

# STATE OF NEW YORK

9743

## IN ASSEMBLY

March 28, 2022

Introduced by M. of A. FERNANDEZ -- read once and referred to the  
Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to reports on short  
term crisis respite and intensive crisis respite programs

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

1 Section 1. Section 7.09 of the mental hygiene law is amended by adding  
2 a new subdivision (m) to read as follows:

3 (m) (1) For the purposes of this subdivision the following terms shall  
4 be defined as:

5 (i) "short term crisis respite" shall mean a short term care and  
6 intervention strategy provided in a site based residential setting for  
7 individuals who are: experiencing challenges in daily life that create a  
8 risk for escalation of symptoms that cannot be managed in the person's  
9 home and/or community environment; at imminent risk for an escalation of  
10 symptoms and/or a loss of adult role functioning but who do not pose an  
11 imminent risk to the safety of themselves or others; or experiencing a  
12 challenging emotional crisis which the individual is unable to manage  
13 without intensive assistance and support;

14 (ii) "intensive crisis respite" shall mean a short-term, residential  
15 care and clinical intervention strategy for individuals who are facing a  
16 behavioral health crisis, and who are at imminent risk for loss of func-  
17 tional abilities, and without this level of care may present safety  
18 concerns for themselves and/or others.

19 (2) The commissioner shall furnish and issue a report to the governor,  
20 the speaker of the assembly, and the temporary president of the senate  
21 no later than one year after the effective date of this subdivision on  
22 the following information as it relates to short term crisis respite and  
23 intensive crisis respite programs:

24 (i) the number of short term and intensive crisis respite programs in  
25 each county;

26 (ii) the number of individuals served by short term and intensive  
27 crisis respite programs in each county each month;

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

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1 (iii) the most prevalent factors for admission of individuals who  
2 received either type of crisis respite service, including the most  
3 prevalent type of setting an individual was referred from, and the most  
4 prevalent mental health diagnosis for individuals accepted into either  
5 type of crisis respite program each month;

6 (iv) the percentage of individuals diverted from the use of inpatient  
7 or hospital emergency room care due to experiencing a mental health  
8 crisis, for at least thirty days after being discharged from either type  
9 crisis respite program each month;

10 (v) types of services provided by a short term or intensive crisis  
11 respite program, including the type of staff and training required for  
12 the provision of such services as well as any additional services or  
13 types of staff and training that may be beneficial to individuals  
14 receiving such services; and

15 (vi) identifying parts of the state that would benefit from short term  
16 and/or intensive crisis respite programs or where an expansions of  
17 services would be appropriate.

18 (3) The commissioner is authorized to request the assistance of any  
19 local mental health programs, state agencies, or the local mental  
20 hygiene directors, for the purpose of identifying existing short term or  
21 intensive crisis respite programs and completing the report required  
22 under this subdivision.

23 § 2. This act shall take effect immediately.