STATE OF NEW YORK

2719

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

AN ACT to amend the mental hygiene law, the social services law, the correction law, the judiciary 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; 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 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 person afflicted requires care, treatment and rehabilitation**; or an addictive disorder 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:

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

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§ 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.

(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~~] threats of, 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, or person engaged in homelessness intervention or behavioral health services 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 behavioral health and homelessness intervention services that provides assistance and representation to a patient receiving healthcare, in support of such person's welfare.

(i) "Empath unit" means a facility that provides emergency treatment to patients with mental illness without unnecessary long-term admission.

§ 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 or otherwise directed under this article shall be provided within thirty days of such order or determination of eligibility.**

§ 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 services expert 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, 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 within twenty-four hours of such admission. Such patient advocate may be an employee of the city or county in which the hospital or facility is located, or an employee of a homeless intervention services organization, or a family member of the patient.

§ 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**. 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**. 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 person or persons with expertise in behavioral health and homeless intervention services 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 person with expertise in behavioral health, or homeless intervention services 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 its citizens with severe mental illness. The commissioner shall evaluate mental health and 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 is amended by adding two new subdivisions (c) and (d) to read as follows:

(c) The director of each facility, in conjunction with a patient advocate, shall conduct follow up investigation to ensure compliance with patient treatment plans.

(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. Intentionally omitted.

§ 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 **person or persons with expertise in behavioral health and homeless intervention services, 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 person with expertise in behavioral health, or homeless intervention services, 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 **person or persons with expertise in behavioral health and homeless intervention services, 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 person with expertise in behavioral health, or homeless intervention services, 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 government. **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 thirty days other than a shelter composed of single room occupancy units.

§ 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 **or one family** 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~~].

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, or for an attempt to commit 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 homeless 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 symptoms 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 and with the consent of the district attorney, 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 and with the consent of the district attorney, 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 and with the consent of the district attorney, 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.

§ 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. Intentionally omitted.

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

(g) Mental health services.

§ 44. 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.

§ 45. 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.**

§ 46. 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, 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.

2. To the maximum extent possible, an application for services shall not be closed due to a missed appointment or other noncompliance.

§ 47. 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; and shall address issues such as domestic violence, child abuse and mental illness[~~, when needed~~] **by transferring such persons to medically recommended treatment. To this end, 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**.

§ 48. 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.

§ 49. 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.

§ 50. 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-five 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.