§ 7.17 Programs, services, and operation of facilities in the office of mental health.

(a) The commissioner shall establish policy and procedures for the organization, administration, and operation of the facilities under his jurisdiction. He shall make provision for the effective rendition of services to patients by such facilities.

(b) There shall be in the office the hospitals named below for the care, treatment and rehabilitation of persons with mental illness and for research and teaching in the science and skills required for the care, treatment and rehabilitation of such persons with mental illness.

Greater Binghamton Health Center

Bronx Psychiatric Center

Buffalo Psychiatric Center

Capital District Psychiatric Center

Central New York Psychiatric Center

Creedmoor Psychiatric Center

Elmira Psychiatric Center

Kingsboro Psychiatric Center

Kirby Forensic Psychiatric Center

Manhattan Psychiatric Center

Mid-Hudson Forensic Psychiatric Center

Mohawk Valley Psychiatric Center

Nathan S. Kline Institute for Psychiatric Research

New York State Psychiatric Institute

Pilgrim Psychiatric Center

Richard H. Hutchings Psychiatric Center

Rochester Psychiatric Center

Rockland Psychiatric Center

St. Lawrence Psychiatric Center

South Beach Psychiatric Center

New York City Children's Center

Rockland Children's Psychiatric Center

Sagamore Children's Psychiatric Center

Western New York Children's Psychiatric Center

The New York State Psychiatric Institute and The Nathan S. Kline Institute for Psychiatric Research are designated as institutes for the conduct of medical research and other scientific investigation directed towards furthering knowledge of the etiology, diagnosis, treatment and prevention of mental illness.

(c) The commissioner shall establish the areas which each facility under his jurisdiction shall serve and the categories of patients which each such facility shall receive, retain, or treat.

(d) The commissioner may permit the other offices of the department and any public or private non-profit organization or political subdivision of the state to operate programs for the mentally disabled not inconsistent with the programs and objectives of the department, in any facility under his jurisdiction. The commissioner may permit any facility under his jurisdiction to operate programs for the mentally disabled, not inconsistent with the programs and objectives of the

department, under contracts or agreements with other offices within the department.

(e) In the event that the plan for state and local mental health services, developed in accordance with subdivision (b) of this section, determines that significant service reductions are anticipated for a particular state-operated hospital or its catchment area, or a state-operated research institute, the commissioner shall take the following actions, provided nothing in this subdivision shall create a basis for enjoining any otherwise lawful service reductions:

1. confer with the department of civil service, the governor's office of employee relations and any other state agency to develop strategies which attempt to minimize the impact on the state workforce by providing assistance in obtaining state employment in state-operated community-based services or other employment opportunities, and to develop strategies for the development of necessary retraining and redeployment programs. In planning such strategies, the commissioner shall provide for the participation of the representatives of the employee labor organizations and for the participation of managerial and confidential employees to ensure continuity of employment;

2. consult with the department of economic development and any other appropriate state agencies to develop strategies which attempt to minimize the impact of such significant service reductions on the local and regional economies;

3. provide for a mechanism which may reasonably be expected to provide notice to local governments, community organizations, employee labor organizations, managerial and confidential employees, consumer and advocacy groups of the potential for significant service reductions at such state-operated hospitals and state-operated research institutes at least twelve months prior to commencing such service reduction, provided, however, that this requirement shall be deemed satisfied with respect to reductions at Central Islip Psychiatric Center, Gowanda Psychiatric Center, Harlem Valley Psychiatric Center, Kings Park Psychiatric Center, Willard Psychiatric Center and Manhattan Children's Psychiatric Center; and

4. consult with the office of general services and any other appropriate state agency in developing a mechanism for determining alternative uses for land and buildings to be vacated by the office of mental health. Such a mechanism should include a review of other programs or state agencies that could feasibly expand their operations onto a state-operated hospital campus and are compatible with health, safety and programmatic needs of patients served in such facilities.

* (f) (1) The commissioner shall appoint program coordinators of assisted outpatient treatment, who shall be responsible for the oversight and monitoring of assisted outpatient treatment programs established pursuant to section 9.60 of this chapter. Directors of community services of local governmental units shall work in conjunction with such program coordinators to coordinate the implementation of assisted outpatient treatment programs.

(2) The oversight and monitoring role of the program coordinator of the assisted outpatient treatment program shall include each of the following:

(i) that each assisted outpatient receives the treatment provided for in the court order issued pursuant to section 9.60 of this chapter;

(ii) that existing services located in the assisted outpatient's community are utilized whenever practicable;

(iii) that a case manager or assertive community treatment team is designated for each assisted outpatient;

(iv) that a mechanism exists for such case manager, or assertive community treatment team, to regularly report the assisted outpatient's compliance, or lack of compliance with treatment, to the director of the assisted outpatient treatment program;

(v) that directors of community services establish procedures which provide that reports of persons who may be in need of assisted outpatient treatment are appropriately investigated in a timely manner; and

(vi) that assisted outpatient treatment services are delivered in a timely manner.

(3) The commissioner shall develop standards designed to ensure that case managers or assertive community treatment teams have appropriate training and have clinically manageable caseloads designed to provide

effective case management or other care coordination services for persons subject to a court order under section 9.60 of this chapter.

(4) Upon review or receiving notice that services are not being delivered in a timely manner, the program coordinator shall require the director of such assisted outpatient treatment program to immediately commence corrective action and inform the program coordinator of such corrective action. Failure of a director to take corrective action shall be reported by the program coordinator to the commissioner of mental health, as well as to the court which ordered the assisted outpatient treatment.

* NB Repealed June 30, 2027

(g) The commissioner, in cooperation with any other state agency or relevant stakeholder, shall identify information and training programs relating to the diagnosis and treatment of post-traumatic stress disorder for military veterans, including but not limited to, trainings developed using funds received from the state of New York, and publish such information and links to relevant training programs on the office's website. The identified information and training programs shall include a component on military culture competency and shall be intended for use by mental health providers and mental health clinicians.