STATE OF NEW YORK

8014

2019-2020 Regular Sessions

IN ASSEMBLY

May 30, 2019

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 reports on short term crisis respite and intensive crisis respite programs

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 7.09 of the mental hygiene law is amended by adding a new subdivision 1 to read as follows:

(1) For the purposes of this subdivision the following terms shall be defined as:

(i) "short term crisis respite" shall mean a short term care and intervention strategy provided in a site based residential setting for individuals who are: experiencing challenges in daily life that create a risk for escalation of symptoms that cannot be managed in the person's home and/or community environment; at imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others; or experiencing a challenging emotional crisis which the individual is unable to manage without intensive assistance and support;

(ii) "intensive crisis respite" shall mean a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis, and who are at imminent risk for loss of functional abilities, and without this level of care may present safety concerns for themselves and/or others.

(2) The commissioner shall furnish and issue a report to the governor, the speaker of the assembly, and the temporary president of the senate no later than one year after the effective date of this subdivision on the following information as it relates to short term crisis respite and intensive crisis respite programs:

(i) the number of short term and intensive crisis respite programs in each county;

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

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(ii) the number of individuals served by short term and intensive crisis respite programs and in each county each month;

(iii) the most prevalent factors for admission of individuals who received either type of crisis respite service, including the most prevalent type of setting an individual was referred from, and the most prevalent mental health diagnosis for individuals accepted into either type of crisis respite program each month;

(iv) the percentage of individuals diverted from the use of inpatient or hospital emergency room care due to experiencing a mental health crisis, for at least thirty days after being discharged from either type crisis respite program each month;

(v) types of services provided by a short term or intensive crisis respite program, including the type of staff and training required for the provision of such services as well as any additional services or types of staff and training that may be beneficial to individuals receiving such services; and

(vi) identifying parts of the state that would benefit from short term and/or intensive crisis respite programs or where an expansions of services would be appropriate.

(3) The commissioner is authorized to request the assistance of any local mental health programs, state agencies, or the local mental hygiene directors, for the purpose of identifying existing short term or intensive crisis respite programs and completing the report required under this subdivision.

§ 2. This act shall take effect immediately.