Florida Senate - 2000

By Senator Silver

| | 38-1105-00 | See HB |
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| 1 | A bill to be entitled | |
| 2 | An act relating to older adult mental health | |
| 3 | and substance abuse services; providing a short | |
| 4 | title; providing legislative intent; directing | |
| 5 | the Department of Children and Family Services | |
| 6 | to develop a comprehensive plan for a mental | |
| 7 | health and substance abuse service delivery | |
| 8 | system for older adults; providing plan | |
| 9 | requirements; requiring reports; requiring | |
| 10 | collection and analysis of data; specifying | |
| 11 | populations to be served; providing for | |
| 12 | performance measures; requiring annual review | |
| 13 | thereof; directing the department to establish | |
| 14 | services, within available resources; directing | |
| 15 | the department to adopt by rule certain | |
| 16 | statewide standards; providing for a service | |
| 17 | planning process; providing for case management | |
| 18 | services; providing training requirements for | |
| 19 | service providers; directing the department to | |
| 20 | develop public education and outreach programs; | |
| 21 | providing for enhancement of existing community | |
| 22 | mental health and substance abuse systems; | |
| 23 | providing for solicitation of enhancement | |
| 24 | projects to be funded on a competitive basis; | |
| 25 | providing for project evaluation; requiring a | |
| 26 | report; providing for a consortium to oversee | |
| 27 | older adult interagency system of care | |
| 28 | demonstration models; providing for | |
| 29 | establishment of a local oversight body for | |
| 30 | each demonstration model; providing for | |
| 31 | purpose, funding, and evaluation of | |
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1 demonstration models; requiring a report; 2 providing rulemaking authority; providing 3 authority to seek certain federal waivers; providing an effective date. 4 5 6 Be It Enacted by the Legislature of the State of Florida: 7 8 Section 1. Short title. -- This act may be cited as the Comprehensive Older Adult Mental Health and Substance Abuse 9 10 Services Act." 11 Section 2. Legislative intent; guiding principles.--It is the intent of the Legislature that the following principles 12 quide the development and implementation of the publicly 13 14 funded older adult mental health and substance abuse treatment 15 and support system: There should be a system of care for older adults 16 (1)which includes a continuum of aging, mental health, and 17 substance abuse services that meet the needs of Florida's 18 19 older adults. (2) The system of care should be centered on the older 20 adult, with the needs and strengths of the older adult and his 21 22 or her family or support system dictating the types and mix of services provided. 23 (3) Older adults should be active participants in 24 25 planning, selecting, and delivering mental health and substance abuse services at the local level, as well as in 26 27 developing statewide policies for older adult mental health 28 and substance abuse services. The families and support systems 29 of older adults should be included where appropriate and in 30 the best interests of the older adult. 31

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1 (4) Priorities and minimum standards should be established at the state level to foster consistency 2 3 throughout the state in mental health and substance abuse 4 services. 5 The system of care should be community-based, with (5) б accountability, location of services, and responsibility for 7 management and decisionmaking resting at the local level. 8 The system should provide timely access to a (6) comprehensive array of cost-effective mental health and 9 10 substance abuse services. 11 (7) Older adults should receive individualized services, guided by an individualized service plan, in 12 accordance with the unique needs and strengths of each older 13 adult and his or her family or support system. 14 The system should include comprehensive screening, 15 (8) assessment, internal case finding, and outreach to identify 16 17 older adults who are in need of mental health or substance abuse services and should target known risk factors. 18 19 (9) Older adults should receive services within the least restrictive environment appropriate to the service needs 20 21 and quality of life of the individual. 22 (10) Mental health and substance abuse programs and services should support and strengthen families and support 23 systems so that the family or support system can more 24 adequately meet the mental health and substance abuse 25 treatment needs of the older adult. 26 27 (11) Services should be delivered in a coordinated manner so that the older adult can move through the system of 28 29 services according to his or her changing needs and in a way 30 that meets those needs. 31

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| 1 | (12) The delivery of comprehensive mental health and |
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| 2 | substance abuse services should enable older adults to |
| 3 | function more effectively at home and within the community. |
| 4 | (13) Community-based systems of care should educate |
| 5 | persons, including health care, long-term care, and aging |
| 6 | services providers, to recognize indicators of emotional |
| 7 | distress, depression, suicide risk, and substance abuse in |
| 8 | older adults and to provide information regarding referral, |
| 9 | treatment, and support services. |
| 10 | (14) Mental health and substance abuse services should |
| 11 | be delivered by staff specifically trained to work with older |
| 12 | adult mental health and substance abuse consumers. |
| 13 | (15) Mental health and substance abuse services for |
| 14 | older adults should be provided in a manner that is sensitive |
| 15 | and responsive to the special needs that derive from cultural |
| 16 | or gender differences, without regard to race, religion, |
| 17 | national origin, gender, disability, or payment source. |
| 18 | Section 3. Comprehensive plan |
| 19 | (1) The Department of Children and Family Services |
| 20 | shall develop a comprehensive plan that shall address the |
| 21 | mental health and substance abuse treatment needs of older |
| 22 | adults and provide strategies to meet those needs through the |
| 23 | interagency coordination of services. The plan shall identify |
| 24 | the unique service needs of older adults, determine the types |
| 25 | of services delivered, project the services needed, provide an |
| 26 | analysis of costs associated with existing and projected |
| 27 | services, and recommend modifications to programs and services |
| 28 | to more effectively meet the unique mental health and |
| 29 | substance abuse treatment needs of older adults, especially |
| 30 | underserved populations. |
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| 1 | (2) Elements of the comprehensive plan shall be |
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| 2 | coordinated and integrated with other mental health planning |
| 3 | and with the plans of other state agencies that administer |
| 4 | programs or services that are or should be components of a |
| 5 | comprehensive mental health and substance abuse service |
| 6 | delivery system for older adults. To this end, such state |
| 7 | agencies shall coordinate with the department the development |
| 8 | and integration of elements of the comprehensive plan |
| 9 | appropriate to their respective programmatic responsibilities. |
| 10 | (3) The comprehensive plan shall be presented to the |
| 11 | Governor, the President of the Senate, and the Speaker of the |
| 12 | House of Representatives every 3 years on or before August 1, |
| 13 | beginning in the year 2001. On or before August 1 of each |
| 14 | year, the department shall submit a report to the Governor, |
| 15 | the President of the Senate, and the Speaker of the House of |
| 16 | Representatives which analyzes the status of the |
| 17 | implementation of each element of the comprehensive plan and |
| 18 | the relationship of that status to the department's budget |
| 19 | request. |
| 20 | Section 4. Data collectionTo ensure the adequate |
| 21 | provision of services and to meet the needs of older adults in |
| 22 | need of mental health and substance abuse services, the |
| 23 | department shall ensure that detailed statistical and |
| 24 | empirical information on Florida citizens is collected, |
| 25 | maintained, and analyzed for the purpose of improving the |
| 26 | system. As part of the development of the comprehensive plan, |
| 27 | the department shall include provisions regarding data needed, |
| 28 | and a time schedule and method for obtaining this information. |
| 29 | Section 5. <u>Target populations</u> |
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| 1 | (1) State-funded older adult mental health and |
| 2 | substance abuse services shall serve, to the extent that |
| 3 | resources are available, the following groups of older adults: |
| 4 | (a) Adults age 55 and older who are experiencing an |
| 5 | acute mental or emotional health or substance abuse crisis. |
| б | (b) Adults age 55 and older who have a severe and |
| 7 | persistent mental or emotional illness or substance abuse |
| 8 | problem. |
| 9 | (c) Adults age 55 and older who are at risk for a |
| 10 | mental or emotional health or substance abuse crisis event or |
| 11 | are at risk of institutionalization in a long-term care |
| 12 | setting or state institution. |
| 13 | (2) Older adults who meet the target population |
| 14 | criteria of this section shall be served to the extent |
| 15 | possible within available resources and consistent with a |
| 16 | state plan of care developed by the department. The plan shall |
| 17 | specify a service mandate for Florida's underserved older |
| 18 | population. Services shall be targeted to prevent further need |
| 19 | for the substance abuse, mental health, or aging continuum of |
| 20 | services. Services shall be readily available along the mental |
| 21 | health, substance abuse, and aging continuum to older adults |
| 22 | residing in the community as well as those residing in state |
| 23 | institutions. To the extent possible, services shall be |
| 24 | community-based. To achieve the continuum of services, the |
| 25 | department may develop public-private partnerships as well as |
| 26 | sliding fee-scale programs. |
| 27 | Section 6. <u>Performance measures</u> |
| 28 | (1) The older adult mental health treatment and |
| 29 | support system shall develop performance measures for older |
| 30 | Floridians with mental health and substance abuse problems who |
| 31 | are within the target populations. |
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| 1 | (2) After the development of the initial |
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| 2 | age-appropriate performance measures, the department shall |
| 3 | annually review and adjust as needed the specific performance |
| 4 | outcomes and performance measures to assess the performance of |
| 5 | the older adult mental health treatment and support system in |
| 6 | achieving the intent of this act. |
| 7 | Section 7. Programs and services |
| 8 | (1) The department shall establish, within available |
| 9 | resources, an array of services to meet the individualized |
| 10 | service and treatment needs of older adults who are members of |
| 11 | the target populations and their families and caregivers. |
| 12 | (2) The array of services shall include comprehensive |
| 13 | holistic assessment services that provide a competent |
| 14 | interpretation of the nature of the problems of the older |
| 15 | adult and, when appropriate, his or her family or support |
| 16 | systems; family issues that may impact such problems; |
| 17 | additional factors that contribute to such problems; and the |
| 18 | assets, strengths, and resources of the older adult and his or |
| 19 | her family or support systems. The assessment services to be |
| 20 | provided shall be determined by the clinical needs of each |
| 21 | individual. |
| 22 | (3) The department shall adopt by rule statewide |
| 23 | standards for mental health and substance abuse assessments |
| 24 | and definitions of the service array appropriate to older |
| 25 | adults. |
| 26 | (4) The array of services shall include, but is not |
| 27 | limited to: |
| 28 | (a) Case management. |
| 29 | (b) Prevention services. |
| 30 | (c) Home and community-based services and systems of |
| 31 | care. |
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| 1 | (d) Family therapy and support. | |
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| 2 | (e) Respite services and day care. | |
| 3 | (f) Outpatient treatment. | |
| 4 | (g) Day treatment. | |
| 5 | (h) Crisis intervention and stabilization. | |
| 6 | (i) Residential treatment facilities. | |
| 7 | (j) Inpatient hospitalization. | |
| 8 | (k) Medical services. | |
| 9 | (1) Overlay services. | |
| 10 | (m) Supported housing. | |
| 11 | (n) Transportation services. | |
| 12 | (o) Consumer-operated and peer support services. | |
| 13 | (p) Vocational services. | |
| 14 | (q) Individual counseling, both in-home and | |
| 15 | community-based. | |
| 16 | (r) Partial hospitalization. | |
| 17 | (s) Transitional services. | |
| 18 | (t) Outreach, including to in-home settings. | |
| 19 | (u) Residential services. | |
| 20 | (v) Services to victims of sex offenses. | |
| 21 | (w) Medication management. | |
| 22 | (x) Mobile crisis intervention. | |
| 23 | (y) Therapeutic foster and family care homes. | |
| 24 | (z) Caregiver support. | |
| 25 | Section 8. <u>Service planning</u> | |
| 26 | (1) The service planning process shall: | |
| 27 | (a) Focus on individualized treatment aligned with the | |
| 28 | highest priority needs of the older adult. | |
| 29 | (b) Concentrate on the service needs of the older | |
| 30 | adult's formal and informal support system. | |
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CODING:Words stricken are deletions; words <u>underlined</u> are additions.

SB 2348 See HB

| 1 | (c) Involve appropriate family and support system |
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| 2 | members and pertinent community-based health, education, and |
| 3 | social agencies. |
| 4 | (2) The principles of the service planning process |
| 5 | shall: |
| 6 | (a) Enable case management. |
| 7 | (b) Include a mechanism to discern opportunities for |
| 8 | early intervention in developing cases of older adult mental |
| 9 | health or substance abuse problems. The same mechanism shall |
| 10 | afford crisis intervention and prevention capacity. |
| 11 | (c) Assist the family and other caregivers in |
| 12 | developing and implementing a workable services plan for |
| 13 | treating the mental health or substance abuse problems of the |
| 14 | older adult. |
| 15 | (d) Use all available resources in the community, |
| 16 | including informal support services, which will assist in |
| 17 | carrying out the goals and objectives of the services plan. |
| 18 | (e) Maintain the older adult in the most normal |
| 19 | environment possible and as close to home, family, or support |
| 20 | system as is feasible. |
| 21 | (f) Ensure the ability of family to participate in the |
| 22 | treatment of the older adult, when appropriate, and strive to |
| 23 | enhance the older adult's independence by building on family |
| 24 | strengths and assets. |
| 25 | (3) The services plan shall include: |
| 26 | (a) A mental health description of the older adult and |
| 27 | his or her personal perspective on the problem being |
| 28 | addressed. |
| 29 | (b) A description of the services or treatment to be |
| 30 | provided to the older adult, and his or her family or support |
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1 system, if appropriate, which address the identified problem, 2 including: 3 1. The frequency and duration of services or 4 treatment. 5 The location at which the services or treatment are 2. б to be provided. 7 The name of each accountable provider of services 3. 8 or treatment. Medication management and continuity of care. 9 4. 10 (c) A description of the measurable objectives of 11 treatment which, if met, will result in measurable improvements in the condition of the older adult. 12 The older adult's personal vision and goals. 13 (d) The department shall adopt by rule criteria for 14 (4) determining when an older adult who receives mental health 15 services must have an individualized services plan. 16 17 The services plan shall be driven by the needs of (5) the older adult upon whom it is centered. The services plan, 18 19 where possible, shall be developed in conference with the older adult and, if appropriate, family or primary support 20 members. An appeal process shall be established. 21 The services plan shall be reviewed with changes 22 (6) in client status or level of care, or at least annually, for 23 programmatic and financial appropriateness. 24 25 (7) The department shall adopt by rule criteria that 26 define the population to be assigned case managers. The 27 department shall develop standards for case management services and procedures for appointing case managers. It is 28 29 the intent of the Legislature that case management services not be duplicated or fragmented and that such services promote 30 31 the continuity and stability of a case manager assigned to an

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1 older adult. For the purpose of this section, case management 2 includes: 3 (a) Developing and implementing the services plan. 4 (b) Providing advocacy services. 5 Linking service providers to an older adult and, (C) б when appropriate, his or her family or support system. 7 Monitoring the delivery of services. (d) 8 (e) Collecting information to determine the effect of 9 services and treatment. 10 Section 9. Training requirements. -- Individuals 11 treating or serving older adults should have appropriate and ongoing training in aging and mental health and in substance 12 abuse. The department shall work with providers, licensure 13 boards, professional organizations, and educators to establish 14 appropriate education and training. The department is 15 encouraged to foster the development of continuing education 16 17 by existing professional membership organizations and educational institutions. 18 19 Section 10. Public education and outreach. -- The department shall develop methods of information dissemination 20 21 designed to overcome the barriers to treatment within the target populations. Innovative outreach programs must be 22 developed and promoted to improve the diversion of older 23 24 persons from expensive and intensive forms of care. The 25 department shall develop a marketing and public education plan for how best to develop prevention and treatment strategies 26 27 aimed at an older audience. At least one of the older adult 28 interagency system of care demonstration models shall be 29 centered around the development of innovative marketing and 30 public education materials and strategies. 31

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| 1 | Section 11. Community mental health and substance | |
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| 1 2 | abuse system enhancement | |
| 3 | (1) DEVELOPMENTThe current community mental health | |
| 4 | and substance abuse systems shall be enhanced to identify, | |
| 5 | attract, and serve older adults. The system enhancement should | |
| 6 | address staffing, training, and program development for older | |
| 7 | adults. | |
| 8 | (2) IMPLEMENTATION | |
| 9 | (a) As the Legislature provides funding for the | |
| 10 | enhancement of older adult mental health and substance abuse | |
| 11 | services, the Alcohol, Drug Abuse and Mental Health Program | |
| 12 | Office of the department shall create a competitive selection | |
| 13 | process for soliciting proposals for use of funds within the | |
| 14 | community mental health and substance abuse systems to | |
| 15 | implement this section. | |
| 16 | 1. The department shall use an independent review | |
| 17 | panel to evaluate the proposals. | |
| 18 | 2. Each project or initiative funded through the | |
| 19 | enhancement program shall be evaluated and continued based on | |
| 20 | whether the project or initiative achieves established goals. | |
| 21 | (b) The department shall establish the proposal | |
| 22 | process by October 1, 2000, with project awards to be made no | |
| 23 | later than December 1, 2000. Evaluations of the enhancement | |
| 24 | projects shall be performed on a schedule to be determined by | |
| 25 | the department. | |
| 26 | (3) EVALUATION An independent evaluation of each | |
| 27 | enhancement project shall be conducted to identify more | |
| 28 | effective ways in which to serve the most complex cases of | |
| 29 | older adults who have a serious emotional disturbance, mental | |
| 30 | illness, or substance abuse problem; to determine better | |
| 31 | utilization of public resources; to assess ways that community | |

1 agencies may share pertinent client information; and to determine to what extent the project achieved its stated 2 3 goals. The department shall identify each enhancement project to be evaluated. The evaluation must analyze all 4 5 administrative costs associated with operating each enhancement project. The evaluator must be independent of the б 7 department and the service providers and must have 8 demonstrated experience in evaluating mental health and substance abuse programs for older adults. The department 9 10 shall submit a report to the President of the Senate and the 11 Speaker of the House of Representatives by December 31, 2003, which must include findings and conclusions for each 12 enhancement project and provide recommendations for statewide 13 14 implementation. 15 Section 12. Older adult interagency system of care demonstration models.--16 (1) DEVELOPMENT.--17 The Agency for Health Care Administration, the 18 (a) 19 Department of Health, the Department of Children and Family Services, and the Department of Elderly Affairs shall form a 20 21 consortium, hereinafter referred to as "the consortium," by entering into a partnership agreement to create and oversee 22 older adult interagency system of care demonstration models. 23 24 The partnership agreement may not divest any public or private agency of its responsibility for an older adult but may allow 25 participating agencies to better meet the needs of older 26 27 adults through the sharing of resources. The consortium shall 28 ensure that funds appropriated in the General Appropriations 29 Act for direct services to the target populations are not 30 expended for any other purpose. The departments shall 31

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1 collaborate to implement this section, and the Department of Elderly Affairs shall be the lead agency. 2 3 (b) The consortium shall establish a local oversight body that is responsible for directing each demonstration 4 5 model. The oversight body shall include representatives of the б state agencies that comprise the consortium, representatives 7 of local government as well as other appropriate community 8 entities, and older adults. 9 (c) A demonstration model, unless otherwise authorized 10 by the consortium, shall operate for 3 years, utilizing 11 existing funds. Pursuant to the direction of the consortium, each demonstration model shall maintain appropriate program 12 13 and fiscal accountability. (2) PURPOSE.--The purpose of the older adult 14 interagency system of care demonstration models is to test 15 various designs and strategies for the planning, integration, 16 17 or coordination of the interagency delivery of services to older adults who have mental health or substance abuse 18 19 problems and their families or support systems. In addition to the guiding principles specified in section 2 and the 20 21 principles of the service planning process specified in section 8(2), each demonstration model shall seek to: 22 23 (a) Enhance and expedite services to older adults with 24 mental health or substance abuse problems. 25 (b) Refine the process of case management using the 26 strengths approach in assessment and service planning and 27 eliminate case management duplication. 28 (c) Employ natural supports in the family and the 29 community to help meet the service needs of the older adult. 30 31

| 1 | (d) Improve interagency planning efforts through |
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| 2 | greater collaboration between public and private |
| 3 | community-based agencies. |
| 4 | (e) Test creative and flexible strategies for |
| 5 | financing and purchasing mental health and substance abuse |
| 6 | services for older adults. |
| 7 | (f) Establish information-sharing mechanisms with |
| 8 | state and community agencies. |
| 9 | (3) MODEL ENHANCEMENTS |
| 10 | (a) The Legislature finds that reimbursement |
| 11 | restrictions, such as narrowly defined cost centers or |
| 12 | appropriation categories, do not typically allow for the |
| 13 | integrated and coordinated interagency purchase of formal and |
| 14 | informal services that are needed by older adults who have |
| 15 | mental health or substance abuse problems. Therefore, each |
| 16 | demonstration model may use an integrated blend of state, |
| 17 | federal, and local funds, and may expend funds, chapter 216, |
| 18 | Florida Statutes, notwithstanding, for services without |
| 19 | categorical or cost-center restraints. Funds shall be |
| 20 | allocated so as to allow the demonstration models to provide |
| 21 | the most appropriate care and treatment to the older adult, |
| 22 | including a range of traditional and nontraditional services, |
| 23 | in the least restrictive setting that is clinically |
| 24 | appropriate to the needs of the older adult. |
| 25 | (b) The consortium may use prospective payment |
| 26 | mechanisms through which a demonstration model and its |
| 27 | contracted service providers accept financial risk for |
| 28 | producing outcomes for the target populations. |
| 29 | (c) The consortium shall reinvest cost savings in the |
| 30 | community-based older adult mental health and substance abuse |
| 31 | services system. |

| 1 | (d) The consortium shall establish a funding plan that |
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| 2 | allocates proportionate costs to the participating state |
| 3 | agencies. The funding plan shall be developed based on an |
| 4 | analysis of expenditures made by each participating state |
| 5 | agency during the previous 2 fiscal years in which services |
| 6 | were provided for members of the target populations or for |
| 7 | individuals who have characteristics that are similar to the |
| 8 | members of the target populations. Based on the results of |
| 9 | this cost analysis, funds shall be collected from each of the |
| 10 | participating state agencies and deposited into a central |
| 11 | financial account. A financial body shall be designated by the |
| 12 | consortium to manage the pool of funds and shall have the |
| 13 | capability to pay for individual services specified in a |
| 14 | services plan. |
| 15 | (4) EVALUATION An independent evaluation of each |
| 16 | demonstration model shall be conducted to identify more |
| 17 | effective ways in which to serve the most complex cases of |
| 18 | older adults who have a serious emotional disturbance, mental |
| 19 | illness, or substance abuse problem; to determine better |
| 20 | utilization of public resources; to assess ways that community |
| 21 | agencies may share pertinent client information; and to |
| 22 | determine to what extent the project achieved its stated |
| 23 | goals. The consortium shall identify each demonstration model |
| 24 | to be evaluated. The evaluation must analyze all |
| 25 | administrative costs associated with operating the |
| 26 | demonstration models. The evaluator must be independent of the |
| 27 | consortium and the model service providers and must have |
| 28 | demonstrated experience in evaluating mental health and |
| 29 | substance abuse programs for older adults. The consortium |
| 30 | shall submit a report to the President of the Senate and the |
| 31 | Speaker of the House of Representatives by December 31, 2003, |

1 which must include findings and conclusions for each local demonstration model and provide recommendations for statewide 2 3 implementation. (5) RULES.--Each participating state agency shall have 4 5 the authority to adopt rules for implementing the б demonstration models. These rules shall be developed in 7 cooperation with other appropriate state agencies for 8 implementation within 90 days after obtaining any necessary 9 federal waivers. The Medicaid program within the Agency for 10 Health Care Administration may obtain any federal waivers 11 necessary for implementing the demonstration models. 12 Section 13. The Department of Children and Family Services is authorized to adopt rules as necessary for the 13 implementation of the Comprehensive Older Adult Mental Health 14 and Substance Abuse Services Act. 15 Section 14. This act shall take effect July 1, 2000. 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Florida Senate - 2000 38-1105-00

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| 2 | LEGISLATIVE SUMMARY |
| 3 | Guester the "Community older adult Montel Health and |
| 4 | Creates the "Comprehensive Older Adult Mental Health and Substance Abuse Services Act." Provides guiding |
| 5 | principles for development of a publicly funded older adult mental health and substance abuse treatment and |
| 6 | support system of services. Directs the Department of Children and Family Services to develop a comprehensive |
| 7 | plan for service delivery, to be submitted periodically to the Governor and Legislature, beginning August 1, |
| 8 | 2001. Provides for data collection and analysis. Specifies older adult target populations. Provides for |
| 9 | statewide standards, programs and services, performance measures, a service planning process, case management |
| 10 | services, training requirements for service providers, and public education and outreach programs. Provides for |
| 11 | competitive selection of projects to be funded to enhance existing community mental health and substance abuse |
| 12 | systems to serve older adults. Requires evaluation of such projects and a report to the Legislature by December 31, 2003. Provides for 3-year demonstration models to |
| 13 | test strategies for delivery of services to older adults, |
| 14 | overseen by a consortium of the Agency for Health Care Administration and the Departments of Health, Children and Family Services, and Elderly Affairs. Provides for |
| 15 | establishment of a local oversight body for each demonstration model. Provides requirements for services |
| 16 | and funding, provides for independent evaluation of each demonstration model, and requires a report to the |
| 17 | Legislature by December 31, 2003. |
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