

890

2013-2014 Regular Sessions

I N S E N A T E

(PREFILED)

January 9, 2013

Introduced by Sen. PARKER -- 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, in relation to establishing peer crisis diversion homes

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

1 Section 1. The mental hygiene law is amended by adding a new section
2 31.34 to read as follows:
3 S 31.34 PEER CRISIS DIVERSION HOMES.
4 (A) FOR THE PURPOSES OF THIS SECTION:
5 (1) "COMMISSIONER" SHALL MEAN THE COMMISSIONER OF MENTAL HEALTH;
6 (2) "CRISIS DIVERSION SERVICES" SHALL MEAN SERVICES DESIGNED TO
7 PROVIDE A PERSON WHO HAS BEHAVIORAL HEALTH DISORDERS AND WHO IS EXPERI-
8 ENCING SYMPTOMS, A SAFE, SUPPORTIVE AND AFFIRMING HOME-LIKE, TEMPORARY
9 RESIDENCE WHERE THE PERSON MAY BEGIN THE RECOVERY PROCESS, UNDERSTAND
10 THE MEANING OF WHAT THE PERSON IS EXPERIENCING AND REGAIN EQUILIBRIUM
11 AND THE ABILITY TO RELATE EFFECTIVELY TO OTHER PEOPLE. CRISIS DIVERSION
12 SERVICES INCLUDE PEER SUPPORT WITH AN EMPHASIS ON RELATIONSHIP-BUILDING
13 AND PERSONAL CHOICE;
14 (3) "PEER SUPPORT SPECIALIST" SHALL MEAN A PERSON WHO HAS PREVIOUSLY
15 EXPERIENCED URGENT BEHAVIORAL HEALTH NEEDS AND HAS RECOVERED AND WHO HAS
16 SUCCESSFULLY COMPLETED TRAINING THAT HAS BEEN APPROVED BY THE COMMIS-
17 SIONER, QUALIFYING THAT PERSON TO WORK WITH A RESIDENT;
18 (4) "RESIDENT" SHALL MEAN AN ADULT WHO HAS EXPERIENCED URGENT BEHAV-
19 IORAL HEALTH NEEDS BUT DOES NOT REQUIRE HOSPITALIZATION AND WHO VOLUN-
20 TARILY RESIDES FOR A SHORT TERM STAY IN A PEER CRISIS DIVERSION HOME;
21 (5) "PEER CRISIS DIVERSION HOME" SHALL MEAN A HOME-LIKE ENVIRONMENT
22 THAT OFFERS CRISIS DIVERSION SERVICES BY TEMPORARILY HOUSING VOLUNTARY
23 RESIDENTS WHO ENGAGE IN ROUTINE ACTIVITIES OF DAILY LIVING AND LEARN

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

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1 ABOUT TOOLS FOR RECOVERY THROUGH EXPERIENCE AND PEER SUPPORT. THE
2 GOVERNING BODY OF SUCH HOME SHALL CONSIST OF CURRENT OR FORMER RECIPI-
3 ENTS OF MENTAL HEALTH SERVICES AND SHALL CONTROL THE DECISION MAKING
4 PROCESSES OF THE ORGANIZATION, INCLUDING CONTROL OF ALL BUDGET AND
5 PERSONNEL MANAGEMENT RELATED TO THE PEER CRISIS DIVERSION HOME.

6 (B) THE COMMISSIONER SHALL PROVIDE FORMAL GUIDELINES FOR TRAINING AND
7 CREDENTIALING OF A PEER SUPPORT SPECIALIST, PROVIDED THAT EACH PEER
8 SUPPORT SPECIALIST SHALL PERSONALLY HAVE EXPERIENCED URGENT BEHAVIORAL
9 HEALTH NEEDS AND SHALL BE CERTIFIED AS COMPLETING TRAINING IN DE-ESCALA-
10 TION TECHNIQUES, CULTURAL COMPETENCY, RACE RELATIONS, THE RECOVERY PROC-
11 ESS, SUBSTANCE ABUSE, AND AVOIDANCE OF AGGRESSIVE CONFRONTATION PRIOR TO
12 WORKING AT A PEER CRISIS DIVERSION HOME.

13 (C) THE COMMISSIONER SHALL, WITHIN ONE YEAR OF ENACTMENT, ESTABLISH OR
14 CONTRACT FOR THE ESTABLISHMENT OF NO LESS THAN SIX PEER CRISIS DIVERSION
15 HOMES, THREE OF WHICH SHALL BE IN URBAN SETTINGS AND THREE OF WHICH
16 SHALL BE IN RURAL COMMUNITIES. SUCH HOMES SHALL BE RECIPIENT-RUN HOMES
17 AND MAY BE ASSOCIATED WITH COMPREHENSIVE PSYCHIATRIC EMERGENCY PROGRAMS
18 ESTABLISHED PURSUANT TO SECTION 31.27 OF THIS ARTICLE.

19 (D) A PEER CRISIS DIVERSION HOME, AS AUTHORIZED BY THIS SECTION, SHALL
20 OFFER CRISIS DIVERSION SERVICES THAT:

21 (1) SERVE RESIDENTS REGARDLESS OF INCOME;

22 (2) ARE STAFFED TWENTY-FOUR HOURS A DAY BY TWO OR MORE PEER SUPPORT
23 SPECIALISTS;

24 (3) EMPLOY A LICENSED CLINICIAN FULL TIME AND A PSYCHIATRIC CONSULTANT
25 AT LEAST PART TIME;

26 (4) INCLUDE PEER SUPPORT IN HELPING RESIDENTS PERFORM DAILY PUBLIC
27 LIVING SKILLS AND REENTRY INTO INDEPENDENT LIVING;

28 (5) OFFER A MIX OF THERAPEUTIC SERVICES, INCLUDING NONTRADITIONAL
29 TOOLS FOR WELLNESS AND TRADITIONAL BEHAVIORAL HEALTH SERVICES;

30 (6) ACCEPT A RESIDENT ON A FIRST-COME, FIRST-SERVED BASIS FOR A TEMPO-
31 RARY STAY PROVIDED THEY HAVE ALTERNATE LONG TERM HOUSING OPTIONS AVAIL-
32 ABLE;

33 (7) USE INTERPERSONAL RELATIONSHIP AND CONNECTION TO THE COMMUNITY AS
34 PRIMARY MODALITIES OF CARE;

35 (8) BASE LENGTH OF STAY ON THE PSYCHOLOGICAL STATE OF RESIDENTS,
36 PROVIDED THAT SUCH STAY SHALL BE SHORT TERM WITH THE UNDERSTANDING THEY
37 ARE ABLE AND WILLING TO LIVE IN MORE INDEPENDENT SETTINGS AND TO RESUME
38 THEIR DESIRED ROLES IN THE COMMUNITY; AND

39 (9) ARE A PART OF A SYSTEM OF CARE CONTINUUM IN THE COMMUNITY AND
40 STATE AIMED AT DIVERTING INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH
41 CRISIS FROM MORE INTENSIVE HOSPITAL BASED CARE AND TREATMENT BY PROVID-
42 ING PEER SUPPORT SERVICES IN A HOME-LIKE SETTING FOR SHORT TERM, TEMPO-
43 RARY STAYS.

44 (E) AS EARLY AS POSSIBLE, A PEER SUPPORT SPECIALIST SHALL ASSIST A
45 RESIDENT OF A PEER CRISIS HOME WITH ACCESSING A SERVICE PROVIDER WHO MAY
46 COORDINATE CARE AND OTHERWISE PROVIDE SUPPORT FOR SUCH RESIDENT UPON THE
47 COMPLETION OF SUCH RESIDENT'S STAY AT A PEER CRISIS DIVERSION HOME.

48 (F) PEER CRISIS DIVERSION HOMES SHALL CONSULT WITH COMMUNITY STAKE-
49 HOLDERS, INCLUDING THOSE WHO USE THE BEHAVIORAL HEALTH SYSTEM AND THEIR
50 FAMILY MEMBERS, PROVIDERS OF BEHAVIORAL HEALTH SERVICES, WHETHER TRADI-
51 TIONAL OR ALTERNATIVE, ADVOCATES, AND OTHERS WITH SUBJECT MATTER EXPER-
52 TISE, AS PART OF THE PLANNING AND DEVELOPMENT OF PEER CRISIS DIVERSION
53 HOMES.

54 (G) PEER CRISIS DIVERSION HOMES SHALL PARTICIPATE IN COUNTY AND COMMU-
55 NITY PLANNING ACTIVITIES ANNUALLY, AND AS NEEDED, IN ORDER TO PARTIC-
56 IPATE IN LOCAL COMMUNITY SERVICE PLANNING PROCESSES TO ENSURE, MAINTAIN,

1 IMPROVE OR DEVELOP COMMUNITY SERVICES THAT DEMONSTRATE RECOVERY
2 OUTCOMES. THESE OUTCOMES INCLUDE, BUT ARE NOT LIMITED TO, QUALITY OF
3 LIFE, SOCIO-ECONOMIC STATUS, ENTITLEMENT STATUS, SOCIAL NETWORKING,
4 COPING SKILLS AND REDUCTION IN USE OF CRISIS SERVICES.

5 S 2. This act shall take effect immediately.