S T A T E O F N E W Y O R K

308

2011-2012 Regular Sessions

I N S E N A T E

(PREFILED)

January 5, 2011

Introduced by Sen. DIAZ -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health and Developmental Disabilities

AN ACT to amend the mental hygiene law and chapter 568 of the laws of 2005, amending the mental hygiene law relating to enacting the geriatric mental health act, in relation to mental health care and chemical dependence services for the elderly under the geriatric mental health and chemical dependence demonstration program

THE PEOPLE OF THE STATE OF NEW YORK, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. Section 7.41 of the mental hygiene law, as added by chapter 568 of the laws of 2005, is amended to read as follows:

S 7.41 Geriatric [service] MENTAL HEALTH AND CHEMICAL DEPENDENCE demonstration program.

(a) The office shall establish a geriatric [service] MENTAL HEALTH AND CHEMICAL DEPENDENCE demonstration program to provide grants, within appropriations therefor, to providers of mental health care OR CHEMICAL DEPENDENCE SERVICES, OR BOTH, to the elderly, INCLUDING ORGANIZATIONS THAT PROVIDE HEALTH AND AGING SERVICES AS WELL AS MENTAL HEALTH AND CHEMICAL DEPENDENCE ORGANIZATIONS. Such program shall be administered by the office in cooperation with THE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, the state office for the aging and such other state agencies as the commissioner shall determine are necessary for the operation of the program.

(b) Grants may be awarded by the office to providers of care to older adults with mental disabilities OR CHEMICAL DEPENDENCE, OR BOTH, for the purposes which may include one or more of the following:

(1) Community integration. Programs which enable older adults with mental disabilities OR OLDER ADULTS SUFFERING FROM CHEMICAL DEPENDENCE

EXPLANATION--Matter in ITALICS (underscored) is new; matter in brackets [ ] is old law to be omitted.

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to age SAFELY in the community and prevent the unnecessary use of institutional care;

(2) Improved quality of treatment. Programs for older adults which improve the quality of mental health care OR CHEMICAL DEPENDENCE SERVICES in the community OR IN RESIDENTIAL FACILITIES;

(3) Integration of services. Programs which integrate mental health and aging services with alcohol, drug, health and other support services;

(4) Workforce. Programs which make more efficient use of mental health [and], CHEMICAL DEPENDENCE, health AND AGING SERVICES professionals by developing alternative service roles for paraprofessionals and volunteers, including peers, and programs more effective in recruitment and retention of bi-lingual, bi-cultural or culturally competent staff;

(5) Family support. Programs which provide support for family caregivers, to include the provision of care to older adults by younger family members and by older adults to younger family members;

(6) Finance. Programs which have developed and implemented innovative financing methodologies to support the delivery of best practices;

(7) Specialized populations. Programs which concentrate on outreach to, engagement of and effective treatment of cultural minorities OR VETERANS AS DEFINED IN SECTION EIGHTY-FIVE OF THE CIVIL SERVICE LAW;

(8) Information clearinghouse. Programs which compile, distribute and make available information on clinical developments, program innovations and policy developments which improve the care to older adults with mental disabilities OR SUFFERING FROM CHEMICAL DEPENDENCE; and

(9) Staff training. Programs which offer on-going training initiatives including improved clinical and cultural skills, evidence based geriatric mental health AND CHEMICAL DEPENDENCE TREATMENT skills, and the identification and management of mental, behavioral and substance abuse disorders among older adults.

(c) The commissioner may adopt rules and regulations necessary to implement the provisions of this section.

S 2. Section 3 of chapter 568 of the laws of 2005, amending the mental hygiene law relating to enacting the geriatric mental health act, as amended by chapter 203 of the laws of 2008, is amended to read as follows:

S 3. Interagency geriatric mental health and chemical dependence planning council. (a) There shall be established an interagency geriatric mental health and chemical dependence planning council. Such council shall consist of nineteen members, as follows:

(1) the commissioner of mental health, the commissioner of alcoholism and substance abuse services, the director of the division of veterans' affairs and the director of the state office for the aging, who shall serve as the co-chairs of the council. The adjutant general shall serve as an ex-officio member of the council;

(2) one member appointed by the commissioner of [mental retardation and] THE OFFICE FOR PEOPLE WITH developmental disabilities to represent the office [of mental retardation and] FOR PEOPLE WITH developmental disabilities;

(3) one member appointed by the chairman of the state commission on quality of care and advocacy for persons with disabilities to represent such commission;

(4) one member appointed by the commissioner of health to represent the department of health;

(5) one member appointed by the commissioner of education to represent the education department and the board of regents;

(6) one member appointed by the commissioner of children and family services to represent the office of children and family services on issues relating to adult protective services;

(7) one member appointed by the commissioner of temporary and disability assistance to represent the office of temporary and disability assistance;

(8) four members appointed by the governor; and

(9) two members appointed by the temporary president of the senate and two members appointed by the speaker of the assembly to represent any other organizations which serve or advocate on behalf of elderly persons.

(b) The members of the council shall serve at the pleasure of their appointing authority.

(c) The council shall meet as often as necessary, but not less than four times per calendar year, to develop annual recommendations, to be submitted to the commissioner of mental health, the commissioner of alcoholism and substance abuse services, the director of the division of veterans' affairs, the adjutant general and the director of the state office for the aging, regarding geriatric mental health and chemical dependence needs. Such recommendations may address issues which include: community integration, quality improvement, integration of mental health, CHEMICAL DEPENDENCE, HEALTH, AGING AND SUCH RELEVANT services [with services to address alcoholism, drug abuse, and health care needs,] AS APPROPRIATE; AND workforce development, family support and finance.

S 3. This act shall take effect immediately.