

STATE OF NEW YORK

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2023-2024 Regular Sessions

IN SENATE

January 18, 2023

Introduced by Sens. HARCKHAM, ADDABBO, BROUK, GOUNARDES -- read twice and ordered printed, and when printed to be committed to the Committee on Alcoholism and Substance Abuse

AN ACT to amend the mental hygiene law, in relation to creating the office of addiction and mental health services

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

1 Section 1. Subdivisions 2 and 2-a of section 1.03 of the mental
2 hygiene law, subdivision 2 as amended and subdivision 2-a as added by
3 chapter 281 of the laws of 2019, are amended to read as follows:

4 2. "Commissioner" means the commissioner of [~~mental health,~~
5 addiction and mental health services and the commissioner of develop-
6 mental disabilities [~~and the commissioner of addiction services and~~
7 supports] as used in this chapter. Any power or duty heretofore assigned
8 to the commissioner of mental hygiene or to the department of mental
9 hygiene pursuant to this chapter shall hereafter be assigned to the
10 commissioner of [~~mental health~~ addiction and mental health services in
11 the case of facilities, programs, or services for individuals with
12 [~~mental illness~~ a mental health diagnosis, to the commissioner of
13 developmental disabilities in the case of facilities, programs, or
14 services for individuals with developmental disabilities, to the commis-
15 sioner of addiction [~~services~~ and [~~supports~~ mental health services in
16 the case of facilities, programs, or addiction disorder services in
17 accordance with the provisions of titles D and E of this chapter.

18 2-a. Notwithstanding any other section of law or regulation, on and
19 after the effective date of this subdivision, any and all references to
20 the office of alcoholism and substance abuse services and the predeces-
21 sor agencies to the office of alcoholism and substance abuse services
22 including the division of alcoholism and alcohol abuse and the division
23 of substance abuse services and all references to the office of mental
24 health, shall be known as the "office of addiction [~~services~~] and

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

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1 ~~[supports]~~ mental health services." Nothing in this subdivision shall
2 be construed as requiring or prohibiting the further amendment of stat-
3 utes or regulations to conform to the provisions of this subdivision.

4 § 2. Section 5.01 of the mental hygiene law, as amended by chapter 281
5 of the laws of 2019, is amended and two new sections 5.01-a and 5.01-b
6 are added to read as follows:

7 § 5.01 Department of mental hygiene.

8 There shall continue to be in the state government a department of
9 mental hygiene. Within the department there shall be the following
10 autonomous offices:

11 (1) office of addiction and mental health services; and

12 (2) office for people with developmental disabilities[~~+~~

13 ~~(3) office of addiction services and supports]~~.

14 § 5.01-a Office of addiction and mental health services.

15 (a) The office of addiction and mental health services shall be a new
16 office within the department formed by the integration of the offices
17 and services of mental health and addiction services and supports which
18 shall focus on the integration of care and issues related to both mental
19 illness and addiction in the state and carry out the intent of the
20 legislature in establishing the offices pursuant to articles seven and
21 nineteen of this chapter. The office of addiction and mental health
22 services is charged with ensuring the development of comprehensive plans
23 for the integration of programs and services in the area of research,
24 prevention, care and treatment, co-occurring disorders, rehabilitation,
25 education and training, and shall be staffed to perform the responsibil-
26 ities attributed to the office pursuant to sections 7.07 and 19.07 of
27 this chapter and provide integrated services and programs to promote
28 recovery for individuals with a mental health diagnosis, substance use
29 disorder, or a mental health diagnosis and substance use disorder.

30 (b) The commissioner of the office of addiction and mental health
31 services shall be vested with the powers, duties, and obligations of the
32 office of mental health and the office of addiction services and
33 supports. Additionally, two deputy commissioners shall be appointed,
34 one deputy commissioner to represent addiction services and supports,
35 which shall be prominently represented to ensure the needs of substance
36 use disorder communities are met, and one deputy commissioner to repre-
37 sent mental health services. In conjunction with one another, the
38 commissioners shall develop a plan for integrating services which shall
39 be made available for public comment.

40 (c) The office of addiction and mental health services may license
41 providers to provide integrated services for individuals with a mental
42 health diagnosis, substance use disorder, or a mental health diagnosis
43 and substance use disorder, in accordance with regulations issued by the
44 commissioner. Such direct licensing mechanism allows for resources to
45 get to community-based organizations in an expedited manner.

46 (d) The office of addiction and mental health services shall establish
47 a standing advisory committee on addiction and mental health services.
48 The standing advisory committee shall consist of seven members appointed
49 by the governor as follows: (i) two members appointed on the recommenda-
50 tion of the temporary president of the senate; (ii) two members
51 appointed on the recommendation of the speaker of the assembly; (iii)
52 one member appointed on the recommendation of the minority leader of the
53 senate; (iv) one member appointed on the recommendation of the minority
54 leader of the assembly; and (v) one member appointed on the recommenda-
55 tion of the department of health AIDS institute, the office of mental
56 health and the office of addiction services and supports to ensure the

1 intent of the legislature is fulfilled in establishing the integration
2 of services by such office. Such standing advisory committee shall
3 consist of providers, peers, family members, individuals who have
4 utilized addiction services and supports and/or mental health services,
5 the local government unit as defined in article forty-one of this chap-
6 ter, public and private sector unions and representatives of other agen-
7 cies or offices as the designated standing advisory committee may deem
8 necessary. Such standing advisory committee shall meet regularly in
9 furtherance of its functions and at any other time at the request of the
10 designated standing advisory committee leader.

11 § 5.01-b Office of addiction and mental health services; composition of
12 office.

13 Until January first, two thousand twenty-five, the office of addiction
14 and mental health services shall consist of the office of mental health
15 and the office of addiction services and supports.

16 § 3. Section 5.03 of the mental hygiene law, as amended by chapter 281
17 of the laws of 2019, is amended to read as follows:

18 § 5.03 Commissioners.

19 The head of the office of addiction and mental health services shall
20 be the commissioner of [~~mental health~~] addiction and mental health
21 services; and the head of the office for people with developmental disa-
22 bilities shall be the commissioner of developmental disabilities[~~;~~ and
23 ~~the head of the office of addiction services and supports shall be the~~
24 ~~commissioner of addiction services and supports~~]. Each commissioner
25 shall be appointed by the governor, by and with the advice and consent
26 of the senate, to serve at the pleasure of the governor. Until the
27 commissioner of addiction and mental health services is appointed by the
28 governor and confirmed by the senate, the commissioner of mental health
29 and the commissioner of addiction services and supports shall continue
30 to oversee mental health and addiction services respectively, and work
31 collaboratively to integrate care for individuals with both mental
32 health and substance use disorders.

33 § 4. Section 5.05 of the mental hygiene law, as added by chapter 978
34 of the laws of 1977, subdivision (a) as amended by chapter 168 of the
35 laws of 2010, subdivision (b) as amended by chapter 294 of the laws of
36 2007, paragraph 1 of subdivision (b) as amended by section 14 of part J
37 of chapter 56 of the laws of 2012, subdivision (d) as added by chapter
38 58 of the laws of 1988 and subdivision (e) as added by chapter 588 of
39 the laws of 2011, is amended to read as follows:

40 § 5.05 Powers and duties of the head of the department.

41 (a) The commissioners of the office of addiction and mental health
42 services and the office for people with developmental disabilities, as
43 the heads of the department, shall jointly visit and inspect, or cause
44 to be visited and inspected, all facilities either public or private
45 used for the care, treatment [~~and~~], rehabilitation, and recovery of
46 individuals with a mental [~~illness~~] health diagnosis, substance use
47 disorder and developmental disabilities in accordance with the require-
48 ments of section four of article seventeen of the New York state consti-
49 tution.

50 (b) (1) The commissioners of the office of addiction and mental
51 health[~~7~~] services and the office for people with developmental disabil-
52 ities [~~and the office of alcoholism and substance abuse services~~] shall
53 constitute an inter-office coordinating council which, consistent with
54 the autonomy of each office for matters within its jurisdiction, shall
55 ensure that the state policy for the prevention, care, treatment [~~and~~],
56 rehabilitation, and recovery of individuals with a mental [~~illness~~]

1 health diagnosis, substance use disorders and developmental disabili-
2 ties[~~-, alcoholism, alcohol abuse, substance abuse, substance dependence,~~
3 ~~and chemical dependence~~] is planned, developed and implemented compre-
4 hensively; that gaps in services to individuals with multiple disabili-
5 ties are eliminated and that no person is denied treatment and services
6 because he or she has more than one disability; that procedures for the
7 regulation of programs which offer care and treatment for more than one
8 class of persons with mental disabilities be coordinated between the
9 offices having jurisdiction over such programs; and that research
10 projects of the institutes, as identified in section 7.17 [~~or~~], 13.17,
11 or 19.17 of this chapter or as operated by the office for people with
12 developmental disabilities, are coordinated to maximize the success and
13 cost effectiveness of such projects and to eliminate wasteful dupli-
14 cation.

15 (2) The inter-office coordinating council shall annually issue a
16 report on its activities to the legislature on or before December thir-
17 ty-first. Such annual report shall include, but not be limited to, the
18 following information: proper treatment models and programs for persons
19 with multiple disabilities and suggested improvements to such models and
20 programs; research projects of the institutes and their coordination
21 with each other; collaborations and joint initiatives undertaken by the
22 offices of the department; consolidation of regulations of each of the
23 offices of the department to reduce regulatory inconsistencies between
24 the offices; inter-office or office activities related to workforce
25 training and development; data on the prevalence, availability of
26 resources and service utilization by persons with multiple disabilities;
27 eligibility standards of each office of the department affecting clients
28 suffering from multiple disabilities, and eligibility standards under
29 which a client is determined to be an office's primary responsibility;
30 agreements or arrangements on statewide, regional and local government
31 levels addressing how determinations over client responsibility are made
32 and client responsibility disputes are resolved; information on any
33 specific cohort of clients with multiple disabilities for which substan-
34 tial barriers in accessing or receiving appropriate care has been
35 reported or is known to the inter-office coordinating council or the
36 offices of the department; and coordination of planning, standards or
37 services for persons with multiple disabilities between the inter-office
38 coordinating council, the offices of the department and local govern-
39 ments in accordance with the local planning requirements set forth in
40 article forty-one of this chapter.

41 (c) The commissioners shall meet from time to time with the New York
42 state conference of local mental hygiene directors to assure consistent
43 procedures in fulfilling the responsibilities required by this section
44 and by article forty-one of this chapter.

45 (d) [~~1-~~] (1) The commissioner of addiction and mental health services
46 shall evaluate the type and level of care required by patients in the
47 adult psychiatric centers authorized by section 7.17 of this chapter and
48 develop appropriate comprehensive requirements for the staffing of inpa-
49 tient wards. These requirements should reflect measurable need for
50 administrative and direct care staff including physicians, nurses and
51 other clinical staff, direct and related support and other support
52 staff, established on the basis of sound clinical judgment. The staffing
53 requirements shall include but not be limited to the following: (i) the
54 level of care based on patient needs, including on ward activities, (ii)
55 the number of admissions, (iii) the geographic location of each facili-

ty, (iv) the physical layout of the campus, and (v) the physical design of patient care wards.

~~[2-]~~ (2) Such commissioner, in developing the requirements, shall provide for adequate ward coverage on all shifts taking into account the number of individuals expected to be off the ward due to sick leave, workers' compensation, mandated training and all other off ward leaves.

~~[3-]~~ (3) The staffing requirements shall be designed to reflect the legitimate needs of facilities so as to ensure full accreditation and certification by appropriate regulatory bodies. The requirements shall reflect appropriate industry standards. The staffing requirements shall be fully measurable.

~~[4-]~~ (4) The commissioner of addiction and mental health services shall submit an interim report to the governor and the legislature on the development of the staffing requirements on October first, ~~[nineteen hundred eighty-eight]~~ two thousand twenty-four and again on April first, ~~[nineteen hundred eighty-nine]~~ two thousand twenty-five. The commissioner shall submit a final report to the governor and the legislature no later than October first, ~~[nineteen hundred eighty-nine]~~ two thousand twenty-five and shall include in his report a plan to achieve the staffing requirements and the length of time necessary to meet these requirements.

(e) The commissioners of the office of addiction and mental health~~[7]~~ services and the office for people with developmental disabilities~~[7]~~ and the office of alcoholism and substance abuse services shall cause to have all new contracts with agencies and providers licensed by the offices to have a clause requiring notice be provided to all current and new employees of such agencies and providers stating that all instances of abuse shall be investigated pursuant to this chapter, and, if an employee leaves employment prior to the conclusion of a pending abuse investigation, the investigation shall continue. Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any other law or regulation or under any collective bargaining agreement or employment contract.

§ 5. Section 7.01 of the mental hygiene law, as added by chapter 978 of the laws of 1977, is amended to read as follows:

§ 7.01 Declaration of policy.

The state of New York and its local governments have a responsibility for the prevention and early detection of mental ~~[illness]~~ health disorders and for the comprehensively planned care, treatment ~~[and]~~ rehabilitation and recovery of ~~[their mentally ill citizens]~~ individuals with a mental health diagnosis.

Therefore, it shall be the policy of the state to conduct research and to develop programs which further prevention and early detection of mental ~~[illness]~~ health disorders; to develop a comprehensive, integrated system of treatment ~~[and]~~ rehabilitative and recovery services for ~~[the mentally ill]~~ individuals with a mental health diagnosis. Such a system should include, whenever possible, the provision of necessary treatment services to people in their home communities; it should assure the adequacy and appropriateness of residential arrangements for people in need of service; and it should rely upon improved programs of institutional care only when necessary and appropriate. Further, such a system should recognize the important therapeutic roles of all disciplines which may contribute to the care or treatment of ~~[the mentally ill]~~ individuals with a mental health diagnosis, such as psychology, social work, psychiatric nursing, special education and other disciplines in the field of mental illness, as well as psychiatry and should

1 establish accountability for implementation of the policies of the state
2 with regard to the care ~~[and]~~, rehabilitation and recovery of ~~[the~~
3 ~~mentally ill]~~ individuals with a mental health diagnosis.

4 To facilitate the implementation of these policies and to further
5 advance the interests of ~~[the mentally ill]~~ individuals with a mental
6 health diagnosis and their families, a new autonomous agency to be known
7 as the office of addiction and mental health services has been estab-
8 lished by this article. The office and its commissioner shall plan and
9 work with local governments, voluntary agencies and all providers and
10 consumers of mental health services in order to develop an effective,
11 integrated, comprehensive system for the delivery of all services to
12 ~~[the mentally ill]~~ individuals with a mental health diagnosis and to
13 create financing procedures and mechanisms to support such a system of
14 services to ensure that ~~[mentally ill]~~ persons in need of services
15 receive appropriate care, treatment and rehabilitation close to their
16 families and communities. In carrying out these responsibilities, the
17 office and its commissioner shall make full use of existing services in
18 the community including those provided by voluntary organizations.

19 § 6. Section 19.01 of the mental hygiene law, as added by chapter 223
20 of the laws of 1992, is amended to read as follows:

21 § 19.01 Declaration of policy.

22 The legislature declares the following:

23 ~~[Alcoholism]~~ Unhealthy alcohol use, substance ~~[abuse]~~ use disorder and
24 chemical dependence pose major health and social problems for individ-
25 uals and their families when left untreated, including family devas-
26 tation, homelessness, ~~[and]~~ unemployment, and death. It has been proven
27 that successful prevention ~~[and]~~, integrated treatment, and sustained
28 recovery can dramatically reduce costs to the health care, criminal
29 justice and social welfare systems.

30 The tragic, cumulative and often fatal consequences of ~~[alcoholism]~~
31 unhealthy alcohol use and substance ~~[abuse]~~ use disorder are, however,
32 preventable and treatable disabilities that require a coordinated and
33 multi-faceted network of services.

34 The legislature recognizes locally planned and implemented prevention
35 as a primary means to avert the onset of ~~[alcoholism]~~ unhealthy alcohol
36 use and substance ~~[abuse]~~ use disorder. It is the policy of the state to
37 promote comprehensive, age appropriate education for children and youth
38 and stimulate public awareness of the risks associated with ~~[alcoholism]~~
39 unhealthy alcohol use and substance ~~[abuse]~~ use disorder. Further, the
40 legislature acknowledges the need for a coordinated state policy for the
41 establishment of prevention ~~[and]~~, treatment, and recovery programs
42 designed to address the problems of chemical dependency among youth,
43 including prevention and intervention efforts in school and community-
44 based programs designed to identify and refer high risk youth in need of
45 chemical dependency services.

46 Substantial benefits can be gained through ~~[alcoholism]~~ unhealthy
47 alcohol use and substance ~~[abuse]~~ use disorder treatment for both
48 addicted individuals and their families. Positive treatment outcomes
49 that may be generated through a complete continuum of care offer a cost
50 effective and comprehensive approach to ~~[rehabilitating]~~ treating such
51 individuals. The primary goals of the ~~[rehabilitation]~~ treatment and
52 recovery process are to ~~[restore]~~ rebuild social, family, lifestyle,
53 vocational and economic supports by stabilizing an individual's physical
54 and psychological functioning. The legislature recognizes the impor-
55 tance of varying treatment approaches and levels of care designed to
56 meet each ~~[client's]~~ individual's needs. ~~[Relapse]~~ Reoccurrence

1 prevention and aftercare are two primary components of treatment that
2 serve to promote and maintain recovery.

3 The legislature recognizes that the distinct treatment needs of
4 special populations, including women and women with children, persons
5 with HIV infection, persons [~~diagnosed~~] with a mental [~~illness~~] health
6 diagnosis, persons who [~~abuse~~] misuse chemicals, the homeless and veter-
7 ans with posttraumatic stress disorder, merit particular attention. It
8 is the intent of the legislature to promote effective interventions for
9 such populations in need of particular attention. The legislature also
10 recognizes the importance of family support for individuals in alcohol
11 or substance [~~abuse~~] use disorder treatment and recovery. Such family
12 participation can provide lasting support to the recovering individual
13 to [~~prevent relapse and maintain~~] support sustained recovery. The inter-
14 generational cycle of chemical dependency within families can be inter-
15 cepted through appropriate interventions.

16 The state of New York and its local governments have a responsibility
17 in coordinating the delivery of [~~alcoholism~~] unhealthy alcohol use and
18 substance [~~abuse~~] use disorder services, through the entire network of
19 service providers. To accomplish these objectives, the legislature
20 declares that the establishment of a single, unified office of [~~alcohol-~~
21 ~~ism and substance abuse~~] addiction and mental health services will
22 provide an integrated framework to plan, oversee and regulate the
23 state's prevention and treatment network. In recognition of the growing
24 trends and incidence of chemical dependency, this consolidation allows
25 the state to respond to the changing profile of chemical dependency.
26 The legislature recognizes that some distinctions exist between the
27 [~~alcoholism~~] unhealthy alcohol use and substance [~~abuse~~] use disorder
28 field and the mental health field and where appropriate, those
29 distinctions may be preserved. Accordingly, it is the intent of the
30 state to establish one office of [~~alcoholism and substance abuse~~]
31 addiction and mental health services in furtherance of a comprehensive
32 service delivery system.

33 § 7. Upon or prior to January 1, 2025, the governor may nominate an
34 individual to serve as commissioner of the office of addiction and
35 mental health services. If such individual is confirmed by the senate
36 prior to January 1, 2025, they shall become the commissioner of the
37 office of addiction and mental health services. The governor may desig-
38 nate a person to exercise the powers of the commissioner of the office
39 of addiction and mental health services on an acting basis, until
40 confirmation of a nominee by the senate, who is hereby authorized to
41 take such actions as are necessary and proper to implement the orderly
42 transition of the functions, powers and duties as herein provided,
43 including the preparation for a budget request for the office as estab-
44 lished by this act.

45 § 8. Upon the transfer pursuant to this act of the functions and
46 powers possessed by and all of the obligations and duties of the office
47 of mental health and the office of addiction services and supports as
48 established pursuant to the mental hygiene law and other laws, to the
49 office of addiction and mental health services as prescribed by this
50 act, provision shall be made for the transfer of all employees from the
51 office of mental health and the office of addiction services and
52 supports into the office of addiction and mental health services.
53 Employees so transferred shall be transferred without further examina-
54 tion or qualification to the same or similar titles and shall remain in
55 the same collective bargaining units and shall retain their respective

1 civil service classifications, status, and rights pursuant to their
2 collective bargaining units and collective bargaining agreements.

3 § 9. Notwithstanding any contrary provision of law, on or before Octo-
4 ber 1, 2024 and annually thereafter, the office of addiction and mental
5 health services, in consultation with the department of health, shall
6 issue a report, and post such report on their public website, detailing
7 the office's expenditures for addiction and mental health services,
8 including total Medicaid spending directly by the state to licensed or
9 designated providers and payments to managed care providers pursuant to
10 section 364-j of the social services law. The office of addiction and
11 mental health services shall examine reports produced pursuant to this
12 section and may make recommendations to the governor and the legislature
13 regarding appropriations for addiction and mental health services or
14 other provisions of law which may be necessary to effectively implement
15 the creation and continued operation of the office.

16 § 10. Any financial saving realized from the creation of the office of
17 addiction and mental health services shall be reinvested in the services
18 and supports funded by such office.

19 § 11. Severability. If any clause, sentence, paragraph, section or
20 part of this act shall be adjudged by any court of competent jurisdic-
21 tion to be invalid, such judgment shall not affect, impair or invalidate
22 the remainder thereof, but shall be confined in its operation to the
23 clause, sentence, paragraph, section or part thereof directly involved
24 in the controversy in which such judgment shall have been rendered.

25 § 12. This act shall take effect immediately. Effective immediately,
26 the office of mental health and the office of addiction services and
27 supports are authorized to promulgate the addition, amendment and/or
28 repeal of any rule or regulation or engage in any work necessary for the
29 implementation of this act on its effective date authorized to be made
30 and completed on or before such effective date.