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**Comment on NYSOMH 2010 – 2014 Statewide Comprehensive Plan
for Mental Health Services
August 24, 2010**

Good afternoon. My name is Kimberly Williams, and I am the Director of the Geriatric Mental Health Alliance of New York, an advocacy and education organization with over 3,000 members. We were formed in January 2004 by the Mental Health Association of New York City to promote improved geriatric mental health policy and practice. We appreciate the opportunity to comment today regarding the Office of Mental Health's statewide plan.

We thank OMH for its continued commitment to addressing the mental health needs of older adults in New York State, which is reflected in the inclusion of 'older adults' in its new revised mission statement, in the continued work of the Interagency Geriatric Mental Health and Chemical Dependency Planning Council, in the continued funding and oversight of the nine geriatric demonstration programs, and in the recognition of the importance of mental health in the efforts to make communities better places to grow old.

However, with the Interagency Structure of the Geriatric Mental Health and Chemical Dependency Planning Council, OMH and the other state agencies are missing an important opportunity to develop a long-term plan regarding the geriatric mental health needs of the residents of this state and recommendations to address those needs.

A comprehensive children's plan was completed within just one year, which demonstrates what OMH can do when it decides to do it. We hope that OMH will show

that level of commitment to older adults. We understand the hesitation around planning given the challenge of the current fiscal climate, but, once complete, the plan does not need to be implemented immediately. Rather, the state can get it ready, so that it is poised for implementation once the economy turns around. Without appropriate planning, service expansion, and workforce development, the older adult population growth over the next quarter century will result in a vast increase in the number of untreated older adults with mental illness.

The lack of a plan is demonstrated by having no chapter devoted to older adults. It is very important that OMH's planning efforts address the differences in the needs and developmental challenges of older adults from those experienced by younger adults and that the concept of recovery for older adults, which is just as important for them as younger populations, be modified to reflect those differences.

We hope OMH will take these recommendations into consideration as it develops the final 2010-2014 plan. We look forward to continuing to work together to address the mental health challenges of elders in NYS.

Thank for the opportunity to comment.