disabilities;

25 (c) "Prisoner" has the same meaning as set out in KRS 441.005; and

26 (d) "Qualified mental health professional" has the same meaning as set out in  
27 KRS 202A.011.

- 1 (2) The department shall, in collaboration with the Justice and Public Safety Cabinet,  
2 the regional community boards for mental health or individuals with an intellectual  
3 disability, and representatives of the Kentucky statewide affiliate of the National  
4 Alliance on Mental Illness, coordinate the development of CIT training designed to  
5 train law enforcement officers to:
- 6 (a) Effectively respond to persons who may have a mental illness, substance  
7 ~~use~~~~abuse~~ disorder, intellectual disability, developmental disability, or dual  
8 diagnosis;
  - 9 (b) Reduce injuries to officers and citizens;
  - 10 (c) Reduce inappropriate incarceration;
  - 11 (d) Reduce liability; and
  - 12 (e) Improve risk management practices for law enforcement agencies.
- 13 (3) The CIT training shall include but not be limited to:
- 14 (a) An introduction to crisis intervention teams;
  - 15 (b) Identification and recognition of the different types of mental illnesses,  
16 substance ~~use~~~~abuse~~ disorders, intellectual disabilities, developmental  
17 disabilities, and dual diagnoses;
  - 18 (c) Interviewing and assessing a person who may have a mental illness, substance  
19 ~~use~~~~abuse~~ disorder, intellectual disability, developmental disability, or dual  
20 diagnosis;
  - 21 (d) Identification and common effects of psychotropic medications;
  - 22 (e) Suicide prevention techniques;
  - 23 (f) Community resources and options for treatment;
  - 24 (g) Voluntary and involuntary processes for hospitalization of a person with a  
25 mental illness, substance ~~use~~~~abuse~~ disorder, intellectual disability,  
26 developmental disability, or dual diagnosis; and
  - 27 (h) Hostage or other negotiations with a person with a mental illness, intellectual

1           disability, substance ~~use~~<sup>abuse</sup> disorder, developmental disability, or dual  
2           diagnosis.

3       (4) The curriculum shall be presented by a team composed of, at a minimum:

4           (a) A law enforcement training instructor who has completed a forty (40) hour  
5           CIT training course and a CIT training instructor's course which has been  
6           approved by the Kentucky Law Enforcement Council, and at least forty (40)  
7           hours of direct experience working with a CIT;

8           (b) A representative from the local community board for mental health or  
9           individuals with an intellectual disability serving the region where CIT  
10          training is conducted;

11          (c) A consumer of mental health services; and

12          (d) A representative of the Kentucky statewide affiliate of the National Alliance  
13          on Mental Illness.

14       (5) (a) The department shall submit the CIT training curriculum and the names of  
15          available instructors approved by the department to conduct or assist in the  
16          delivery of CIT training to the Kentucky Law Enforcement Council no later  
17          than July 1, 2007.

18          (b) The Kentucky Law Enforcement Council shall notify the department of  
19          approval or disapproval of the CIT training curriculum and trainers within  
20          thirty (30) days of submission of the curriculum and the names of instructors.

21          (c) The Kentucky Law Enforcement Council may waive instructor requirements  
22          for non-law enforcement trainers whose names are submitted by the  
23          department.

24          (d) If the curriculum or trainers are not approved, the department shall have an  
25          opportunity to revise and resubmit the curriculum and to submit additional  
26          names of instructors if necessary.

27       (6) If the curriculum is approved, the Kentucky Law Enforcement Council shall:

- 1 (a) Notify the Department of Kentucky State Police and all law enforcement  
2 agencies employing peace officers certified under KRS 15.380 to 15.404 of  
3 the availability of the CIT training; and
- 4 (b) Notify all instructors and entities approved for law enforcement training under  
5 KRS 15.330 of the availability of the CIT training.
- 6 (7) Any law enforcement training entity approved by the Kentucky Law Enforcement  
7 Council may use the CIT training model and curriculum in law enforcement in-  
8 service training as specified by subsection (1) of this section that is consistent with  
9 the Memphis CIT national model for best practices.
- 10 (8) No later than one (1) year after June 26, 2007, the department shall submit to the  
11 Kentucky Law Enforcement Council a CIT training instructors' curriculum and the  
12 names of available instructors approved by the department to conduct or assist in  
13 the delivery of CIT training instructors' training. Additional instructors may be  
14 submitted on a schedule determined by the Kentucky Law Enforcement Council.
- 15 (9) All CIT-trained law enforcement officers shall report to his or her agency on forms  
16 provided with the CIT curriculum on encounters with persons with mental illness,  
17 substance ~~use~~<sup>abuse</sup> disorders, intellectual disabilities, developmental disabilities,  
18 and dual diagnoses. The law enforcement agency shall aggregate reports received  
19 and submit nonidentifying information to the department on a monthly basis.  
20 Except for information pertaining to the number of law enforcement agencies  
21 participating in CIT training, the reports to the department shall include the  
22 information specified in subsection (10) of this section.
- 23 (10) The department shall aggregate all reports from law enforcement agencies under  
24 subsection (9) of this section and submit nonidentifying statewide information to  
25 the Justice and Public Safety Cabinet, the Criminal Justice Council, the Cabinet for  
26 Health and Family Services, and the Interim Joint Committee on Health and  
27 Welfare by December 1, 2008, and annually thereafter. The report shall include but

1 not be limited to:

2 (a) The number of law enforcement officers trained per agency;

3 (b) Law enforcement responses to persons with mental illness, substance  
4 ~~use~~~~abuse~~ disorders, intellectual disabilities, developmental disabilities, and  
5 dual diagnoses;

6 (c) Incidents of harm to the law enforcement officer or to the citizen;

7 (d) The number of times physical force was required and the type of physical  
8 force used; and

9 (e) The outcome of the encounters that may include but not be limited to  
10 incarceration or hospitalization.

11 (11) To implement the requirements of subsections (2) to (5) and (8) to (10) of this  
12 section, the department may use public or private funds as available and may  
13 develop a contract with a nonprofit entity that is a Kentucky statewide mental health  
14 advocacy organization that has a minimum of five (5) years of experience in  
15 implementation of the CIT training program in Kentucky.

16 (12) The Cabinet for Health and Family Services shall create a telephonic behavioral  
17 health jail triage system to screen prisoners for mental health risk issues, including  
18 suicide risk. The triage system shall be designed to give the facility receiving and  
19 housing the prisoner an assessment of his or her mental health risk, with the  
20 assessment corresponding to recommended protocols for housing, supervision, and  
21 care which are designed to mitigate the mental health risks identified by the system.  
22 The triage system shall consist of:

23 (a) A screening instrument which the personnel of a facility receiving a prisoner  
24 shall utilize to assess inmates for mental health, suicide, intellectual  
25 disabilities, and acquired brain injury risk factors; and

26 (b) A continuously available toll-free telephonic triage hotline staffed by a  
27 qualified mental health professional which the screening personnel may utilize

- 1 if the screening instrument indicates an increased mental health risk for the  
2 assessed prisoner.
- 3 (13) In creating and maintaining the telephonic behavioral health jail triage system, the  
4 cabinet shall consult with:
- 5 (a) The Department of Corrections;
- 6 (b) The Kentucky Jailers Association; and
- 7 (c) ~~{The Kentucky Commission on Services and Supports for Individuals with~~  
8 ~~Mental Illness, Alcohol and Other Drug Abuse Disorders, and Dual~~  
9 ~~Diagnoses; and~~
- 10 (d) ~~}The regional community services programs for mental health or individuals~~  
11 ~~with an intellectual disability created under KRS 210.370 to 210.460.~~
- 12 (14) The cabinet may delegate all or a portion of the operational responsibility for the  
13 triage system to the regional community services programs for mental health or  
14 individuals with an intellectual disability created under KRS 210.370 to 210.460 if  
15 the regional program agrees and the cabinet remains responsible for the costs of  
16 delegated functions.
- 17 (15) The cabinet shall design into the implemented triage system the ability to screen and  
18 assess prisoners who communicate other than in English or who communicate other  
19 than through voice.
- 20 (16) The cost of operating the telephonic behavioral health jail triage system shall be  
21 borne by the cabinet.
- 22 (17) Records generated under this section shall be treated in the same manner and with  
23 the same degree of confidentiality as other medical records of the prisoner.
- 24 (18) Unless the prisoner is provided with an attorney during the screening and  
25 assessment, any statement made by the prisoner in the course of the screening or  
26 assessment shall not be admissible in a criminal trial of the prisoner, unless the trial  
27 is for a crime committed during the screening and assessment.



1 (19) The cabinet may, after consultation with those entities set out in subsection (13) of  
2 this section, promulgate administrative regulations for the operation of the  
3 telephonic behavioral health jail triage system and the establishment of its  
4 recommended protocols for prisoner housing, supervision, and care.

5 ➔Section 4. KRS 210.400 is amended to read as follows:

6 Subject to the provisions of this section and the policies and regulations of the secretary  
7 of the Cabinet for Health and Family Services, each community board for mental health  
8 or individuals with an intellectual disability shall:

- 9 (1) Review and evaluate services for mental health or individuals with an intellectual  
10 disability provided pursuant to KRS 210.370 to 210.460, and report thereon to the  
11 secretary of the Cabinet for Health and Family Services, the administrator of the  
12 program, and, when indicated, the public, together with recommendations for  
13 additional services and facilities;
- 14 (2) Recruit and promote local financial support for the program from private sources  
15 such as community chests, business, industrial and private foundations, voluntary  
16 agencies, and other lawful sources, and promote public support for municipal and  
17 county appropriations;
- 18 (3) Promote, arrange, and implement working agreements with other social service  
19 agencies, both public and private, and with other educational and judicial agencies;
- 20 (4) Adopt and implement policies to stimulate effective community relations;
- 21 (5) Be responsible for the development and approval of an annual plan and budget;
- 22 (6) Act as the administrative authority of the community program for mental health or  
23 individuals with an intellectual disability;
- 24 (7) Oversee and be responsible for the management of the community program for  
25 mental health or individuals with an intellectual disability in accordance with the  
26 plan and budget adopted by the board and the policies and regulations issued under  
27 KRS 210.370 to 210.480 by the secretary of the Cabinet for Health and Family

1 Services;

2 (8) Comply with the provisions of KRS 65A.010 to 65A.090; and

3 (9) Deliver the training recommended by *the Department for Behavioral Health,*  
4 *Developmental and Intellectual Disabilities for*~~[KRS 210.504]~~ local jailers and  
5 other officers of the court who may come in contact with persons deemed mentally  
6 ill and who are incarcerated or in detention.

7 ➔Section 5. KRS 210.485 is amended to read as follows:

8 Regional community boards for mental health or individuals with an intellectual disability  
9 shall, on at least an annual basis, submit the following lists to the circuit clerks in each  
10 board's region:

11 (1) A list of hospitals and psychiatric facilities in the judicial districts within the board's  
12 region which are able and willing to take respondents ordered to undergo seventy-  
13 two (72) hours of treatment and observation pursuant to KRS 222.434; and

14 (2) A list of hospitals and treatment providers in the judicial districts within the board's  
15 region who are able and willing to provide treatment for *substance use*  
16 *disorder*~~[alcohol and other drug abuse]~~ ordered pursuant to KRS 222.433.

17 ➔Section 6. KRS 210.506 is amended to read as follows:

18 (1) The regional community boards for mental health or individuals with an intellectual  
19 disability established under KRS 210.370 shall institute regional planning councils  
20 for the purpose of conducting assessment and strategic planning. The councils shall  
21 be attached to the community boards for mental health or individuals with an  
22 intellectual disability for administrative purposes.

23 (2) A member of the regional community board for mental health or individuals with an  
24 intellectual disability shall serve as chair of the regional planning council.

25 (3) The board shall issue invitations to join the council to no less than two (2)  
26 representatives of each of the following groups:

27 (a) Family members of individuals with mental illness, *substance use*

- 1            ~~disorder~~[alcohol and other drug abuse disorders], and dual diagnoses;
- 2            (b) Consumers of mental health and substance use disorder[abuse] services;
- 3            (c) County officials and business leaders;
- 4            (d) Health departments and primary care physicians;
- 5            (e) Advocates and community organizations;
- 6            (f) Educators and school personnel;
- 7            (g) Regional interagency councils established under KRS Chapter 200;
- 8            (h) Law enforcement and court personnel;
- 9            (i) Public and private organizations, agencies, or facilities that provide services
- 10           for mental health and substance use disorder[abuse] in the region that
- 11           represent inpatient services, outpatient services, residential services, and
- 12           community-based supportive housing programs;
- 13           (j) Individuals who provide mental health and substance use disorder[abuse]
- 14           services in the region; and
- 15           (k) Public and private hospitals that provide mental health and substance use
- 16           disorder[abuse] services.
- 17           (4) The regional planning councils may establish bylaws and procedures to assist in the
- 18           operation of the councils.
- 19           ➔Section 7. KRS 210.509 is amended to read as follows:
- 20           (1) The regional planning councils shall meet as often as necessary to accomplish their
- 21           purpose.
- 22           (2) The regional planning councils shall:
- 23           (a) Assess in the region the needs of individuals with mental illness, substance
- 24           use[alcohol and other drug abuse] disorders, and dual diagnoses;
- 25           (b) 1. Study the regional mental health and substance use disorder[abuse]
- 26           treatment delivery system and identify specific barriers in each region to
- 27           accessing services;

- 1           2.    Assess the capacity of and gaps in the existing system, including the  
2           adequacy of a safety net system and the adequacy and availability of the  
3           mental health and substance use disorder~~[abuse]~~ professional workforce  
4           in each region; and
- 5           3.    Assess the coordination and collaboration of efforts between public and  
6           private facilities and entities;
- 7       (c)   Develop a regional strategy to increase access to community-based services  
8           and supports for individuals with mental illness, substance use~~[alcohol and~~  
9           ~~other drug abuse]~~ disorders, and dual diagnoses. The strategies may include:
- 10          1.    Exploration of the use of community-based treatment programs,  
11           including but not limited to community-based hospitalization;
- 12          2.    Access to and funding for the most effective medications;
- 13          3.    Promotion of family and consumer support groups statewide;
- 14          4.    Reduction of instances of criminalization of individuals with mental  
15           illness, substance use~~[alcohol and other drug abuse]~~ disorders, and dual  
16           diagnoses; and
- 17          5.    Efforts to increase housing options for persons at risk of  
18           institutionalization;
- 19       (d)   Identify funding~~[needs and report to the commission established in KRS~~  
20           ~~210.502 about the use of any flexible safety net funding if appropriated by the~~  
21           ~~General Assembly]~~;
- 22       (e)   Evaluate the access of children and youth to mental health and substance use  
23           disorder~~[abuse]~~ services and preventive programs within the region, including  
24           but not limited to those provided by schools, family resource and youth  
25           services centers, public and private mental health and substance use  
26           disorder~~[abuse]~~ providers and facilities, physical health care providers and  
27           facilities, the faith community, and community agencies;

- 1 (f) Collect and evaluate data regarding individuals with mental illness, substance  
2 use~~[alcohol and other drug abuse]~~ disorders, and dual diagnoses who  
3 experience repeated hospital admissions, involvement with law enforcement,  
4 courts, and the judicial system, and repeated referrals from hospitals to  
5 community-based services; and
- 6 (g) Make recommendations on each subsection of this section in~~[to the~~  
7 ~~commission established under KRS 210.502 by July 1 of each odd-numbered~~  
8 ~~year. These recommendations may be incorporated into]~~ the regional annual  
9 plans required by KRS 210.400.

10 ➔Section 8. KRS 214.185 is amended to read as follows:

- 11 (1) Any physician, upon consultation by a minor as a patient, with the consent of such  
12 minor may make a diagnostic examination for venereal disease, pregnancy, or  
13 substance use disorder~~[alcohol or other drug abuse or addiction]~~ and may advise,  
14 prescribe for, and treat such minor regarding venereal disease, substance use  
15 disorder~~[alcohol and other drug abuse or addiction]~~, contraception, pregnancy, or  
16 childbirth, all without the consent of or notification to the parent, parents, or  
17 guardian of such minor patient, or to any other person having custody of such minor  
18 patient. Treatment under this section does not include inducing of an abortion or  
19 performance of a sterilization operation. In any such case, the physician shall incur  
20 no civil or criminal liability by reason of having made such diagnostic examination  
21 or rendered such treatment, but such immunity shall not apply to any negligent acts  
22 or omissions.
- 23 (2) Any physician may provide outpatient mental health counseling to any child age  
24 sixteen (16) or older upon request of such child without the consent of a parent,  
25 parents, or guardian of such child.
- 26 (3) Notwithstanding any other provision of the law, and without limiting cases in which  
27 consent may be otherwise obtained or is not required, any emancipated minor or any

1 minor who has contracted a lawful marriage or borne a child may give consent to  
2 the furnishing of hospital, medical, dental, or surgical care to his or her child or  
3 himself or herself and such consent shall not be subject to disaffirmance because of  
4 minority. The consent of the parent or parents of such married or emancipated  
5 minor shall not be necessary in order to authorize such care. For the purpose of this  
6 section only, a subsequent judgment of annulment of marriage or judgment of  
7 divorce shall not deprive the minor of his adult status once obtained. The provider  
8 of care may look only to the minor or spouse for payment for services under this  
9 section unless other persons specifically agree to assume the cost.

10 (4) Medical, dental, and other health services may be rendered to minors of any age  
11 without the consent of a parent or legal guardian when, in the professional's  
12 judgment, the risk to the minor's life or health is of such a nature that treatment  
13 should be given without delay and the requirement of consent would result in delay  
14 or denial of treatment.

15 (5) The consent of a minor who represents that he may give effective consent for the  
16 purpose of receiving medical, dental, or other health services but who may not in  
17 fact do so, shall be deemed effective without the consent of the minor's parent or  
18 legal guardian, if the person rendering the service relied in good faith upon the  
19 representations of the minor.

20 (6) The professional may inform the parent or legal guardian of the minor patient of any  
21 treatment given or needed where, in the judgment of the professional, informing the  
22 parent or guardian would benefit the health of the minor patient.

23 (7) Except as otherwise provided in this section, parents, the Cabinet for Health and  
24 Family Services, or any other custodian or guardian of a minor shall not be  
25 financially responsible for services rendered under this section unless they are  
26 essential for the preservation of the health of the minor.

27 ➔Section 9. KRS 222.003 is amended to read as follows:

- 1 (1) The programs or activities of the voluntary self-help organizations known as  
 2 Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, and similar organizations  
 3 in the area of substance use disorder~~[alcohol and other drug abuse]~~ rehabilitation  
 4 shall not be restricted or regulated by the provisions of this chapter.
- 5 (2) The programs or activities of voluntary community groups and agencies, such as  
 6 Students Against Drunk Driving, National Federation of Parents, Parent Resource  
 7 Institute for Drug Education, and similar organizations in the area of substance use  
 8 disorder~~[alcohol and other drug abuse]~~ prevention, shall not be restricted or  
 9 regulated by the provisions of this chapter.
- 10 (3) Nothing contained in this chapter shall affect any laws, administrative regulations,  
 11 ordinances, resolutions, or local regulations against driving under the influence of  
 12 alcohol or other drugs, or other similar offenses that involve the operation of motor  
 13 vehicles, machinery, or other hazardous equipment.

14 ➔Section 10. KRS 222.005 is amended to read as follows:

15 As used in this chapter, unless the context otherwise requires:

- 16 (1) "Administrator" means the person or the designee of the person, in charge of the  
 17 operation of substance use disorder~~[an alcohol and other drug abuse]~~ prevention,  
 18 intervention, or treatment program;
- 19 (2) "Agency" means a legal entity operating hospital-based or nonhospital-based  
 20 substance use disorder~~[alcohol and other drug abuse]~~ prevention, intervention, or  
 21 treatment programs;
- 22 (3) ~~["Alcohol and other drug abuse" means a dysfunctional use of alcohol or other~~  
 23 ~~drugs or both, characterized by one (1) or more of the following patterns of use:~~
- 24 (a) ~~The continued use despite knowledge of having a persistent or recurrent~~  
 25 ~~social, legal, occupational, psychological, or physical problem that is caused~~  
 26 ~~or exacerbated by use of alcohol or other drugs or both;~~
- 27 (b) ~~Use in situations which are potentially physically hazardous;~~

- 1       ~~(c) Loss of control over the use of alcohol or other drugs or both; and~~
- 2       ~~(d) Use of alcohol or other drugs or both is accompanied by symptoms of~~  
3               ~~physiological dependence, including pronounced withdrawal syndrome and~~  
4               ~~tolerance of body tissues to alcohol or other drugs or both;~~
- 5       ~~(4)~~ "Cabinet" means the Cabinet for Health and Family Services;
- 6       ~~(4)~~~~(5)~~ "Director" means the director of the Division of Behavioral Health of the  
7               Department for Behavioral Health, Developmental and Intellectual Disabilities;
- 8       ~~(5)~~~~(6)~~ "Hospital" means an establishment with organized medical staff and  
9               permanent facilities with inpatient beds which provide medical services, including  
10              physician services and continuous nursing services for the diagnosis and treatment  
11              of patients who have a variety of medical conditions, both surgical and nonsurgical;
- 12       ~~(6)~~~~(7)~~ "Intoxication" means being under the influence of alcohol or other drugs, or  
13              both, which significantly impairs a person's ability to function;
- 14       ~~(8) "Juvenile" means any person who is under the age of eighteen (18);~~
- 15       ~~(7)~~~~(9)~~ "Narcotic treatment program" means a substance use disorder~~[abuse]~~ program  
16              using approved controlled substances and offering a range of treatment procedures  
17              and services for the rehabilitation of persons dependent on opium, morphine,  
18              heroin, or any derivative or synthetic drug of that group;
- 19       ~~(8)~~~~(10)~~ "Other drugs" means controlled substances as defined in KRS Chapter 218A  
20              and volatile substances as defined in KRS 217.900;
- 21       ~~(9)~~~~(11)~~ "Patient" means any person admitted to a hospital or a licensed substance use  
22              disorder~~[alcohol and other drug abuse]~~ treatment program;
- 23       ~~(10)~~~~(12)~~ "Program" means a set of services rendered directly to the public that is  
24              organized around a common goal of either preventing, intervening, or treating  
25              substance use disorder~~[alcohol and other drug abuse]~~ problems;
- 26       ~~(11)~~~~(13)~~ "Secretary" means the secretary of the Cabinet for Health and Family  
27              Services;



1 *(12) "Substance use disorder" means a cluster of cognitive, behavioral, and*  
 2 *physiological symptoms indicating that the individual continues using the*  
 3 *substance despite significant substance-related problems. Criteria for substance*  
 4 *use disorder are in the most current edition of the American Psychiatric*  
 5 *Association's Diagnostic and Statistical Manual of Mental Disorders.*

6 *(13)*~~*(14)*~~ "Treatment" means services and programs for the care and rehabilitation of  
 7 intoxicated persons and persons suffering from *substance use disorder*~~*alcohol and*~~  
 8 ~~*other drug abuse*~~. "Treatment" includes those services provided by the cabinet in  
 9 KRS 222.211 and, in KRS 222.430 to 222.437, it specifically includes the services  
 10 described in KRS 222.211(1)(c) and (d); and

11 *(14)*~~*(15)*~~ "Qualified health professional" has the same meaning as qualified mental  
 12 health professional in KRS 202A.011, except that it also includes an alcohol and  
 13 drug counselor licensed or certified under KRS Chapter 309.

14 ➔Section 11. KRS 222.211 is amended to read as follows:

15 (1) The cabinet shall, in conjunction with the Office of Drug Control Policy and KY-  
 16 ASAP and in furtherance of the strategic plan developed in KRS 15A.342,  
 17 coordinate matters affecting *nicotine dependence*~~*tobacco addiction*~~ and *substance*  
 18 *use disorder*~~*alcohol and other drug abuse*~~ in the Commonwealth and shall assure  
 19 that there is the provision of prevention, intervention, and treatment services for  
 20 *individuals under age eighteen (18) years*~~*both juveniles*~~ and adults to address the  
 21 problems of *nicotine dependence*~~*tobacco addiction*~~ and *substance use*  
 22 *disorder*~~*alcohol and other drug abuse*~~ within individuals, families, and  
 23 communities; that the coordination of these matters shall be done in cooperation  
 24 with public and private agencies, business, and industry; and that technical  
 25 assistance, training, and consultation services shall be provided within budgetary  
 26 limitations when required. The cabinet may promulgate administrative regulations  
 27 under KRS Chapter 13A to carry out its powers and duties under this chapter. The

1 cabinet shall utilize community mental health centers and existing facilities and  
2 services within the private sector when possible. The cabinet shall be responsible  
3 for assuring that the following services are available:

4 (a) Primary prevention services directed to the general population and identified  
5 target groups for the purposes of avoiding the onset of **nicotine**  
6 **dependence**~~[tobacco addiction]~~ and **substance use disorder**~~[alcohol and other~~  
7 ~~drug abuse]~~ related problems and enhancing the general level of health of the  
8 target groups. The purpose of the services shall be to provide individuals with  
9 the information and skills necessary to make healthy decisions regarding the  
10 use or nonuse of tobacco **and nicotine products**, alcohol, and other drugs as  
11 well as to influence environmental factors, such as social policies and norms  
12 which will support healthy lifestyle;

13 (b) Intervention services for the purpose of identifying, motivating, and referring  
14 individuals in need of **nicotine dependence**~~[tobacco addiction]~~ and **substance**  
15 **use disorder**~~[alcohol and other drug abuse]~~ education or treatment services.  
16 Services may be provided in settings such as industry and business, schools,  
17 health, and social service agencies;

18 (c) **Withdrawal management**~~[Detoxification]~~ services on a twenty-four (24) hour  
19 basis in or near population centers which meet the immediate medical and  
20 physical needs of persons intoxicated from the use of alcohol or drugs, or  
21 both, including necessary diagnostic and referral services. The services shall  
22 be provided in either a hospital or a licensed **substance use disorder**~~[alcohol~~  
23 ~~and other drug abuse]~~ program;

24 (d) **Substance use disorder treatment**~~[Rehabilitation]~~ services offered on an  
25 inpatient or outpatient basis for the purposes of treating an individual's  
26 **substance use disorder**~~[alcohol and other drug abuse problem]~~. The services  
27 shall be provided in a licensed **substance use disorder**~~[alcohol and other drug~~

- 1           ~~abuse~~ program;
- 2           (e) Therapeutic services to family members ***and significant others*** of ***individuals***  
3           ***with a substance use disorder***~~[alcohol and other drug abusers]~~ for the purpose  
4           of reducing or eliminating dysfunctional behavior that may occur within  
5           individuals who are emotionally, socially, and sometimes physically  
6           dependent on an ***individual with a substance use disorder***~~[alcohol or other~~  
7           ~~drug abuser]~~. The services shall be offered primarily on ***an***~~[a]~~ outpatient basis;
- 8           (f) Inpatient psychiatric services for those ***individuals with a substance use***  
9           ***disorder***~~[alcohol and other drug abusers]~~ whose diagnosis reflects both serious  
10          mental ***illness***~~[health disturbances]~~ as well as ***a substance use***  
11          ***disorder***~~[alcohol and other drug abuse disorders]~~;
- 12          (g) Training programs for personnel working in the field of prevention,  
13          intervention, and treatment of ***nicotine dependence***~~[tobacco addiction]~~ and  
14          ***substance use disorders***~~[alcohol and other drug abuse problems]~~; and
- 15          (h) Driving under the influence services to include assessment, education, and  
16          treatment for persons convicted of operating a motor vehicle, while under the  
17          influence of alcohol or other substance which may impair driving ability,  
18          pursuant to KRS Chapter 189A.
- 19       (2) The cabinet shall comply with all policy recommendations of the Office of Drug  
20          Control Policy and KY-ASAP, and shall honor requests for information from the  
21          Office of Drug Control Policy created under KRS 15A.020.
- 22          ➔Section 12. KRS 222.221 is amended to read as follows:
- 23       ~~{(1)}~~ The cabinet may:
- 24       **(1)**~~{(a)}~~ Make and enter into all contracts and agreements necessary or incidental to the  
25          performance of its duties and the execution of its powers under this chapter,  
26          including, but not limited to, contracts with government departments, public and  
27          private agencies and facilities, physicians, and other persons rendering services to

1 *individuals with a substance use disorder*~~[alcohol and other drug abusers]~~. All  
 2 rates shall be established in accordance with administrative regulations promulgated  
 3 by the cabinet under KRS Chapter 13A. Income and resources of *individuals with a*  
 4 *substance use disorder*~~[alcohol and other drug abusers]~~ to pay for services shall be  
 5 taken into consideration to the fullest extent possible, and the cabinet shall be  
 6 subrogated to any public or private third-party payments which may be due;

7 ~~(2)(b)~~ Establish and operate facilities if adequate public and private resources are not  
 8 available;

9 ~~(3)(e)~~ Solicit and accept for use in relation to the purposes of this chapter any gift or  
 10 bequest of money or property and any grant or loans of money, services, or property  
 11 from the federal government, the Commonwealth or any political subdivision  
 12 thereof. Any money received under this paragraph shall be deposited in the State  
 13 Treasury to be kept in a separate fund which is hereby created, for expenditure by  
 14 the cabinet in accordance with the conditions of the gift, bequest, loan, or grant  
 15 without specific appropriations; and

16 ~~(4)(d)~~ Promulgate administrative regulations pursuant to KRS Chapter 13A setting  
 17 standards for the admission of patients to its facilities and set fees for treatment.  
 18 Except as otherwise provided by law, all provisions of KRS Chapter 210 relating to  
 19 charges and collection for treatment of *individuals with a mental illness*~~[the~~  
 20 ~~mentally ill]~~ shall apply to fees and collection of fees for treatment of *individuals*  
 21 *with a substance use disorder*~~[alcohol and other drug abusers]~~.

22 ~~[(2) The cabinet shall prepare and publish annually a directory of all alcohol and other~~  
 23 ~~drug abuse facilities and services available in the Commonwealth. This directory~~  
 24 ~~shall be made available upon request.]~~

25 ➔Section 13. KRS 222.231 is amended to read as follows:

26 (1) The cabinet shall issue for a term of one (1) year, and may renew for like terms, a  
 27 license, subject to revocation by it for cause, to any persons, other than *a substance*

1        use disorder~~[an alcohol and other drug abuse]~~ program that has been issued a  
2        license by the cabinet entitled "Chemical Dependency Treatment Services" pursuant  
3        to KRS 216B.042~~[216B.105]~~ or a department, agency, or institution of the federal  
4        government, deemed by it to be responsible and suitable to establish and maintain a  
5        program and to meet applicable licensure standards and requirements.

6        (2) The cabinet shall promulgate administrative regulations pursuant to KRS Chapter  
7        13A establishing requirements and standards for licensing agencies and approving  
8        programs. The requirements and standards shall include:

- 9        (a) The health and safety standards to be met by a facility housing a program;
- 10        (b) Patient care standards and minimum operating, training, and maintenance of  
11        patient records standards;
- 12        (c) Licensing fees, application, renewal and revocation procedures, and the  
13        procedures for evaluation of the substance use disorder~~[alcohol and other  
14        drug abuse]~~ programs; and
- 15        (d) Classification of substance use disorder~~[alcohol and other drug abuse]~~  
16        programs according to type, range of services, and level of care provided.

17        (3) The cabinet may establish different requirements and standards for different kinds  
18        of programs, and may impose stricter requirements and standards in contracts with  
19        agencies made pursuant to KRS 222.221.

20        (4) Each agency shall be individually licensed or approved.

21        (5) Each agency shall file with the cabinet from time to time, the data, statistics,  
22        schedules, or information the cabinet may reasonably require for the purposes of  
23        this section.

24        (6) (a) The cabinet shall have authority to deny, revoke, or modify~~[, or suspend]~~ a  
25        license in any case in which it finds that there has been a substantial failure to  
26        comply with the provisions of this chapter or the administrative regulations  
27        promulgated thereunder. The denial, revocation, or modification~~[, or~~

1           ~~suspension~~ shall be effected by providing~~[mailing]~~ to the applicant or  
 2           licensee, by certified mail or other method of delivery, which may include  
 3           electronic service, a notice setting forth the particular reasons for the action.  
 4           The denial, revocation, or modification~~[, or suspension]~~ shall become final  
 5           and conclusive thirty (30) days after notice is given, unless the applicant or  
 6           licensee, within this thirty (30) day period, files~~[shall file]~~ a request in writing  
 7           for a hearing before the cabinet.

8           **(b) If the cabinet has probable cause to believe that there is an immediate**  
 9           **threat to public health, safety, or welfare, the cabinet may issue an**  
 10           **emergency order to suspend the license. The emergency order to suspend**  
 11           **the license shall be provided to the licensee, by certified mail or other**  
 12           **method delivery, which may include electronic service, a notice setting forth**  
 13           **the particular reasons for the action.**

14       **(7) Any person required to comply with an emergency order issued under subsection**  
 15       **(6) of this section may request an emergency hearing within five (5) calendar**  
 16       **days of receipt of the notice to determine the propriety of the order. The cabinet**  
 17       **shall conduct an emergency hearing within ten (10) working days of the request**  
 18       **for a hearing. Within five (5) working days of completion of the hearing, the**  
 19       **cabinet's hearing officer shall render a written decision affirming, modifying, or**  
 20       **revoking the emergency order. The emergency order shall be affirmed if there is**  
 21       **substantial evidence of a violation of law that constitutes an immediate danger to**  
 22       **public health, safety, or welfare. The decision rendered by the hearing officer**  
 23       **shall be a final order of the cabinet on the matter, and any party aggrieved by the**  
 24       **decision may appeal to the Franklin Circuit Court.**

25       **(8) If the cabinet issues an emergency order, the cabinet shall take action to revoke**  
 26       **the facility's license if:**

27       **(a) The facility fails to submit a written request for an emergency hearing**

1 within five (5) calendar days of receipt of the notice; or

2 (b) The decision rendered under subsection (7) of this section affirms that there  
3 is substantial evidence of an immediate danger to public health, safety, or  
4 welfare.

5 (9) (a) The cabinet, after holding a hearing conducted by a hearing officer appointed  
6 by the secretary and conducted in accordance with KRS Chapter 13B, may  
7 refuse to grant, suspend, revoke, limit, or restrict the applicability of or refuse  
8 to renew any agency license or approval of programs for any failure to meet  
9 the requirements of its administrative regulations or standards concerning a  
10 licensed agency and its program.

11 (b) Within five (5) working days of completion of a hearing on an emergency  
12 suspension or within thirty (30) calendar days from the conclusion of a  
13 hearing on the denial, revocation or modification of a license, the findings  
14 and recommendations of the hearing officer shall be transmitted to the  
15 cabinet, with a synopsis of the evidence contained in the record and a  
16 statement of the basis of the hearing officer's findings.

17 (c) A petition for judicial review shall be made to the Franklin Circuit Court in  
18 accordance with KRS Chapter 13B.

19 (10) [(8)] No person, excepting a substance use disorder ~~[an alcohol and other drug~~  
20 ~~abuse]~~ program that has been issued a license by the cabinet entitled "Chemical  
21 Dependency Treatment Services" pursuant to KRS 216B.042 ~~[216B.105]~~ or a  
22 department, agency, or institution of the federal government, shall operate a  
23 program without a license pursuant to this section.

24 (11) [(9)] Each program operated by a licensed agency shall be subject to visitation and  
25 inspection by the cabinet and the cabinet shall inspect each agency prior to granting  
26 or renewing a license. The cabinet may examine the books and accounts of any  
27 program if it deems the examination necessary for the purposes of this section.

1 ~~(12)~~~~(10)~~ The director may require agencies ~~that~~~~which~~ contract with the  
2 Commonwealth pursuant to KRS 222.221 to admit as an inpatient or outpatient any  
3 person to be afforded treatment pursuant to this chapter, subject to service and bed  
4 availability and medical necessity.

5 ~~(13)~~~~(11)~~ The cabinet shall promulgate administrative regulations pursuant to KRS  
6 Chapter 13A governing the extent to which programs may be required to treat any  
7 person on an inpatient or outpatient basis pursuant to this chapter, except that no  
8 licensed hospital with an emergency service shall refuse any person suffering from  
9 acute alcohol or other drug intoxication or severe withdrawal syndrome from  
10 emergency medical care.

11 ~~(14)~~~~(12)~~ All narcotic treatment programs shall be licensed under this section prior to  
12 operation. The cabinet shall promulgate administrative regulations pursuant to KRS  
13 Chapter 13A to establish additional standards of operation for narcotic treatment  
14 programs. The administrative regulations shall include minimum requirements in  
15 the following areas:

- 16 (a) Compliance with relevant local ordinances and zoning requirements;
- 17 (b) Submission of a plan of operation~~[-, including memoranda of agreement which~~  
18 ~~reflect supportive services from local hospitals, law enforcement agencies,~~  
19 ~~correctional facilities, community agencies for mental health or individuals~~  
20 ~~with an intellectual disability, and other alcohol and drug abuse services in the~~  
21 ~~community];~~
- 22 (c) Criminal records checks for employees of the narcotic treatment program~~[-~~  
23 ~~Narcotic treatment programs shall not employ any person convicted of a crime~~  
24 ~~involving a controlled substance as defined in KRS Chapter 218A];~~
- 25 (d) Conditions under which clients are permitted to take home doses of  
26 medications;
- 27 (e) ~~Drug~~~~Urine~~ screening requirements;



- 1 (f) Quality assurance procedures;
- 2 (g) Program **director**~~[sponsor]~~ requirements;
- 3 (h) Qualifications for the medical director for a narcotic treatment program, who
- 4 at a minimum shall:
- 5 1. ~~[Be a licensed physician pursuant to KRS Chapter 311 and function~~
- 6 ~~autonomously within the narcotic treatment program; and~~
- 7 2. ~~]~~Be a board eligible psychiatrist licensed to practice in Kentucky and
- 8 have three (3) years' documented experience in the provision of services
- 9 to **individuals with a substance use disorder**~~[persons who are addicted~~
- 10 ~~to alcohol or other drugs]; or~~
- 11 2.~~[3.]~~Be a physician licensed **to practice in Kentucky**~~[pursuant to KRS~~
- 12 ~~Chapter 311]~~ and **be board** certified as an **addiction medicine**
- 13 **specialist**~~;~~~~[addictionologist by the American Society of Addiction~~
- 14 ~~Medicine.]~~
- 15 (i) Security and control of narcotics and medications;
- 16 (j) Program admissions standards;
- 17 (k) Treatment protocols;
- 18 (l) Treatment compliance requirements for program clients;
- 19 (m) Rights of clients; and
- 20 (n) Monitoring of narcotic treatment programs by the cabinet.
- 21 ➔Section 14. KRS 222.271 is amended to read as follows:
- 22 (1) The administrator of each program shall keep a record of the treatment afforded
- 23 each **substance use disorder**~~[alcohol and other drug abuse]~~ patient, which shall be
- 24 confidential in accordance with administrative regulations promulgated by the
- 25 cabinet.
- 26 (2) Any patient may have a physician retained by him examine him, consult privately
- 27 with his attorney, receive visitors, and send and receive communications by mail,

1 telephone, and telegraph. The communications shall not be censored or read without  
2 consent of the patient. The right of the administrator, subject to administrative  
3 regulations of the cabinet, to prescribe reasonable rules governing visitation rights,  
4 use of the mail, and telephone and telegraph facilities shall not be limited.

5 ➔Section 15. KRS 222.311 is amended to read as follows:

6 (1) No hospital shall deny treatment to a person solely because of his or her substance  
7 use disorder~~[alcohol and other drug abuse]~~.

8 (2) Any intoxicated person admitted to a licensed substance use disorder~~[alcohol and~~  
9 ~~other drug abuse]~~ program or a hospital licensed to provide chemical dependency  
10 treatment or detoxification services, shall receive treatment at the program or  
11 hospital for as long as the person wishes to remain, or until benefits expire, or the  
12 administrator determines that treatment will no longer benefit the person.

13 ➔Section 16. KRS 222.421 is amended to read as follows:

14 (1) Any person may request treatment from a physician or substance use  
15 disorder~~[alcohol and other drug abuse]~~ program licensed or approved by the cabinet  
16 to provide substance use disorder~~[alcohol and other drug abuse]~~ treatment services.  
17 Persons infected with HIV, hepatitis B, or hepatitis C shall have priority access to  
18 any licensed treatment services.

19 (2) Every substance use disorder~~[alcohol and other drug abuse]~~ program that provides  
20 intervention or treatment services to a person with a substance use disorder~~[an~~  
21 ~~alcohol and other drug abuse problem]~~ or prevention programming to any persons  
22 in the community shall, upon request of the cabinet, make a statistical report to the  
23 secretary, in a form and manner the secretary shall prescribe, of persons provided  
24 prevention, intervention, and treatment services during a specified period of time.  
25 The name or address of any person to whom prevention, intervention, or treatment  
26 services were provided shall not be reported. The secretary shall provide  
27 compilations of the statistical information to other appropriate agencies upon

1 request.

2 ➔Section 17. KRS 222.430 is amended to read as follows:

3 (1) Involuntary treatment ordered for a person suffering from *substance use*  
4 *disorder*~~[alcohol and other drug abuse]~~ shall follow the procedures set forth in KRS  
5 222.430 to 222.437.

6 (2) Except as otherwise provided for in KRS 222.430 to 222.437, all rights guaranteed  
7 by KRS Chapters 202A and 210 to involuntarily hospitalized mentally ill persons  
8 shall be guaranteed to a person ordered to undergo treatment for *substance use*  
9 *disorder*~~[alcohol and other drug abuse]~~.

10 ➔Section 18. KRS 222.431 is amended to read as follows:

11 No person suffering from *substance use disorder*~~[alcohol and other drug abuse]~~ shall be  
12 ordered to undergo treatment unless that person:

13 (1) Suffers from *substance use disorder*~~[alcohol and other drug abuse]~~;

14 (2) Presents an imminent threat of danger to self, family, or others as a result of *a*  
15 *substance use disorder*~~[alcohol and other drug abuse]~~, or there exists a substantial  
16 likelihood of such a threat in the near future; and

17 (3) Can reasonably benefit from treatment.

18 ➔Section 19. KRS 222.432 is amended to read as follows:

19 (1) Proceedings for sixty (60) days or three hundred sixty (360) days of treatment for an  
20 individual suffering from *substance use disorder*~~[alcohol and other drug abuse]~~  
21 shall be initiated by the filing of a verified petition in District Court.

22 (2) The petition and all subsequent court documents shall be entitled: "In the interest of  
23 (name of respondent)."

24 (3) The petition shall be filed by a spouse, relative, friend, or guardian of the individual  
25 concerning whom the petition is filed.

26 (4) The petition shall set forth:

27 (a) Petitioner's relationship to the respondent;

- 1 (b) Respondent's name, residence, and current location, if known;
- 2 (c) The name and residence of respondent's parents, if living and if known, or
- 3 respondent's legal guardian, if any and if known;
- 4 (d) The name and residence of respondent's husband or wife, if any and if known;
- 5 (e) The name and residence of the person having custody of the respondent, if
- 6 any, or if no such person is known, the name and residence of a near relative
- 7 or that the person is unknown; and
- 8 (f) Petitioner's belief, including the factual basis therefor, that the respondent is
- 9 suffering from an alcohol and other drug abuse disorder and presents a danger
- 10 or threat of danger to self, family, or others if not treated for substance use
- 11 disorder~~[alcohol or other drug abuse]~~.

12 Any petition filed pursuant to this subsection shall be accompanied by a guarantee,

13 signed by the petitioner or other person authorized under subsection (3) of this

14 section, obligating that person to pay all costs for treatment of the respondent for

15 substance use disorder~~[alcohol and other drug abuse]~~ that is ordered by the court.

16 ➔Section 20. KRS 222.433 is amended to read as follows:

- 17 (1) Upon receipt of the petition, the court shall examine the petitioner under oath as to
- 18 the contents of the petition.
- 19 (2) If, after reviewing the allegations contained in the petition and examining the
- 20 petitioner under oath, it appears to the court that there is probable cause to believe
- 21 the respondent should be ordered to undergo treatment, then the court shall:
- 22 (a) Set a date for a hearing within fourteen (14) days to determine if there is
- 23 probable cause to believe the respondent should be ordered to undergo
- 24 treatment for a substance use disorder~~[alcohol and other drug abuse]~~;
- 25 (b) Notify the respondent, the legal guardian, if any and if known, and the spouse,
- 26 parents, or nearest relative or friend of the respondent concerning the
- 27 allegations and contents of the petition and the date and purpose of the

1 hearing; and the name, address, and telephone number of the attorney  
2 appointed to represent the respondent; and

3 (c) Cause the respondent to be examined no later than twenty-four (24) hours  
4 before the hearing date by two (2) qualified health professionals, at least one  
5 (1) of whom is a physician. The qualified health professionals shall certify  
6 their findings to the court within twenty-four (24) hours of the examinations.

7 (3) If, upon completion of the hearing, the court finds the respondent should be ordered  
8 to undergo treatment, then the court shall order such treatment for a period not to  
9 exceed sixty (60) consecutive days from the date of the court order or a period not  
10 to exceed three hundred sixty (360) consecutive days from the date of the court  
11 order, whatever was the period of time that was requested in the petition or  
12 otherwise agreed to at the hearing. Failure of a respondent to undergo treatment  
13 ordered pursuant to this subsection may place the respondent in contempt of court.

14 (4) If, at any time after the petition is filed, the court finds that there is no probable  
15 cause to continue treatment or if the petitioner withdraws the petition, then the  
16 proceedings against the respondent shall be dismissed.

17 ➔Section 21. KRS 222.434 is amended to read as follows:

18 (1) Following an examination by a qualified health professional and a certification by  
19 that professional that the person meets the criteria specified in KRS 222.431, the  
20 court may order the person hospitalized for a period not to exceed seventy-two (72)  
21 hours if the court finds, by clear and convincing evidence, that the respondent  
22 presents an imminent threat of danger to self, family, or others as a result of a  
23 substance use disorder~~[alcohol and other drug abuse]~~.

24 (2) Any person who has been admitted to a hospital under subsection (1) of this section  
25 shall be released from the hospital within seventy-two (72) hours of admittance.

26 (3) No respondent ordered hospitalized under this section shall be held in jail pending  
27 transportation to the hospital or evaluation unless the court has previously found the

1           respondent to be in contempt of court for either failure to undergo treatment or  
2           failure to appear at the evaluation ordered pursuant to KRS 222.433.

3           ➔Section 22. KRS 222.435 is amended to read as follows:

4           When the court is authorized to issue an order that the respondent be transported to a  
5           hospital, the court may, or if the respondent fails to attend an examination scheduled  
6           before the hearing provided for in KRS 222.433 then the court shall, issue a summons. A  
7           summons so issued shall be directed to the respondent and shall command the respondent  
8           to appear at a time and place therein specified. If a respondent who has been summoned  
9           fails to appear at the hospital or the examination, then the court may order the sheriff or  
10          other peace officer to transport the respondent to a hospital or psychiatric facility  
11          designated by the cabinet for treatment under KRS 210.485. The sheriff or other peace  
12          officer may, upon agreement of a person authorized by the peace officer, authorize the  
13          cabinet, a private agency on contract with the cabinet, or an ambulance service designated  
14          by the cabinet to transport the respondent to the hospital. The transportation costs of the  
15          sheriff, other peace officer, ambulance service, or other private agency on contract with  
16          the cabinet shall be included in the costs of treatment for a substance use  
17          disorder~~[alcohol and other drug abuse]~~ to be paid by the petitioner.

18          ➔Section 23. KRS 222.441 is amended to read as follows:

19          (1) Notwithstanding any other law, a minor who suffers from a substance use  
20          disorder~~[an alcohol and other drug abuse problem]~~ or emotional disturbance from  
21          the effects of a family member or legal guardian's substance use disorder~~[alcohol~~  
22          ~~and other drug abuse problem]~~ or the parent or guardian of the minor may give  
23          consent to the furnishing of medical care or counseling related to the assessment or  
24          treatment of the conditions. The consent of the minor shall be valid as if the minor  
25          had achieved majority. No person or facility shall incur liability by reason of having  
26          made a diagnostic examination or rendered treatment as provided in this section, but  
27          the immunity shall not apply to any negligent acts or omissions.

1 (2) A minor hospitalized or treated without the minor's consent but with the consent of  
2 the parent or guardian may petition the District Court to determine whether the  
3 minor is suffering from a substance use disorder~~[alcohol or drug abuse or~~  
4 ~~addiction]~~ and whether the treatment is necessary for the health and welfare of the  
5 minor.

6 ➔Section 24. KRS 222.460 is amended to read as follows:

7 (1) As a requirement to receive state or federal funds, including Medicaid, a treatment  
8 center or program licensed as a chemical dependency treatment service pursuant to  
9 KRS 216B.042~~[216B.105]~~ or this chapter shall participate in an evaluation or  
10 client-outcome effectiveness study conducted by the cabinet.

11 (2) Information for the evaluation shall include, but is not limited to, the following:

12 (a) The total number of substance use disorder~~[alcohol and drug abuse]~~ clients  
13 admitted to treatment;

14 (b) The total number of referrals from the District and Circuit Courts and the  
15 Department of Corrections;

16 (c) The client's change in substance use~~[alcohol and other drug use]~~ patterns  
17 from admission to discharge from treatment;

18 (d) The client's change in employment status from admission to discharge from  
19 treatment; and

20 (e) The client's change in involvement with the criminal justice system from  
21 admission to discharge from treatment.

22 (3) All information collected pursuant to this chapter shall be held confidential with  
23 respect to the identity of individual clients. Access to information that identifies  
24 individual clients may be provided to qualified persons or organizations with a valid  
25 scientific interest, as determined by the secretary, who are engaged in research  
26 related to patterns of drug and alcohol use, the effectiveness of treatment, or similar  
27 studies and who agree in writing to maintain confidentiality.

1       ➔Section 25. KRS 222.465 is amended to read as follows:

- 2       (1) All inpatient, residential, or outpatient treatment centers or programs licensed as a  
3       chemical dependency treatment service pursuant to KRS 216B.042~~[216B.105]~~ or  
4       this chapter and receiving state or federal funds, shall participate in a client-outcome  
5       study conducted by the cabinet. This scientifically-conducted client-oriented  
6       evaluation study shall measure the relative change in a client as a result of the  
7       client's participation in specific treatment modalities. The client-outcome study shall  
8       measure the client's length of stay in each treatment modality and the client's change  
9       in behavior one (1) year after being discharged from a treatment program.
- 10       (2) Follow-up reports on a scientifically-based sample of clients discharged from  
11       chemical dependency treatment programs shall be gathered by an independent  
12       organization qualified to conduct outcome evaluation and submitted to the cabinet  
13       in a format to be determined by administrative regulations of the cabinet. The  
14       follow-up report shall measure the client's current substance use~~[alcohol or drug~~  
15       ~~use]~~ patterns, employment status, educational status, and involvement in the  
16       criminal justice system. Follow-up reports may be conducted through telephone or  
17       mail surveys of clients and the cost of reports shall be borne by the cabinet.
- 18       (3) Clients who refuse to participate in the follow-up report or who cannot reasonably  
19       be located shall be noted in the follow-up report.

20       ➔Section 26. KRS 304.17A-660 is amended to read as follows:

21       As used in KRS 304.17A-660 to 304.17A-669, unless the context requires otherwise:

- 22       (1) "Mental health condition" means any condition or disorder that involves mental  
23       illness or substance use disorder~~[alcohol and other drug abuse]~~ as defined in KRS  
24       222.005 and that falls under any of the diagnostic categories listed in the Diagnostic  
25       and Statistical Manual of Mental Disorders (Fourth Edition) or that is listed in the  
26       mental disorders section of the international classification of disease, or the most  
27       recent subsequent editions;



1 (2) "Terms or conditions" includes day or visit limits, episodes of care, any lifetime or  
 2 annual payment limits, deductibles, copayments, prescription coverage,  
 3 coinsurance, out-of-pocket limits, and any other cost-sharing requirements; and

4 (3) "Treatment of a mental health condition" includes, but is not limited to, any  
 5 necessary outpatient, inpatient, residential, partial hospitalization, day treatment,  
 6 emergency detoxification, or crisis stabilization services.

7 ➔Section 27. KRS 311B.160 is amended to read as follows:

8 The board may deny, revoke, or suspend the license of an individual who:

9 (1) Has engaged in conduct relating to his or her profession that is likely to deceive,  
 10 defraud, or harm the public;

11 (2) Has *a substance use disorder that impairs the individual's ability to perform his*  
 12 *or her duties*~~[engaged in alcohol and other drug abuse as defined in KRS 222.005];~~

13 (3) Develops a physical or mental disability or other condition that makes continued  
 14 practice or performance of his or her duties potentially dangerous to patients or the  
 15 public;

16 (4) Performs procedures under or represents as valid to any person a license:

17 (a) Not issued by the board;

18 (b) Containing unauthorized alterations; or

19 (c) Containing changes that are inconsistent with board records regarding its  
 20 issuance;

21 (5) Has been convicted of a crime that is a felony under the laws of this state or  
 22 convicted of a felony in a federal court, unless the individual has had all civil rights  
 23 restored, if in accordance with KRS Chapter 335B;

24 (6) Exhibits significant or repeated failure in the performance of professional duties; or

25 (7) Fails to comply with any administrative regulation of the board.

26 ➔Section 28. KRS 600.020 is amended to read as follows:

27 As used in KRS Chapters 600 to 645, unless the context otherwise requires:

- 1 (1) "Abused or neglected child" means a child whose health or welfare is harmed or  
2 threatened with harm when:
- 3 (a) His or her parent, guardian, person in a position of authority or special trust, as  
4 defined in KRS 532.045, or other person exercising custodial control or  
5 supervision of the child:
- 6 1. Inflicts or allows to be inflicted upon the child physical or emotional  
7 injury as defined in this section by other than accidental means;
  - 8 2. Creates or allows to be created a risk of physical or emotional injury as  
9 defined in this section to the child by other than accidental means;
  - 10 3. Engages in a pattern of conduct that renders the parent incapable of  
11 caring for the immediate and ongoing needs of the child including, but  
12 not limited to, parental incapacity due to a substance use  
13 disorder~~[alcohol and other drug abuse]~~ as defined in KRS 222.005;
  - 14 4. Continuously or repeatedly fails or refuses to provide essential parental  
15 care and protection for the child, considering the age of the child;
  - 16 5. Commits or allows to be committed an act of sexual abuse, sexual  
17 exploitation, or prostitution upon the child;
  - 18 6. Creates or allows to be created a risk that an act of sexual abuse, sexual  
19 exploitation, or prostitution will be committed upon the child;
  - 20 7. Abandons or exploits the child;
  - 21 8. Does not provide the child with adequate care, supervision, food,  
22 clothing, shelter, and education or medical care necessary for the child's  
23 well-being. A parent or other person exercising custodial control or  
24 supervision of the child legitimately practicing the person's religious  
25 beliefs shall not be considered a negligent parent solely because of  
26 failure to provide specified medical treatment for a child for that reason  
27 alone. This exception shall not preclude a court from ordering necessary

- 1                    medical services for a child; or
- 2            9.    Fails to make sufficient progress toward identified goals as set forth in
- 3                    the court-approved case plan to allow for the safe return of the child to
- 4                    the parent that results in the child remaining committed to the cabinet
- 5                    and remaining in foster care for fifteen (15) cumulative months out of
- 6                    forty-eight (48) months; or
- 7            (b)   A person twenty-one (21) years of age or older commits or allows to be
- 8                    committed an act of sexual abuse, sexual exploitation, or prostitution upon a
- 9                    child less than sixteen (16) years of age;
- 10    (2)   "Age or developmentally appropriate" has the same meaning as in 42 U.S.C. sec.
- 11            675(11);
- 12    (3)   "Aggravated circumstances" means the existence of one (1) or more of the
- 13            following conditions:
- 14            (a)   The parent has not attempted or has not had contact with the child for a period
- 15                    of not less than ninety (90) days;
- 16            (b)   The parent is incarcerated and will be unavailable to care for the child for a
- 17                    period of at least one (1) year from the date of the child's entry into foster care
- 18                    and there is no appropriate relative placement available during this period of
- 19                    time;
- 20            (c)   The parent has sexually abused the child and has refused available treatment;
- 21            (d)   The parent has been found by the cabinet to have engaged in abuse of the
- 22                    child that required removal from the parent's home two (2) or more times in
- 23                    the past two (2) years; or
- 24            (e)   The parent has caused the child serious physical injury;
- 25    (4)   "Beyond the control of parents" means a child who has repeatedly failed to follow
- 26            the reasonable directives of his or her parents, legal guardian, or person exercising
- 27            custodial control or supervision other than a state agency, which behavior results in

- 1 danger to the child or others, and which behavior does not constitute behavior that  
2 would warrant the filing of a petition under KRS Chapter 645;
- 3 (5) "Beyond the control of school" means any child who has been found by the court to  
4 have repeatedly violated the lawful regulations for the government of the school as  
5 provided in KRS 158.150, and as documented in writing by the school as a part of  
6 the school's petition or as an attachment to the school's petition. The petition or  
7 attachment shall describe the student's behavior and all intervention strategies  
8 attempted by the school;
- 9 (6) "Boarding home" means a privately owned and operated home for the boarding and  
10 lodging of individuals which is approved by the Department of Juvenile Justice or  
11 the cabinet for the placement of children committed to the department or the  
12 cabinet;
- 13 (7) "Cabinet" means the Cabinet for Health and Family Services;
- 14 (8) "Certified juvenile facility staff" means individuals who meet the qualifications of,  
15 and who have completed a course of education and training in juvenile detention  
16 developed and approved by, the Department of Juvenile Justice after consultation  
17 with other appropriate state agencies;
- 18 (9) "Child" means any person who has not reached his or her eighteenth birthday,  
19 unless otherwise provided;
- 20 (10) "Child-caring facility" means any facility or group home other than a state facility,  
21 Department of Juvenile Justice contract facility or group home, or one certified by  
22 an appropriate agency as operated primarily for educational or medical purposes,  
23 providing residential care on a twenty-four (24) hour basis to children not related by  
24 blood, adoption, or marriage to the person maintaining the facility;
- 25 (11) "Child-placing agency" means any agency, other than a state agency, which  
26 supervises the placement of children in foster family homes or child-caring facilities  
27 or which places children for adoption;

- 1 (12) "Clinical treatment facility" means a facility with more than eight (8) beds  
2 designated by the Department of Juvenile Justice or the cabinet for the treatment of  
3 mentally ill children. The treatment program of such facilities shall be supervised by  
4 a qualified mental health professional;
- 5 (13) "Commitment" means an order of the court which places a child under the custodial  
6 control or supervision of the Cabinet for Health and Family Services, Department of  
7 Juvenile Justice, or another facility or agency until the child attains the age of  
8 eighteen (18) unless otherwise provided by law;
- 9 (14) "Community-based facility" means any nonsecure, homelike facility licensed,  
10 operated, or permitted to operate by the Department of Juvenile Justice or the  
11 cabinet, which is located within a reasonable proximity of the child's family and  
12 home community, which affords the child the opportunity, if a Kentucky resident, to  
13 continue family and community contact;
- 14 (15) "Complaint" means a verified statement setting forth allegations in regard to the  
15 child which contain sufficient facts for the formulation of a subsequent petition;
- 16 (16) "Court" means the juvenile session of District Court unless a statute specifies the  
17 adult session of District Court or the Circuit Court;
- 18 (17) "Court-designated worker" means that organization or individual delegated by the  
19 Administrative Office of the Courts for the purposes of placing children in  
20 alternative placements prior to arraignment, conducting preliminary investigations,  
21 and formulating, entering into, and supervising diversion agreements and  
22 performing such other functions as authorized by law or court order;
- 23 (18) "Deadly weapon" has the same meaning as it does in KRS 500.080;
- 24 (19) "Department" means the Department for Community Based Services;
- 25 (20) "Dependent child" means any child, other than an abused or neglected child, who is  
26 under improper care, custody, control, or guardianship that is not due to an  
27 intentional act of the parent, guardian, or person exercising custodial control or

- 1 supervision of the child;
- 2 (21) "Detention" means the safe and temporary custody of a juvenile who is accused of  
3 conduct subject to the jurisdiction of the court who requires a restricted or closely  
4 supervised environment for his or her own or the community's protection;
- 5 (22) "Detention hearing" means a hearing held by a judge or trial commissioner within  
6 twenty-four (24) hours, exclusive of weekends and holidays, of the start of any  
7 period of detention prior to adjudication;
- 8 (23) "Diversion agreement" means a mechanism designed to hold a child accountable for  
9 his or her behavior and, if appropriate, securing services to serve the best interest of  
10 the child and to provide redress for that behavior without court action and without  
11 the creation of a formal court record;
- 12 (24) "Eligible youth" means a person who:
- 13 (a) Is or has been committed to the cabinet as dependent, neglected, or abused;
- 14 (b) Is eighteen (18) years of age to nineteen (19) years of age; and
- 15 (c) Is requesting to extend or reinstate his or her commitment to the cabinet in  
16 order to participate in state or federal educational programs or to establish  
17 independent living arrangements;
- 18 (25) "Emergency shelter" is a group home, private residence, foster home, or similar  
19 homelike facility which provides temporary or emergency care of children and  
20 adequate staff and services consistent with the needs of each child;
- 21 (26) "Emotional injury" means an injury to the mental or psychological capacity or  
22 emotional stability of a child as evidenced by a substantial and observable  
23 impairment in the child's ability to function within a normal range of performance  
24 and behavior with due regard to his or her age, development, culture, and  
25 environment as testified to by a qualified mental health professional;
- 26 (27) "Evidence-based practices" means policies, procedures, programs, and practices  
27 proven by scientific research to reliably produce reductions in recidivism;

- 1 (28) "Fictive kin" means an individual who is not related by birth, adoption, or marriage  
2 to a child, but who has an emotionally significant relationship with the child;
- 3 (29) "Firearm" shall have the same meaning as in KRS 237.060 and 527.010;
- 4 (30) "Foster family home" means a private home in which children are placed for foster  
5 family care under supervision of the cabinet or a licensed child-placing agency;
- 6 (31) "Graduated sanction" means any of a continuum of accountability measures,  
7 programs, and sanctions, ranging from less restrictive to more restrictive in nature,  
8 that may include but are not limited to:
- 9 (a) Electronic monitoring;
- 10 (b) Drug and alcohol screening, testing, or monitoring;
- 11 (c) Day or evening reporting centers;
- 12 (d) Reporting requirements;
- 13 (e) Community service; and
- 14 (f) Rehabilitative interventions such as family counseling, substance abuse  
15 treatment, restorative justice programs, and behavioral or mental health  
16 treatment;
- 17 (32) "Habitual runaway" means any child who has been found by the court to have been  
18 absent from his or her place of lawful residence without the permission of his or her  
19 custodian for at least three (3) days during a one (1) year period;
- 20 (33) "Habitual truant" means any child who has been found by the court to have been  
21 reported as a truant as defined in KRS 159.150(1) two (2) or more times during a  
22 one (1) year period;
- 23 (34) "Hospital" means, except for purposes of KRS Chapter 645, a licensed private or  
24 public facility, health care facility, or part thereof, which is approved by the cabinet  
25 to treat children;
- 26 (35) "Independent living" means those activities necessary to assist a committed child to  
27 establish independent living arrangements;

- 1 (36) "Informal adjustment" means an agreement reached among the parties, with  
2 consultation, but not the consent, of the victim of the crime or other persons  
3 specified in KRS 610.070 if the victim chooses not to or is unable to participate,  
4 after a petition has been filed, which is approved by the court, that the best interest  
5 of the child would be served without formal adjudication and disposition;
- 6 (37) "Intentionally" means, with respect to a result or to conduct described by a statute  
7 which defines an offense, that the actor's conscious objective is to cause that result  
8 or to engage in that conduct;
- 9 (38) "Least restrictive alternative" means, except for purposes of KRS Chapter 645, that  
10 the program developed on the child's behalf is no more harsh, hazardous, or  
11 intrusive than necessary; or involves no restrictions on physical movements nor  
12 requirements for residential care except as reasonably necessary for the protection  
13 of the child from physical injury; or protection of the community, and is conducted  
14 at the suitable available facility closest to the child's place of residence to allow for  
15 appropriate family engagement;
- 16 (39) "Motor vehicle offense" means any violation of the nonfelony provisions of KRS  
17 Chapters 186, 189, or 189A, KRS 177.300, 304.39-110, or 304.39-117;
- 18 (40) "Near fatality" means an injury that, as certified by a physician, places a child in  
19 serious or critical condition;
- 20 (41) "Needs of the child" means necessary food, clothing, health, shelter, and education;
- 21 (42) "Nonoffender" means a child alleged to be dependent, neglected, or abused and who  
22 has not been otherwise charged with a status or public offense;
- 23 (43) "Nonsecure facility" means a facility which provides its residents access to the  
24 surrounding community and which does not rely primarily on the use of physically  
25 restricting construction and hardware to restrict freedom;
- 26 (44) "Nonsecure setting" means a nonsecure facility or a residential home, including a  
27 child's own home, where a child may be temporarily placed pending further court



1 action. Children before the court in a county that is served by a state operated secure  
2 detention facility, who are in the detention custody of the Department of Juvenile  
3 Justice, and who are placed in a nonsecure alternative by the Department of  
4 Juvenile Justice, shall be supervised by the Department of Juvenile Justice;

5 (45) "Out-of-home placement" means a placement other than in the home of a parent,  
6 relative, or guardian, in a boarding home, clinical treatment facility, community-  
7 based facility, detention facility, emergency shelter, fictive kin home, foster family  
8 home, hospital, nonsecure facility, physically secure facility, residential treatment  
9 facility, or youth alternative center;

10 (46) "Parent" means the biological or adoptive mother or father of a child;

11 (47) "Person exercising custodial control or supervision" means a person or agency that  
12 has assumed the role and responsibility of a parent or guardian for the child, but that  
13 does not necessarily have legal custody of the child;

14 (48) "Petition" means a verified statement, setting forth allegations in regard to the child,  
15 which initiates formal court involvement in the child's case;

16 (49) "Physical injury" means substantial physical pain or any impairment of physical  
17 condition;

18 (50) "Physically secure facility" means a facility that relies primarily on the use of  
19 construction and hardware such as locks, bars, and fences to restrict freedom;

20 (51) "Public offense action" means an action, excluding contempt, brought in the interest  
21 of a child who is accused of committing an offense under KRS Chapter 527 or a  
22 public offense which, if committed by an adult, would be a crime, whether the same  
23 is a felony, misdemeanor, or violation, other than an action alleging that a child  
24 sixteen (16) years of age or older has committed a motor vehicle offense;

25 (52) "Qualified mental health professional" means:

26 (a) A physician licensed under the laws of Kentucky to practice medicine or  
27 osteopathy, or a medical officer of the government of the United States while

- 1 engaged in the performance of official duties;
- 2 (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or  
3 osteopathy, or a medical officer of the government of the United States while  
4 engaged in the practice of official duties, and who is certified or eligible to  
5 apply for certification by the American Board of Psychiatry and Neurology,  
6 Inc.;
- 7 (c) A psychologist with the health service provider designation, a psychological  
8 practitioner, a certified psychologist, or a psychological associate licensed  
9 under the provisions of KRS Chapter 319;
- 10 (d) A licensed registered nurse with a master's degree in psychiatric nursing from  
11 an accredited institution and two (2) years of clinical experience with mentally  
12 ill persons, or a licensed registered nurse with a bachelor's degree in nursing  
13 from an accredited institution who is certified as a psychiatric and mental  
14 health nurse by the American Nurses Association and who has three (3) years  
15 of inpatient or outpatient clinical experience in psychiatric nursing and who is  
16 currently employed by a hospital or forensic psychiatric facility licensed by  
17 the Commonwealth or a psychiatric unit of a general hospital or a regional  
18 comprehensive care center;
- 19 (e) A licensed clinical social worker licensed under the provisions of KRS  
20 335.100, or a certified social worker licensed under the provisions of KRS  
21 335.080 with three (3) years of inpatient or outpatient clinical experience in  
22 psychiatric social work and currently employed by a hospital or forensic  
23 psychiatric facility licensed by the Commonwealth or a psychiatric unit of a  
24 general hospital or a regional comprehensive care center;
- 25 (f) A marriage and family therapist licensed under the provisions of KRS 335.300  
26 to 335.399 with three (3) years of inpatient or outpatient clinical experience in  
27 psychiatric mental health practice and currently employed by a hospital or

1 forensic psychiatric facility licensed by the Commonwealth, a psychiatric unit  
2 of a general hospital, or a regional comprehensive care center;

3 (g) A professional counselor credentialed under the provisions of KRS 335.500 to  
4 335.599 with three (3) years of inpatient or outpatient clinical experience in  
5 psychiatric mental health practice and currently employed by a hospital or  
6 forensic facility licensed by the Commonwealth, a psychiatric unit of a general  
7 hospital, or a regional comprehensive care center; or

8 (h) A physician assistant licensed under KRS 311.840 to 311.862, who meets one  
9 (1) of the following requirements:

10 1. Provides documentation that he or she has completed a psychiatric  
11 residency program for physician assistants;

12 2. Has completed at least one thousand (1,000) hours of clinical experience  
13 under a supervising physician, as defined by KRS 311.840, who is a  
14 psychiatrist and is certified or eligible for certification by the American  
15 Board of Psychiatry and Neurology, Inc.;

16 3. Holds a master's degree from a physician assistant program accredited  
17 by the Accreditation Review Commission on Education for the  
18 Physician Assistant or its predecessor or successor agencies, is  
19 practicing under a supervising physician as defined by KRS 311.840,  
20 and:

21 a. Has two (2) years of clinical experience in the assessment,  
22 evaluation, and treatment of mental disorders; or

23 b. Has been employed by a hospital or forensic psychiatric facility  
24 licensed by the Commonwealth or a psychiatric unit of a general  
25 hospital or a private agency or company engaged in the provision  
26 of mental health services or a regional community program for  
27 mental health and individuals with an intellectual disability for at

- 1                   least two (2) years; or
- 2           4.   Holds a bachelor's degree, possesses a current physician assistant
- 3           certificate issued by the board prior to July 15, 2002, is practicing under
- 4           a supervising physician as defined by KRS 311.840, and:
- 5           a.   Has three (3) years of clinical experience in the assessment,
- 6           evaluation, and treatment of mental disorders; or
- 7           b.   Has been employed by a hospital or forensic psychiatric facility
- 8           licensed by the Commonwealth or a psychiatric unit of a general
- 9           hospital or a private agency or company engaged in the provision
- 10          of mental health services or a regional community program for
- 11          mental health and individuals with an intellectual disability for at
- 12          least three (3) years;
- 13 (53) "Reasonable and prudent parent standard" has the same meaning as in 42 U.S.C.
- 14       sec. 675(10);
- 15 (54) "Residential treatment facility" means a facility or group home with more than eight
- 16       (8) beds designated by the Department of Juvenile Justice or the cabinet for the
- 17       treatment of children;
- 18 (55) "Retain in custody" means, after a child has been taken into custody, the continued
- 19       holding of the child by a peace officer for a period of time not to exceed twelve (12)
- 20       hours when authorized by the court or the court-designated worker for the purpose
- 21       of making preliminary inquiries;
- 22 (56) "Risk and needs assessment" means an actuarial tool scientifically proven to
- 23       identify specific factors and needs that are related to delinquent and noncriminal
- 24       misconduct;
- 25 (57) "School personnel" means those certified persons under the supervision of the local
- 26       public or private education agency;
- 27 (58) "Secretary" means the secretary of the Cabinet for Health and Family Services;

- 1 (59) "Secure juvenile detention facility" means any physically secure facility used for the  
2 secure detention of children other than any facility in which adult prisoners are  
3 confined;
- 4 (60) "Serious physical injury" means physical injury which creates a substantial risk of  
5 death or which causes serious and prolonged disfigurement, prolonged impairment  
6 of health, or prolonged loss or impairment of the function of any bodily member or  
7 organ;
- 8 (61) "Sexual abuse" includes but is not necessarily limited to any contacts or interactions  
9 in which the parent, guardian, person in a position of authority or special trust, as  
10 defined in KRS 532.045, or other person having custodial control or supervision of  
11 the child or responsibility for his or her welfare, uses or allows, permits, or  
12 encourages the use of the child for the purposes of the sexual stimulation of the  
13 perpetrator or another person;
- 14 (62) "Sexual exploitation" includes but is not limited to a situation in which a parent,  
15 guardian, person in a position of authority or special trust, as defined in KRS  
16 532.045, or other person having custodial control or supervision of a child or  
17 responsible for his or her welfare, allows, permits, or encourages the child to engage  
18 in an act which constitutes prostitution under Kentucky law; or a parent, guardian,  
19 person in a position of authority or special trust, as defined in KRS 532.045, or  
20 other person having custodial control or supervision of a child or responsible for his  
21 or her welfare, allows, permits, or encourages the child to engage in an act of  
22 obscene or pornographic photographing, filming, or depicting of a child as provided  
23 for under Kentucky law;
- 24 (63) "Social service worker" means any employee of the cabinet or any private agency  
25 designated as such by the secretary of the cabinet or a social worker employed by a  
26 county or city who has been approved by the cabinet to provide, under its  
27 supervision, services to families and children;

- 1 (64) "Staff secure facility for residential treatment" means any setting which assures that  
2 all entrances and exits are under the exclusive control of the facility staff, and in  
3 which a child may reside for the purpose of receiving treatment;
- 4 (65) (a) "Status offense action" is any action brought in the interest of a child who is  
5 accused of committing acts, which if committed by an adult, would not be a  
6 crime. Such behavior shall not be considered criminal or delinquent and such  
7 children shall be termed status offenders. Status offenses shall include:
- 8 1. Beyond the control of school or beyond the control of parents;
  - 9 2. Habitual Runaway;
  - 10 3. Habitual truant;
  - 11 4. Tobacco offenses as provided in KRS 438.305 to 438.340; and
  - 12 5. Alcohol offenses as provided in KRS 244.085.
- 13 (b) Status offenses shall not include violations of state or local ordinances which  
14 may apply to children such as a violation of curfew;
- 15 (66) "Take into custody" means the procedure by which a peace officer or other  
16 authorized person initially assumes custody of a child. A child may be taken into  
17 custody for a period of time not to exceed two (2) hours;
- 18 (67) "Transitional living support" means all benefits to which an eligible youth is  
19 entitled upon being granted extended or reinstated commitment to the cabinet by the  
20 court;
- 21 (68) "Transition plan" means a plan that is personalized at the direction of the youth that:
- 22 (a) Includes specific options on housing, health insurance, education, local  
23 opportunities for mentors and continuing support services, and workforce  
24 supports and employment services; and
  - 25 (b) Is as detailed as the youth may elect;
- 26 (69) "Valid court order" means a court order issued by a judge to a child alleged or found  
27 to be a status offender:

- 1 (a) Who was brought before the court and made subject to the order;
- 2 (b) Whose future conduct was regulated by the order;
- 3 (c) Who was given written and verbal warning of the consequences of the
- 4 violation of the order at the time the order was issued and whose attorney or
- 5 parent or legal guardian was also provided with a written notice of the
- 6 consequences of violation of the order, which notification is reflected in the
- 7 record of the court proceedings; and
- 8 (d) Who received, before the issuance of the order, the full due process rights
- 9 guaranteed by the Constitution of the United States;
- 10 (70) "Violation" means any offense, other than a traffic infraction, for which a sentence
- 11 of a fine only can be imposed;
- 12 (71) "Youth alternative center" means a nonsecure facility, approved by the Department
- 13 of Juvenile Justice, for the detention of juveniles, both prior to adjudication and
- 14 after adjudication, which meets the criteria specified in KRS 15A.320; and
- 15 (72) "Youthful offender" means any person regardless of age, transferred to Circuit
- 16 Court under the provisions of KRS Chapter 635 or 640 and who is subsequently
- 17 convicted in Circuit Court.

18 ➔Section 29. KRS 610.127 is amended to read as follows:

19 Reasonable efforts as defined in KRS 620.020 shall not be required to be made with

20 respect to a parent of a child if a court of competent jurisdiction determines that the

21 parent has:

- 22 (1) Subjected the child to aggravated circumstances as defined in KRS 600.020;
- 23 (2) Been convicted in a criminal proceeding of having caused or contributed to the
- 24 death of another child of the parent;
- 25 (3) Committed a felony assault that resulted in serious bodily injury to the child or to
- 26 another child of the parent;
- 27 (4) Had their parental rights to another child terminated involuntarily;

- 1 (5) Engaged in a pattern of conduct due to a substance use disorder~~[alcohol or other~~  
2 ~~drug abuse]~~ as defined in KRS 222.005 for a period of not less than ninety (90) days  
3 that has rendered the parent incapable of caring for the immediate and ongoing  
4 needs of the child, and the parent has refused or failed to complete available  
5 treatment for alcohol or other drug abuse;
- 6 (6) Mental illness as defined in KRS 202A.011 or is an individual with an intellectual  
7 disability as defined in KRS 202B.010 or other developmental disability as defined  
8 in KRS 387.510 that places the child at substantial risk of physical or emotional  
9 injury even if the most appropriate and available services were provided to the  
10 parent for twelve (12) months;
- 11 (7) Sexually abused the child or is required to register on a sex offender registry under  
12 42 U.S.C. sec. 16913, the Adam Walsh Child Protection and Safety Act of 2006,  
13 Pub. L. No. 109-248; or
- 14 (8) Other circumstances in existence that make continuation or implementation of  
15 reasonable efforts to preserve or reunify the family inconsistent with the best  
16 interests of the child and with the permanency plan for the child.

17 ➔Section 30. KRS 620.023 is amended to read as follows:

- 18 (1) Evidence of the following circumstances if relevant shall be considered by the court  
19 in all proceedings conducted pursuant to KRS Chapter 620 in which the court is  
20 required to render decisions in the best interest of the child:
- 21 (a) Mental illness as defined in KRS 202A.011 or an intellectual disability as  
22 defined in KRS 202B.010 of the parent, as attested to by a qualified mental  
23 health professional, which renders the parent unable to care for the immediate  
24 and ongoing needs of the child;
- 25 (b) Acts of abuse or neglect as defined in KRS 600.020 toward any child;
- 26 (c) Substance use disorder~~[Alcohol and other drug abuse]~~, as defined in KRS  
27 222.005, that results in an incapacity by the parent or caretaker to provide



- 1 essential care and protection for the child;
- 2 (d) A finding of domestic violence and abuse as defined in KRS 403.720, whether  
3 or not committed in the presence of the child;
- 4 (e) Any other crime committed by a parent which results in the death or  
5 permanent physical or mental disability of a member of that parent's family or  
6 household; and
- 7 (f) The existence of any guardianship or conservatorship of the parent pursuant to  
8 a determination of disability or partial disability as made under KRS 387.500  
9 to 387.770 and 387.990.
- 10 (2) In determining the best interest of the child, the court may consider the effectiveness  
11 of rehabilitative efforts made by the parent or caretaker intended to address  
12 circumstances in this section.
- 13 ➔Section 31. The following KRS sections are repealed:
- 14 222.001 Chapter title.
- 15 210.500 Legislative findings on planning for mental health and substance abuse  
16 services.
- 17 210.502 Kentucky Commission on Services and Supports for Individuals with Mental  
18 Illness, Alcohol and Other Drug Abuse Disorders, and Dual Diagnoses.
- 19 210.504 Commission meetings -- Duties -- Development of comprehensive state plan.
- 20 210.580 Joint ad hoc committee on transitioning from children's services systems to  
21 adult services systems -- Membership -- Duties -- Report.