STATE OF NEW YORK

2719--B

2025-2026 Regular Sessions

IN ASSEMBLY

January 22, 2025

Introduced by M. of A. RAJKUMAR -- read once and referred to the Committee on Mental Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- again reported from said committee with amendments, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, the social services law, the correction law, the judiciary law, the criminal procedure law, the public health law and the administrative code of the city of New York, in relation to enacting the "empire state of mind act" to address the treatment of persons with mental illness; to amend chapter 554 of the laws of 1986, amending the correction law and the penal law relating to providing for community treatment facilities and establishing the crime of absconding from the community treatment facility, in relation to the effectiveness thereof; to amend the penal law, in relation to decriminalizing the possession of buprenorphine; and to repeal certain provisions of the correction law relating to certain limitations of community treatment facilities

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. This act shall be known and may be cited as the "empire state of mind act".

§ 2. Subdivisions 3 and 20 of section 1.03 of the mental hygiene law, subdivision 3 as amended by chapter 281 of the laws of 2019, subdivision 20 as added by chapter 978 of the laws of 1977, are amended and a new subdivision 58-a is added to read as follows:

3. "Mental disability" means mental illness, intellectual disability, or developmental disability[~~, or an addictive disorder as defined in this section~~].

20. "Mental illness" means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the

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

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person afflicted requires care, treatment and rehabilitation; or an addictive disorder as defined in this section.

58-a. "Behavioral health worker" means someone with expertise in behavioral health services as defined in this section.

§ 3. Section 9.01 of the mental hygiene law, as amended by chapter 723 of the laws of 1989, the seventh undesignated paragraph as amended by chapter 595 of the laws of 2000, is amended to read as follows:

§ 9.01 Definitions.

As used in this article:

(a) "in need of care and treatment" means that a person has a mental illness for which in-patient care and treatment in a hospital or other facility, or receipt of services pursuant to this chapter or the social services law, is appropriate. Such services shall include, but are not limited to, employment, health care, mental health care, educational or vocational training, housing, and access to supportive outpatient facilities such as clubhouses.

(b) "in need of involuntary care and treatment" means that a person has a mental illness for which care and treatment as a patient in a hospital is essential to [~~such person's welfare~~] prevent such person from engaging in behavior likely to result in serious harm, and whose judgment is so impaired that [~~he~~] such person is unable to understand the need for such care and treatment.

(c) "likelihood to result in serious harm" or "likely to result in serious harm" means [~~(a)~~] 1. a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to [~~himself or herself~~] themself, or [~~(b)~~] 2. a substantial risk of physical harm to other persons as manifested by [~~homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm~~] attempts at or perpetration of violence, or possessing a weapon or an object that can be utilized as a weapon and using such weapon or object in a manner consistent with a use that would produce imminent physical harm to themselves or others; for the purposes of this section, noncompliance with instructions from any police officer, peace officer, behavioral health worker or homeless outreach worker in the absence of other threatening behavior shall not constitute reasonable fear of serious physical harm; nor shall the fashioning of any body part, or handling of any object that is not a firearm or component thereof in such a manner consistent with operating a firearm, constitute reasonable fear of serious physical harm.

(d) "need for retention" means that a person who has been admitted to a hospital pursuant to this article is in need of involuntary care and treatment in a hospital for a further period.

(e) "record" of a patient shall consist of admission, transfer or retention papers and orders, and accompanying data required by this article and by the regulations of the commissioner.

(f) "director of community services" means the director of community services for the mentally disabled appointed pursuant to article forty-one of this chapter.

(g) "qualified psychiatrist" means a physician licensed to practice medicine in New York state who: [~~(a)~~] 1. is a diplomate of the American board of psychiatry and neurology or is eligible to be certified by that board; or [~~(b)~~] 2. is certified by the American osteopathic board of neurology and psychiatry or is eligible to be certified by that board.

(h) "patient advocate" means an individual or organization with expertise in navigating behavioral health and homelessness intervention

services that provides assistance and representation to a patient receiving healthcare, in support of such person's welfare. Such patient advocate may be an employee of an agency engaged in homelessness intervention services; an employee or volunteer of a homelessness intervention services organization; a mental health expert; or a person who has experienced homelessness; provided, however, that such patient advocate shall not be a current employee or other agent of a for-profit entity providing homelessness intervention services.

(i) "homeless outreach worker" shall mean a person with expertise in provision of homelessness intervention services, behavioral health, and engagement with homeless individuals to compel receipt of such services; may be an employee of an agency engaged in homelessness intervention services an employee or volunteer of a homelessness intervention services organization; a behavioral health expert; or a person who has experienced homelessness; provided, however, that such homeless outreach worker shall not be a current employee or other agent of a for-profit entity providing homelessness intervention services.

(j) "empath unit" means a facility that provides emergency treatment to patients with mental illness without unnecessary long-term admission, including a crisis stabilization center as provided for in section 36.01 of this chapter.

(k) "clubhouse" means a non-emergency medical facility and community-based psycho-social rehabilitation center that provides structured, evidence-based services for individuals living with mental illness, including:

(i) employment assistance, workforce development, and job placement;

(ii) housing assistance, supportive housing navigation, and homelessness prevention;

(iii) educational and skills training programs;

(iv) peer support groups and mental health counseling;

(v) crisis intervention and suicide prevention services;

(vi) re-entry support for justice-involved individuals; and

(vii) veteran services, including post-traumatic stress disorder support and United States department of veterans' affairs benefit navigation.

§ 4. Section 7.17 of the mental hygiene law is amended by adding a new subdivision (h) to read as follows:

(h) The commissioner shall establish at least one empath unit, as such term is defined in section 9.01 of this title, in each county in the state.

§ 5. Paragraph 2 of subdivision (a) of section 9.48 of the mental hygiene law, as added by chapter 408 of the laws of 1999, is amended to read as follows:

(2) The directors of assisted outpatient treatment programs shall ensure the timely delivery of services described in paragraph one of subdivision (a) of section 9.60 of this article pursuant to any court order issued under such section. Directors of assisted outpatient treatment programs shall immediately commence corrective action upon receiving notice from program coordinators, that services are not being provided in a timely manner. Such directors shall inform the program coordinator of such corrective action. Assertive community treatment team services which have been court ordered, requested by a homeless individual, or otherwise directed under this article shall be provided within thirty days of such order or upon request of the application. For the purposes of such service provision, there shall be a presumption of

eligibility to the maximum extent possible and confirmation of eligibility shall occur subsequent to program admission.

§ 6. Paragraph 2 of subdivision (b) of section 9.27 of the mental hygiene law, as amended by chapter 343 of the laws of 1985, is amended and a new paragraph 12 is added to read as follows:

2. the [~~father or mother, husband or wife, brother or sister,~~] **parent or legal guardian, spouse, sibling** or the child of any such person or the nearest available relative.

12. a behavioral health worker acting as an agent of the city or county in which any such person may be.

§ 7. Section 9.27 of the mental hygiene law is amended by adding a new subdivision (j) to read as follows:

(j) A patient subject to an involuntary admission under this article shall be entitled to be placed in a room with a window and access to a restroom, with no more than one additional patient in the room, and shall not be physically restrained unless such patient is determined to be dangerous.

§ 8. Subdivisions (a) and (d) of section 9.33 of the mental hygiene law, as amended by chapter 789 of the laws of 1985, are amended to read as follows:

(a) If the director shall determine that a patient admitted upon an application supported by medical certification, for whom there is no court order authorizing retention for a specified period, is in need of retention **or transfer to the jurisdiction of the department for retention in a hospital operated by the state or to a private facility having an appropriate operating certificate,** and if such patient does not agree to remain in such hospital as a voluntary patient **or agree to such transfer**, the director shall apply to the supreme court or the county court in the county where the hospital is located for an order authorizing continued retention. Such application shall be made no later than sixty days from the date of involuntary admission on application supported by medical certification or thirty days from the date of an order denying an application for patient's release pursuant to section 9.31, whichever is later; and the hospital is authorized to retain the patient **or transfer such patient to the jurisdiction of the department for retention in a hospital operated by the state or a private facility having an appropriate operating certificate** for such further period during which the hospital is authorized to make such application or during which the application may be pending. The director shall cause written notice of such application to be given the patient and a copy thereof shall be given personally or by mail to the persons required by this article to be served with notice of such patient's initial admission and to the mental hygiene legal service. Such notice shall state that a hearing may be requested and that failure to make such a request within five days, excluding Sunday and holidays, from the date that the notice was given to the patient will permit the entry without a hearing of an order authorizing retention **or transfer**.

(d) If the director of a hospital, in which a patient is retained pursuant to the foregoing subdivisions of this section, shall determine that the condition of such patient requires [~~his~~] further retention in a hospital **or transfer to a private facility having an appropriate operating certificate**, [~~he~~] **the director** shall, if such patient does not agree to remain in such hospital as a voluntary patient **or does not agree to a transfer**, apply during the period of retention authorized by the last order of the court to the supreme court or the county court in the county where the hospital is located for an order authorizing further

continued retention **or the transfer** of such patient. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with the provisions of the foregoing subdivisions of this section; provided that the patient or anyone on [~~his~~] **their** behalf or the mental hygiene legal service may request that the patient be brought personally before the court, in which case the court shall not grant an order for periods of one year or longer unless such patient shall have appeared personally before the court. The period for continued retention pursuant to the first order obtained under this subdivision shall authorize further continued retention of the patient for not more than one year from the date of the order. The period for the further continued retention of the patient authorized by any subsequent order under this subdivision shall be for periods not to exceed two years each from the date of the order.

§ 9. Section 9.03 of the mental hygiene law, as amended by chapter 351 of the laws of 2021, is amended to read as follows:

§ 9.03 Admission to a hospital.

(a) Unless otherwise specifically provided for by statute, a person with a mental illness shall be admitted to a hospital as an in-patient only pursuant to the provisions of this article, except that chemically dependent patients may be admitted to chemical dependence facilities operated by such hospitals under contract or agreement with the office of [~~alcoholism and substance abuse~~] **addiction** services **and supports** in accordance with the provisions of article twenty-two of this chapter. The section of the mental hygiene law under which a patient is admitted or under which any change of legal status is subsequently effected shall be stated in the patient's record.

(b) A patient admitted pursuant to this article shall be assigned a patient advocate, as defined in this article, within twenty-four hours of such admission.

§ 10. Section 33.27 of the mental hygiene law is amended by adding a new subdivision (d) to read as follows:

(d) Within twenty-four hours of admission to any facility operated or licensed by the office of mental health a patient shall be informed of their right to file a complaint with the ombudsman.

§ 11. Section 33.27 of the mental hygiene law is amended by adding a new subdivision (e) to read as follows:

(e) The office of the independent substance use disorder and mental health ombudsman shall annually publish a report on involuntary admissions that shall include the demographics of people admitted, the number of complaints to the office, the due process for people admitted, the nature of services provided after discharges, and the mental health and housing stability outcomes of involuntary admissions.

§ 12. The mental hygiene law is amended by adding a new section 22.13 to read as follows:

§ 22.13 Medically recommended treatment.

Any addictive disorder services pursuant to this article shall include medically recommended treatment by a person licensed to practice medicine as set forth in article one hundred thirty-one of the education law.

§ 13. Section 29.07 of the mental hygiene law, subdivision (b) as amended by chapter 37 of the laws of 2011, is amended to read as follows:

§ 29.07 Commissioner's powers over admissions to department facilities.

(a) [~~The commissioner may by order defer admissions to~~] **If the commissioner shall determine that overcrowding exists in** any facility in the

department when the total number of patients therein exceeds its capacity to an extent which will not permit adequate care and treatment to be provided patients**, such commissioner shall authorize admission to another facility with an appropriate operating certificate. The commissioner may not defer admissions unless there is a state declaration of disaster emergency pursuant to article two-B of the executive law**.

(b) If the commissioner shall determine that overcrowding exists in the department schools, [~~he~~] **the commissioner** may, within the amounts appropriated therefor, authorize admission for care and treatment of any person with a developmental disability to a designated facility approved for such purposes by the commissioner. The patient and any liable relatives shall be liable for payment of fees in accordance with article forty-three of this chapter.

§ 14. Subdivision (a) of section 9.47 of the mental hygiene law, as amended by section 15 of chapter 351 of the laws of 2021, is amended to read as follows:

(a) All directors of community services, health officers, and social services officials, as defined by the social services law, are charged with the duty of seeing that all persons with a mental illness within their respective communities who are in need of **or request medically recommended** care and treatment [~~at a hospital~~] are admitted to a hospital **or other facility, or receive other services** pursuant to the provisions of this article **or the social services law**. **Such services shall include, but are not limited to, employment, health care, mental health care, educational or vocational training, housing, and access to supportive outpatient facilities such as clubhouses.** Social services officials and health officers shall notify the director of community services of any such person coming to their attention. Pending the determination of the condition of an alleged person with a mental illness, it shall be the duty of the director of community services and, if there be no such director, of the local health officer to provide for the proper care of such person [~~in a suitable facility~~].

§ 15. The opening paragraph of section 9.47 of the mental hygiene law, as amended by section 16 of chapter 351 of the laws of 2021, is amended to read as follows:

All directors of community services, health officers, and social services officials, as defined by the social services law, are charged with the duty of seeing that all persons with a mental illness within their respective communities who are in need of **or request medically recommended** care and treatment [~~at a hospital~~] are admitted to a hospital **or other facility, or receive other services** pursuant to the provisions of this article **or the social services law. Such services shall include, but are not limited to, employment, health care, mental health care, educational or vocational training, housing, and access to supportive outpatient facilities such as clubhouses**. Social services officials and health officers shall notify the director of community services of any such person coming to their attention. Pending the determination of the condition of an alleged person with a mental illness, it shall be the duty of the director of community services and, if there be no such director, of the local health officer to provide for the proper care of such person [~~in a suitable facility~~].

§ 16. Subdivision (d) of section 9.37 of the mental hygiene law, as amended by chapter 357 of the laws of 1991 and as relettered by chapter 343 of the laws of 1996, is amended to read as follows:

(d) After signing the application, the director of community services or the director's designee shall be authorized and empowered to take

into custody, detain, transport, and provide temporary care for any such person. Upon the written request of such director or the director's designee it shall be the duty of **a behavioral health worker or homeless outreach worker to take into custody and transport any such person as requested and directed by such director or designee. Such person or persons may request and shall receive the accompaniment of** peace officers, when acting pursuant to their special duties, or police officers who are members of the state police or of an authorized police department or force or of a sheriff's department [~~to take into custody and transport any such person as requested and directed by such director or designee~~]. **No officer shall use coercive force to take a person into custody or pursue any such person who flees unless directed by a behavioral health worker or homeless outreach worker and, if so directed, must refrain from any further coercion or pursuit at such direction; provided, however, that this shall not apply to detaining a person engaging in behavior likely to result in serious harm.** Upon the written request of such director or designee, an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person.

§ 17. Intentionally omitted.

§ 18. The mental hygiene law is amended by adding a new section 7.10 to read as follows:

§ 7.10 Regulation and quality control of services for individuals with severe mental illness.

This article sets forth provisions enabling the commissioner to regulate and assure the consistent high quality of treatment and services provided within the state to individuals with severe mental illness. The commissioner shall evaluate behavioral health outcomes, as well as issuance of treatment plans pursuant to section 29.13 of this chapter. The commissioner may adopt and promulgate any regulation reasonably necessary to implement and effectively exercise the powers and perform the duties conferred by this article. This article shall govern the operation of programs, provision of services and the facilities hereinafter described and the commissioner's powers and authority with respect thereto.

§ 19. Subdivision (n) of section 19.07 of the mental hygiene law, as added by chapter 762 of the laws of 2022, is relettered subdivision (o) and a new subdivision (p) is added to read as follows:

(p) The office shall not adopt any regulations on the dispensing of opioid agonists, including but not limited to methadone, which would result in additional limitations to access, continuing treatment, dosing, and dispensing for home use, beyond those enumerated in federal law and any waivers issued by the federal government.

§ 20. Section 29.13 of the mental hygiene law, as added by chapter 332 of the laws of 1976, subdivision (b) as amended by chapter 135 of the laws of 1993, is amended to read as follows:

§ 29.13 Treatment plans.

(a) Subject to the regulations of the commissioner, the director of each departmental facility shall require the development of a written treatment plan to assure adequate [~~care and~~] treatment for **the health, economic security, housing security, and welfare of** each patient.

(b) The written treatment plan shall include, but not be limited to, a statement of treatment goals; appropriate programs, treatment or therapies to be undertaken to meet such goals; **services pursuant to this article and the social services law including, but not limited to, employment, educational or vocational training, housing, and access to**

supportive outpatient facilities such as clubhouses; and a specific timetable for assessment of patient programs as well as for periodic mental and physical reexaminations. In causing such a plan to be prepared or when such a plan is to be revised, the following persons shall be interviewed and provided an opportunity to actively participate in such preparation or revision: the patient; [~~an~~] the patient advocate or other authorized representative of the patient, to include the parent or parents if the patient is a minor, unless such minor sixteen years of age or older objects to the participation of the parent or parents and there has been a clinical determination by a physician indicating that the involvement of the parent or parents is not clinically appropriate and such determination is documented in the record; upon the request of the patient sixteen years of age or older, a significant individual to the patient including any relative, close friend or individual otherwise concerned with the welfare of the patient, other than an employee of the facility.

(c) The director of each facility, in conjunction with a patient advocate and any service provider for such discharged patient, shall monitor the patient for at least thirty days to ensure compliance with the patient treatment plan. If such patient is not in compliance, the local social services commissioner shall make a good faith effort to locate the patient and return them to treatment, and monitor such patient for at least an additional thirty days to ensure compliance.

(d) The commissioner may suspend, revoke, or limit the operating certificate of any facility found not to be providing medically recommended treatment plans pursuant to this section.

§ 21. Subdivision (k) of section 29.15 of the mental hygiene law, as amended by chapter 433 of the laws of 1976, is amended to read as follows:

(k) 1. No patient shall be discharged or conditionally released until such patient and the patient advocate approve the written treatment plan developed under section 29.13 of this article. No patient shall be required, as a condition precedent to [~~his~~] discharge, to agree to the terms of a written [~~service~~] treatment plan. If after the advisability of following the program proposed in the written [~~service~~] treatment plan has been explained to the patient who has been discharged or who is to be discharged, such patient expresses [~~his~~] their objection to such program or any part thereof, a notation of such objection shall be made in the patient's records.

2. A patient with a mental illness diagnosis may request and shall be entitled to receive inpatient or outpatient treatment recommended for such condition, irrespective of the ability of such person to pay. For the purposes of such treatment, a patient may be relocated to another facility having an appropriate operating certificate. In the absence of documentation of a mental illness diagnosis, attestation by the patient shall serve as presumptive evidence of such condition.

3. Upon discharge or conditional release, a patient shall be entitled to costs of transportation either to their place of usual residence, or another requested destination, if a social services official, in consultation with a patient advocate, determines that such person will have adequate support for their welfare.

§ 22. The mental hygiene law is amended by adding two new sections 9.34 and 9.36 to read as follows:

§ 9.34 Court authorization to continued inpatient treatment and care.

(a) If the director shall determine that a patient admitted upon an application supported by medical certification, for whom there is no

court order authorizing retention for a specified period, is in need of discharge and if such patient or patient advocate does not agree with such discharge, the patient or anyone on their behalf shall apply to the supreme court or the county court in the county where the hospital is located for an order for continued inpatient treatment and care at the discretion of the patient. The hospital shall retain the patient for such further period. The court shall cause written notice of such application to be given to the director and a copy thereof shall be given personally or by mail to the persons required by this article to be served with notice of such patient's initial admission and to the mental hygiene legal service. Such notice shall state that a hearing may be requested and that failure to make such a request within five days, excluding Sunday and holidays, from the date that the notice was given to the director will permit the entry without a hearing of an order authorizing continued inpatient treatment and care.

(b) If no request is made for a hearing on behalf of the director within five days, excluding Sunday and holidays, from the date such notice of such application was given to such director, and if the mental hygiene legal service has not requested a hearing, the court receiving the application may, if satisfied that the patient requires continued inpatient care and treatment or transfer and continued retention, immediately issue an order authorizing continued inpatient treatment and care for such patient in such hospital.

(c) Upon the demand of the patient or of anyone on their behalf or upon request of the mental hygiene legal service, the court shall, or may on its own motion, fix a date for the hearing of the application, in like manner as is provided for hearings in section 9.31 of this article. The provisions of such section shall apply to the procedure for obtaining and holding a hearing and to the granting or refusal to grant an order of continued inpatient treatment and care by the court, except that if the patient has already had a hearing, they shall not have the right to designate initially the county in which the hearing shall be held.

(d) If the director of a hospital, in which a patient is retained pursuant to the foregoing subdivisions of this section, shall determine that the condition of such patient requires discharge, such director shall, if such patient does not agree to such discharge, apply during the period of retention authorized by the last order of the court to the supreme court or the county court in the county where the hospital is located for an order authorizing discharge of such patient. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with the provisions of the foregoing subdivisions of this section; provided that the patient or anyone on such patient's behalf or the mental hygiene legal service may request that the patient be brought personally before the court.

(e) Nothing in this section shall prohibit the patient from voluntarily agreeing to such discharge at any time; provided, however, that such patient may not receive remuneration to agree to such discharge.

§ 9.36 Review of court authorization to continued inpatient care and treatment.

(a) If a hospital that has been ordered to continue provision of inpatient treatment and care be dissatisfied with any such order, the director may, during the period of authorized continued treatment and care, obtain a rehearing and a review of the proceedings already had and of such order upon a petition to a justice of the supreme court other than the judge or justice presiding over the court making such order. Such

justice shall cause a jury to be summoned and shall try the question of the mental illness and the need for retention of the patient so authorized to receive continued inpatient treatment and care. Any such director applying for such review may waive the trial of the fact by a jury and consent in writing to trial of such fact by the court. If the verdict of the jury, or the decision of the court when jury trial has been waived, be that such person does not have a mental illness or is not in need of retention the justice shall forthwith discharge such patient, but if the verdict of the jury, or the decision of the court where a jury trial has been waived, be that such person is in need of retention the justice shall certify that fact and make an order authorizing continued inpatient treatment and care. Such order shall be presented, at the time of authorization, to, and filed with, the director, and a copy thereof shall be forwarded to the department by such director and filed in the office thereof. Proceedings under the order shall not be stayed pending an appeal therefrom, except upon an order of a justice of the supreme court, made upon a notice and after a hearing, with provisions made therein for such temporary care or confinement of the alleged person with a mental illness as may be deemed necessary.

(b) Nothing in this section shall prohibit the patient from voluntarily agreeing to such discharge at any time; provided, however, that such patient may not receive remuneration to agree to such discharge.

§ 23. Section 29.19 of the mental hygiene law, as amended by chapter 408 of the laws of 1999, is amended to read as follows:

§ 29.19 Powers and duties [~~of peace officers acting pursuant to their special duties and police officers~~] to apprehend, restrain, and transport persons to facilities.

A person who has been committed or admitted to a department facility or a hospital licensed or operated by the office of mental health and who has been reported as escaped therefrom or from lawful custody, or who resists or evades lawful custody; and any patient for whom the director of a hospital operated by the office of mental health, or the director's designee, has terminated a conditional release and ordered such patient to return to such facility; and any patient for whom a director of an assisted outpatient treatment program, as defined in subdivision (a) of section 9.60 of this chapter, or the director's designee, or anyone designated pursuant to section 9.37 of this chapter, has directed the removal to a hospital pursuant to subdivision (n) of section 9.60 of this chapter, may be apprehended, restrained, transported to, and returned to such school or hospital by any behavioral health worker or homeless outreach worker, who may request the assistance of a peace officer, acting pursuant to [~~his~~] their special duties, or any police officer who is a member of an authorized police department or force or of a sheriff's department, and it shall be the duty of any such officer to assist any representative of a department or licensed facility, or an assisted outpatient treatment program, to take into custody any such person or patient upon the request of such representative, director or designee. No officer shall use coercive force to take a person into custody or pursue any such person who flees unless directed by a behavioral health worker or homeless outreach worker, and if so directed must refrain from any further coercion or pursuit at such direction; provided, however, that this shall not apply to detaining a person engaging in behavior likely to result in serious harm.

§ 24. Section 29.19 of the mental hygiene law, as amended by chapter 843 of the laws of 1980, is amended to read as follows:

§ 29.19 Powers and duties of peace officers acting pursuant to their special duties and police officers to apprehend, restrain, and transport persons to facilities.

A person who has been committed or admitted to a department facility and who has been reported as escaped therefrom or from lawful custody, or who resists or evades lawful custody, may be apprehended, restrained, transported to, and returned to such school or hospital by any **behavioral health worker or homeless outreach worker, who may request the assistance of a** peace officer, acting pursuant to [~~his~~] **their** special duties, or any police officer, and it shall be the duty of any such officer to assist any representative of a department facility to take into custody any such person upon the request of such representative. **No officer shall use coercive force to take a person into custody or pursue any such person who flees unless directed by a behavioral health worker or homeless outreach worker, and if so directed must refrain from any further coercion or pursuit at such direction; provided, however, that this shall not apply to detaining a person engaging in behavior likely to result in serious harm.**

§ 25. Subdivisions (c) and (e) of section 29.27 of the mental hygiene law, as amended by chapter 322 of the laws of 2021, are amended to read as follows:

(c) An incarcerated individual-patient may be retained for care and treatment in the facility designated by the commissioner for the period stated in the order committing the incarcerated individual-patient to the custody of the department unless sooner transferred or discharged in accordance with law. If the incarcerated individual-patient requires inpatient care and treatment for mental illness beyond such authorized period **such person may request and shall receive medically recommended services, irrespective of ability to pay. If such person does not voluntarily accept treatment**, the director of the facility where [~~he or she is~~] **they are** kept in custody shall apply for an order of retention or subsequent orders of retention in accordance with the procedures set forth in article nine of this chapter for the retention of patients. The provisions of this chapter applying to the rights of patients with respect to notices, hearings, judicial review, writ of habeas corpus, and the services of the mental hygiene legal service shall apply to incarcerated individual-patients except that in no case shall an incarcerated individual-patient be discharged or released from custody prior to the time that such incarcerated individual-patient has completed [~~his or her~~] **their** term of imprisonment or that [~~his or her~~] **their** release from custodial confinement in the correctional facility or jail from which [~~he or she~~] **such individual** was delivered to the department has been duly authorized.

(e) When the director of the facility in which the incarcerated individual-patient is in custody finds that the incarcerated individual-patient is no longer mentally ill or no longer requires hospitalization for care and treatment, [~~he or she~~] **they** shall so notify the incarcerated individual-patient and commissioner of corrections and community supervision or, in the case of an incarcerated individual-patient coming from a jail or correctional institution operated by local government, the officer in charge of the jail or correctional institution from which the incarcerated individual-patient was committed. The commissioner of corrections and community supervision or such officer, as the case may be, shall immediately arrange to take such incarcerated individual-patient into custody and return [~~him or her~~] **them** to a correctional facility or to the jail or correctional institution operated by local govern-

ment. **Upon return to the correctional institution, such incarcerated individual shall be eligible for review for merit termination of sentence and discharge from presumptive release, parole, conditional release and release to post-release supervision pursuant to section two hundred five of the correction law.**

§ 26. Subdivision 1 of section 43 of the social services law, as amended by chapter 458 of the laws of 1986, is amended and a new subdivision 12 is added to read as follows:

1. [~~Within the limits of funds available in the homeless housing and assistance fund, the~~] **The** commissioner is hereby authorized to enter into contracts with municipalities to provide state financial assistance for the project costs attributable to the establishment of homeless housing projects. The municipalities that enter into contracts with the commissioner shall undertake the establishment of the homeless housing project or shall contract with a not-for-profit corporation or charitable organization to undertake the project, pursuant to this article.

12. No later than five years after the effective date of this subdivision, no municipality, not-for-profit corporation or subsidiary thereof, public corporation or charitable organization or subsidiary thereof shall operate, enter into or renew a contract for any homeless housing project intended for occupancy more than ninety days other than a shelter composed of single room occupancy units; provided, however that this shall not apply to any homeless housing project exclusively for use by individuals who change their country of usual residence to seek temporary or permanent residence in another country, and who have applied for asylum under 8 U.S. Code § 1158, or are eligible to apply.

§ 27. Subdivision 5 of section 45 of the social services law, as amended by chapter 349 of the laws of 1994, is amended to read as follows:

5. "Single room occupancy unit" shall mean a private room providing living and sleeping space for no more than two persons with access to bathing and toilet facilities, within a building or portion thereof which is operated by an eligible applicant[~~; provided, however, that in no event shall such unit be located in:~~

~~(a) hotels, motels or other dwellings occupied transiently;~~

~~(b) shelters for families or adults, as defined by the commissioner;~~

~~(c) residential facilities or institutions which are required to be licensed by any state agency;~~

~~(d) college or school dormitories;~~

~~(e) clubhouses;~~

~~(f) housing intended for use primarily or exclusively by the employees of a single company or institution; or~~

~~(g) convents or monasteries~~]**; or a living and sleeping space for no more than one family that contains its own cooking, bathing, and toilet facilities for exclusive use by such family**.

The unit itself may contain a kitchen and/or a bathroom.

§ 28. Subdivision 4 of section 81 of the social services law, as amended by chapter 863 of the laws of 1977, is amended to read as follows:

4. Such annual reports shall include an itemized statement of all money received by the social services official and all money expended [~~by him~~], and a detailed statement in regard to the recipients of public assistance and care**, and outcomes of homeless persons served that shall include but is not limited to housing stability, behavioral health outcomes, and employment**. Town and city social services officers shall furnish the county commissioner with all data, relating to their work

and persons in receipt of public assistance and care, necessary to enable the county commissioner to make the reports required by the department.

§ 29. Section 71-a of the correction law, as amended by chapter 322 of the laws of 2021, is amended to read as follows:

§ 71-a. Transitional accountability plan. Upon admission of an incarcerated individual committed to the custody of the department under an indeterminate or determinate sentence of imprisonment, the department shall develop a transitional accountability plan. Such plan shall be a comprehensive, dynamic and individualized case management plan based on the programming and treatment needs of the incarcerated individual. The purpose of such plan shall be to promote the rehabilitation of the incarcerated individual and their successful and productive reentry and reintegration into society upon release. To that end, such plan shall be used to prioritize programming and treatment services for the incarcerated individual during incarceration and any period of community supervision. The commissioner [~~may~~] **shall** consult with the office of mental health, the office of [~~alcoholism and substance abuse~~] **addiction services and supports**, the board of parole, the department of health, and other appropriate agencies in the development of transitional case management plans.

§ 30. Paragraph (c) of subdivision 6 of section 72-a of the correction law is REPEALED.

§ 31. Section 5 of chapter 554 of the laws of 1986, amending the correction law and the penal law relating to providing for community treatment facilities and establishing the crime of absconding from the community treatment facility, as amended by section 22 of part A of chapter 55 of the laws of 2023, is amended to read as follows:

§ 5. This act shall take effect immediately and shall remain in full force and effect until September 1, [~~2025~~] **2027**, and provided further that the commissioner of correctional services shall report each January first and July first during such time as this legislation is in effect, to the [~~chairmen~~] **chair** of the senate crime victims, crime and correction committee, the senate codes committee, the assembly correction committee, and the assembly codes committee, the number of individuals who are released to community treatment facilities during the previous six-month period, including the total number for each date at each facility who are not residing within the facility, but who are required to report to the facility on a daily or less frequent basis.

§ 32. Subdivisions 5 and 15 of section 201 of the correction law, subdivision 5 as amended by chapter 484 of the laws of 2022, subdivision 15 as added by section 32 of subpart A of part C of chapter 62 of the laws of 2011, are amended to read as follows:

5. The department shall assist incarcerated individuals eligible for community supervision and individuals who are on community supervision to secure employment, educational or vocational training, [~~and~~] housing **and treatment pursuant to the mental hygiene law**. Any program the department requires a person on community supervision to take as a condition of such supervision shall not unreasonably interfere with such person's employment, educational or vocational training schedule unless such program is a residential treatment program.

15. The commissioner shall provide an annual report to the temporary president of the senate, the speaker of the assembly, the minority leader of the senate and minority leader of the assembly, commencing January first, two thousand twelve. Such report shall include but not be limited to the number of persons: released to community supervision and the

release type; supervised on community supervision during the preceding year; whose community supervision was revoked; returned to incarceration for conviction of a new felony committed while on community supervision; transferred out of state pursuant to the Interstate Compact for Adult Supervision. In addition, the commissioner shall provide **information on behavioral health and housing outcomes, and** other available information regarding community supervision to the temporary president of the senate, the speaker of the assembly, the minority leader of the senate and minority leader of the assembly upon request.

§ 33. Section 205 of the correction law is amended by adding a new subdivision 1-a to read as follows:

1-a. A merit termination may be granted if it is determined by the department that such person cannot be reasonably expected to reoffend if provided services pursuant to the social services law or the mental hygiene law, and such person is not on presumptive release, parole, conditional release or release to post-release supervision from a term of imprisonment imposed for any of the following offenses:

(a) murder in the first degree;

(b) unlawful imprisonment in the first degree, kidnapping in the first degree, or kidnapping in the second degree, in which the victim is less than seventeen years old and the offender is not the parent of the victim;

(c) an offense defined in article two hundred thirty of the penal law involving the prostitution of a person less than nineteen years old; or

(d) an offense defined in article two hundred sixty-three of the penal law.

§ 34. Paragraph (c) of subdivision 1 of section 273 of the correction law, as added by section 1 of part SS of chapter 56 of the laws of 2009, is amended to read as follows:

(c) having verified community ties in one of the following areas: employment[~~,~~]**;** permanent residence **or receipt of homelessness intervention services;** and family.

§ 35. Subdivision 6 of section 400 of the correction law, as added by chapter 766 of the laws of 1976, is amended to read as follows:

(6) "Mental illness" means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care and treatment**; or an addictive disorder as defined in the mental hygiene law**.

§ 36. Section 401 of the correction law is amended by adding a new subdivision 1-a to read as follows:

1-a. A mental health clinician, or the highest ranking facility security supervisor in consultation with a mental health clinician who has interviewed the incarcerated individual, may determine that such incarcerated individual can receive therapeutic programming and/or mental health treatment in an outpatient facility with an appropriate operating certificate while living out-of-cell if such incarcerated person is reasonably safe to be at-large. Such determination shall be documented in writing.

§ 37. Subdivision 6 of section 401 of the correction law, as separately amended by section 9 of part NNN of chapter 59 and chapter 322 of the laws of 2021, is amended to read as follows:

6. The department shall ensure that the curriculum for new correction officers, and other new department staff who will regularly work in programs providing mental health treatment for incarcerated individuals, shall include at least eight hours of training about the types and symp-

toms of mental illnesses, the goals of mental health treatment, the prevention of suicide and training in how to effectively and safely manage incarcerated individuals with mental illness. Such training may be provided by the office of mental health or the justice center for the protection of people with special needs. All department staff who are transferring into a residential mental health treatment unit shall receive a minimum of eight additional hours of such training, and eight hours of annual training as long as they work in such a unit. All security, program services, mental health and medical staff with direct incarcerated individual contact shall receive training each year regarding identification of, and care for, incarcerated individuals with mental illnesses. The department shall provide additional training on these topics on an ongoing basis as it deems appropriate. All staff working in a residential mental health treatment unit shall also receive the training mandated in paragraph (n) of subdivision six of section one hundred thirty-seven of this chapter. **All department staff shall have the obligation to report signs of mental illness to a supervisor.**

§ 38. Subdivisions 1, 2, 3, 9 and 10 of section 402 of the correction law, as amended by chapter 351, subdivisions 1, 2, 3 and 9 as separately amended by chapter 322 of the laws of 2021, are amended and a new subdivision 12-a is added to read as follows:

1. [~~Whenever the~~] **The** physician of any correctional facility, any county penitentiary, county jail or workhouse, any reformatory for women, or of any other correctional institution, shall [~~report in writing to the superintendent that~~] **conduct a personal examination and review medical records of** any person undergoing a sentence of imprisonment or adjudicated to be a youthful offender or juvenile delinquent confined therein **within five days of such person's incarceration, and every twelve months thereafter. If the physician determines that the incarcerated person** has, in [~~his or her~~] **such physician's** opinion, a mental illness, [~~such superintendent shall apply to a judge of the county court or justice of the supreme court in the county to cause an examination to be made of such person by two examining physicians. Such physicians shall be designated by the judge to whom the application is made.~~] **such physician shall cause an examination to be made of such person by a second examining physician within twenty-four hours.** Each such physician, if satisfied, after a personal examination, that such incarcerated individual has a mental illness and in need of care and treatment, shall make a certificate to such effect. [~~Before making such certificate, however, he or she shall consider alternative forms of care and treatment available during confinement in such correctional facility, penitentiary, jail, reformatory or correctional institution that might be adequate to provide for such incarcerated individual's needs without requiring hospitalization.~~] If the examining physician knows that the person [~~he or she is~~] **they are** examining has been under prior treatment, [~~he or she~~] **such physician** shall, insofar as possible, consult with the physician or psychologist furnishing such prior treatment prior to making [~~his or her~~] **such** certificate.

2. In the city of New York, [~~if~~] **within five days of an individual's incarceration and every twelve months thereafter,** the physician of a workhouse, city prison, jail, penitentiary or reformatory [~~reports in writing to the superintendent of such institution that a prisoner confined therein, serving a sentence of imprisonment, in his or her opinion~~] **shall conduct a personal examination and review medical records of such incarcerated individual. If, in the opinion of such physician, the incarcerated individual** has a mental illness, **or if medical records**

for such incarcerated individual document diagnosis of an ongoing serious mental illness, the superintendent of said institution shall either transfer said [~~prisoner~~] incarcerated individual to Bellevue or Kings county hospital for observation as to [~~his or her~~] such individual's mental condition by two examining physicians or shall secure two examining physicians to make such examination and review medical records in [~~his~~] the institution. Each such physician, if satisfied after a personal examination [~~and~~], observation, and review of medical records that the [~~prisoner~~] individual has a mental illness [~~and~~] in need of care and treatment, shall make a certificate to such effect. [~~Before making such certificate, however, he or she shall consider alternative forms of care and treatment available during confinement in such correctional facility, penitentiary, jail, reformatory or correctional institution that might be adequate to provide for such incarcerated individual's needs without requiring hospitalization.~~] If the examining physician knows that the person [~~he or she is~~] they are examining has been under prior treatment, [~~he or she~~] they shall, insofar as possible, consult with the physician or psychologist furnishing such prior treatment prior to making [~~his or her~~] such certificate.

3. Upon such certificates of the examining physicians being so made, it shall be delivered to the superintendent who, if the incarcerated individual does not agree to voluntary admission, shall thereupon apply by petition forthwith to a judge of the county court or justice of the supreme court in the county, annexing such certificate to [~~his or her~~] their petition, for an order committing such incarcerated individual to a hospital for persons with a mental illness or outpatient facility with an appropriate operating certificate. Upon every such application for such an order of commitment, notice thereof in writing, of at least five days, together with a copy of the petition, shall be served personally upon the alleged person with a mental illness, and in addition thereto such notice and a copy of the petition shall be served upon either the [~~wife, the husband, the father or mother~~] spouse, parent or other nearest relative of such alleged person with a mental illness, if there be any such known relative within the state; and if not, such notice shall be served upon any known friend of such alleged person with a mental illness within the state. If there be no such known relative or friend within the state, the giving of such notice shall be dispensed with, but in such case the petition for the commitment shall recite the reasons why service of such notice on a relative or friend of the alleged person with a mental illness was dispensed with and, in such case, the order for commitment shall recite why service of such a notice on a relative or friend of the alleged person with a mental illness was dispensed with. Copies of the notice, the petition and the certificates of the examining physicians shall also be given the mental hygiene legal service. The mental hygiene legal service shall inform the incarcerated individual and, in proper cases, others interested in the incarcerated individual's welfare, of the procedures for placement in a hospital or outpatient facility having an appropriate operating certificate and of the incarcerated individual's right to have a hearing, to have judicial review with a right to a jury trial, to be represented by counsel and to seek an independent medical opinion. The mental hygiene legal service shall have personal access to such incarcerated individual for such purposes.

9. Except as provided in subdivision two of this section pertaining to [~~prisoners~~] incarcerated individuals confined in the city of New York, an incarcerated individual of a correctional facility or a county jail

may be admitted on an emergency basis to the Central New York Psychiatric Center upon the certification by two examining physicians, including physicians employed by the office of mental health and associated with the correctional facility in which such incarcerated individual is confined, that the incarcerated individual suffers from a mental illness which is likely to result in serious harm to [~~himself, herself~~] themself or others as defined in subdivision (a) of section 9.39 of the mental hygiene law. Any person so committed shall be delivered by the superintendent within a twenty-four hour period, to the director of the appropriate hospital as designated in the rules and regulations of the office of mental health. Upon delivery of such person to a hospital operated by the office of mental health, if such person does not agree to voluntary admission, a proceeding under this section shall immediately be commenced.

10. If the director of a hospital for persons with a mental illness shall deem that the condition of such person with a mental illness requires [~~his~~] further retention in a hospital [~~he~~] the director shall, during the period of retention authorized by the last order of the court, apply to the supreme court or county court in the county where such hospital is located, for an order authorizing continued retention of such person with a mental illness. The procedures for obtaining any order pursuant to this subdivision shall be in accordance with the provisions of the mental hygiene law for the retention of involuntary patients. A person may be discharged before the end of any sentence or period of retention if the director determines it is medically appropriate and such person is not likely to reoffend.

12-a. Prior to discharge, the facility director shall provide the department with a treatment plan deemed medically appropriate and that supports the housing stability and economic well-being of such person, and the department, in consultation with the department of health must approve such plan. If the director determines that no plan is needed, they shall provide a written attestation to that effect.

§ 39. Subdivision 4 of section 404 of the correction law, as amended by chapter 322 of the laws of 2021, is amended to read as follows:

4. Every incarcerated individual who has received mental health treatment pursuant to this article within three years of [~~his or her~~] their anticipated release date from a state correctional facility shall be provided with mental health discharge planning and, when necessary, [~~an appointment with a mental health professional~~] a course of treatment in the community [~~who can prescribe~~] that can include prescription medications following discharge and sufficient mental health medications and prescriptions to bridge the period between discharge and such time as such mental health professional may assume care of the patient. Incarcerated individuals who have refused mental health treatment may also be provided mental health discharge planning and any necessary appointment with a mental health professional.

§ 40. Subdivision 5 of section 201 of the correction law, as amended by chapter 484 of the laws of 2022, is amended to read as follows:

5. The department shall assist incarcerated individuals eligible for community supervision and individuals who are on community supervision to secure employment, educational or vocational training, mental health treatment, and housing. Any program the department requires a person on community supervision to take as a condition of such supervision shall not unreasonably interfere with such person's employment, educational or vocational training schedule unless such program is a residential treatment program.

§ 41. The judiciary law is amended by adding a new article 5-C to read as follows:

ARTICLE 5-C
MENTAL HEALTH COURTS

Section 178. Establishment of mental health courts.
178-a. Transfer of actions or proceedings to superior mental health courts.
178-b. Transfer of actions or proceedings to local mental health courts.
178-c. Procedure in a superior mental health court or local mental health court upon transfer of actions or proceedings thereto.
178-d. Reports.

§ 178. Establishment of mental health courts. 1. Following consultation with the presiding justice of the appropriate appellate division, the chief administrator of the courts shall establish mental health courts in supreme court or county court ("superior mental health courts") in any county and assign one or more justices or judges to preside therein. Each superior mental health court shall have as its purpose the hearing and determination of:

(a) criminal cases that are commenced in the superior court and that are identified by the court as appropriate for disposition by a superior mental health court; and

(b) criminal cases that are commenced in other courts of the county, and that are identified as appropriate for disposition by a superior mental health court and transferred to that court as provided for in section one hundred seventy-eight-a of this article.

2. Where necessary to best utilize available court and community resources for actions or proceedings involving defendants with mental health problems, the chief administrator of the courts shall establish mental health courts in one or more city or district courts or town or village justice courts in such county, and assign one or more justices or judges to preside therein. Each local mental health court shall have as its purpose the hearing and determination of criminal actions or proceedings that are commenced in a city or district court or town or village justice court that are identified as appropriate for disposition by a local mental health court and transferred to that court as provided for in section one hundred seventy-eight-b of this article.

§ 178-a. Transfer of actions or proceedings to superior mental health courts. 1. (a) A local criminal court in a county in which a superior mental health court has been established may, upon motion of the defendant, cause copies of papers and other documents filed in such local criminal court in connection with a criminal action or proceeding pending therein to be sent to the superior mental health court:

(i) upon or after arraignment of the defendant on a local criminal court accusatory instrument by which such action or proceeding was commenced; or

(ii) upon or after commencement of a proceeding brought against the defendant for the violation of a condition of a sentence of probation or a sentence of conditional discharge.

(b) Not later than five days following receipt of the papers and other documents, where there is a reasonable belief that a defendant has a severe mental illness, the justice or judge presiding in the superior mental health court shall review the medical records of such defendant and shall cause a psychiatric evaluation of such defendant. If the defendant is determined to have a severe mental illness, the justice or

judge presiding in the court shall order transfer, of the action or proceeding to the superior mental health court, all originating papers shall be sent from the originating court to the superior mental health court, and all further proceedings shall be conducted therein. If the justice or judge determines that a transfer of the action or proceeding would not promote the administration of justice, they shall notify the local criminal court from which the reference was received of such determination, whereupon all further proceedings in such action or proceeding shall be conducted in accordance with law.

2. (a) At any time while a criminal action or proceeding is pending in a superior court in a county in which a superior mental health court has been established, including a proceeding brought against defendant for the violation of a condition of a sentence of probation or a sentence of conditional discharge, a judge or justice of the court in which the action or proceeding is pending may, upon motion of the defendant, cause copies of papers and other documents filed in such court in connection with the action or proceeding to be sent to the judge or justice presiding in the superior mental health court for review of the appropriateness of the transfer.

(b) Not later than five business days following receipt of the papers and other documents, the judge or justice presiding in the superior mental health court shall determine whether or not a transfer of the action or proceeding to the court would promote the administration of justice. If such judge or justice determines that it would:

(i) such judge or justice, if sitting in supreme court, may order such transfer, in which event the action or proceeding shall be referred for disposition to the superior mental health court, all original papers shall be sent to the superior mental health court, and all further proceedings in such action or proceeding shall be conducted therein; or

(ii) such judge or justice, if sitting in county court, shall so notify the judge of the court who caused the papers and other documents to be sent to them, and such justice may thereupon order such transfer, in which event the action or proceeding shall be referred for disposition to the superior mental health court, all original papers shall be sent from the originating court to the superior mental health court, and all further proceedings in such action or proceeding shall be conducted therein. If the judge or justice presiding in the superior mental health court determines that a transfer of the action or proceeding would not promote the administration of justice, such judge or justice shall notify the originating court of such determination, whereupon all further proceedings in such action or proceeding shall be conducted in accordance with law.

3. Upon transfer of an action or proceeding to a mental health court, a judge or justice, with the advice and consent of a psychiatrist and a social services official, may order inpatient medical treatment, outpatient treatment, or other medically recommended treatment, and may order monitoring for compliance. Failure to comply with any such order may result in a new hearing. Failure to comply with any such order shall not be grounds for incarceration, probation, or fines.

4. Upon transfer of an action or proceeding to a mental health court, the defendant shall be notified of social services available to them.

§ 178-b. Transfer of actions or proceedings to local mental health courts. 1. A local criminal court in a county in which a local mental health court has been established may, upon motion of the defendant, cause copies of papers and other documents filed in such local criminal

court in connection with a criminal action or proceeding therein to be sent to the local mental health court:

(a) upon or after arraignment of a defendant on a local criminal court accusatory instrument by which such action or proceeding was commenced; or

(b) upon or after commencement of a proceeding brought against a defendant for the violation of a condition of a sentence of probation or a sentence of conditional discharge.

2. Not later than five days following receipt of the papers and other documents, the justice or judge presiding in the local mental health court, in consultation with the justice or judge in the court of origin, shall review the medical records of such defendant and shall cause a psychiatric evaluation of such defendant. If the defendant is determined to have a severe mental illness, the justice or judge presiding in the court shall order transfer, of the action or proceeding shall be transferred to the local mental health court, all originating papers shall then be sent from the court of origin to the local mental health court, and all further proceedings shall be conducted therein. If the presiding justice or judge in the local mental health court or the justice or judge presiding in the court of origin determines that a transfer of the action or proceeding would not promote the administration of justice, the action or proceeding will not be transferred and all further proceedings in such action or proceeding shall be conducted in accordance with law.

3. Upon transfer of an action or proceeding to a mental health court, a judge or justice, with the advice and consent of a psychiatrist and a social services official, may order inpatient medical treatment, outpatient treatment, or other medically recommended treatment, and may order monitoring for compliance. Failure to comply with any such order may result in a new hearing. Failure to comply with any such order shall not be grounds for incarceration, probation, or fines.

4. Upon transfer of an action or proceeding to a mental health court, the defendant shall be notified of social services available to them. Such services shall include, but are not limited to, employment, health care, mental health care, educational or vocational training, housing, and access to supportive outpatient facilities such as clubhouses.

§ 178-c. Procedure in a superior mental health court or local mental health court upon transfer of actions or proceedings thereto. Each action or proceeding transferred to a superior court and referred for disposition to a superior mental health court thereof and each action transferred to a local court and referred for disposition in a local mental health court thereof shall be subject to the same substantive and procedural law as would have applied had there been no transfer.

§ 178-d. Reports. Every five years the office of court administration shall produce a report on outcomes on defendants in mental health courts which shall include, but not be limited to, subsequent arrests, behavioral health outcomes, and housing stability of such defendants.

§ 42. Section 730.30 of the criminal procedure law, subdivision 3 as amended by chapter 629 of the laws of 1974, is amended to read as follows:

§ 730.30 Fitness to proceed; order of examination.

1. At any time after a defendant is arraigned upon an accusatory instrument [~~other than a felony complaint and~~] before the imposition of sentence, or at any time after a defendant is arraigned upon a felony complaint [~~and before he is held for the action of the grand jury~~], if the defendant produces records or other evidence of a medical diagnosis

of mental illness or mental disability, or it is otherwise the opinion of the court that the defendant may be an incapacitated person, the court [~~wherein the criminal action is pending must issue an order of examination when it is of the opinion that the defendant may be an incapacitated person~~] shall direct such defendant to the mental health court as provided for in article five-C of the judiciary law. For purposes of such determination, the court may issue an order of examination.

2. When the examination [~~reports~~] report submitted to the court [~~show~~] shows that [~~each~~] the psychiatric examiner is of the opinion that the defendant is not an incapacitated person, the court may, on its own motion, conduct a hearing to determine the issue of capacity, and it must conduct a hearing upon motion therefor by the defendant or by the district attorney. If no motion for a hearing is made, the criminal action against the defendant must proceed. If, following a hearing, the court is satisfied that the defendant is not an incapacitated person, the criminal action against [~~him~~] such defendant must proceed; if the court is not so satisfied, it must issue a further order of examination directing that the defendant be examined by a different psychiatric [~~examiners~~] examiner designated by the director.

3. When the examination reports submitted to the court show that each psychiatric examiner is of the opinion that the defendant is an incapacitated person, the court [~~may, on its own motion, conduct a hearing to determine the issue of capacity and it must conduct such hearing upon motion therefor by the defendant or by the district attorney~~] shall direct such defendant to the mental health court wherein the criminal action is pending.

4. When the examination reports submitted to the court show that the psychiatric examiners are not unanimous in their opinion as to whether the defendant is or is not an incapacitated person, or when the examination reports submitted to the superior court show that the psychiatric examiners are not unanimous in their opinion as to whether the defendant is or is not [~~a dangerous~~] an incapacitated person who, with a course of medically recommended treatment, nonetheless has a high probability of engaging in behavior likely to result in serious harm, the court must conduct a hearing to determine the issue of capacity or [~~dangerousness~~] such likelihood.

§ 43. Subdivision 9 of section 730.10 of the criminal procedure law, as added by section 1 of part Q of chapter 56 of the laws of 2012, is amended and three new subdivisions 10, 11 and 12 are added to read as follows:

9. "Appropriate institution" means: (a) a hospital operated by the office of mental health or a developmental center operated by the office for people with developmental disabilities; [~~or~~] (b) a hospital licensed by the department of health which operates a psychiatric unit licensed by the office of mental health, as determined by the commissioner [~~provided, however, that any~~]; or (c) an outpatient facility having an appropriate operating certificate. Any such hospital or outpatient facility that is not operated by the state [~~shall~~] may qualify as an "appropriate institution" [~~only pursuant to the terms of an agreement between the commissioner and the hospital~~] upon the consent of the hospital or outpatient facility. Nothing in this article shall be construed as requiring a hospital or outpatient facility to consent to providing care and treatment to an incapacitated person [~~at such hospital~~] if another appropriate institution offering comparable care and treatment is available.

10. "Likely to result in serious harm" has the same meaning as defined in section 9.01 of the mental hygiene law.

11. "Mental illness" has the same meaning as defined in section 1.03 of the mental hygiene law.

12. "Mental disability" has the same meaning as defined in section 1.03 of the mental hygiene law.

§ 44. The public health law is amended by adding a new article 30-D to read as follows:

ARTICLE 30-D

EMERGENCY BEHAVIORAL HEALTH SERVICES

Section 3080. Description.

3081. Definitions.

3082. State emergency behavioral health services advisory committee.

§ 3080. Description. 1. Emergency behavioral health services is a system for the immediate recognition and management of sudden illness or behavior of someone (a) with mental illness or mental disability, (b) who is homeless, or (c) who is engaging in behavior that is the result of substance use disorder, and addresses emergency medical dispatch, prehospital emergency care, in-hospital emergency care, admission, behavioral health services, homelessness intervention services, and housing. Such response shall consist of a team including, but not limited to, members trained in emergency medical services, behavioral health services, addictive disorder services, and homelessness intervention services.

2. For the purposes of satisfying this section, team members may include individuals who have experienced mental illness or homelessness. Such team shall not include a police officer or peace officer, provided, however, that such team may request one for accompaniment or intervention at any time.

§ 3081. Definitions. As used in this article:

1. "State emergency behavioral health services advisory committee" means the state emergency behavioral health services advisory committee provided for by this article.

2. "State emergency medical services council" means the state emergency medical services council established under article thirty of this chapter.

3. "State emergency medical advisory committee" means the state emergency medical advisory committee established under article thirty of this chapter.

4. "State trauma advisory committee" means the state trauma advisory committee established under article thirty-B of this chapter.

5. "Mental illness" has the same meaning as defined in section 1.03 of the mental hygiene law.

6. "Mental disability" has the same meaning as defined in section 1.03 of the mental hygiene law.

7. "Behavioral health services" has the same meaning as defined in section 1.03 of the mental hygiene law.

8. "Addictive disorder services" has the same meaning as defined in section 1.03 of the mental hygiene law.

9. "Homelessness intervention services" means services rendered pursuant to section fifty of the social services law.

10. "Admission" refers to hospitalization of a person with mental illness pursuant to article nine of the mental hygiene law.

§ 3082. State emergency behavioral health services advisory committee. 1. There is hereby established in the department the state emergency

behavioral health services advisory committee. It shall consist of behavioral health and homelessness intervention advocates representative of all geographic areas of the state; of those occupations regularly involved in provision of comprehensive behavioral health services and homelessness intervention services, other than for-profit provision; and of those with experience receiving such services, appointed by the commissioner upon recommendation of appropriate statewide professionals or organizations, who shall serve for terms of four years, which may be renewed. It shall advise the department, the commissioner, the state emergency medical services council, the state emergency medical advisory committee, and the state trauma advisory committee regarding all aspects of emergency behavioral health services, including, but not limited to, emergency medical dispatch, prehospital emergency care, in-hospital emergency care, admission, behavioral health services, homelessness intervention services, and housing. The state emergency medical services director, the state emergency medical services medical director, the state trauma medical director, the state trauma program manager, and the governor's highway traffic safety administrator, shall also serve as nonvoting ex-officio members.

2. The state emergency behavioral health services advisory committee shall meet as frequently as its business may require, but ordinarily no less than quarterly. The members of the state emergency behavioral health services advisory committee shall receive no compensation for their services as members, but each shall be allowed the necessary and actual expenses incurred in the performance of their duties under this section.

3. The commissioner shall designate an officer or employee of the department to assist the state emergency behavioral health services advisory committee in the performance of its duties under this section, to coordinate the activities of the state emergency behavioral health services advisory committee and to facilitate communication between the state emergency health services council, the state emergency medical advisory committee, and the state trauma advisory committee.

4. In no event shall any member, officer, or employee of the state emergency behavioral health services committee be liable for damages in any civil action for any act done, failure to act, or statement or opinion made, while discharging duties as a member, officer, or employee of the state emergency behavioral health services advisory committee if they shall have acted in good faith, with reasonable care.

§ 45. Subdivision 1 of section 602 of the public health law is amended by adding a new paragraph (g) to read as follows:

(g) Mental health services.

§ 46. The administrative code of the city of New York is amended by adding two new sections 21-335 and 21-336 to read as follows:

§ 21-335 Mobile devices and post office boxes. 1. Every homeless person, or one individual in a family which is identified as homeless shall be entitled to a mobile phone capable of at least Short Message Service (SMS) and electronic mail.

2. Every homeless person, or one individual in a family which is identified as homeless shall be entitled to a post office box or other mailing address.

§ 21-336 Shelter systems study. At least once every five years, the commissioner shall undertake a dynamic study on needed improvements to the shelter system. Such study shall be conducted by following the attempts of at least five contracted persons, posing as homeless individuals, as they attempt to seek permanent housing and services. The

commissioner shall produce a report on those processes and make recommendations for improvements.

§ 47. Section 17-199.26 of the administrative code of the city of New York, as added by local law number 108 of the city of New York for the year 2023, and as renumbered by local law number 100 for the city of New York for the year 2024, is amended to read as follows:

§ 17-199.26 Mental health and behavioral health services outreach and education. The department shall establish and implement an outreach and education campaign to raise public awareness about programs that provide low-cost and no-cost mental health services to New Yorkers who do not qualify for or cannot afford health insurance based on federal guidelines. Such outreach and education shall include, as applicable, an explanation of how individuals may access such services, including, but not limited to, through referrals from primary care providers. The materials for such outreach and education campaign shall be made available in English and the designated citywide languages, as defined in section 23-1101. The department shall provide pamphlets and conspicuously display information on the program in all city agency buildings, schools, shelters, and at hospitals operated by the New York city health and hospitals corporation.

§ 48. The administrative code of the city of New York is amended by adding a new section 21-304.1 to read as follows:

§ 21-304.1 Application; process. 1. To the maximum extent possible:

a. The commissioner shall develop a single application for all programs under this chapter, or, in the alternative, a process whereby the information provided by an applicant in a single application can be populated into other applications.

b. An application for services shall not be closed due to a missed appointment or other noncompliance.

c. An applicant shall be presumed eligible for services under this chapter and shall receive such services pending verification. If the applicant is subsequently deemed ineligible, the commissioner may provide alternative services. If the applicant is found to be in violation of any provisions of article one hundred fifty-eight of the penal law relating to the receipt of services under this chapter, the commissioner may discontinue services and recover civil damages pursuant to section one hundred forty-five-b of the social services law.

§ 49. Section 21-314 of the administrative code of the city of New York, as added by local law number 57 for the city of New York for the year 1998, and as renumbered by local law number 19 for the city of New York for the year 1999, is amended to read as follows:

§ 21-314 Case management services. [~~The~~] Within fourteen days of admission, the commissioner shall provide case management services to all persons assigned to stay at the department's facilities or the facilities of organizations contracting with the department who are either waiting for the department to determine their eligibility for shelter or are receiving such shelter. Such case management services shall include, but not be limited to, assistance obtaining (a) medical treatment, (b) federal, state and local government documents including, but not limited to, birth certificates, marriage licenses, and housing records, [~~and~~] (c) food, medicine and other necessary supplies, (d) permanent housing, and (e) outpatient services including clubhouses; and shall address issues such as domestic violence, child abuse and mental illness[~~, when needed~~] that shall include transferring such persons to medically recommended treatment. Upon request by such person, an examining physician will perform a psychiatric evaluation and review medical

records of each such person, and shall refer such person to medically recommended treatment.

§ 50. Paragraphs 1, 10 and 11 of subdivision b of section 21-332 of the administrative code of the city of New York, as added by local law number 62 of the city of New York for the year 2023, are amended and a new paragraph 12 is added to read as follows:

1. The right to shelter**, which shall not be contingent upon a person undergoing addictive disorder services**;

10. The requirement that a shelter comply with the environmental standards set forth in section 491.18 of title 18 of the New York codes, rules and regulations and section 900.18 of such title, as applicable; [~~and~~]

11. **The right to mental health treatment;**

12. The right to a mobile phone and a post office box or other mailing address; and

13. Any other information the department deems appropriate.

§ 51. Section 21-148 of the administrative code of the city of New York is amended by adding a new subdivision d to read as follows:

d. The commissioner of social services shall cause to be performed an audit to identify all vacant units of supportive housing in the city, determine the reasons for such vacancies, and make recommendations for actions, policies and procedures for the immediate or timely filling of such vacancies.

§ 52. Subdivisions 5 and 8 of section 220.00 of the penal law, subdivision 5 as amended by chapter 92 of the laws of 2021 and subdivision 8 as amended by section 18 of part C of chapter 447 of the laws of 2012, are amended to read as follows:

5. "Controlled substance" means any substance listed in schedule I, II, III, IV or V of section thirty-three hundred six of the public health law **other than buprenorphine**.

8. "Narcotic preparation" means any controlled substance listed in schedule II(b-1), III(d) or III(e)**, other than buprenorphine**.

§ 53. Severability. If any clause, sentence, paragraph, subdivision, section or part of this act shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair, or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, subdivision, section or part thereof directly involved in the controversy in which such judgment shall have been rendered. It is hereby declared to be the intent of the legislature that this act would have been enacted even if such invalid provisions had not been included herein.

§ 54. This act shall take effect on the first of January next succeeding the date on which it shall have become a law; provided that:

(a) the amendments to section 9.48 of the mental hygiene law made by section five of this act shall not affect the expiration and repeal of such section and shall expire and be deemed repealed therewith;

(b) the amendments to subdivision (a) of section 9.47 of the mental hygiene law made by section fourteen of this act shall be subject to the expiration and reversion of such subdivision when upon such date the provisions of section fifteen of this act shall take effect;

(c) the amendments to section 29.19 of the mental hygiene law made by section twenty-three of this act shall be subject to the expiration and reversion of such section when upon such date the provisions of section twenty-four of this act shall take effect; and

(d) provided, however, that if local law number 100 of the city of New York for the year 2024 shall not have taken effect on or before such

date then section forty-seven of this act shall take effect on the same date and in the same manner as such local law of the laws of 2024 takes effect.