STATE OF NEW YORK

10174

IN SENATE

May 4, 2026

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

AN ACT to establish a time-limited blue ribbon panel on co-occurring disorders to develop a statewide framework for the integration of mental health and substance use services

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

Section 1. Legislative findings and intent. 1. The legislature hereby finds that a significant portion of individuals served within New York state systems present with co-occurring disorders (COD), defined as the coexistence of a mental health condition and a substance use disorder, as reflected in available state and federal data and reporting.

2. The legislature further finds that the New York state office of mental health (OMH), the New York state office of addiction services and supports (OASAS), the New York state department of health (DOH), and the New York state education department (NYSED) operate within systems that remain structurally separate in policy, funding, and service delivery, including but not limited to differences in eligibility criteria, licensing and regulatory requirements, reimbursement structures, and program oversight.

3. The legislature further finds that such separation results in fragmented access to care, disruptions in treatment continuity, and inconsistent outcomes across populations and settings, including barriers to entry into services, limitations of concurrent or integrated treatment, and gaps in care transitions across providers and systems.

4. The legislature further finds that, despite substantial investments, there is insufficient alignment across OMH, OASAS, DOH, and NYSED to ensure integrated, person-centered care related to COD.

5. The legislature further finds that there is no single, enforceable statewide framework governing prevention, identification, treatment, and recovery related to COD.

6. The legislature therefore declares that a coordinated, cross-system approach is necessary to align policy, funding, service delivery, and

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

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curriculum, and that a time-limited, outcome-driven panel is required to establish such a framework.

§ 2. Establishment of the blue ribbon panel on co-occurring disorders. 1. There is hereby established a temporary body to be known as the "blue ribbon panel on co-occurring disorders," hereinafter referred to as the "panel".

2. The panel shall be charged with developing a comprehensive, enforceable statewide framework for the integration of mental health and substance use services across the continuum related to COD, including alignment across OMH, OASAS, DOH, and NYSED.

§ 3. Duration. 1. The panel shall convene within sixty days of the effective date of this act.

2. The panel shall operate for a period not to exceed nine months from the date of its initial convening for purposes of developing and submitting its final report.

3. The panel shall continue in effect for an additional period of not less than sixty days following submission of its final report and receipt of the joint agency response and any revised response required pursuant to section ten of this act for the purpose of reviewing the agency response required pursuant to section ten of this act.

4. The panel shall terminate upon completion of such review.

5. The panel may extend its duration for a period not to exceed ninety days upon a majority vote of its members, for the purpose of completing its final report or fulfilling its responsibilities pursuant to this act.

§ 4. Membership. 1. The panel shall consist of not fewer than fifteen and not more than twenty-one members with demonstrated expertise in COD across the continuum of care and shall include a cross-section of stakeholders, including but not limited to:

a. individuals with lived experience;

b. family members;

c. licensed mental health providers;

d. substance use disorder treatment providers;

e. providers delivering integrated care;

f. prevention and school-based professionals;

g. peer support and recovery representatives;

h. at least one representative of the OMH, including expertise in licensing, regulatory, and program oversight functions;

i. at least one representative of the OASAS, including expertise in licensing, regulatory, and program oversight functions;

j. at least one representative of the DOH, including expertise in licensing, regulatory, and program oversight functions;

k. at least one representative of the NYSED with expertise in curriculum development and school-based mental health and substance use prevention;

l. health system representatives;

m. payers and managed care organizations;

n. workforce development and academic partners;

o. at least one representative of the New York state conference of local mental hygiene directors (NYSCLMHD); and

p. individuals with expertise in state program administration, budgeting, and financing of mental health and substance use services.

2. Members of the panel shall be appointed as follows:

a. seven members appointed by the governor;

b. four members appointed by the temporary president of the senate;

c. four members appointed by the speaker of the assembly;

d. three members appointed by the minority leader of the senate; and
e. three members appointed by the minority leader of the assembly.
3. Appointments shall, to the extent practicable, reflect the categories of representation set forth in subdivision one of this section, including individuals with lived experience, family members, providers, prevention and school-based professionals, peers, and representatives of relevant state agencies, health systems, payers, and academic institutions.
4. At least three members shall be individuals with lived experience or family members.
5. Appointments to the panel shall ensure representation across geographic regions and service settings.
6. The panel may establish subcommittees as necessary to carry out its responsibilities.
§ 5. Scope of work. 1. The panel shall examine and develop recommendations across the full continuum of care related to COD, including:
a. prevention and early intervention, including curriculum development and implementation within school systems;
b. youth and school-based systems;
c. clinical treatment services;
d. crisis response systems;
e. recovery and peer supports; and
f. housing and services for justice-involved populations.
2. The panel shall specifically address:
a. alignment of policies, regulations, and service delivery expectations across OMH, OASAS, DOH, and NYSED;
b. barriers to integrated care across settings and populations;
c. workforce capacity, training, and ongoing support needs;
d. data collection, outcome measurement, and quality improvement; and
e. funding structures and reimbursement models, including Medicaid, state funding, and federal funding streams, that impact integration.
3. The panel shall engage OMH, OASAS, DOH, and NYSED throughout its work to ensure ongoing input, coordination, and alignment with agency operations and implementation considerations.
§ 6. Required deliverables. The panel shall produce a final report that includes, but is not limited to:
1. statewide standards for integration related to COD;
2. a unified operational framework;
3. a funding alignment strategy across state and federal funding streams;
4. an implementation roadmap; and
5. an accountability and enforcement framework.
§ 7. Reporting. 1. The panel shall submit its final report to the governor, the temporary president of the senate, and the speaker of the assembly.
2. Such report shall be submitted no later than nine months following the panel's initial convening.
3. The report shall be made publicly available.
§ 8. Administrative support. OMH, OASAS, DOH, and NYSED shall provide administrative support to the panel.
§ 9. Implementation. OMH, OASAS, DOH, and NYSED shall review the panel's recommendations and identify actions necessary for implementation.
§ 10. Agency response and implementation plan. 1. Within forty-five days of the public release of the panel's final report, OMH, OASAS, DOH, and NYSED shall jointly submit a single, written response reflecting a

coordinated position across such agencies to the governor, the temporary president of the senate, the speaker of the assembly, and the panel.

2. Such response shall:

a. identify which recommendations are accepted;

b. provide justification for any not accepted;

c. outline a coordinated implementation plan; and

d. identify statutory, regulatory, or budgetary changes required, including state and federal funding.

3. If the panel determines that the joint agency response does not adequately address the recommendations set forth in the panel's final report, OMH, OASAS, DOH, and NYSED shall submit a revised response within thirty days addressing the deficiencies identified by the panel.

4. The agencies shall, in consultation with the panel, develop a joint implementation plan reflecting agreed-upon actions, timelines, and responsible entities.

5. If the agencies do not accept material recommendations, the panel shall identify such recommendations and may submit proposed legislative and budgetary actions to the governor, the temporary president of the senate, and the speaker of the assembly for consideration.

§ 11. This act shall take effect immediately.