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:

Section 1. Statewide person-centered mental health services work group. 1. There is hereby created a person-centered mental health services work group to examine, evaluate, determine, recommend, and oversee implementation of how 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.

2. The work group shall consist of ten statewide members, four ex officio members, and twenty-eight regional representative members, appointed as follows:

(a) Statewide members. Statewide members shall be appointed within sixty days of the effective date of this act:

(i) two members shall be appointed by the temporary president of the senate, one of which must be a peer or consumer representative;

(ii) two members shall be appointed by the speaker of the assembly, one of which must be a peer or consumer representative;

(iii) one member shall be appointed by the minority leader of the senate;

(iv) one member shall be appointed by the minority leader of the assembly; and

(v) four members shall be appointed by the governor, one of which must 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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(b) Ex officio members. The commissioners of the office of addiction services and supports, the office of mental health, the department of health, the New York city department of health and mental hygiene, and the local mental hygiene directors, or their designees, shall serve as ex officio members of the work group.

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

(1) Region 1: Capital;
(2) Region 2: Western;
(3) Region 3: Hudson Valley;
(4) Region 4: New York City;
(5) Region 5: Finger Lakes;
(6) Region 6: Southern Tier;
(7) Region 7: Central;
(8) Region 8: Long Island;
(9) Region 9: North Country.

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

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

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

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

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

(a) the director of recipient affairs from any local or state governmental unit;

(b) representatives of trade associations representing housing and service providers, hospital associations, and health insurance companies;

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

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

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

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

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

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

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

(i) Establish regional short and long-range strategic goals and strategies that integrate behavioral health and physical health;

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

(iii) Ensure adoption through a community consensus process;

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

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

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

(c) Establishing an annual budgeting system to ensure regional-identified priorities are adequately funded.

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

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

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

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

similar communications equipment allowing all persons participating in the meeting to hear each other at the same time. Participation by such means shall constitute presence in person at a meeting. At any meetings of the work group conducted by means of a conference telephone, conference video or similar communications equipment, other than executive sessions, the public shall be given an opportunity to listen. If a meeting other than an executive session is to be conducted by means of a conference telephone, conference video or similar communications equipment, the public notice for the meeting shall inform the public that such equipment will be used and identify the means by which the public may listen to such meeting.

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

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

§ 2. This act shall take effect immediately.