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2015-2016 Regular Sessions

I N A S S E M B L Y

January 8, 2015

Introduced by M. of A. DINOWITZ, JAFFEE -- read once and referred to the
Committee on Aging

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 geria-
tric mental health act, in relation to mental health care, chemical
dependence and compulsive gambling services for the elderly under the
geriatric service demonstration program

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

1 Section 1. Section 7.41 of the mental hygiene law, as added by chapter
2 568 of the laws of 2005, is amended to read as follows:
3 S 7.41 Geriatric service demonstration program.
4 (a) The office shall establish a geriatric service demonstration
5 program to provide grants, within appropriations therefor, to providers
6 of mental health care, CHEMICAL DEPENDENCE SERVICES, COMPULSIVE GAMBLING
7 SERVICES, OR ANY COMBINATION THEREOF, to the elderly, INCLUDING ORGAN-
8 IZATIONS THAT PROVIDE HEALTH AND AGING SERVICES AS WELL AS MENTAL
9 HEALTH, CHEMICAL DEPENDENCE, AND COMPULSIVE GAMBLING ORGANIZATIONS. Such
10 program shall be administered by the office in cooperation with THE
11 OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES, the state office for
12 the aging and such other state agencies as the commissioner shall deter-
13 mine are necessary for the operation of the program.
14 (b) Grants may be awarded by the office to providers of care to older
15 adults with mental disabilities, CHEMICAL DEPENDENCE, COMPULSIVE GAMBL-
16 ING, OR ANY COMBINATION THEREOF, for the purposes which may include one
17 or more of the following:
18 (1) Community integration. Programs which enable older adults with
19 mental disabilities OR OLDER ADULTS SUFFERING FROM CHEMICAL DEPENDENCE
20 OR COMPULSIVE GAMBLING to age SAFELY in the community and prevent the
21 unnecessary use of institutional care;

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

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(2) Improved quality of treatment. Programs for older adults which improve the quality of mental health care, CHEMICAL DEPENDENCE OR COMPULSIVE GAMBLING 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, COMPULSIVE GAMBLING, 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 OR COMPULSIVE GAMBLING; and

(9) Staff training. Programs which offer on-going training initiatives including improved clinical and cultural skills, evidence based geriatric mental health, CHEMICAL DEPENDENCE AND COMPULSIVE GAMBLING 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;

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

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

6 (7) one member appointed by the commissioner of temporary and disabil-
7 ity assistance to represent the office of temporary and disability
8 assistance;

9 (8) four members appointed by the governor; and

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

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

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

28 S 3. This act shall take effect immediately.