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

8589

2015-2016 Regular Sessions

I N A S S E M B L Y

December 2, 2015

Introduced by M. of A. RICHARDSON -- read once and referred to the Committee on Mental Health

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:

Section 1. The mental hygiene law is amended by adding a new section 31.34 to read as follows:

S 31.34 PEER CRISIS DIVERSION HOMES.

(A) FOR THE PURPOSES OF THIS SECTION:

(1) "COMMISSIONER" SHALL MEAN THE COMMISSIONER OF MENTAL HEALTH;

(2) "CRISIS DIVERSION SERVICES" SHALL MEAN SERVICES DESIGNED TO PROVIDE A PERSON WHO HAS BEHAVIORAL HEALTH DISORDERS AND WHO IS EXPERIENCING SYMPTOMS, A SAFE, SUPPORTIVE AND AFFIRMING HOME-LIKE, TEMPORARY RESIDENCE WHERE THE PERSON MAY BEGIN THE RECOVERY PROCESS, UNDERSTAND THE MEANING OF WHAT THE PERSON IS EXPERIENCING AND REGAIN EQUILIBRIUM AND THE ABILITY TO RELATE EFFECTIVELY TO OTHER PEOPLE. CRISIS DIVERSION SERVICES INCLUDE PEER SUPPORT WITH AN EMPHASIS ON RELATIONSHIP-BUILDING AND PERSONAL CHOICE;

(3) "PEER SUPPORT SPECIALIST" SHALL MEAN A PERSON WHO HAS PREVIOUSLY EXPERIENCED URGENT BEHAVIORAL HEALTH NEEDS AND HAS RECOVERED AND WHO HAS SUCCESSFULLY COMPLETED TRAINING THAT HAS BEEN APPROVED BY THE COMMISSIONER, QUALIFYING THAT PERSON TO WORK WITH A RESIDENT;

(4) "RESIDENT" SHALL MEAN AN ADULT WHO HAS EXPERIENCED URGENT BEHAVIORAL HEALTH NEEDS BUT DOES NOT REQUIRE HOSPITALIZATION AND WHO VOLUNTARILY RESIDES FOR A SHORT TERM STAY IN A PEER CRISIS DIVERSION HOME;

(5) "PEER CRISIS DIVERSION HOME" SHALL MEAN A HOME-LIKE ENVIRONMENT THAT OFFERS CRISIS DIVERSION SERVICES BY TEMPORARILY HOUSING VOLUNTARY RESIDENTS WHO ENGAGE IN ROUTINE ACTIVITIES OF DAILY LIVING AND LEARN ABOUT TOOLS FOR RECOVERY THROUGH EXPERIENCE AND PEER SUPPORT. THE GOVERNING BODY OF SUCH HOME SHALL CONSIST OF CURRENT OR FORMER RECIPIENTS OF MENTAL HEALTH SERVICES AND SHALL CONTROL THE DECISION MAKING PROCESSES OF THE ORGANIZATION, INCLUDING CONTROL OF ALL BUDGET AND PERSONNEL MANAGEMENT RELATED TO THE PEER CRISIS DIVERSION HOME.

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

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

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

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

(1) SERVE RESIDENTS REGARDLESS OF INCOME;

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

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

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

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

(6) ACCEPT A RESIDENT ON A FIRST-COME, FIRST-SERVED BASIS FOR A TEMPORARY STAY PROVIDED THEY HAVE ALTERNATE LONG TERM HOUSING OPTIONS AVAILABLE;

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

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

(9) ARE A PART OF A SYSTEM OF CARE CONTINUUM IN THE COMMUNITY AND STATE AIMED AT DIVERTING INDIVIDUALS EXPERIENCING BEHAVIORAL HEALTH CRISIS FROM MORE INTENSIVE HOSPITAL BASED CARE AND TREATMENT BY PROVIDING PEER SUPPORT SERVICES IN A HOME-LIKE SETTING FOR SHORT TERM, TEMPORARY STAYS.

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

(F) PEER CRISIS DIVERSION HOMES SHALL CONSULT WITH COMMUNITY STAKEHOLDERS, INCLUDING THOSE WHO USE THE BEHAVIORAL HEALTH SYSTEM AND THEIR FAMILY MEMBERS, PROVIDERS OF BEHAVIORAL HEALTH SERVICES, WHETHER TRADITIONAL OR ALTERNATIVE, ADVOCATES, AND OTHERS WITH SUBJECT MATTER EXPERTISE, AS PART OF THE PLANNING AND DEVELOPMENT OF PEER CRISIS DIVERSION HOMES.

(G) PEER CRISIS DIVERSION HOMES SHALL PARTICIPATE IN COUNTY AND COMMUNITY PLANNING ACTIVITIES ANNUALLY, AND AS NEEDED, IN ORDER TO PARTICIPATE IN LOCAL COMMUNITY SERVICE PLANNING PROCESSES TO ENSURE, MAINTAIN, IMPROVE OR DEVELOP COMMUNITY SERVICES THAT DEMONSTRATE RECOVERY OUTCOMES. THESE OUTCOMES INCLUDE, BUT ARE NOT LIMITED TO, QUALITY OF LIFE, SOCIO-ECONOMIC STATUS, ENTITLEMENT STATUS, SOCIAL NETWORKING, COPING SKILLS AND REDUCTION IN USE OF CRISIS SERVICES.

S 2. This act shall take effect immediately.