§ 5.07 Establishment of statewide comprehensive plans of services for persons with mental disabilities.

(a) (1) The behavioral health services advisory council and the advisory council on developmental disabilities shall provide recommendations for statewide priorities and goals to guide comprehensive planning, resource allocation and evaluation processes for state and local services for persons with mental illness, developmental disabilities, and/or those with substance use or compulsive gambling disorders. Such goals and objectives shall:

a. be measurable in terms of attainment and focused on outcomes for those being served;

b. be developed in collaboration with, and communicated to, providers of services, department facilities, consumers and consumer representatives, and other appropriate state and local governmental agencies;

c. reflect the partnership between state and local governmental units; and

d. emphasize the need to integrate behavioral health and health services.

(2) Such advisory councils shall accomplish their duties by means of a process which is:

a. open, visible and accessible to the public; and

b. consistent with the statewide and federally mandated planning, appropriation and evaluation processes and activities for services to persons with mental disabilities.

(3) The advisory councils are hereby empowered to hold public hearings and meetings to enable them to accomplish their duties.

(b) Statewide comprehensive plan for services to persons with mental disabilities.

(1) The office of mental health, the office for people with developmental disabilities and the office of alcoholism and substance

abuse services shall formulate a statewide comprehensive five-year plan for the provision of all state and local services for persons with mental illness, developmental disabilities, and/or those with substance use or compulsive gambling disorders. The statewide comprehensive plan shall be based upon an analysis of local services plans developed by each local governmental unit, in consultation with consumers, consumer groups, providers of services and departmental facilities that furnish behavioral health services in conformance with statewide priorities and goals established with recommendations of the behavioral health services advisory council and the advisory council on developmental disabilities. The plan shall:

a. identify statewide priorities;

b. specify statewide goals that reflect the statewide priorities and are focused on obtaining positive measurable outcomes;

c. propose strategies and initiatives to address the priorities and facilitate achievement of statewide goals;

d. identify services and supports, which may include programs run or led by peers, that are designed to promote the health and wellness of persons with mental illness, developmental disabilities, and/or substance use or compulsive gambling disorders;

e. provide analysis of current and anticipated utilization of state and local, and public and private facilities, programs, services, and/or supports;

f. encourage and promote person-centered, culturally and linguistically competent community-based programs, services, and supports that reflect the partnership between state and local governmental units;

g. include progress reports on the implementation of both short-term and long-term recommendations of the children's plan required pursuant to section four hundred eighty-three-f of the social services law; and

h. include final reports for time-limited demonstration programs pursuant to subdivision (d) of section 41.35 of this chapter.

(2) The commissioner of mental health shall also include the following in the portion of the statewide comprehensive plan required by this subdivision for services to persons with mental illness:

a. an analysis of the long-term need for the delivery of inpatient care and services for adults and children and youth at state-operated hospitals as listed in section 7.17 of this chapter, including a review of statewide policies and trends relating to admissions, discharges, deaths, transfers, and appropriate community placements for inpatients, and a review of the correlation between these policies and trends and the future use of state inpatient facilities, resulting in a projected range of the anticipated census over the next five years for each state-operated hospital listed in section 7.17 of this chapter;

b. a review of the long-term needs of persons currently residing in state-operated hospitals, including an estimate of the number of such individuals needing state inpatient care, and an estimate of the number of such individuals who may be discharged to nursing homes, adult homes, residences operated, licensed or funded by the office of mental health, and independent housing;

c. an analysis of the anticipated future of the forensic psychiatric program operated by the office of mental health pursuant to subdivision (c) of section 7.09 of this chapter, including a programmatic and fiscal review of clinical care needs for persons committed to such programs, identification of service gaps for this population, projected range of anticipated census over the next five years, and any recommendations for new service configurations;

d. an analysis of the anticipated future of the mission of the state-operated office of mental health research institutes that are listed in section 7.17 of this chapter;

e. a description of the available community-based acute inpatient,

out-patient, community support and emergency services, which shall include comprehensive psychiatric emergency programs licensed pursuant to section 31.27 of this chapter. Such description should include the extent to which these services are currently utilized by persons with mental illness and, as available, compare estimates of utilization with estimates of the prevalence of mental illness among persons residing in the service area to determine unmet need;

f. recommendations for new or expanded programs or services that may be required to meet the unmet need for community-based services identified in accordance with subparagraph e of this paragraph;

g. a review and evaluation of efforts undertaken by the office of mental health to encourage community hospitals to provide both emergency and acute inpatient care;

h. a description of the involvement of local government mental health authorities in the planning and development of a needs-based, comprehensive service system and in the determination of the allocation of resources;

i. to the extent practicable, all such information required pursuant to this paragraph shall be provided on a statewide, regional and individual state-operated hospital and state-operated research institute basis; and

j. recommendations on the provision of state and local mental health services based on the development of best practices by programs promoting culturally and linguistically competent mental health services.

(3) The commissioner of the office for people with developmental disabilities shall also include, to the extent practicable, the following data in the portion of the statewide comprehensive plan required by this section for services to persons with developmental disabilities:

(a) the number of individuals and average Medicaid eligible expenditure level per service recipient, categorized by the following:

(i) from birth to twenty years of age;

(ii) from twenty-one years of age to sixty-four years of age inclusive; and

(iii) sixty-five years of age and older;

(b) race or ethnicity of the service recipient, by age range;

(c) primary language spoken by the service recipient and other related details, as feasible; and

(d) residence type, subcategorized by age, race or ethnicity, and primary language.

(4) The commissioners of each of the offices shall be responsible for the development of such statewide five-year plan for services within the jurisdiction of their respective offices and after giving due notice shall conduct one or more public hearings on such plan. The behavioral health services advisory council and the advisory council on developmental disabilities shall review the statewide five year comprehensive plan developed by such office or offices and report its recommendations thereon to such commissioner or commissioners. Each commissioner shall submit the plan, with appropriate modifications, to the governor no later than the first day of November of each year in order that such plan may be considered with the estimates of the offices for the preparation of the executive budget of the state of New York for the next succeeding state fiscal year. Such comprehensive plan shall be submitted to the legislature and also be posted to the website of each office. Statewide plans shall ensure responsiveness to changing needs and goals and shall reflect the development of new information and the completion of program evaluations. An interim report detailing the commissioner's actions in fulfilling the requirements of this section in preparation of the plan and modifications in the plan of services being considered by the commissioner shall be submitted to the governor and the legislature on or before the fifteenth day of March of each year. Such interim report shall include, but need not be limited to:

(a) actions to include participation of consumers, consumer groups, providers of services and departmental facilities, as required by this subdivision; and

(b) any modifications in the plan of services being considered by the commissioner, to include: (i) compelling budgetary, programmatic or clinical justifications or other major appropriate reason for any

significant new statewide programs or policy changes from a prior (approved) five year comprehensive plan; and (ii) procedures to involve or inform local governmental units of such actions or plans.

(5) The commissioner of mental health in consultation with the department of civil service, the office of employee relations and any other appropriate state agency, shall prepare for the governor and the legislature a written evaluation report concerning the retraining and continuation of employment of persons whose employment in a state-operated hospital listed in section 7.17 of this chapter may be terminated because of planned closure or consolidation of such state-operated hospital. Such report shall include, but not be limited to:

(i) specific proposals to help implement transitional employment arrangements with state, local governmental units and voluntary agencies;

(ii) specific proposals to help provide for the development of appropriate retraining programs;

(iii) specific proposals to help provide for continuity of employment and utilization of alternatives to layoffs;

(iv) specific proposals to help provide for the active participation of the legal bargaining representatives of the employees of the office, where appropriate, in the planning for and implementation of mechanisms to help ensure continuity of employment;

(v) specific proposals to help ensure that the planning for the closure or consolidation of state-operated hospitals is consistent with the planning for the continuity of employment of state employees, including procedures to ensure timely notification of represented employees and their designated legal representatives and managerial and confidential employees regarding planned program closure or consolidation of state-operated hospitals; and

(vi) specific proposals regarding the establishment of demonstration projects incorporating staff training, transfers and assignment of staff of state-operated hospitals to the offices in local governmental units and in voluntary agencies. Such proposals shall take into consideration those areas of the state that are determined to be most in need of the development of appropriate systems of service delivery to best meet the appropriate needs of persons with serious mental illness, including

children and adolescents with serious emotional disturbances.

On or before December first, nineteen hundred ninety-four a copy of such report, and such recommendations as may be deemed appropriate shall be submitted to the governor, the temporary president of the senate, the speaker of the assembly, and the respective minority leaders of each such house.

(c) Three year capital plan. (1) On or before July first of each year, the commissioners of the offices of the department of mental hygiene shall each submit to the advisory council of their respective offices a statewide three year capital plan for facilities within the jurisdiction of their respective offices. The capital plan shall set forth the projects proposed to be designed, constructed, acquired, reconstructed, rehabilitated or otherwise substantially altered pursuant to appropriation to meet the capital development needs of the respective agencies for the next ensuing three years; the years of such plan shall correspond to the years of the statewide five year plan as required by subdivision (b) of this section.

(2) Such plan for each office shall include but not be limited to a detailed project schedule indicating the location by county or borough and estimated cost of each project, the anticipated dates on which the design and construction of the project is to commence, the proposed method of financing for the project, the estimated economic life of the project and whether the proposed project constitutes design, new construction or rehabilitation.

(3) Such plan shall further specify for each project whether the project is to be a residential or nonresidential facility, a state or voluntary operated facility, and, the number of clients, by source of clients, proposed to utilize the facility. The information on the source of the client shall include but not be limited to identification of clients currently living independently, or at home with families, or with caretakers, clients defined by their respective agencies as special populations, or clients currently residing in an institutional setting under the jurisdiction of the offices of the department.

(4) The advisory council of the appropriate office shall review such plan and report its recommendation to the commissioner for inclusion, provided, however, that the behavioral health services advisory council

shall forward its comments on the capital plan of the office of mental health to the mental health planning council which shall forward such recommendations after review to the commissioner of mental health. The commissioner shall submit his or her plan with the formal recommendations of the advisory council of his or her office and any subsequent appropriate modifications to the governor no later than the first day of November of each year or concurrent with the annual submission of estimates and information required by section one of article seven of the constitution in order that such plans shall be considered with the estimates of the offices for the preparation of the executive budget of the state of New York for the next succeeding state fiscal year. The commissioners shall also submit such plans to the chairmen of the senate finance committee and the assembly ways and means committee.

(5) Each statewide three year capital plan for facilities shall be evaluated and revised annually to encompass the fiscal year then in progress and the next ensuing two fiscal years to ensure responsiveness to the changing needs and goals of the department, and to reflect the development of new information and project completion.