

# 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.