

STATE OF NEW YORK

5821

2025-2026 Regular Sessions

IN SENATE

March 3, 2025

Introduced by Sens. SEPULVEDA, MAYER, PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health

AN ACT in relation to establishing a statewide person-centered mental health services work group to improve statewide mental health planning and outcomes to achieve a person-centered, prevention-first integrated and tiered system of care for holistic health and wellness

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

1 Section 1. Statewide person-centered mental health services work
2 group. 1. There is hereby created a person-centered mental health
3 services work group to examine, evaluate, determine, recommend, and
4 oversee implementation of how to improve statewide mental health plan-
5 ning and outcomes to achieve a person-centered, prevention-first inte-
6 grated and tiered system of care for holistic health and wellness.
7 2. The work group shall consist of ten statewide members, four ex
8 officio members, and twenty-eight regional representative members,
9 appointed as follows:
10 (a) Statewide members. Statewide members shall be appointed within
11 sixty days of the effective date of this act:
12 (i) two members shall be appointed by the temporary president of the
13 senate, one of which must be a peer or consumer representative;
14 (ii) two members shall be appointed by the speaker of the assembly,
15 one of which must be a peer or consumer representative;
16 (iii) one member shall be appointed by the minority leader of the
17 senate;
18 (iv) one member shall be appointed by the minority leader of the
19 assembly; and
20 (v) four members shall be appointed by the governor, one of which must
21 be a peer or consumer representative.

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

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1 (b) Ex officio members. The commissioners of the office of addiction
2 services and supports, the office of mental health, the department of
3 health, the New York city department of health and mental hygiene, and
4 the local mental hygiene directors, or their designees, shall serve as
5 ex officio members of the work group.

6 (c) Regional membership and appointments. (i) For purposes of this
7 act, there shall be nine regions, consisting of the same geographic
8 areas and counties as the social care networks described in the January
9 2024 New York State Department of Health Request for Applications: New
10 York Health Equity Reform: Social Care Networks:

- 11 (1) Region 1: Capital;
- 12 (2) Region 2: Western;
- 13 (3) Region 3: Hudson Valley;
- 14 (4) Region 4: New York City;
- 15 (5) Region 5: Finger Lakes;
- 16 (6) Region 6: Southern Tier;
- 17 (7) Region 7: Central;
- 18 (8) Region 8: Long Island;
- 19 (9) Region 9: North Country.

20 (ii) There shall be three members from each region, except New York
21 City, which shall have four.

22 (iii) Regional member candidates shall be selected through a nominat-
23 ing process conducted by ex officio members of the work group in collab-
24 oration with a statewide advocacy group with knowledge and expertise in
25 public policy related to enhancing treatment mental health services and
26 promoting recovery, rehabilitation, individual rights and full community
27 inclusion. Regional member candidates must have lived experience as a
28 person who is currently or was previously in the shelter system, used or
29 using public housing vouchers, court-involved, and/or in the public
30 health, substance use and mental health systems.

31 3. Appointments shall be made within one hundred twenty days of the
32 effective date of this act. Vacancies in the work group shall be filled
33 in the same manner provided for original appointments.

34 4. The work group membership shall accurately reflect the race and
35 ethnicity of people who use public health and mental health services.
36 Following the nominating process and if necessary, the nominating body
37 under subparagraph (iii) of paragraph (c) of subdivision two of this
38 section shall select alternative members that will ensure the inclusion
39 and equity targets described herein.

40 5. Participation by non-voting members encourages the inclusion of
41 diverse viewpoints but does not dilute the decision-making authority of
42 the work group members who use mental health services. Non-voting
43 members may participate in all actions afforded members but may not vote
44 on any resolutions. If not otherwise selected to be a member of the work
45 group, the following shall be non-voting members:

46 (a) the director of recipient affairs from any local or state govern-
47 mental unit;

48 (b) representatives of trade associations representing housing and
49 service providers, hospital associations, and health insurance compa-
50 nies;

51 (c) representatives of social justice and legal advocacy organizations
52 with an established track record of public testimony and/or policy
53 research related to the provision of mental health service; and

54 (d) additional non-voting members may be added at the discretion of
55 the work group.

1 6. Work group members shall receive no compensation for their efforts
2 and services as members for the actual and necessary expenses incurred
3 in the performance of their duties.

4 7. A quorum shall consist of a majority of members of the work group
5 entitled to vote on the matter under consideration. Approval of any
6 matter shall require the affirmative vote of a majority of the members
7 voting thereon. The quorum must include a proportionate number of
8 members with lived experiences that is equal to or greater than the
9 proportion of the work group as a whole.

10 8. The work group shall be authorized to adopt by-laws for the manage-
11 ment and regulation of its affairs.

12 9. The statewide person-centered mental health services work group
13 shall develop the recommendations for:

14 (a) A regional and statewide mental health planning system to:

15 (i) Establish regional short and long-range strategic goals and strat-
16 egies that integrate behavioral health and physical health;

17 (ii) Ensure that persons with lived experiences have a leadership role
18 in the development of these goals;

19 (iii) Ensure adoption through a community consensus process;

20 (iv) Identify measurable outcomes, accountability, and funding for the
21 strategic goals; and

22 (v) Ensure there is a transparent annual evaluation and quality
23 improvement process that is consistent across all regions.

24 (b) Establishing a statewide clearinghouse of best practices to be
25 posted publicly, regularly updated, and on the office of mental health,
26 the office of addiction services and supports, the department of health,
27 and the New York city department of health and mental hygiene websites
28 to ensure the implementation of programs that have proved effective in
29 one region could be scaled up across the entire system.

30 (c) Establishing an annual budgeting system to ensure regional-identi-
31 fied priorities are adequately funded.

32 10. In carrying out its functions, the work group shall foster
33 discussions among, and conduct formal public hearings with requisite
34 public notice to solicit input from, local stakeholders' interests. It
35 will conduct research and evaluate strategic planning tools and tech-
36 niques used in the public sphere that have proven to be effective in
37 soliciting and incorporating meaningful community input into comparable
38 regional plans and meet the requirements described in paragraph (a) of
39 subdivision nine of this section.

40 11. (a) The commissioners of the office of mental health, the office
41 of addiction services and supports, the department of health, and the
42 New York city department of health and mental hygiene shall designate a
43 sufficient number of employees of their offices as are reasonably neces-
44 sary to provide support services to the statewide work group and its
45 efforts.

46 (b) The commissioners of the office of mental health, the office of
47 addiction services and supports, the department of health, and local
48 county health care agencies shall appoint representatives of their
49 respective offices to serve as a liaison between their offices and the
50 work group. All state agencies, public authorities and public benefit
51 corporations shall provide such assistance as may be reasonably
52 requested.

53 12. Deliberations, meetings and other proceedings of the work group,
54 and any committees thereof, shall be governed by article 7 of the public
55 officers law. Any one or more members of the work group may participate
56 in a meeting by means of a conference telephone, conference video or

1 similar communications equipment allowing all persons participating in
2 the meeting to hear each other at the same time. Participation by such
3 means shall constitute presence in person at a meeting. At any meetings
4 of the work group conducted by means of a conference telephone, confer-
5 ence video or similar communications equipment, other than executive
6 sessions, the public shall be given an opportunity to listen. If a
7 meeting other than an executive session is to be conducted by means of a
8 conference telephone, conference video or similar communications equip-
9 ment, the public notice for the meeting shall inform the public that
10 such equipment will be used and identify the means by which the public
11 may listen to such meeting.

12 13. (a) Upon consideration of factors identified in subdivision nine
13 of this section, the work group shall develop recommendations for reform
14 of the state's local mental health planning process to ensure it is
15 informed by consumers and reflective of local needs.

16 (b) The work group shall transmit a report containing these specific
17 recommendations to the governor and the legislature on or before Novem-
18 ber 1, 2026. The report and recommendations shall simultaneously be
19 posted on the websites of the office of mental health, the office of
20 addiction services and supports, and the department of health, as well
21 as distributed to the public via the same media channels used to
22 announce major program or policy changes, or procurement opportunities.

23 § 2. This act shall take effect immediately.