

STATE OF NEW YORK

2398

2023-2024 Regular Sessions

IN SENATE

January 20, 2023

Introduced by Sen. BROUK -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to establishing the statewide emergency and crisis response council to plan and provide support regarding the operation and financing of high-quality emergency and crisis response services for persons experiencing a mental health, alcohol use, or substance use crisis

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

1 Section 1. Short title. This act shall be known and may be cited as
2 "Daniel's law".
3 § 2. Legislative findings and intent. It is the purpose of this act to
4 promote the public health, safety and welfare of all citizens by broadly
5 ensuring a public health-based response to anyone in New York experienc-
6 ing a mental health, alcohol use or substance use crisis; to offer and
7 ensure the most appropriate response to, and treatment of, individuals
8 experiencing crisis due to mental health conditions, alcohol use or
9 substance use conditions; and to deescalate crisis situations so that as
10 few New Yorkers as possible experience nonconsensual transport, use of
11 force, or criminal consequences as a result of mental health, alcohol
12 use or substance abuse crises.
13 § 3. Section 41.01 of the mental hygiene law, as amended by chapter 37
14 of the laws of 2011, is amended to read as follows:
15 § 41.01 Declaration of purpose.
16 (a) This article is designed to enable and encourage local governments
17 to develop in the community preventive, rehabilitative, crisis response,
18 and treatment services offering continuity of care; to improve and to
19 expand existing community programs for persons with mental illness, and
20 developmental disabilities, and those [~~suffering from the diseases of~~
21 ~~alcoholism~~] with alcohol use disorder and substance [~~abuse~~] use
22 disorder; to plan for the integration of community and state services

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

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1 and facilities for individuals with mental disabilities, alcohol use
2 disorders, and substance use disorders; and to cooperate with other
3 local governments and with the state in the provision of joint services
4 and sharing of [~~manpower~~] personnel resources.

5 (b) Effective implementation of this article requires the [~~direction~~]
6 establishment and administration, by each local governmental unit, of a
7 local comprehensive planning process for its geographic area in which
8 all providers of services shall participate and cooperate in the
9 provision of all necessary information. [~~It~~] This article also initiates
10 a planning effort involving the state, local governments and other
11 providers of service for the purpose of promoting continuity of care
12 through the development of integrated systems of care and treatment for
13 individuals with mental illness, developmental disabilities, and for
14 those [~~suffering from the diseases of alcoholism~~] with alcohol use
15 disorder and substance [~~abuse~~] use disorder.

16 (c) Such planning effort must also specifically address the develop-
17 ment of an effective crisis response system that includes the use of
18 non-police, community-run crisis first responder teams utilizing peers
19 and independent emergency medical technicians as first responders. To
20 ensure the development of a comprehensive and inclusive plan, the crisis
21 services planning effort must include at least fifty-one percent peers
22 and family peers, and the remaining forty-nine percent must be family
23 members and emergency medical response providers who shall be independ-
24 ent of any local government's emergency services department, and oper-
25 ated by a non-governmental organization via a contract with the local
26 government providers of crisis services, 9-8-8 personnel, and other
27 non-governmental community agencies which may come in contact with a
28 person experiencing a mental health or alcohol use or substance use
29 crisis.

30 § 4. Section 41.03 of the mental hygiene law is amended by adding six
31 new subdivisions 14, 15, 16, 17, 18 and 19 to read as follows:

32 14. "emergency and crisis services plan" means a plan which is part
33 of, and submitted with, the local services plan, but is planned and
34 developed specifically to ensure that all services, policies, training,
35 procedures, expenditures and contracts for services and processes used
36 to assist people experiencing mental health or alcohol use or substance
37 use crises are peer-focused, designed to decrease contact with police
38 and centered on increased access to care of the highest quality.

39 15. "eligible emergency and crisis response services" means services
40 eligible for funding under section 41.18 of this article, including but
41 not limited to, crisis response teams, crisis stabilization services and
42 centers, peer living rooms, peer support centers, mobile crisis teams
43 not utilizing law enforcement as part of the team, crisis collabora-
44 tives, peer crisis services, and crisis system oversight and management,
45 which are included in an emergency and crisis services plan.

46 16. "crisis response team" means one extensively-trained peer acting
47 as a crisis worker and one emergency medical technician independent of
48 any local government's emergency services department, and operated by a
49 non-governmental agency via a contract with the local government.

50 17. "peer" means an individual with lived mental health experience
51 and/or alcohol use or substance use disorder experience, who has experi-
52 ence navigating systems such as the healthcare, mental health, judicial,
53 criminal legal, housing, education, and employment systems.

54 18. "family peer" means an individual with lived experience as the
55 biological, foster, or adoptive parent, or the primary caregiver, of
56 children/youth with social, emotional, behavioral, mental health or

1 alcohol use or substance use disorders, who have experience navigating
2 systems such as the healthcare, mental health, judicial, criminal legal,
3 housing, education, and employment systems.

4 19. "statewide emergency and crisis response council" means the coun-
5 cil created pursuant to section 5.08 of this chapter.

6 § 5. Section 41.07 of the mental hygiene law is amended by adding a
7 new subdivision (d) to read as follows:

8 (d) In developing the emergency and crisis services plan defined by
9 subdivision fourteen of section 41.03 of this article and mandated by
10 paragraph seventeen of subdivision (a) of section 41.13 of this article,
11 local governments are encouraged to develop joint plans for a regional
12 or sub-regional service area to maximize the use and availability of
13 crisis and emergency services for all persons experiencing a mental
14 health or alcohol use or substance use crisis in that region or sub-re-
15 gion.

16 § 6. Subdivision (a) of section 41.13 of the mental hygiene law is
17 amended by adding a new paragraph 17 to read as follows:

18 17. submit an emergency and crisis services plan, either alone or with
19 other local governments in a region or sub-region, as required by subdi-
20 vision fourteen of section 41.03 of this article to comprehensively plan
21 for emergency and crisis services as is required by this chapter.

22 (i) The emergency and crisis services planning process shall include
23 peers, family peers, family members, emergency medical response provid-
24 ers, 9-8-8 personnel and personnel of other community agencies which may
25 come in contact with a person experiencing a mental health or alco-
26 hol use or substance use crisis. Peers and family peers shall constitute
27 at least fifty-one percent of the planning group.

28 (ii) The emergency and crisis services plan shall be consistent with
29 the commissioner's regulations for crisis services plans, developed
30 pursuant to subdivision (f) of section 5.05 of this chapter after
31 consultation with the statewide emergency and crisis response council.

32 § 7. Subdivision (b) of section 41.18 of the mental hygiene law is
33 amended by adding a new paragraph (vi) to read as follows:

34 (vi) Notwithstanding any other provision of this subdivision, local
35 governments, individually or jointly, shall be granted state aid of one
36 hundred percent of the net operating costs expended by such local
37 governments, and by voluntary agencies which have contracted with such
38 local governments, for eligible emergency and crisis services as defined
39 by subdivision fifteen of section 41.03 of this article that are
40 included in an approved emergency and crisis services plan. Funding
41 provided pursuant to this paragraph shall be authorized only for
42 services that have a non-police, non-law enforcement, or non-criminal
43 legal component and include peers.

44 § 8. Section 5.05 of the mental hygiene law is amended by adding four
45 new subdivisions (f), (g), (h) and (i) to read as follows:

46 (f) The commissioner of mental health and the commissioner of
47 addiction services and supports shall be jointly responsible for devel-
48 oping and revising as necessary, in regulation, specific standards and
49 procedures for the operation and financing of crisis and emergency
50 services, after consultation with the statewide emergency and crisis
51 response council. Such standards and procedures shall require that the
52 emergency and crisis services plans include a comprehensive approach to
53 oversee and measure the approved plan's effectiveness in delivering
54 high-quality, peer-focused crisis services, including response time
55 standards, and periodic reporting requirements. The commissioners shall
56 require specific metrics that approved plans shall utilize to evaluate

1 system progress, effectiveness, and appropriate response times to
2 crises, which shall be the same as or less than current response times
3 for other health crises.

4 (g) The commissioner of mental health and the commissioner of
5 addiction services and supports shall be jointly responsible to ensure
6 that:

7 (1) a non-police, community-run public health-based response that
8 utilizes trained peer and independent emergency medical technician
9 crisis response teams for anyone experiencing a mental health,
10 alcohol use or substance use crisis is established. Any crisis response
11 team may request that a peace officer as defined by section 2.10 of
12 the criminal procedure law, or police officer as defined by section 1.20
13 of the criminal procedure law, transport a person in distress due to
14 mental health conditions or alcohol use or substance use, when such
15 team has exhausted alternative methods for obtaining consent from such
16 person, such person refuses treatment or transport from the crisis
17 response team; and:

18 (i) such person poses a substantial risk of physical harm to other
19 persons as manifested by homicidal or other violent behavior by
20 which others are placed in reasonable fear of imminent serious physical
21 harm; or

22 (ii) such crisis response team makes an assessment, in light
23 of the totality of the circumstances, that the crisis response team is
24 at risk of imminent physical violence due to the person's actions;

25 (2) the crisis response teams operate twenty-four hours a day, three
26 hundred sixty-five days a year;

27 (3) the crisis response teams receive culturally competent, trauma-in-
28 formed, experientially-based, and peer-led training;

29 (4) the average response time for the crisis response teams is the
30 same as or less than the current response time for other health crises;

31 (5) the crisis response teams de-escalate any situation involving
32 individuals experiencing crisis due to mental health conditions,
33 alcohol use, or substance use and avoid the use of nonconsensual treat-
34 ment, transport, or force wherever possible;

35 (6) the most appropriate treatment is provided to individuals experi-
36 encing a mental health, alcohol use or substance use crisis;

37 (7) voluntary assessment and referral of individuals experiencing a
38 mental health, alcohol use or substance use crisis are maximized;

39 (8) arrest, detention, and contact with the criminal legal system of
40 individuals experiencing a mental health, alcohol use or substance use
41 crisis are minimized;

42 (9) the number of individuals who experience physical harm and/or
43 trauma as a result of a mental health, alcohol use or substance use
44 crisis are minimized;

45 (10) 9-8-8 personnel respond to individuals experiencing a mental
46 health, alcohol use or substance use crisis and are optimally utilized
47 and integrated in the emergency and crisis services plan;

48 (11) a detailed plan to manage, oversee, monitor and regularly report
49 on the operation of the proposed crisis response system which meets the
50 requirements for these activities as required by subdivision (i) of this
51 section is established;

52 (12) whenever an emergency hotline in New York state, such as 911 or
53 311, receives a call regarding an individual experiencing a mental
54 health, alcohol use or substance use crisis, such hotline will refer
55 such call to the crisis response team for the relevant geographic area;
56 and

1 (13) the crisis response teams effectively respond to all individuals
2 experiencing a mental health, alcohol use or substance use crisis with
3 culturally competent, trauma-informed care and without regard to source
4 of funding.

5 (h) (1) Within twelve months after the effective date of this subdivi-
6 sion, the commissioner of mental health and the commissioner of
7 addiction services and supports shall select an independent organization
8 to conduct an evaluation of the statewide impact of the emergency and
9 crisis response services mandated by this section on:

10 (i) the number of calls to, and responses sent by, dispatch services
11 including 311, 911, and 988 in response to people experiencing mental
12 health, alcohol use, or substance use crises;

13 (ii) the types of crises responded to;

14 (iii) the disposition and brief description of the result of each such
15 call, anonymized to protect individuals' privacy;

16 (iv) demographic information including the race, ethnicity, gender,
17 disability, and age of any individual who is the subject of any dispatch
18 call or interaction by a local crisis response team;

19 (v) the details and destination of transport of any person experienc-
20 ing a mental health, alcohol use or substance use crisis;

21 (vi) the services provided to such individuals;

22 (vii) the impact of emergency and crisis response services mandated by
23 this section on emergency room visits, use of ambulatory services,
24 hospitals as defined in article twenty-eight of the public health law
25 and/or mental health facilities as defined in section 1.03 of the mental
26 hygiene law; and

27 (viii) the involvement of law enforcement in mental health, alcohol
28 use or substance use crises, including any use of force or restraint
29 tactics or devices.

30 (2) The commissioner of mental health and the commissioner of
31 addiction services and supports shall direct the organization selected
32 under paragraph one of this subdivision to issue its evaluation within
33 six months of the first operating date of any approved regional emergen-
34 cy and crisis services plan, and shall include data from any regional
35 plan then approved and operating in the state. Such evaluation shall be
36 made publicly available and posted on the department's website upon
37 receipt by such commissioners. In addition to the reporting require-
38 ments established pursuant to paragraph one of this subdivision, the
39 commissioner of mental health and the commissioner of addiction services
40 and supports shall collect all data listed under paragraph one of this
41 subdivision, and shall report such data in a form and manner that is
42 accessible to the public via the department's website. The first data
43 report required by this paragraph, after the effective date of this
44 subdivision, shall be made public within ninety days of the approval of
45 any regional emergency and crisis response plan, and shall be made
46 public in an ongoing manner every ninety days thereafter and include
47 data from every active regional emergency and crisis response plan
48 approved by the commissioners of mental health and the commissioner of
49 addiction services and supports.

50 (3) No later than twelve months after the approval by the commissioner
51 of mental health and the commissioner of addiction services and supports
52 of any regional emergency and crisis response plan, the commissioner of
53 mental health and the commissioner of addiction services and supports
54 shall prepare a comprehensive report to the governor and the legislature
55 specifying:

1 (i) the results of the evaluation carried out under paragraph one of
2 this subdivision;

3 (ii) the number of individuals who received qualifying community-based
4 crisis response services;

5 (iii) demographic information regarding such individuals when avail-
6 able, including the race, ethnicity, age, disability, sex, sexual orien-
7 tation, gender identity, and geographic location of such individuals;

8 (iv) the processes and models developed by local governments in their
9 emergency and crisis services plans to provide community-based crisis
10 response services, including the processes developed to provide refer-
11 als for, or coordination with, follow-up care and services;

12 (v) the diversion of individuals from jails, incarceration, or similar
13 settings;

14 (vi) the diversion of individuals from psychiatric hospitals, commit-
15 ments under chapter four hundred eight of the laws of nineteen hundred
16 ninety-nine, constituting Kendra's law, and other involuntary services;

17 (vii) the experiences of individuals who receive community-based
18 crisis response services;

19 (viii) the successful connection of individuals with follow-up
20 services;

21 (ix) the utilization of services by underserved and historically
22 excluded communities, including black, indigenous and people of color
23 (BIPOC) populations;

24 (x) the cost or cost savings attributable to such emergency and crisis
25 response services;

26 (xi) other relevant outcomes identified by the commissioner of mental
27 health and the commissioner of addiction services and supports and the
28 statewide advisory emergency and crisis response council;

29 (xii) how all on-going aspects of assessment compare with the histor-
30 ical measures of such assessments; and

31 (xiii) recommendations for improvements to the emergency and crisis
32 services systems throughout the state.

33 (4) All reports and evaluations conducted by the commissioner of
34 mental health and the commissioner of addiction services and supports
35 shall be made publicly available, including on the website of the
36 department.

37 (i) The commissioners of mental health and addiction services and
38 supports and the council created pursuant to section 5.08 of this arti-
39 cle, shall be jointly responsible for approval of the emergency and
40 crisis services plan component of a local services plan submitted by one
41 or more local governmental units. Each plan shall have an attestation
42 that such plan was developed as prescribed in paragraph seventeen of
43 subdivision (a) of section 41.13 of this chapter to be considered for
44 approval. Such approval shall serve as the basis for funding eligible
45 emergency and crisis services pursuant to paragraph (vi) of subdivision
46 (b) of section 41.18 of this chapter.

47 § 9. The mental hygiene law is amended by adding a new section 5.08 to
48 read as follows:

49 § 5.08 Statewide emergency and crisis response council.

50 (a) There is hereby created in the department the statewide emergency
51 and crisis response council to work in conjunction with the commissioner
52 of mental health and the commissioner of addiction services and supports
53 to jointly approve emergency and crisis services plans submitted by one
54 or more local government units, and provide supports on matters regard-
55 ing the operation and financing of high-quality emergency and crisis

1 services provided to persons experiencing a mental health, alcohol use
2 or substance use crisis.

3 (b) Four members of the state council shall be appointed by the gover-
4 nor. Sixteen members of the council shall be appointed by the state
5 legislature, as follows: (1) four members shall be appointed by the
6 speaker of the assembly; (2) four members shall be appointed by the
7 temporary president of the senate; (3) one member shall be appointed by
8 the minority leader of the assembly; (4) one member shall be
9 appointed by the minority leader of the senate; (5) two members shall be
10 appointed by the chairperson of the assembly committee on mental health;
11 (6) two members shall be appointed by the chairperson of the senate
12 committee on mental health; (7) one member shall be appointed by the
13 ranking minority member of the assembly committee on mental health;
14 and (8) one member shall be appointed by the ranking minority member of
15 the senate committee on mental health. The membership shall consist of
16 at least fifty-one percent peers and family peers. The entire statewide
17 emergency and crisis response council shall reflect the state's diversi-
18 ty of race, age, language, national origin, ethnicity, geography, and
19 disability. At least one-third of the council shall have demonstrated
20 certification, training, or employment in culturally competent responses
21 to mental health, alcohol use or substance use crises. Every person
22 appointed to the council shall have demonstrated knowledge of, and
23 skills in, culturally competent provision of trauma-informed mental
24 health, alcohol use, and substance use crisis response services. Each
25 member of the council shall be a family peer; licensed mental health or
26 addiction clinician; a licensed mental health or addiction counselor; a
27 licensed physician, nurse, or mental health or addiction provider; a
28 mental health or addiction counselor; a representative of a not-for-pro-
29 fit disability justice organization; an emergency medical technician; or
30 a crisis health care worker.

31 (c) The members of the council, upon securing a quorum, shall elect a
32 chairperson from among the members of the council by a majority vote of
33 those council members present.

34 (d) The term of office of members of the council shall be four years,
35 except that of those members first appointed, at least one-half but not
36 more than two-thirds shall be for terms not to exceed two years. Vacan-
37 cies shall be filled by appointment for the remainder of an unexpired
38 term. The council members shall continue in office until the expiration
39 of their terms and until their successors are appointed. No council
40 member shall be appointed to the council for more than four consecutive
41 terms.

42 (e) The council shall advise, oversee, assist and make recommendations
43 to the commissioners on specific policies and procedures regarding the
44 operation and financing of emergency and crisis services which:

45 (1) ensure a non-police, trauma-informed, and public health-based
46 response to anyone in the state experiencing a mental health, alcohol
47 use, or substance use crisis;

48 (2) are designed to de-escalate any situation involving individuals
49 experiencing a mental health, alcohol use, or substance use crisis, and
50 which eliminate the use of non-consensual treatment, non-consensual
51 transport, and force;

52 (3) ensure the most appropriate treatment of individuals experiencing
53 a mental health, alcohol use or substance use crisis;

54 (4) maximize the use of voluntary assessment and voluntary referral of
55 individuals experiencing a mental health, alcohol use or substance use
56 crisis;

1 (5) minimize arrest and detention by law enforcement and minimize
 2 contact with the criminal legal system for individuals experiencing a
 3 mental health, alcohol use, or substance use crisis;

4 (6) minimize physical harm and trauma for individuals who experience a
 5 mental health, alcohol use, or substance use crisis; and

6 (7) effectively respond to all individuals experiencing a mental
 7 health, alcohol use, or substance use crisis with culturally competent
 8 care and without regard to source of funding.

9 (f) The council shall also review emergency and crisis services
 10 programs and systems operating within the state or nationally, which
 11 could be deployed in this state as model crisis and emergency services
 12 systems.

13 (g) The council shall meet as frequently as its business may require,
 14 but no less frequently than four times per year during the first four
 15 years of the council's creation, and two times per year subsequently
 16 after the first four years. At least one of such meetings per year
 17 shall be held in a manner and at a time designed to maximize partic-
 18 ipation of working members of the public. Meetings of the council shall
 19 be governed by the provisions of article seven of the public officers
 20 law, and shall be open to and accessible by the public including by
 21 video conference or computer to the greatest extent possible.

22 (h) The presence of twelve voting members of the council, consist-
 23 ing of at least fifty-one percent of peers and family peers, shall
 24 constitute a quorum.

25 (i) The members of the council shall receive no compensation for their
 26 services as members, but each shall be allowed the necessary and
 27 actual expenses incurred in the performance of their duties under this
 28 section, including a reasonable reimbursement rate for travel, lodg-
 29 ing, and meals while attending meetings of the council.

30 § 10. Subdivision (a) of section 9.41 of the mental hygiene law, as
 31 amended by section 4 of part AA of chapter 57 of the laws of 2021, is
 32 amended to read as follows:

33 (a) Any peace officer, when acting pursuant to [~~his or her~~] such peace
 34 officer's special duties, or police officer who is a member of the state
 35 police or of an authorized police department or force or of a sheriff's
 36 department may take into custody any person who appears to be [~~mentally~~
 37 ~~ill and~~] experiencing a mental health, alcohol use or substance use
 38 crisis in the following circumstances:

39 1. Such person is conducting [~~himself or herself~~] themselves in a manner
 40 which is likely to result in [~~serious~~] an imminent risk of serious phys-
 41 ical harm to [~~the person or~~] other persons as manifested by homicidal or
 42 other violent behavior by which others are placed in reasonable fear of
 43 serious physical harm. Such officer may direct the removal of such
 44 person or remove [~~him or her~~] such person to any hospital specified in
 45 subdivision (a) of section 9.39 of this article, or any comprehensive
 46 psychiatric emergency program specified in subdivision (a) of section
 47 9.40 of this article, or pending [~~his or her~~] such person's examination
 48 or admission to any such hospital or comprehensive psychiatric emergency
 49 program, [~~program,~~] temporarily detain any such person in another safe
 50 and comfortable place, in which event, such officer shall immediately
 51 notify:

52 (i) the appropriate local crisis response team established pursuant to
 53 paragraph sixteen of subdivision (a) of section 41.03 of this chapter,
 54 if any, and the director of community services or, if there be none, the
 55 health officer of the city or county of such action[~~+~~];

1 (ii) the state police, or the department or force of which the officer
2 is a member and has been requested or directed to respond by a crisis
3 response team under subdivision sixteen of section 41.03 of this chap-
4 ter;

5 (iii) a crisis response team which is present on the scene with the
6 officer and is incapacitated or otherwise unable to communicate a
7 request that the officer take custody of the individual; or

8 2. Such person is conducting themselves in a manner which is likely to
9 result in imminent serious physical harm to themselves as manifested by
10 threats of or attempts at suicide or serious bodily harm, and either:

11 (i) no crisis response team has been established in the region where
12 the person is; or

13 (ii) the crisis response team has not arrived to the place where the
14 person is located, and taking the person is necessary to prevent such
15 person from experiencing serious physical injury or death.

16 3. If a peace officer, when acting pursuant to such peace officer's
17 special duties, or a police officer who is a member of the state police
18 or of an authorized police department or force or of a sheriff's depart-
19 ment comes upon an individual experiencing a mental health, alcohol or
20 substance use crisis and the circumstances under this section have not
21 been met, the proper crisis response team shall be notified.

22 § 11. Section 9.41 of the mental hygiene law, as amended by chapter
23 843 of the laws of 1980, is amended to read as follows:

24 § 9.41 Emergency admissions for immediate observation, care, and treat-
25 ment; powers of certain peace officers and police officers.

26 (a) Any peace officer, when acting pursuant to [his] such peace offi-
27 cer's special duties, or a police officer who is a member of the state
28 police or of an authorized police department or force or of a sheriff's
29 department may take into custody any person who appears to be [mentally
30 ill and] experiencing a mental health, alcohol or substance use crisis
31 in the following circumstances:

32 1. Such person is conducting [himself] themselves in a manner which is
33 likely to result in [serious harm to himself or others. "Likelihood to
34 result in serious harm" shall mean (1) substantial risk of physical harm
35 to himself as manifested by threats of or attempts at suicide or serious
36 bodily harm or other conduct demonstrating that he is dangerous to
37 himself, or (2) a substantial] an imminent risk of serious physical harm
38 to other persons as manifested by homicidal or other violent behavior by
39 which others are placed in reasonable fear of serious physical harm.
40 Such officer may direct the removal of such person or remove [him] such
41 person to any hospital specified in subdivision (a) of section 9.39 of
42 this article or, comprehensive psychiatric emergency program specified
43 in subdivision (a) of section 9.40 of this article, or pending [his]
44 their examination or admission to any such hospital or comprehensive
45 psychiatric emergency program, temporarily detain any such person in
46 another safe and comfortable place, in which event, such officer shall
47 immediately notify:

48 (i) the appropriate local crisis response team established pursuant to
49 paragraph sixteen of subdivision (a) of section 41.03 of this chapter,
50 if any, and the director of community services or, if there be none, the
51 health officer of the city or county of such action[+];

52 (ii) the state police, department, or force of which the officer is a
53 member has been requested or directed to respond by a crisis response
54 team as set forth in subdivision sixteen of section 41.03 of this chap-
55 ter;

1 (iii) a crisis response team which is present on the scene with the
2 officer is incapacitated or otherwise unable to communicate a request
3 that the officer take custody of the individual; or

4 2. Such person is conducting themselves in a manner which is likely to
5 result in imminent serious physical harm to themselves as manifested by
6 threats of or attempts at suicide or serious bodily harm, and either:

7 (i) no crisis response team has been established in the region where
8 the person is; or

9 (ii) the crisis response team did not arrive to the place where the
10 person is located, and taking the person is necessary to prevent such
11 person from experiencing serious physical injury or death.

12 (b) Such officer may direct the removal of such person or remove such
13 person to any hospital specified in subdivision (a) of section 9.39 of
14 this article or, pending their examination or admission to any such
15 hospital, temporarily detain any such person in another safe and
16 comfortable place, in which event, such officer shall immediately notify
17 appropriate emergency and crisis response services and the director of
18 community services or, if there be none, the health officer of the city
19 or county of such action.

20 3. If a peace officer, when acting pursuant to such peace officer's
21 special duties, or a police officer who is a member of the state police
22 or of an authorized police department or force or of a sheriff's depart-
23 ment comes upon an individual experiencing a mental health, alcohol or
24 substance use crisis and the circumstances under this section have not
25 been met, the proper crisis response team shall be notified.

26 § 12. This act shall take effect on the sixtieth day after it shall
27 have become a law; provided, however, that the amendments to subdivision
28 (a) of section 9.41 of the mental hygiene law made by section ten of
29 this act shall be subject to the expiration and reversion of such
30 section pursuant to section 21 of chapter 723 of the laws of 1989, as
31 amended, when upon such date the provisions of section eleven of this
32 act shall take effect. Effective immediately, the addition, amendment
33 and/or repeal of any rule or regulation necessary for the implementation
34 of this act on its effective date are authorized to be made and
35 completed on or before such effective date.