STATE OF NEW YORK

9523

IN SENATE

May 16, 2024

Introduced by Sen. FERNANDEZ -- read twice and ordered printed, and when printed to be committed to the Committee on Finance

AN ACT to amend the mental hygiene law, in relation to establishing a co-occurring disorders patient bill of rights; and making an appropriation therefor

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

Section 1. The mental hygiene law is amended by adding a new section 19.47 to read as follows:

§ 19.47 Co-occurring disorders patient bill of rights.

The office shall, in conjunction with state agencies which interact with persons with co-occurring disorders including, but not limited to, the office of mental health, department of social services, office of children and family services, department of corrections, department of health, department of financial services, and the department of education:

1. Adopt a co-occurring disorders patient bill of rights and implement such bill of rights as policy. Such bill of rights shall include, but not be limited to:

a. the right to be welcomed/nondiscrimination: Individuals and families seeking and receiving treatment for co-occurring disorders shall receive services without regard to age, race, color, sexual orientation, religion, marital status, sex, disability, gender identity, national origin, payment source or any other protected basis.

b. the right to have co-occurring disorders needs accurately recognized: Individuals with co-occurring disorders, and their families, shall receive appropriate screening for the presence of co-occurring disorders, accurate documentation of the results of that screening, complete access to their health records and cost estimates, and timely access to competent re-assessments when needed.

c. the right to receive co-occurring disorders services matched to needs: Individuals shall receive integrated, co-occurring disorders capable services for their co-occurring mental health and substance use disorder conditions that are appropriately matched to their needs and

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

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preferences, including, but not limited to acuity, severity, and stage of change for each condition. This right shall apply to mental health and/or substance use disorder addiction programs for adults and/or children and youth in hospital-based, residential, community-based settings and at school-based mental health satellites.

d. the right to receive the highest quality of co-occurring disorders treatment: In every setting, individuals and families shall receive high-quality evidence-based co-occurring disorders services, including a full array of best and promising practices for medication and non-medication interventions for both mental health and substance use disorder needs.

e. the right to continuity of care: Individuals with co-occurring disorders, and their families, shall receive appropriately matched help for both conditions for as long as they need that help. The expectation that individuals can rely on self-help after only a single episode of care in a program with limited length of stay shall be deemed inappropriate for people who are likely to have not one, but two persistent conditions that may require help for an extended time-period.

f. the right to help and hope for family and loved ones: Families shall be involved in contributing to the care of their loved ones, and receiving quality education, support, and treatment to help them heal.

g. the right for people at risk to have access to prevention: Young people with either mental health or substance use disorder are at higher risk of developing co-occurring disorders, and their families, and shall receive educational and preventive interventions as soon as possible in both normative settings, including but not limited to schools, and in treatment settings, including but not limited to behavioral health programs treating children and youth.

h. the right to accountability and redress: Consumers shall receive services within a fully transparent system where payors, providers and government work in partnership, guided by input from people and families with lived experience.

i. the right to a peer advocate: People with co-occurring disorders shall receive peer support services providing hope, advocacy, and systems navigation. To adequately serve people with co-occurring disorders, such peer support services shall include, but not be limited to, a robust and collaborative peer workforce with diverse and specialized lived expertise as well as cross-training, ensuring person-driven, recovery-oriented, trauma-informed, culturally fluent services.

j. the right to receive services from adequately resourced providers: People with co-occurring disorders needs shall receive services from providers of all types who are paid appropriately to serve those with the greatest need.

k. the right to safe housing: People with co-occurring disorders and without access to a permanent residence shall receive safe supportive housing that is recovery-oriented, and encourages independence.

2. Submit a report to the legislature and the governor on the status of integrated services delivery in New York, including state operated, contracted, and regulated services in each region of the state. This report shall include, but not be limited to:

a. the best available data on the prevalence of co-occurring disorders, whether diagnosed or not, in the current service population, including the population of children receiving mental health services whose parents or caregivers have substance use challenges.

b. indications as to whether the available prevalence data matches expected prevalence based on national benchmarks, or whether the popu-

lation is currently underrecognized, and if the latter, a plan to improve the accuracy of data over time.

c. best available current information on the degree to which current mental health and substance use disorders are co-occurring use disorders, using accepted measures of "co-occurring disorders capability" or "integrated treatment" as appropriate for the programs being measured, as well as the degree of integration of both mental health and substance use disorders into primary care. Substance use disorder programs shall be evaluated according to the code of conduct and code of ethics standards in the American Society of Addiction Medicine's PCC 4th Edition.

3. Develop a five-year plan for implementing the co-occurring disorders bill of rights as well as an annual report of progress after each year, and then a five-year report summarizing the entire five-year plan with the next five-year plan. Such five-year plan shall:

a. illustrate a step-by-step implementation science approach to making significant progress toward universal co-occurring disorders service delivery, build on the current baseline, and use system improvement strategies that work primarily through leveraging existing resources more effectively to support integrated service delivery.

b. include steps that address changes in regulatory language, contract language, funding instructions, program design and improvement, clinical practice and competency development, and inter-program collaboration and partnership within each community or region.

c. include clear explanations for how existing funding streams, including, but not limited to, federal block grant, Medicaid, state funding, Opioid Settlement funds, insurance plans, and correctional funds shall each be designed over time to support co-occurring disorders service delivery.

d. be designed so that continuous improvement is built into existing infrastructure to ensure sustainability over time.

e. include delineation of anticipated additional resource needs for developing supportive elements into the system of care including, but not limited to, state co-occurring disorders center of excellence with seven regional co-occurring disorders centers. These centers shall provide training, consultation, and technical assistance to support development of universal co-occurring disorders capability in their regions. These centers shall also evaluate and quantify the need for additional resources within their regions for specialized, co-occurring disorders enhanced, evaluation centers, and specialized co-occurring disorders enhanced residential and community based treatment programs, including, but not limited to, housing supports and peer supports, that are designed to respond to the subset of individuals with co-occurring disorders who have the most complex challenges and severe disabilities, as well as those who are non-English speaking.

f. include system efforts to scale to improve prevention and early intervention for co-occurring disorders, with a particular focus on at risk youth, by integrating current prevention efforts to address both mental health and substance use disorder issues together on a more regular basis and by providing broad education on co-occurring disorders to youth, families, schools, and other youth service providers.

4. Identify the need for additional resources. Although substantial improvement can occur in integrated service delivery through better leverage of existing resources, there will be additional resources needed to support implementation of the plan, as well as resources for developing specialized or co-occurring disorders enhanced services where there are significant gaps that may remain even when existing services

are improved, particularly for the most seriously affected populations. The office shall, on or before January first of each year, submit to the legislature and the governor the additional resources required to support the implementation of the provisions of this section for the upcoming fiscal year which shall be appropriated for such purposes; provided however, such funds shall only be appropriated if the five-year plan for implementing the co-occurring disorders bill of rights under subdivision three of this section includes specific recommendations for what funding will be needed for each year of implementation, and how such funding will help leverage all current funding to improve integrated service delivery so as to improve outcomes for the population.

§ 2. The sum of two million dollars ($2,000,000), or so much thereof as may be necessary, is hereby appropriated to the office of addiction services and supports out of any moneys in the state treasury in the general fund to the credit of the state purposes account not otherwise appropriated, for its expenses, including personal service, maintenance and operation in carrying out the provisions of this act. Such moneys shall be payable on the audit and warrant of the comptroller on vouchers certified or approved by the commissioner of the office of addiction services and supports or such commissioner's designee, in the manner prescribed by law.

§ 3. This act shall take effect on the ninetieth day after it shall have become a law. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized to be made and completed on or before such effective date.