§ 7.07 Office of mental health; scope of responsibilities.

(a) The office of mental health is charged with the responsibility for assuring the development of comprehensive plans, programs, and services in the areas of research, prevention, and care, treatment, rehabilitation, education, and training of the mentally ill. Such plans, programs, and services shall be developed by the cooperation of the office, the other offices of the department where appropriate, local governments, consumers and community organizations and agencies. The office shall provide appropriate facilities and encourage the provision of facilities by local government and community organizations and agencies.

(b) The office of mental health shall advise and assist the governor in developing policies designed to meet the needs of the mentally ill and to encourage their full participation in society.

(c) The office of mental health shall have the responsibility for seeing that mentally ill persons are provided with care and treatment, that such care, treatment and rehabilitation is of high quality and effectiveness, and that the personal and civil rights of persons receiving care, treatment and rehabilitation are adequately protected.

(d) The office of mental health shall foster programs for the training and development of persons capable of providing the foregoing services, and for the qualification of persons capable of providing peer services as defined in subdivisions three, four, five, six, seven, and eight of section 7.03 of this article and in accordance with criteria established by the commissioner.

(e) Consistent with the requirements of subdivision (b) of section 5.05 of this chapter, the office shall carry out the provisions of article thirty-one as such article pertains to regulation and quality control of services for the mentally ill.

(f) The office shall establish, and provide technical and financial support to establish two programs promoting culturally and linguistically competent mental health services. Such programs shall be operated in a collaborative manner with the Nathan S. Kline Institute for Psychiatric Research, the New York State Psychiatric Institute, academia, mental health care providers, communities interested in the mentally ill and other interested private and public sector parties. The programs, in consultation with the office's multicultural advisory

committee, shall investigate and report, to the commissioner on a biannual basis recommendations as to best practices for the delivery of culturally and linguistically competent mental health services to underserved populations affected by disparities due to cultural, linguistic and systemic barriers.

(g) The office of mental health shall have the responsibility for assuring the development of plans, programs, and services in the areas of research and prevention of suicide, to reduce suicidal behavior and suicide through consultation, training, implementation of evidence-based practices, and use of suicide surveillance data. Such plans, programs, and services shall consider the unique needs of differing demographic groups and the impact of gender, race and ethnicity, and cultural and language needs. Such plans, programs, and services shall be developed in cooperation with other agencies and departments of the state, local governments, community organizations and entities, or other organizations and individuals. The office shall prepare and submit a written report to the governor, the speaker of the assembly, and temporary president of the senate that sets forth the progress of the office in the development of such plans, programs, and services by December first, two thousand nineteen, and biennially thereafter. In addition to delineating the progress the office has made, such report shall also include information on specific suicide prevention services and program initiatives developed and implemented to address the needs of high risk minority groups or special populations, including but not limited to latina and latino adolescents, black youth, individuals residing in rural communities, veterans, members of the lesbian, gay, bisexual and transgender community, and any other group deemed high risk or underserved by the office.

(h) The office shall periodically review suicide prevention programs established, licensed, certified, or funded by the office to ensure that the needs of individuals at risk of suicide are being met and make recommendations to improve such programs, which shall include but not be limited to: (1) cultural and linguistic competency; and (2) best practices for screening and interventions aimed at addressing suicide risk factors for minority groups and other underrepresented populations.