

STATE OF NEW YORK

1080

2025-2026 Regular Sessions

IN SENATE

(Prefiled)

January 8, 2025

Introduced by Sen. SCARCELLA-SPANTON -- 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 hospitalization,
care coordination, and assisted outpatient treatment for persons with
mental illness

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

1 Section 1. Short title. This act shall be known and may be cited as
2 "The Supportive Interventions Act".
3 § 2. Legislative findings. The legislature finds that with proper
4 support, the great majority of New Yorkers with severe mental illness
5 can thrive in outpatient settings as fully-integrated members of the
6 communities of our state.
7 The legislature further finds that a core function of our mental
8 health system is to help each person with severe mental illness maximize
9 their potential for a self-directed life. Fulfilling this responsibility
10 requires a flexible approach that acknowledges the challenges that indi-
11 viduals with severe mental illness may face at certain junctures in
12 recognizing their own illness and need for treatment. To empower a
13 person to gain command of their own mental health recovery in due
14 course, it is sometimes necessary to extend a lifeline through a period
15 of mandated treatment.
16 The legislature further finds that it is always preferable for an
17 individual in psychiatric crisis or at risk thereof to accept mental
18 health treatment voluntarily, and that care providers be encouraged to
19 make diligent efforts to exhaust such possibilities before resorting to
20 involuntary care.
21 The legislature further finds that while New York law appropriately
22 limits involuntary hospitalization to circumstances where a person's
23 mental illness is deemed "likely to result in serious harm," a lack of

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

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1 statutory guidance has led to tragically narrow interpretations of this
2 standard. The serious harm likely to result from egregious self-neglect,
3 including psychiatric deterioration likely to result from an extended
4 period of untreated psychosis, is too often not considered in the clin-
5 ical evaluation of those in crisis.

6 The legislature further finds individuals not receiving essential
7 mental health care because they are unable to recognize their own need
8 for it may face "revolving door" hospitalization, and intolerable rates
9 of victimization and premature death.

10 The legislature further finds that while assisted outpatient treat-
11 ment, as established by "Kendra's Law" in 1999, has been highly effec-
12 tive in helping New Yorkers with severe mental illness live safely in
13 the community and avoid hospitalization and criminal justice involve-
14 ment, gaps and barriers in the law have prevented the participation of
15 many individuals who meet the legal eligibility criteria and stand to
16 benefit from this essential intervention.

17 The legislature intends and expects that the supportive interventions
18 facilitated by this act will save lives, raise the quality of life for
19 New Yorkers with severe mental illness and their loved ones, enhance
20 public safety, reduce criminalization of mental illness, and improve the
21 efficiency and cost-effectiveness of our public mental health system.

22 The legislature further finds that there is no choice to be made
23 between the reforms enacted herein and the additional need to increase
24 investments in community-based mental health. Ongoing efforts to expand
25 availability of mental health treatment and services, supportive hous-
26 ing, and opportunities for social connection must continue, and offer
27 great promise to reduce the need for the crisis response mechanisms
28 addressed in this act.

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

32 § 9.01 Definitions.

33 As used in this article:

34 "in need of care and treatment" means that a person has a mental
35 illness for which in-patient care and treatment in a hospital is appro-
36 priate.

37 "in need of involuntary care and treatment" means that a person has a
38 mental illness for which care and treatment as a patient in a hospital
39 is essential to such person's welfare and ~~[whose]~~ that so impairs the
40 person's judgment [is so impaired] that ~~[he]~~ the person is unable to
41 understand the need for such care and treatment. Care and treatment in a
42 hospital shall be considered essential to a person's welfare if, in the
43 absence of such care and treatment, the person's mental illness is like-
44 ly to result in serious harm to self or others.

45 ~~["likelihood to result in serious harm" or]~~ "likely to result in seri-
46 ous harm to self or others" means ~~[(a)]~~ presenting a substantial risk
47 of: (a) physical or psychiatric harm to the person as manifested by: (i)
48 threats of or attempts at suicide or serious bodily harm; (ii) substan-
49 tial inability of the person to meet such person's basic need for food,
50 clothing, shelter or medical care; or (iii) other conduct demonstrating
51 that the person is dangerous to [himself or herself] self, or (b) [a
52 substantial risk of] physical harm to other persons as manifested by
53 homicidal or other violent behavior or threats by which others are
54 placed in reasonable fear of serious physical harm.

55 "need for retention" means ~~[that]~~ the need of a person who has been
56 admitted to a hospital pursuant to this article ~~[is in need]~~ for a

1 further period of involuntary care and treatment in a hospital [~~for a~~
2 ~~further period~~].

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

6 "director of community services" means the director of community
7 services for the mentally disabled appointed pursuant to article forty-
8 one of this chapter.

9 "qualified psychiatrist" means a physician licensed to practice medi-
10 cine in New York state who: (a) is a diplomate of the American board of
11 psychiatry and neurology or is eligible to be certified by that board;
12 or (b) is certified by the American osteopathic board of neurology and
13 psychiatry or is eligible to be certified by that board.

14 "qualified clinical examiner" means a psychiatric nurse practitioner
15 certified by the department of education, a psychologist licensed pursu-
16 ant to article one hundred fifty-three of the education law, or a clin-
17 ical social worker licensed pursuant to article one hundred fifty-four
18 of the education law.

19 "qualified mental health professional" means a qualified clinical
20 examiner, a professional nurse registered pursuant to article one
21 hundred thirty-nine of the education law, or any of the following work-
22 ing under the supervision of a physician or qualified clinical examiner:
23 a master social worker licensed pursuant to article one hundred fifty-
24 four of the education law, a mental health counselor licensed pursuant
25 to article one hundred sixty-three of the education law, or a marriage
26 and family therapist licensed pursuant to article one hundred sixty-
27 three of the education law.

28 § 4. The mental hygiene law is amended by adding a new section 9.04 to
29 read as follows:

30 § 9.04 Clinical determination of risk of harm.

31 A clinical determination of whether a person's mental illness is like-
32 ly to result in serious harm to self or others shall take account of:

33 (a) all relevant information presented to the evaluating facility's
34 staff, including credible reports of the person's recent behavior and
35 any known information related to the person's medical and behavioral
36 history;

37 (b) the person's current ability, with available support, to adhere to
38 outpatient treatment; and

39 (c) the expected long-term impact on the person's health or safety of
40 actions or self-neglect caused by mental illness.

41 § 5. Section 9.05 of the mental hygiene law, as renumbered by chapter
42 978 of the laws of 1977, is amended to read as follows:

43 § 9.05 Examining physicians, qualified clinical examiners, and medical
44 certificates.

45 (a) A person is disqualified from acting as an examining physician or
46 qualified clinical examiner in the following cases:

47 1. if [~~he~~] such person is a relative of the person applying for the
48 admission or of the person alleged to be mentally ill.

49 2. if [~~he~~] such person is a manager, trustee, visitor, proprietor,
50 officer, director, or stockholder of the hospital in which the patient
51 is hospitalized or to which it is proposed to admit such person, except
52 as otherwise provided in this chapter, or if [~~he~~] such person has any
53 pecuniary interest, directly or indirectly, in such hospital, provided
54 that receipt of fees, privileges, or compensation for treating or exam-
55 ining patients in such hospital shall not be deemed to be a pecuniary
56 interest.

1 3. if [~~he~~] such person is on the staff of a proprietary facility to
2 which it is proposed to admit such person.

3 (b) A certificate, as required by this article, must show that the
4 person is mentally ill and shall be based on an examination of the
5 person alleged to be mentally ill made within ten days prior to the date
6 of admission. The date of the certificate shall be the date of such
7 examination. All certificates shall contain the facts and circumstances
8 upon which the judgment of the physicians or qualified clinical exam-
9 ers is based and shall show that the condition of the person examined is
10 such that [~~he~~] such person needs involuntary care and treatment in a
11 hospital, and such other information as the commissioner may by regu-
12 lation require.

13 § 6. The section heading and subdivisions (a), (d), (e), and (i) of
14 section 9.27 of the mental hygiene law, section 9.27 as renumbered by
15 chapter 978 of the laws of 1977 and subdivision (i) as amended by chap-
16 ter 847 of the laws of 1987, are amended to read as follows:

17 Involuntary admission on [~~medical~~] clinical certification.

18 (a) The director of a hospital may receive and retain therein as a
19 patient any person alleged to be mentally ill and in need of involuntary
20 care and treatment upon the certificates of two examining physicians,
21 two examining qualified clinical examiners or a combination of an exam-
22 ining physician and an examining qualified clinical examiner, accompa-
23 nied by an application for the admission of such person. The examination
24 may be conducted jointly but each examining physician or qualified clin-
25 ical examiner shall execute a separate certificate.

26 (d) Before an examining physician or qualified clinical examiner
27 completes the certificate of examination of a person for involuntary
28 care and treatment, [~~he~~] the physician or qualified clinical examiner
29 shall consider alternative forms of care and treatment that might be
30 adequate to provide for the person's needs without requiring involuntary
31 hospitalization. If the examining physician or qualified clinical exam-
32 iner knows that the person [~~he~~] such examining physician or qualified
33 clinical examiner is examining for involuntary care and treatment has
34 been under prior treatment, [~~he~~] such examining physician or qualified
35 clinical examiner shall, insofar as [~~possible~~] reasonable, consult with
36 the physician or [~~psychologist~~] qualified mental health professional
37 furnishing such prior treatment prior to completing [~~his~~] the certifi-
38 cate. Nothing in this section shall prohibit or invalidate any involun-
39 tary admission made in accordance with the provisions of this chapter.

40 (e) The director of the hospital where such person is brought shall
41 cause such person to be examined forthwith by a physician or qualified
42 clinical examiner who shall be a member of the psychiatric staff of such
43 hospital other than the original examining physicians or qualified clin-
44 ical examiner whose certificate or certificates accompanied the applica-
45 tion, and[~~r~~] if such person is found to be in need of involuntary care
46 and treatment, [~~he~~] such person may be admitted thereto as a patient as
47 herein provided.

48 (i) After an application for the admission of a person has been
49 completed and both physicians or qualified clinical examiners have exam-
50 ined such person and separately certified that [~~he or she~~] such person
51 is mentally ill and in need of involuntary care and treatment in a
52 hospital, either physician or qualified clinical examiner is authorized
53 to request peace officers, when acting pursuant to their special duties,
54 or police officers[~~r~~] who are members of an authorized police department
55 or force or of a sheriff's department, to take into custody and trans-
56 port such person to a hospital for determination by the director whether

1 such person qualifies for admission pursuant to this section. Upon the
2 request of either physician or qualified clinical examiner, an ambulance
3 service, as defined by subdivision two of section three thousand one of
4 the public health law, is authorized to transport such person to a
5 hospital for determination by the director whether such person qualifies
6 for admission pursuant to this section.

7 § 7. The section heading and subdivision (a) of section 9.29 of the
8 mental hygiene law, section 9.29 as renumbered by chapter 978 of the
9 laws of 1977 and subdivision (a) as amended by chapter 789 of the laws
10 of 1985, are amended to read as follows:

11 Involuntary admission on [~~medical~~] clinical certification; notice of
12 admission to patients and others.

13 (a) The director shall cause written notice of a person's involuntary
14 admission on an application supported by [~~medical~~] clinical certif-
15 ication to be given forthwith to the mental hygiene legal service.

16 § 8. The section heading and subdivision (a) of section 9.31 of the
17 mental hygiene law, section 9.31 as renumbered by chapter 978 of the
18 laws of 1977, subdivision (a) as amended by chapter 789 of the laws of
19 1985, are amended to read as follows:

20 Involuntary admission on [~~medical~~] clinical certification; patient's
21 right to a hearing.

22 (a) If, at any time prior to the expiration of sixty days from the
23 date of involuntary admission of a patient on an application supported
24 by [~~medical~~] clinical certification, [~~he~~] such patient or any relative
25 or friend, or the mental hygiene legal service gives notice in writing
26 to the director of a request for hearing on the question of need for
27 involuntary care and treatment, a hearing shall be held as herein
28 provided. The patient or person requesting a hearing on behalf of the
29 patient may designate the county where the hearing shall be held, which
30 shall be either in the county where the hospital is located, the county
31 of the patient's residence, or the county in which the hospital to which
32 the patient was first admitted is located. Such hearing shall be held in
33 the county so designated, subject to application by any interested
34 party, including the director, for change of venue to any other county
35 because of the convenience of parties or witnesses or the condition of
36 the patient upon notice to the persons required to be served with notice
37 of the patient's initial admission.

38 § 9. Subdivision (a) of section 9.33 of the mental hygiene law, as
39 amended by chapter 789 of the laws of 1985, is amended to read as
40 follows:

41 (a) If the director shall determine that a patient admitted upon an
42 application supported by [~~medical~~] clinical certification, for whom
43 there is no court order authorizing retention for a specified period, is
44 in need of retention and if such patient does not agree to remain in
45 such hospital as a voluntary patient, the director shall apply to the
46 supreme court or the county court in the county where the hospital is
47 located for an order authorizing continued retention. Such application
48 shall be made no later than sixty days from the date of involuntary
49 admission on application supported by [~~medical~~] clinical certification
50 or thirty days from the date of an order denying an application for
51 patient's release pursuant to section 9.31 of this article, whichever is
52 later; and the hospital is authorized to retain the patient for such
53 further period during which the hospital is authorized to make such
54 application or during which the application may be pending. The director
55 shall cause written notice of such application to be given to the
56 patient and a copy thereof shall be given personally or by mail to the

1 persons required by this article to be served with notice of such
2 patient's initial admission and to the mental hygiene legal service.
3 Such notice shall state that a hearing may be requested and that failure
4 to make such a request within five days, excluding Sunday and holidays,
5 from the date that the notice was given to the patient will permit the
6 entry without a hearing of an order authorizing retention.

7 § 10. The section heading and subdivisions (a), (b), (c), (d), and (e)
8 of section 9.37 of the mental hygiene law, section 9.37 as renumbered by
9 chapter 978 of the laws of 1977, subdivision (a) as amended by chapter
10 723 of the laws of 1989, subdivision (c) as amended by chapter 230 of
11 the laws of 2004, and subdivision (d) as amended by chapter 357 of the
12 laws of 1991 and relettered by chapter 343 of the laws of 1996, and
13 subdivision (e) as relettered by chapter 343 of the laws of 1996, are
14 amended to read as follows:

15 Involuntary admission on certificate of a director of community
16 services or ~~[his]~~ such director's designee.

17 (a) The director of a hospital, upon application by a director of
18 community services or an examining physician or qualified clinical exam-
19 iner duly designated by ~~[him or her]~~ such director, may receive and care
20 for in such hospital as a patient any person who, in the opinion of the
21 director of community services or the director's designee, has a mental
22 illness for which immediate inpatient care and treatment in a hospital
23 is appropriate and ~~[which]~~ that, without treatment, is likely to result
24 in serious harm to ~~[himself or herself]~~ self or others.

25 The need for immediate hospitalization shall be confirmed by a ~~[staff]~~
26 physician or qualified clinical examiner on the staff of the hospital
27 prior to admission. Within seventy-two hours, excluding Sunday and holi-
28 days, after such admission, if such patient is to be retained for care
29 and treatment beyond such time and ~~[he or she]~~ such patient does not
30 agree to remain in such hospital as a voluntary patient, the certificate
31 of another examining physician or qualified clinical examiner who is a
32 member of the psychiatric staff of the hospital that the patient is in
33 need of involuntary care and treatment shall be filed with the hospital.
34 From the time of ~~[his or her]~~ such patient's admission under this
35 section the retention of such patient for care and treatment shall be
36 subject to the provisions for notice, hearing, review, and judicial
37 approval of continued retention or transfer and continued retention
38 provided by this article for the admission and retention of involuntary
39 patients, provided that, for the purposes of such provisions, the date
40 of admission of the patient shall be deemed to be the date when the
41 patient was first received in the hospital under this section.

42 (b) The application for admission of a patient pursuant to this
43 section shall be based upon a personal examination by a director of
44 community services or ~~[his]~~ the director's designee. It shall be in
45 writing and shall be filed with the director of such hospital at the
46 time of the patient's reception, together with a statement in a form
47 prescribed by the commissioner giving such information as ~~[he]~~ the
48 commissioner may deem appropriate.

49 (c) Notwithstanding the provisions of subdivision (b) of ~~[this]~~
50 section 41.09 of this chapter, in counties with a population of less
51 than two hundred thousand, a director of community services who is a
52 licensed psychologist pursuant to article one hundred fifty-three of the
53 education law or a licensed clinical social worker pursuant to article
54 one hundred fifty-four of the education law but who is not a physician
55 or qualified clinical examiner may apply for the admission of a patient
56 pursuant to this section without ~~[a medical]~~ an examination by a desig-

nated physician or qualified clinical examiner, if a hospital approved by the commissioner pursuant to section 9.39 of this article is not located within thirty miles of the patient, and the director of community services has made a reasonable effort to locate ~~[a-designated]~~ an examining physician or qualified clinical examiner designated pursuant to section 41.09 of this chapter but such ~~[a]~~ designee is not immediately available and the director of community services, after personal observation of the person, reasonably believes that ~~[he]~~ such person may have a mental illness ~~[which]~~ that is likely to result in serious harm to ~~[himself]~~ self or others and inpatient care and treatment of such person in a hospital may be appropriate. In the event of an application pursuant to this subdivision, a physician or qualified clinical examiner of the receiving hospital shall examine the patient and shall not admit the patient unless ~~[he]~~ such physician or ~~[she]~~ qualified clinical examiner determines that the patient has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and ~~[which]~~ that is likely to result in serious harm to ~~[himself]~~ self or others. If the patient is admitted, the need for hospitalization shall be confirmed by another ~~[staff]~~ physician or qualified clinical examiner on the staff of the hospital within twenty-four hours. An application pursuant to this subdivision shall be in writing and shall be filed with the director of such hospital at the time of the patient's reception, together with a statement in a form prescribed by the commissioner giving such information as ~~[he]~~ the commissioner may deem appropriate, including a statement of the efforts made by the director of community services to locate a designated examining physician or qualified clinical examiner prior to making an application pursuant to this subdivision.

(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]~~ directive of such director or the director's designee it shall be the duty 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. 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.

(e) Reasonable expenses incurred by the director of community mental hygiene services or ~~[his]~~ the director's designee for the examination and temporary care of the patient and ~~[his]~~ such patient's transportation to and from the hospital shall be a charge upon the county from which the patient was admitted and shall be paid from any funds available for such purposes.

§ 11. Subdivisions (a) and (b) of section 9.39 of the mental hygiene law, subdivision (a) as amended by chapter 789 of the laws of 1985 and such section as renumbered by chapter 978 of the laws of 1977, are amended to read as follows:

(a) The director of any hospital maintaining adequate staff and facilities for the observation, examination, care, and treatment of persons alleged to be mentally ill and approved by the commissioner to receive and retain patients pursuant to this section may receive and retain therein as a patient for a period of fifteen days any person alleged to have a mental illness for which immediate observation, care, and treat-

ment in a hospital is appropriate and [~~which~~] that is likely to result in serious harm to [~~himself~~] self or others. [~~"Likelihood to result in serious harm" as used in this article shall mean:~~

~~1. substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or~~

~~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.]~~

The director shall cause to be entered upon the hospital records the name of the person or persons, if any, who have brought such person to the hospital and the details of the circumstances leading to the hospitalization of such person.

The director shall admit such person pursuant to the provisions of this section only if a [~~staff~~] physician or qualified clinical examiner on the staff of the hospital upon examination of such person finds that such person qualifies under the requirements of this section. Such person shall not be retained for a period of more than forty-eight hours unless within such period such finding is confirmed after examination by another physician or qualified clinical examiner who shall be a member of the psychiatric staff of the hospital. Such person shall be served, at the time of admission, with written notice of [~~his~~] such person's status and rights as a patient under this section. Such notice shall contain the patient's name. At the same time, such notice shall also be given to the mental hygiene legal service and personally or by mail to such person or persons, not to exceed three in number, as may be designated in writing to receive such notice by the person alleged to be mentally ill. If at any time after admission, the patient, any relative, friend, or the mental hygiene legal service gives notice to the director in writing of request for court hearing on the question of need for immediate observation, care, and treatment, a hearing shall be held as herein provided as soon as practicable but in any event not more than five days after such request is received, except that the commencement of such hearing may be adjourned at the request of the patient. It shall be the duty of the director upon receiving notice of such request for hearing to forward forthwith a copy of such notice with a record of the patient to the supreme court or county court in the county where such hospital is located. A copy of such notice and record shall also be given the mental hygiene legal service. The court [~~which~~] that receives such notice shall fix the date of such hearing and cause the patient or other person requesting the hearing, the director, the mental hygiene legal service and such other persons as the court may determine to be advised of such date. Upon such date, or upon such other date to which the proceeding may be adjourned, the court shall hear testimony and examine the person alleged to be mentally ill, if it be deemed advisable in or out of court, and shall render a decision in writing that there is reasonable cause to believe that the patient has a mental illness for which immediate inpatient care and treatment in a hospital is appropriate and [~~which~~] that is likely to result in serious harm to [~~himself~~] self or others. If it be determined that there is such reasonable cause, the court shall forthwith issue an order authorizing the retention of such patient for any such purpose or purposes in the hospital for a period not to exceed fifteen days from the date of admission. Any such order entered by the court shall not be deemed to be an adjudication that the patient is mentally ill, but only a determination that there is reasonable cause to retain the patient for the purposes of this section.

(b) Within fifteen days of arrival at the hospital, if a determination is made that the person is not in need of involuntary care and treatment, ~~[he]~~ such person shall be discharged unless ~~[he]~~ such person agrees to remain as a voluntary or informal patient. If ~~[he]~~ such person is in need of involuntary care and treatment and does not agree to remain as a voluntary or informal patient, ~~[he]~~ such person may be retained beyond such fifteen day period only by admission to such hospital or another appropriate hospital pursuant to the provisions governing involuntary admission on application supported by ~~[medical]~~ clinical certification and subject to the provisions for notice, hearing, review, and judicial approval of retention or transfer and retention governing such admissions, provided that, for the purposes of such provisions, the date of admission of the patient shall be deemed to be the date when the patient was first received under this section. If a hearing has been requested pursuant to the provisions of subdivision (a), the filing of an application for involuntary admission on ~~[medical]~~ clinical certification shall not delay or prevent the holding of the hearing.

§ 12. Subdivisions (a-1), (b), and (c) of section 9.40 of the mental hygiene law, subdivisions (a-1) as added and (b) as amended by section 2 of part PPP of chapter 58 of the laws of 2020, and subdivision (c) as added by chapter 723 of the laws of 1989, are amended to read as follows:

(a-1) The director shall cause triage and referral services to be provided by a psychiatric nurse practitioner or physician of the program as soon as such person is received into the comprehensive psychiatric emergency program. After receiving triage and referral services, such person shall be appropriately treated and discharged, or referred for further crisis intervention services including an examination by a physician or qualified clinical examiner as described in subdivision (b) of this section.

(b) The director shall cause examination of such persons not discharged after the provision of triage and referral services to be initiated by a ~~[staff]~~ physician or qualified clinical examiner on the staff of the program as soon as practicable and in any event within six hours after the person is received into the program's emergency room. Such person may be retained for observation, care and treatment and further examination for up to twenty-four hours if, at the conclusion of such examination, such physician or qualified clinical examiner determines that such person may have a mental illness for which immediate observation, care and treatment in a comprehensive psychiatric emergency program is appropriate, and ~~[which]~~ that is likely to result in serious harm to ~~[the person]~~ self or others.

(c) No person shall be involuntarily retained in accordance with this section for more than twenty-four hours, unless (i) within that time the determination of the examining staff physician or qualified clinical examiner has been confirmed after examination by another physician or qualified clinical examiner who is a member of the psychiatric staff of the program and (ii) the person is admitted to an extended observation bed, as such term is defined in section 31.27 of this chapter. At the time of admission to an extended observation bed, such person shall be served with written notice of ~~[his]~~ such person's status and rights as a patient under this section. Such notice shall contain the patient's name. The notice shall be provided to the same persons and in the manner as if provided pursuant to subdivision (a) of section 9.39 of this article. Written requests for court hearings on the question of need for immediate observation, care and treatment shall be made, and court hear-

ings shall be scheduled and held, in the manner provided pursuant to subdivision (a) of section 9.39 of this article, provided however, if a person is removed or admitted to a hospital pursuant to subdivision (e) or (f) of this section the director of such hospital shall be substituted for the director of the comprehensive psychiatric emergency program in all legal proceedings regarding the continued retention of the person.

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

(a) Any peace officer, when acting pursuant to ~~[his or her]~~ such peace officer's special duties, or police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be mentally ill and is ~~[conducting himself or herself]~~ acting in a manner ~~[which]~~ that is likely to result in serious harm to ~~[the person]~~ self or others. Such officer may direct the removal of such person or remove ~~[him or her]~~ such person to any hospital specified in subdivision (a) of section 9.39 of this article, or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or pending ~~[his or her]~~ such person's examination or admission to any such hospital or program, temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify the director of community services or the director's designee, or if there be ~~[none]~~ no such director or designee, the health officer of the city or county of such action.

§ 14. Subdivision (a) of section 9.45 of the mental hygiene law, as amended by section 6 of part AA of chapter 57 of the laws of 2021, is amended to read as follows:

(a) The director of community services or the director's designee shall have the power to direct the removal of any person, within ~~[his]~~ such director's or ~~[her]~~ designee's jurisdiction, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, if the parent, adult sibling, spouse ~~[or]~~, domestic partner as defined in section twenty-nine hundred ninety-four-a of the public health law, child of the person, cohabitant of the person's residential unit, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, a supportive or intensive case manager currently assigned to the person by a case management program, which program is approved by the office of mental health for the purpose of reporting under this section, a licensed physician, health officer, peace officer or police officer reports to ~~[him or her]~~ the director or the director's designee that such person has a mental illness for which immediate care and treatment is appropriate and ~~[which]~~ that is likely to result in serious harm to ~~[himself or herself]~~ self or others. It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers^[7] who are members of an authorized police department, or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a director of community services or the director's 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. Such person may then be retained in a hospi-

tal pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article.

§ 15. Subdivision (b) of section 9.46 of the mental hygiene law, as added by chapter 1 of the laws of 2013, is amended to read as follows:

(b) Notwithstanding any other law to the contrary, when a mental health professional currently providing treatment services to a person determines, in the exercise of reasonable professional judgment, that such person is likely to engage in conduct that would result in serious physical harm to self or others, ~~[he or she]~~ the mental health professional shall be required to report, as soon as practicable, to the director of community services, or the director's designee, who shall report to the division of criminal justice services whenever ~~[he or she]~~ such director or designee agrees that the person is likely to engage in such conduct. Information transmitted to the division of criminal justice services shall be limited to names and other non-clinical identifying information, which may only be used for determining whether a license issued pursuant to section 400.00 of the penal law should be suspended or revoked, or for determining whether a person is ineligible for a license issued pursuant to section 400.00 of the penal law, or is no longer permitted under state or federal law to possess a firearm.

§ 16. Paragraph 3 of subdivision (b) of section 9.47 of the mental hygiene law, as amended by chapter 158 of the laws of 2005, is amended to read as follows:

(3) filing of petitions for assisted outpatient treatment pursuant to ~~[paragraph]~~ subparagraph (vii) of paragraph one of subdivision (e) of section 9.60 of this article, and documenting the petition filing date and the date of the court order;

§ 17. Section 9.55 of the mental hygiene law, as amended by chapter 598 of the laws of 1994, is amended to read as follows:

§ 9.55 Emergency admissions for immediate observation, care and treatment; powers of qualified psychiatrists and qualified clinical examiners.

A qualified psychiatrist or qualified clinical examiner shall have the power to direct the removal of any person~~[r]~~ whose treatment for a mental illness ~~[he]~~ such qualified psychiatrist or ~~[she]~~ qualified clinical examiner is either supervising or providing in a facility licensed or operated by the office of mental health ~~[which]~~ that does not have an inpatient psychiatric service~~[r]~~ to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article or to a comprehensive psychiatric emergency program, if ~~[he]~~ such qualified psychiatrist or ~~[she]~~ qualified clinical examiner determines upon examination of such person that such person appears to have a mental illness for which immediate observation, care and treatment in a hospital is appropriate and ~~[which]~~ that is likely to result in serious harm to ~~[himself or herself]~~ self or others. Upon the ~~[request]~~ directive of such qualified psychiatrist~~[r]~~ or qualified clinical examiner, peace officers, when acting pursuant to their special duties, or police officers~~[r]~~ who are members of an authorized police department or force or of a sheriff's department shall take into custody and transport any such person. Upon the request of a qualified psychiatrist or qualified clinical examiner, an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be admitted to a hospital in accordance with the provisions of section 9.39 of this article or

1 to a comprehensive psychiatric emergency program in accordance with the
2 provisions of section 9.40 of this article.

3 § 18. The mental hygiene law is amended by adding a new section 9.56
4 to read as follows:

5 § 9.56 Transport for evaluation; powers of specialized staff of adult
6 care facilities.

7 (a) A physician or qualified mental health professional who has
8 completed training pursuant to subdivision (c) of this section and is
9 employed as a clinical staff member or clinical contractor of an adult
10 care facility as defined in section two of the social services law shall
11 be authorized to request that the director of such facility, or such
12 director's designee, direct the removal of any resident of such facility
13 who appears to be mentally ill and is acting in a manner that is likely
14 to result in serious harm to self or others, to a hospital approved by
15 the commissioner pursuant to subdivision (a) of section 9.39 or section
16 31.27 of this chapter or, where such physician or qualified mental
17 health professional deems appropriate and the person voluntarily agrees,
18 to a crisis stabilization center specified in section 36.01 of this
19 chapter.

20 (b) A facility director or director's designee who receives a request
21 from a physician or qualified mental health professional pursuant to
22 subdivision (a) of this section may direct peace officers acting pursu-
23 ant to their special duties, or police officers who are members of an
24 authorized police department or force or of a sheriff's department, to
25 take into custody and transport the resident identified in such request.
26 Upon the request of such facility director or designee, an ambulance
27 service, as defined in subdivision two of section three thousand one of
28 the public health law, is authorized to transport any such persons. Such
29 persons may then be evaluated for admission in accordance with the
30 provisions of section 9.27, 9.39, 9.40 or other sections of this arti-
31 cle, provided that such transport shall not create a presumption that
32 the person should be involuntarily admitted to a hospital.

33 (c) The commissioner shall develop standards relating to the training
34 requirements of physicians and mental health professionals authorized to
35 request transport pursuant to this section. Such training shall, at a
36 minimum, help to ensure that crisis and emergency services are provided
37 in a manner that protects the health and safety, and respects the indi-
38 vidual needs and rights, of persons being evaluated or transported
39 pursuant to this section.

40 (d) A person removed to a hospital pursuant to this section shall
41 maintain such person's status as a resident of the adult care facility
42 until admitted as a patient at such hospital or for twenty-four hours
43 following such person's release upon a determination by a physician or
44 qualified clinical examiner at such hospital to not admit the person as
45 a patient; provided that this section shall not prevent the adult care
46 facility from continuing such person's residency status for a longer
47 period at the discretion of the facility director or as the facility may
48 otherwise be obligated. Any personal property of such person located at
49 the facility at the time of removal shall be securely maintained by the
50 facility for the duration of any resulting hospitalization or crisis
51 stabilization, unless transferred to another party upon such person's
52 request.

53 § 19. The opening paragraph of section 9.57 of the mental hygiene law,
54 as amended by chapter 598 of the laws of 1994, is amended to read as
55 follows:

1 A physician or qualified clinical examiner who has examined a person
2 in an emergency room or provided emergency medical services at a general
3 hospital, as defined in article twenty-eight of the public health law,
4 ~~[which]~~ that does not have an inpatient psychiatric service, or a physi-
5 cian or qualified clinical examiner who has examined a person in a
6 comprehensive psychiatric emergency program shall be authorized to
7 request that the director of the program or hospital, or the director's
8 designee, direct the removal of such person to a hospital approved by
9 the commissioner pursuant to subdivision (a) of section 9.39 of this
10 article or to a comprehensive psychiatric emergency program, if the
11 physician or qualified clinical examiner determines upon examination of
12 such person that such person appears to have a mental illness for which
13 immediate care and treatment in a hospital is appropriate and ~~[which]~~
14 that is likely to result in serious harm to ~~[himself]~~ self or others.
15 Upon the request of the physician or qualified clinical examiner, the
16 director of the program or hospital or the director's designee^[7] is
17 authorized to direct peace officers, when acting pursuant to their
18 special duties, or police officers^[7] who are members of an authorized
19 police department or force or of a sheriff's department to take into
20 custody and transport any such person. Upon the request of an emergency
21 room physician or the director of the program or hospital, or the direc-
22 tor's designee, an ambulance service, as defined by subdivision two of
23 section three thousand one of the public health law, is authorized to
24 take into custody and transport any such person. Such person may then be
25 admitted to a hospital in accordance with the provisions of section 9.39
26 of this article or to a comprehensive psychiatric emergency program in
27 accordance with the provisions of section 9.40 of this article.

28 § 20. Subdivisions (b), (c), and (d) of section 9.58 of the mental
29 hygiene law, subdivisions (b), (c) and (d) as added by chapter 678 of
30 the laws of 1994, and paragraph 2 of subdivision (d) as amended by chap-
31 ter 230 of the laws of 2004, are amended to read as follows:

32 (b) If the team physician or qualified mental health professional
33 determines that it is necessary to effectuate transport, ~~[he]~~ such team
34 physician or ~~[she]~~ qualified mental health professional shall direct
35 peace officers, when acting pursuant to their special duties, or police
36 officers^[7] who are members of an authorized police department or force
37 or of a sheriff's department, to take into custody and transport any
38 persons identified in subdivision (a) of this section. Upon the request
39 of such physician or qualified mental health professional, an ambulance
40 service, as defined in subdivision two of section three thousand one of
41 the public health law, is authorized to transport any such persons. Such
42 persons may then be evaluated for admission in accordance with the
43 provisions of section 9.27, 9.39, 9.40 or other sections of this arti-
44 cle, provided that ~~[such admission decisions shall be made independent~~
45 ~~of the fact that the person was transported pursuant to the provisions~~
46 ~~of this section and, provided further,~~ such transport shall not create
47 a presumption that the person should be involuntarily admitted to a
48 hospital.

49 (c) The commissioner shall be authorized to develop standards, in
50 consultation with the commissioner of the division of criminal justice
51 services, relating to the training requirements of teams established
52 pursuant to this section. Such training shall, at a minimum, help to
53 ensure that ~~[the provision of]~~ crisis and emergency services are
54 provided in a manner ~~[which]~~ that protects the health and safety and
55 respects the individual needs and rights of persons being evaluated or
56 transported pursuant to this section.

(d) As used in this section[~~+~~
~~(1) "Approved",~~ "approved mobile crisis outreach team" shall mean a team of persons operating as part of a mobile crisis outreach program approved by the commissioner of mental health, which may include mobile crisis outreach teams funded pursuant to section 41.55 of this chapter.

~~[(2) "Qualified mental health professional" shall mean a licensed psychologist, registered professional nurse, licensed clinical social worker or a licensed master social worker under the supervision of a physician, psychologist or licensed clinical social worker.]~~

§ 21. Subparagraph (iii) of paragraph 4 of subdivision (c) of section 9.60 of the mental hygiene law, as amended by section 2 of subpart H of part UU of chapter 56 of the laws of 2022, is amended to read as follows:

(iii) notwithstanding subparagraphs (i) and (ii) of this paragraph, resulted in the issuance of a court order for assisted outpatient treatment [~~which~~ that has expired within the last six months, and since the expiration of the order, the person has experienced a substantial increase in symptoms of mental illness [~~and such symptoms~~] that substantially interferes with [~~or limits one or more major life activities as determined by a director of community services who previously was required to coordinate and monitor the care of any individual who was subject to such expired assisted outpatient treatment order. The applicable director of community services or their designee shall arrange for the individual to be evaluated by a physician. If the physician determines court ordered services are clinically necessary and the least restrictive option, the director of community services may initiate a court proceeding~~] the person's ability to maintain such person's health or safety.

§ 22. Subparagraphs (ii) and (vi) of paragraph 1 of subdivision (e) of section 9.60 of the mental hygiene law, as amended by chapter 158 of the laws of 2005, are amended to read as follows:

(ii) the parent, spouse, domestic partner, sibling eighteen years of age or older, or child eighteen years of age or older of the subject of the petition; or

(vi) a [~~psychologist, licensed pursuant to article one hundred fifty-three of the education law, or a social worker, licensed pursuant to article one hundred fifty four of the education law,~~] qualified mental health professional who is treating the subject of the petition for a mental illness; or

§ 23. Paragraphs 3 and 4 of subdivision (e) of section 9.60 of the mental hygiene law, paragraph 3 as amended by chapter 158 of the laws of 2005, and paragraph 4 as amended by chapter 382 of the laws of 2015, are amended to read as follows:

(3) The petition shall be accompanied by an affirmation or affidavit of a physician, or qualified clinical examiner who shall not be the petitioner, stating either that:

(i) such physician or qualified clinical examiner has personally examined the subject of the petition no more than ten days prior to the submission of the petition, recommends assisted outpatient treatment for the subject of the petition, and is willing and able to testify at the hearing on the petition; or

(ii) no more than ten days prior to the filing of the petition, such physician or qualified clinical examiner or [~~his~~] such physician's or [~~her~~] qualified clinical examiner's designee has made appropriate attempts but has not been successful in eliciting the cooperation of the subject of the petition to submit to an examination, such physician or

1 qualified clinical examiner has reason to suspect that the subject of
2 the petition meets the criteria for assisted outpatient treatment, and
3 such physician or qualified clinical examiner is willing and able to
4 examine the subject of the petition and testify at the hearing on the
5 petition.

6 (4) In counties with a population of less than eighty thousand, the
7 affirmation or affidavit required by paragraph three of this subdivision
8 may be made by a physician or qualified clinical examiner who is an
9 employee of the office. The office is authorized to make available, at
10 no cost to the county, a qualified physician or qualified clinical exam-
11 iner for the purpose of making such affirmation or affidavit consistent
12 with the provisions of such paragraph.

13 § 24. Paragraphs 1, 2, 3, and 4 of subdivision (h) of section 9.60 of
14 the mental hygiene law, paragraphs 1, 3, and 4 as amended by chapter 158
15 of the laws of 2005, and paragraph 2 as amended by section 2 of subpart
16 H of part UU of chapter 56 of the laws of 2022, are amended to read as
17 follows:

18 (1) Upon receipt of the petition, the court shall fix the date for a
19 hearing. Such date shall be no later than three days from the date such
20 petition is received by the court, excluding Saturdays, Sundays and
21 holidays. Adjournments shall be permitted only for good cause shown. In
22 granting adjournments, the court shall consider the need for further
23 examination by a physician or qualified clinical examiner or the poten-
24 tial need to provide assisted outpatient treatment expeditiously. The
25 court shall cause the subject of the petition, any other person receiv-
26 ing notice pursuant to subdivision (f) of this section, the petitioner,
27 the physician or qualified clinical examiner whose affirmation or affi-
28 davit accompanied the petition, and such other persons as the court may
29 determine, to be advised of such date. Upon such date, or upon such
30 other date to which the proceeding may be adjourned, the court shall
31 hear testimony and, if it be deemed advisable and the subject of the
32 petition is available, examine the subject of the petition in or out of
33 court. If the subject of the petition does not appear at the hearing,
34 and appropriate attempts to elicit the attendance of the subject have
35 failed, the court may conduct the hearing in the subject's absence. In
36 such case, the court shall set forth the factual basis for conducting
37 the hearing without the presence of the subject of the petition.

38 (2) The court shall not order assisted outpatient treatment unless an
39 examining physician[~~7~~] or qualified clinical examiner who recommends
40 assisted outpatient treatment and has personally examined the subject of
41 the petition no more than ten days before the filing of the petition[~~7~~]
42 testifies in person or by videoconference at the hearing. Provided
43 however, a physician or qualified clinical examiner shall only be
44 authorized to testify by video conference [~~when it has been: (i) shown~~
45 ~~that diligent efforts have been made to attend such hearing in person~~
46 ~~and~~] upon consent of the subject of the petition [~~consents to the physi-~~
47 ~~cian testifying by video conference;~~] or [~~(ii) the court orders the~~
48 ~~physician to testify by video conference~~] upon a finding of good cause.
49 Such physician or qualified clinical examiner shall state the facts and
50 clinical determinations which support the allegation that the subject of
51 the petition meets each of the criteria for assisted outpatient treat-
52 ment.

53 (3) If the subject of the petition has refused to be examined by a
54 physician or qualified clinical examiner, the court may request the
55 subject to consent to an examination by a physician or qualified clin-
56 ical examiner appointed by the court. If the subject of the petition

1 does not consent and the court finds reasonable cause to believe that
2 the allegations in the petition are true, the court may order peace
3 officers, acting pursuant to their special duties, or police officers
4 who are members of an authorized police department or force[~~7~~] or of a
5 sheriff's department to take the subject of the petition into custody
6 and transport [~~him or her~~] the subject of the petition to a hospital for
7 examination by a physician or qualified clinical examiner. Retention of
8 the subject of the petition under such order shall not exceed twenty-
9 four hours. The examination of the subject of the petition may be
10 performed by the physician or qualified clinical examiner whose affirma-
11 tion or affidavit accompanied the petition pursuant to paragraph three
12 of subdivision (e) of this section, if such physician or qualified clin-
13 ical examiner is privileged by such hospital or otherwise authorized by
14 such hospital to do so. If such examination is performed by another
15 physician[~~, the examining physician~~] or qualified clinical examiner,
16 such physician or qualified clinical examiner may consult with the
17 physician or qualified clinical examiner whose affirmation or affidavit
18 accompanied the petition as to whether the subject meets the criteria
19 for assisted outpatient treatment.

20 (4) A physician or qualified clinical examiner who testifies pursuant
21 to paragraph two of this subdivision shall state[~~+(i)~~] the facts and
22 conclusions which support the allegation that the subject meets each of
23 the criteria for assisted outpatient treatment[~~, (ii)~~] and that [~~the~~]
24 assisted outpatient treatment is the least restrictive alternative[~~, (iii) the recommended assisted outpatient treatment, and (iv) the~~
25 ~~rationale for the recommended assisted outpatient treatment. If the~~
26 ~~recommended assisted outpatient treatment includes medication, such~~
27 ~~physician's testimony shall describe the types or classes of medication~~
28 ~~which should be authorized, shall describe the beneficial and detri-~~
29 ~~mental physical and mental effects of such medication, and shall recom-~~
30 ~~mend whether such medication should be self-administered or administered~~
31 ~~by authorized personnel~~].

32
33 § 25. Subdivision (i) of section 9.60 of the mental hygiene law, as
34 amended by chapter 158 of the laws of 2005, is amended to read as
35 follows:

36 (i) Written treatment plan. (1) The court shall not order assisted
37 outpatient treatment unless a physician or psychiatric nurse practition-
38 er appointed by the appropriate director, in consultation with such
39 director, develops and provides to the court a proposed written treat-
40 ment plan. The written treatment plan shall include case management
41 services or assertive community treatment team services to provide care
42 coordination. The written treatment plan also shall include all catego-
43 ries of services, as set forth in paragraph one of subdivision (a) of
44 this section, which such physician or psychiatric nurse practitioner
45 recommends that the subject of the petition receive. All service provid-
46 ers shall be notified regarding [~~their~~] such service providers' inclu-
47 sion in the written treatment plan. If the written treatment plan
48 includes medication, it shall state whether such medication should be
49 self-administered or administered by authorized personnel, and shall
50 specify type and dosage range of medication most likely to provide maxi-
51 mum benefit for the subject. If the written treatment plan includes
52 alcohol or substance abuse counseling and treatment, such plan may
53 include a provision requiring relevant testing for either alcohol or
54 illegal substances provided the physician's or psychiatric nurse practi-
55 tioner's clinical basis for recommending such plan provides sufficient
56 facts for the court to find (i) that such person has a history of alco-

1 hol or substance abuse that is clinically related to the mental illness;
2 and (ii) that such testing is necessary to prevent a relapse or deteri-
3 oration [~~which~~] ~~that~~ would be likely to result in serious harm to [~~the~~
4 ~~person~~] self or others. If a director is the petitioner, the written
5 treatment plan shall be provided to the court no later than the date of
6 the hearing on the petition. If a person other than a director is the
7 petitioner, such plan shall be provided to the court no later than the
8 date set by the court pursuant to paragraph three of subdivision (j) of
9 this section.

10 (2) The physician or psychiatric nurse practitioner appointed to
11 develop the written treatment plan shall provide the following persons
12 with an opportunity to actively participate in the development of such
13 plan: the subject of the petition; the treating physician, if any; and
14 upon the request of the subject of the petition, an individual signif-
15 icant to the subject including any relative, close friend or individual
16 otherwise concerned with the welfare of the subject. If the subject of
17 the petition has executed a health care proxy, the appointed physician
18 or psychiatric nurse practitioner shall consider any directions included
19 in such proxy in developing the written treatment plan.

20 (3) The court shall not order assisted outpatient treatment unless a
21 physician or psychiatric nurse practitioner appearing on behalf of a
22 director testifies in person or by video conference to explain the writ-
23 ten proposed treatment plan; provided that such testimony shall only be
24 permitted by video conference upon consent of the subject of the peti-
25 tion or upon a finding of good cause. Such physician or psychiatric
26 nurse practitioner shall state the categories of assisted outpatient
27 treatment recommended, the rationale for each such category, facts which
28 establish that such treatment is the least restrictive alternative, and,
29 if the recommended assisted outpatient treatment plan includes medica-
30 tion, [~~such physician shall state~~] the types or classes of medication
31 recommended, the beneficial and detrimental physical and mental effects
32 of such medication, and whether such medication should be self-adminis-
33 tered or administered by an authorized professional. If the subject of
34 the petition has executed a health care proxy, such physician or psychi-
35 atric nurse practitioner shall state the consideration given to any
36 directions included in such proxy in developing the written treatment
37 plan. If a director is the petitioner, testimony pursuant to this para-
38 graph shall be given at the hearing on the petition. If a person other
39 than a director is the petitioner, such testimony shall be given on the
40 date set by the court pursuant to paragraph three of subdivision (j) of
41 this section.

42 § 26. Paragraph 2 of subdivision (j) of section 9.60 of the mental
43 hygiene law, as amended by chapter 1 of the laws of 2013, is amended to
44 read as follows:

45 (2) If after hearing all relevant evidence, the court finds by clear
46 and convincing evidence that the subject of the petition meets the
47 criteria for assisted outpatient treatment, and there is no appropriate
48 and feasible less restrictive alternative, the court may order the
49 subject to receive assisted outpatient treatment for an initial period
50 [~~not to exceed~~] of one year; provided that the court may order assisted
51 outpatient treatment for a shorter period upon a showing of good cause
52 or upon the request of the petitioner. In fashioning the order, the
53 court shall specifically make findings by clear and convincing evidence
54 that the proposed treatment is the least restrictive treatment appropri-
55 ate and feasible for the subject. The order shall state an assisted
56 outpatient treatment plan, which shall include all categories of

1 assisted outpatient treatment, as set forth in paragraph one of subdivi-
2 sion (a) of this section, which the assisted outpatient is to receive,
3 but shall not include any such category that has not been recommended in
4 both the proposed written treatment plan and the testimony provided to
5 the court pursuant to subdivision (i) of this section.

6 § 27. Paragraph 2 of subdivision (k) of section 9.60 of the mental
7 hygiene law, as amended by chapter 1 of the laws of 2013, is amended to
8 read as follows:

9 (2) Within thirty days prior to the expiration of an order of assisted
10 outpatient treatment, the appropriate director or the current petition-
11 er, if the current petition was filed pursuant to subparagraph (i) or
12 (ii) of paragraph one of subdivision (e) of this section, and the
13 current petitioner retains [~~his or her~~] such petitioner's original
14 status pursuant to the applicable subparagraph, may petition the court
15 to order continued assisted outpatient treatment for a period not to
16 exceed one year from the expiration date of the current order. If the
17 court's disposition of such petition does not occur prior to the expira-
18 tion date of the current order, the current order shall remain in effect
19 until such disposition. The procedures for obtaining any order pursuant
20 to this subdivision shall be in accordance with the provisions of the
21 foregoing subdivisions of this section; provided that the time
22 restrictions included in paragraph four of subdivision (c) of this
23 section shall not be applicable. The notice provisions set forth in
24 paragraph six of subdivision (j) of this section shall be applicable.
25 Any court order requiring periodic blood tests or urinalysis for the
26 presence of alcohol or illegal drugs shall be subject to review after
27 six months by the physician or psychiatric nurse practitioner who devel-
28 oped the written treatment plan or another physician or psychiatric
29 nurse practitioner designated by the director, and such physician or
30 psychiatric nurse practitioner shall be authorized to terminate such
31 blood tests or urinalysis without further action by the court.

32 § 28. Subdivision (n) of section 9.60 of the mental hygiene law, as
33 amended by chapter 1 of the laws of 2013, is amended to read as follows:

34 (n) Failure to comply with assisted outpatient treatment. Where in the
35 clinical judgment of a physician or qualified clinical examiner, (i) the
36 assisted outpatient, has failed or refused to comply with the assisted
37 outpatient treatment, (ii) efforts were made to solicit compliance, and
38 (iii) such assisted outpatient may be in need of involuntary admission
39 to a hospital pursuant to section 9.27 of this article or immediate
40 observation, care and treatment pursuant to section 9.39 or 9.40 of this
41 article, such physician or qualified clinical examiner may request the
42 appropriate director of community services, the director's designee, or
43 any physician or qualified clinical examiner designated by the director
44 of community services pursuant to section 9.37 of this article, to
45 direct the removal of such assisted outpatient to an appropriate hospi-
46 tal for an examination to determine if such person has a mental illness
47 for which hospitalization is necessary pursuant to section 9.27, 9.39 or
48 9.40 of this article. Furthermore, if such assisted outpatient refuses
49 to take medications as required by the court order, or [~~he or she~~] such
50 assisted outpatient refuses to take, or fails a blood test, urinalysis,
51 or alcohol or drug test as required by the court order, such physician
52 or qualified clinical examiner may consider such refusal or failure when
53 determining whether the assisted outpatient is in need of an examination
54 to determine whether [~~he or she~~] such assisted outpatient has a mental
55 illness for which hospitalization is necessary. Upon the request of such
56 physician or qualified clinical examiner, the appropriate director, the

1 director's designee, or any physician or qualified clinical examiner
2 designated pursuant to section 9.37 of this article, may direct peace
3 officers, acting pursuant to their special duties, or police officers
4 who are members of an authorized police department or force or of a
5 sheriff's department to take the assisted outpatient into custody and
6 transport ~~[him or her]~~ such assisted outpatient to the hospital operat-
7 ing the assisted outpatient treatment program or to any hospital author-
8 ized by the director of community services to receive such persons. Such
9 law enforcement officials shall carry out such directive. Upon the
10 request of such physician or qualified clinical examiner, the appropri-
11 ate director, the director's designee, or any physician or qualified
12 clinical examiner designated pursuant to section 9.37 of this article,
13 an ambulance service, as defined by subdivision two of section three
14 thousand one of the public health law, or an approved mobile crisis
15 outreach team, as defined in section 9.58 of this article, shall be
16 authorized to take into custody and transport any such person to the
17 hospital operating the assisted outpatient treatment program, or to any
18 other hospital authorized by the appropriate director of community
19 services to receive such persons. Any director of community services, or
20 designee, shall be authorized to direct the removal of an assisted
21 outpatient who is present in ~~[his or her]~~ such assisted outpatient's
22 county to an appropriate hospital, in accordance with the provisions of
23 this subdivision, based upon a determination of the appropriate director
24 of community services or director's designee directing the removal of
25 such assisted outpatient pursuant to this subdivision. Such person may
26 be retained for observation, care and treatment and further examination
27 in the hospital for up to seventy-two hours to permit a physician or
28 qualified clinical examiner to determine whether such person has a
29 mental illness and is in need of involuntary care and treatment in a
30 hospital pursuant to the provisions of this article. Any continued
31 involuntary retention in such hospital beyond the initial seventy-two
32 hour period shall be in accordance with the provisions of this article
33 relating to the involuntary admission and retention of a person. If at
34 any time during the seventy-two hour period the person is determined not
35 to meet the involuntary admission and retention provisions of this arti-
36 cle, and does not agree to stay in the hospital as a voluntary or
37 informal patient, ~~[he or she]~~ such person must be released. Failure to
38 comply with an order of assisted outpatient treatment shall not be
39 grounds for involuntary civil commitment or a finding of contempt of
40 court.

41 § 29. Subdivision (s) of section 9.60 of the mental hygiene law, as
42 added by section 2 of subpart H of part UU of chapter 56 of the laws of
43 2022, is amended to read as follows:

44 (s) Disclosures. (1) A director of community services or ~~[his or her]~~
45 such director's designee may require a provider of ~~[inpatient psychiat-~~
46 ~~ric]~~ services operated or licensed by the office of mental health to
47 provide ~~[contemporaneous]~~ information, including but not limited to
48 relevant clinical records, documents, and other information concerning
49 ~~[the person receiving assisted outpatient treatment pursuant to an~~
50 ~~active assisted outpatient treatment order,]~~ an assisted outpatient, a
51 subject of a currently pending petition pursuant to this section, or a
52 person who is the subject of an investigation pursuant to paragraph two
53 of subdivision (b) of section 9.47 of this article, that is deemed
54 necessary by such director or designee ~~[who is required to coordinate~~
55 ~~and monitor the care of any individual who was subject to an active~~
56 ~~assisted outpatient treatment order to appropriately]~~ in the discharge

1 of their duties of care coordination, care monitoring, or investigation
2 pursuant to section 9.47 of this article~~[, and where]~~ or treatment plan
3 development pursuant to subdivision (i) of this section; provided that
4 such provider ~~[of inpatient psychiatric services]~~ is ~~[required]~~ permit-
5 ted to disclose such information pursuant to paragraph twelve of subdivi-
6 sion (c) of section 33.13 of this chapter and such disclosure is in
7 accordance with paragraph two of this subdivision and all other applica-
8 ble state and federal confidentiality laws. None of the records or
9 information obtained by the director of community services or the direc-
10 tor's designee pursuant to this subdivision shall be public records, and
11 the records shall not be released by the director to any person or agen-
12 cy, except as already authorized by law.

13 (2) A requirement to disclose information pursuant to this subdivision
14 shall be in writing and shall be accompanied by documentation demon-
15 strating that:

16 (i) the identified person consents to such disclosure; or
17 (ii) (A) the director of community services or the director's designee
18 provided or made a good faith attempt to provide the identified person
19 with written notice of the director's or the director's designee's
20 intent to seek such disclosure; (B) such notice was sufficient to
21 provide such person with a reasonable opportunity to challenge such
22 disclosure in court; and (C) either no such challenge was filed or the
23 court resolved such challenge by authorizing disclosure.

24 § 30. The mental hygiene law is amended by adding a new section 9.64
25 to read as follows:

26 § 9.64 Notice of admission determination to community provider.

27 Upon a determination by a physician or qualified clinical examiner
28 pursuant to the provisions of this article as to whether a person should
29 be admitted as a patient in a hospital or received as a patient in a
30 comprehensive psychiatric emergency program, the director of such hospi-
31 tal or program shall ensure that reasonable efforts are made to identify
32 and promptly notify of such determination any community provider of
33 mental health services that maintains such person on its caseload.

34 § 31. Paragraph 1 of subdivision (e) of section 29.15 of the mental
35 hygiene law, as amended by chapter 408 of the laws of 1999, is amended
36 to read as follows:

37 1. In the case of an involuntary patient on conditional release, the
38 director may terminate the conditional release and order the patient to
39 return to the facility at any time during the period for which retention
40 was authorized, if, in the director's judgment, the patient needs in-pa-
41 tient care and treatment and the conditional release is no longer appro-
42 priate; provided, however, that in any such case, the director shall
43 cause written notice of such patient's return to be given to the mental
44 hygiene legal service. The director shall cause the patient to be
45 retained for observation, care and treatment and further examination in
46 a hospital for up to seventy-two hours if a physician or qualified clin-
47 ical examiner on the staff of the hospital determines that such person
48 may have a mental illness and may be in need of involuntary care and
49 treatment in a hospital pursuant to the provisions of article nine of
50 this chapter. Any continued retention in such hospital beyond the
51 initial seventy-two hour period shall be in accordance with the
52 provisions of this chapter relating to the involuntary admission and
53 retention of a person. If at any time during the seventy-two hour period
54 the person is determined not to meet the involuntary admission and
55 retention provisions of this chapter, and does not agree to stay in the

1 hospital as a voluntary or informal patient, ~~[he or she]~~ such person
2 must be released, either conditionally or unconditionally.

3 § 32. Subdivisions (f) and (m) of section 29.15 of the mental hygiene
4 law, subdivision (f) as amended by chapter 135 of the laws of 1993, and
5 subdivision (m) as added by chapter 341 of the laws of 1980, are amended
6 to read as follows:

7 (f) The discharge or conditional release of all clients at develop-
8 mental centers, patients at psychiatric centers or patients at psychiat-
9 ric inpatient services subject to licensure by the office of mental
10 health shall be in accordance with a written service plan prepared by
11 staff familiar with the case history of the client or patient to be
12 discharged or conditionally released and in cooperation with appropriate
13 social services officials and directors of local governmental units. In
14 causing such plan to be prepared, the director of the facility shall
15 take steps to assure that the following persons are interviewed,
16 provided an opportunity to actively participate in the development of
17 such plan and advised of whatever services might be available to the
18 patient through the mental hygiene legal service: the patient to be
19 discharged or conditionally released; a representative of a community
20 provider of mental health services, including a provider of case manage-
21 ment services, that maintains the patient on its caseload; an authorized
22 representative of the patient, to include the parent or parents if the
23 patient is a minor, unless such minor sixteen years of age or older
24 objects to the participation of the parent or parents and there has been
25 a clinical determination by a physician that the involvement of the
26 parent or parents is not clinically appropriate and such determination
27 is documented in the clinical record and there is no plan to discharge
28 or release the minor to the home of such parent or parents; and upon the
29 request of the patient sixteen years of age or older, ~~[a significant]~~ an
30 individual significant to the patient including any relative, close
31 friend or individual otherwise concerned with the welfare of the
32 patient, other than an employee of the facility.

33 (m) It shall be the responsibility of the chief administrator of any
34 facility providing inpatient services subject to licensure by the office
35 of mental health to notify~~[, when appropriate, the local social services~~
36 ~~commissioner and appropriate state and local mental health represen-~~
37 ~~tatives]~~ the following persons when an inpatient is about to be
38 discharged or conditionally released and to provide to such ~~[officials]~~
39 persons the written service plan developed for such inpatient as
40 required under subdivision (f) of this section: a representative of a
41 community provider of mental health services, including a provider of
42 case management services, that maintains the patient on its caseload; a
43 representative of an adult care facility in which the patient resided at
44 the time of the patient's admission; and, when appropriate, the local
45 social services commissioner and appropriate state and local mental
46 health representatives.

47 § 33. Section 29.15 of the mental hygiene law is amended by adding a
48 new subdivision (f-1) to read as follows:

49 (f-1) Prior to the discharge of a patient from a psychiatric center or
50 from psychiatric inpatient services subject to licensure by the office
51 of mental health, the staff of such facility shall conduct a review as
52 to whether the patient meets the criteria for assisted outpatient treat-
53 ment pursuant to article nine of this chapter. Before discharge, staff
54 shall record in the patient's medical record the finding of such review,
55 the basis of the finding, and, for a patient found to meet the criteria
56 for assisted outpatient treatment, the actions taken to initiate an

assisted outpatient treatment petition or referral. Such facilities shall report on a quarterly basis to the office of mental health: the number of psychiatric inpatients discharged; the number of such patients who were screened for assisted outpatient treatment eligibility; the number of patients determined to meet the criteria for assisted outpatient treatment; and the number of patients determined to meet the criteria for assisted outpatient treatment who were referred or petitioned for assisted outpatient treatment. The office of mental health shall develop an electronic form to facilitate such reporting.

§ 34. Subdivision (b) of section 41.09 of the mental hygiene law, as amended by chapter 588 of the laws of 1973 and such section as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:

(b) Each director shall be a psychiatrist or other professional person who meets standards set by the commissioner for the position. If the director is not a physician or qualified clinical examiner as defined in article nine of this chapter, ~~he~~ the director shall not have the power to conduct examinations authorized to be conducted by an examining physician or qualified clinical examiner or by a director of community services pursuant to this chapter but ~~he~~ shall designate an examining physician or qualified clinical examiner who shall be empowered to conduct such examinations on behalf of such director. A director need not reside in the area to be served. The director shall be a full-time employee except in cases where the commissioner has expressly waived the requirement.

§ 35. The office of mental health shall conduct live training and shall disseminate training materials on the changes to law included in this act and their implications for professional practice. Such training and materials shall be specifically tailored and directly provided to multiple audiences, including mental health professionals, hospital personnel, adult care facility personnel, law enforcement officers, ambulance service personnel, and the general public.

§ 36. This act shall take effect on the ninetieth day after it shall have become a law; provided, however, that:

a. the amendments to subdivision (a) of section 9.37 of the mental hygiene law made by section ten of this act shall not affect the expiration and reversion of such subdivision and shall be deemed to expire therewith;

b. the amendments to section 9.40 of the mental hygiene law made by section twelve of this act shall not affect the repeal of such section and shall be deemed repealed therewith;

c. the amendments to sections 9.41 and 9.45 of the mental hygiene law made by sections thirteen and fourteen of this act shall not affect the expiration and reversion of such sections pursuant to section 21 of chapter 723 of the laws of 1989, as amended, and shall expire and be deemed repealed therewith;

d. the amendments to paragraph 3 of subdivision (b) of section 9.47 of the mental hygiene law made by section sixteen of this act shall not affect the repeal of such subdivision and shall be deemed to be repealed therewith;

e. the amendments to sections 9.55 and 9.57 of the mental hygiene law made by sections seventeen and nineteen of this act shall not affect the expiration and reversion of such sections pursuant to section 21 of chapter 723 of the laws of 1989, as amended, and shall be deemed repealed therewith;

f. the amendments to section 9.60 of the mental hygiene law made by sections twenty-one, twenty-two, twenty-three, twenty-four, twenty-five,

1 twenty-six, twenty-seven, twenty-eight and twenty-nine of this act shall
2 not affect the repeal of such section and shall be deemed repealed ther-
3 ewith; and
4 g. the amendments to subdivision (e) of section 29.15 of the mental
5 hygiene law made by section thirty-one of this act shall not affect the
6 expiration and repeal of such section pursuant to section 18 of chapter
7 408 of the laws of 1989, as amended and shall expire and be deemed
8 repealed therewith.
9 Effective immediately, the addition, amendment and/or repeal of any
10 rule or regulation necessary for the implementation of this act on its
11 effective date are authorized to be made and completed on or before such
12 effective date.