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2015-2016 Regular Sessions

I N S E N A T E

(PREFILED)

January 7, 2015

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, 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 ASSEMBLY, 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

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

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1 OR COMPULSIVE GAMBLING to age SAFELY in the community and prevent the
2 unnecessary use of institutional care;

3 (2) Improved quality of treatment. Programs for older adults which
4 improve the quality of mental health care, CHEMICAL DEPENDENCE OR
5 COMPULSIVE GAMBLING SERVICES in the community OR IN RESIDENTIAL FACILI-
6 TIES;

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

10 (4) Workforce. Programs which make more efficient use of mental health
11 [and], CHEMICAL DEPENDENCE, COMPULSIVE GAMBLING, health AND AGING
12 SERVICES professionals by developing alternative service roles for para-
13 professionals and volunteers, including peers, and programs more effec-
14 tive in recruitment and retention of bi-lingual, bi-cultural or
15 culturally competent staff;

16 (5) Family support. Programs which provide support for family caregiv-
17 ers, to include the provision of care to older adults by younger family
18 members and by older adults to younger family members;

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

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

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

29 (9) Staff training. Programs which offer on-going training initiatives
30 including improved clinical and cultural skills, evidence based geria-
31 tric mental health, CHEMICAL DEPENDENCE AND COMPULSIVE GAMBLING TREAT-
32 MENT skills, and the identification and management of mental, behavioral
33 and substance abuse disorders among older adults.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

30 S 3. This act shall take effect immediately.