

STATE OF NEW YORK

7045

2025-2026 Regular Sessions

IN ASSEMBLY

March 20, 2025

Introduced by M. of A. K. BROWN -- read once and referred to the Committee on Mental Health

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:

1 Section 1. The mental hygiene law is amended by adding a new section
2 19.47 to read as follows:

3 § 19.47 Co-occurring disorders patient bill of rights.

4 The office shall, in conjunction with state agencies which interact
5 with persons with co-occurring disorders including, but not limited to,
6 the office of mental health, department of social services, office of
7 children and family services, department of corrections, department of
8 health, department of financial services, and the department of educa-
9 tion:

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

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

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

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

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1 c. the right to receive co-occurring disorders services matched to
2 needs: Individuals shall receive integrated, co-occurring disorders
3 capable services for their co-occurring mental health and substance use
4 disorder conditions that are appropriately matched to their needs and
5 preferences, including, but not limited to acuity, severity, and stage
6 of change for each condition. This right shall apply to mental health
7 and/or substance use disorder addiction programs for adults and/or chil-
8 ren and youth in hospital-based, residential, community-based settings
9 and at school-based mental health satellites.

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

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

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

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

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

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

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

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

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

55 a. the best available data on the prevalence of co-occurring disor-
56 ders, whether diagnosed or not, in the current service population,

1 including the population of children receiving mental health services
2 whose parents or caregivers have substance use challenges.

3 b. indications as to whether the available prevalence data matches
4 expected prevalence based on national benchmarks, or whether the popu-
5 lation is currently underrecognized, and if the latter, a plan to
6 improve the accuracy of data over time.

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

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

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

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

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

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

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

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

55 4. Identify the need for additional resources. Although substantial
56 improvement can occur in integrated service delivery through better

1 leverage of existing resources, there will be additional resources need-
2 ed to support implementation of the plan, as well as resources for
3 developing specialized or co-occurring disorders enhanced services where
4 there are significant gaps that may remain even when existing services
5 are improved, particularly for the most seriously affected populations.
6 The office shall, on or before January first of each year, submit to the
7 legislature and the governor the additional resources required for the
8 support the implementation of the provisions of this section for the
9 upcoming fiscal year which shall be appropriated for such purposes;
10 provided however, such funds shall only be appropriated if the five-year
11 plan for implementing the co-occurring disorders bill of rights under
12 subdivision three of this section includes specific recommendations for
13 what funding will be needed for each year of implementation, and how
14 such funding will help leverage all current funding to improve inte-
15 grated service delivery so as to improve outcomes for the population.

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

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