

STATE OF NEW YORK

254--A

2025-2026 Regular Sessions

IN SENATE

(Prefiled)

January 8, 2025

Introduced by Sen. HOYLMAN-SIGAL -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, in relation to the hospitalization, care coordination, and assisted outpatient treatment for persons with mental illness by qualified clinical examiners or qualified mental health professionals

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

1 Section 1. This act shall be known and may be cited as the "Harness
2 Expertise of Licensed Professionals Act" or the "H.E.L.P." act.

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

6 § 9.01 Definitions.

7 As used in this article:

8 (a) "in need of care and treatment" means that a person has a mental
9 illness for which in-patient care and treatment in a hospital is appro-
10 priate.

11 (b) "in need of involuntary care and treatment" means that a person
12 has a mental illness for which care and treatment as a patient in a
13 hospital is essential to such person's welfare and whose judgment is so
14 impaired that ~~he~~ such person is unable to understand the need for such
15 care and treatment.

16 (c) "likelihood to result in serious harm" or "likely to result in
17 serious harm" means ~~(a)~~ (i) a substantial risk of physical harm to the
18 person as manifested by threats of or attempts at suicide or serious
19 bodily harm or other conduct demonstrating that the person is dangerous
20 to ~~himself or herself~~ themselves, or ~~(b)~~ (ii) a substantial risk of
21 physical harm to other persons as manifested by homicidal or other
22 violent behavior by which others are placed in reasonable fear of seri-
23 ous physical harm.

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

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1 (d) "need for retention" means that a person who has been admitted to
2 a hospital pursuant to this article is in need of involuntary care and
3 treatment in a hospital for a further period.

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

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

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

15 (h) "qualified clinical examiner" means a psychiatric nurse practi-
16 tioner certified by the department of education, a psychologist licensed
17 pursuant to article one hundred fifty-three of the education law, or a
18 clinical social worker licensed pursuant to article one hundred fifty-
19 four of the education law.

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

29 § 3. Section 9.05 of the mental hygiene law, as renumbered by chapter
30 978 of the laws of 1977, is amended to read as follows:

31 § 9.05 Examining physicians, qualified clinical examiners, and medical
32 certificates.

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

35 1. if ~~he~~ such person is a relative of the person applying for the
36 admission or of the person alleged to be mentally ill.

37 2. if ~~he~~ such person is a manager, trustee, visitor, proprietor,
38 officer, director, or stockholder of the hospital in which the patient
39 is hospitalized or to which it is proposed to admit such person, except
40 as otherwise provided in this chapter, or if ~~he has any pecuniary~~
41 ~~interest, directly or indirectly, in such hospital, provided that~~
42 ~~receipt of fees, privileges, or compensation for treating or examining~~
43 ~~patients in such hospital shall not be deemed to be a pecuniary inter-~~
44 ~~est.~~

45 ~~3. if he~~ such person is on the staff of a proprietary facility to
46 which it is proposed to admit such person.

47 (b) A certificate, as required by this article, must show that the
48 person is mentally ill and shall be based on an examination of the
49 person alleged to be mentally ill made within ten days prior to the date
50 of admission. The date of the certificate shall be the date of such
51 examination. All certificates shall contain the facts and circumstances
52 upon which the judgment of the physicians or qualified clinical examin-
53 ers is based and shall show that the condition of the person examined is
54 such that ~~he~~ the examined person needs involuntary care and treatment
55 in a hospital and such other information as the commissioner may by
56 regulation require.

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

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

(a) The director of a hospital may receive and retain therein as a patient any person alleged to be mentally ill and in need of involuntary care and treatment upon the certificates of two examining physicians, two examining qualified clinical examiners or a combination of an examining physician and an examining qualified clinical examiner, accompanied by an application for the admission of such person. The examination may be conducted jointly but each examining physician or qualified clinical examiner shall execute a separate certificate.

(d) Before an examining physician or qualified clinical examiner completes the certificate of examination of a person for involuntary care and treatment, ~~[he]~~ the physician or qualified clinical examiner shall consider alternative forms of care and treatment that might be adequate to provide for the person's needs without requiring involuntary hospitalization. If the examining physician or qualified clinical examiner knows that the person ~~[he-is]~~ they are examining for involuntary care and treatment has been under prior treatment, ~~[he]~~ they shall, insofar as ~~[possible]~~ reasonable, consult with the physician or ~~[psychologist]~~ qualified mental health professional furnishing such prior treatment prior to completing ~~[his]~~ the certificate. Nothing in this section shall prohibit or invalidate any involuntary admission made in accordance with the provisions of this chapter.

(e) The director of the hospital where such person is brought shall cause such person to be examined forthwith by a physician or qualified clinical examiner who shall be a member of the psychiatric staff of such hospital other than the original examining physicians or qualified clinical examiner whose certificate or certificates accompanied the application, and ~~[7]~~ if such person is found to be in need of involuntary care and treatment, ~~[he]~~ such person may be admitted thereto as a patient as herein provided.

(i) After an application for the admission of a person has been completed and both physicians or qualified clinical examiners have examined such person and separately certified that ~~[he-or-she]~~ the examined person is mentally ill and in need of involuntary care and treatment in a hospital, either physician or qualified clinical examiner is authorized to request 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 take into custody and transport such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section. Upon the request of either physician 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 such person to a hospital for determination by the director whether such person qualifies for admission pursuant to this section.

§ 5. Section 9.29 of the mental hygiene law, as renumbered by chapter 978 of the laws of 1977 and subdivision (a) as amended by chapter 789 of the laws of 1985, is amended to read as follows:

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

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

4 (b) The director shall cause written notice of the admission of such
5 person, including such person's rights under this article, to be given
6 personally or by mail not later than five days, excluding Sunday and
7 holidays, after such admission to the following:

8 1. the nearest relative of the person alleged to be mentally ill,
9 other than the applicant, if there be any such person known to the
10 director.

11 2. as many as three additional persons, if designated in writing to
12 receive such notice by the person so admitted.

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

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

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

35 § 7. Subdivision (a) of section 9.33 of the mental hygiene law, as
36 amended by chapter 789 of the laws of 1985, is amended to read as
37 follows:

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

1 such a request within five days, excluding Sunday and holidays, from the
2 date that the notice was given to the patient will permit the entry
3 without a hearing of an order authorizing retention.

4 § 8. Section 9.37 of the mental hygiene law, as renumbered by chapter
5 978 of the laws of 1977, subdivision (a) as amended by chapter 723 of
6 the laws of 1989, subdivision (c) as amended by chapter 230 of the laws
7 of 2004, subdivision (d) as amended by chapter 357 of the laws of 1991
8 and relettered by chapter 343 of the laws of 1996, subdivisions (e) and
9 (f) as relettered by chapter 343 of the laws of 1996, and subdivision
10 (g) as added by chapter 978 of the laws of 1977 and relettered by chap-
11 ter 343 of the laws of 1996, is amended to read as follows:

12 § 9.37 Involuntary admission on certificate of a director of community
13 services or ~~[his]~~ the director's designee.

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

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

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

46 (c) Notwithstanding the provisions of subdivision (b) of ~~[this]~~
47 section 41.09 of this chapter, in counties with a population of less
48 than two hundred thousand, a director of community services ~~[who is a~~
49 ~~licensed psychologist pursuant to article one hundred fifty-three of the~~
50 ~~education law or a licensed clinical social worker pursuant to article~~
51 ~~one hundred fifty-four of the education law but]~~ who is not a physician
52 or qualified clinical examiner may apply for the admission of a patient
53 pursuant to this section without ~~[a medical]~~ an examination by a desig-
54 nated physician or qualified clinical examiner, if a hospital approved
55 by the commissioner pursuant to section 9.39 of this article is not
56 located within thirty miles of the patient, and the director of communi-

ty 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 or she~~] the 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~~] themselves 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~~] directive 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.

(f) The provisions of this section shall not be applicable to continue any patient in a hospital who has already been admitted to the hospital under this or any other section of this article.

(g) If a person is examined and determined to be mentally ill the fact that such person suffers from alcohol or substance abuse shall not preclude commitment under this section.

§ 8-a. Subdivision (a) of section 9.37 of the mental hygiene law, as renumbered by chapter 978 of the laws of 1977, is amended to read as follows:

(a) The director of a hospital, upon application by a director of community services or an examining physician or qualified clinical examiner duly designated by [~~him~~] the director, may receive and care for in such hospital as a patient any person who, in the opinion of the director of community services or [~~his~~] the director's designee, has a mental

1 illness for which immediate inpatient care and treatment in a hospital
2 is appropriate and which, without treatment, is likely to result in
3 serious harm to [~~himself~~] self or others; "likelihood of serious harm"
4 shall mean:

5 1. substantial risk of physical harm to [~~himself~~] themselves as mani-
6 fested by threats of or attempts at suicide or serious bodily harm or
7 other conduct demonstrating that [~~he~~] the patient is dangerous to
8 [~~himself~~] themselves, or

9 2. a substantial risk of physical harm to other persons as manifested
10 by homicidal or other violent behavior by which others are placed in
11 reasonable fear or serious physical harm.

12 The need for immediate hospitalization shall be confirmed by a [~~staff~~]
13 physician or qualified clinical examiner on the staff of the hospital
14 prior to admission. Within seventy-two hours, excluding Sunday and holi-
15 days, after such admission, if such patient is to be retained for care
16 and treatment beyond such time and [~~he~~] the patient does not agree to
17 remain in such hospital as a voluntary patient, the certificate of
18 another examining physician or qualified clinical examiner who is a
19 member of the psychiatric staff of the hospital that the patient is in
20 need of involuntary care and treatment shall be filed with the hospital.
21 From the time of [~~his~~] the patient's admission under this section the
22 retention of such patient for care and treatment shall be subject to the
23 provisions for notice, hearing, review, and judicial approval of contin-
24 ued retention or transfer and continued retention provided by this arti-
25 cle for the admission and retention of involuntary patients, provided
26 that, for the purposes of such provisions, the date of admission of the
27 patient shall be deemed to be the date when the patient was first
28 received in the hospital under this section.

29 § 9. Section 9.39 of the mental hygiene law, as renumbered by and
30 subdivision (c) as added by chapter 978 of the laws of 1977, and subdi-
31 vision (a) as amended by chapter 789 of the laws of 1985, is amended to
32 read as follows:

33 § 9.39 Emergency admissions for immediate observation, care, and treat-
34 ment.

35 (a) The director of any hospital maintaining adequate staff and facil-
36 ities for the observation, examination, care, and treatment of persons
37 alleged to be mentally ill and approved by the commissioner to receive
38 and retain patients pursuant to this section may receive and retain
39 therein as a patient for a period of fifteen days any person alleged to
40 have a mental illness for which immediate observation, care, and treat-
41 ment in a hospital is appropriate and which is likely to result in seri-
42 ous harm to [~~himself~~] themselves or others. "Likelihood to result in seri-
43 ous harm" as used in this article shall mean:

44 1. substantial risk of physical harm to [~~himself~~] themselves as mani-
45 fested by threats of or attempts at suicide or serious bodily harm or
46 other conduct demonstrating that [~~he~~] the person is dangerous to
47 [~~himself~~] themselves, or

48 2. a substantial risk of physical harm to other persons as manifested
49 by homicidal or other violent behavior by which others are placed in
50 reasonable fear of serious physical harm.

51 The director shall cause to be entered upon the hospital records the
52 name of the person or persons, if any, who have brought such person to
53 the hospital and the details of the circumstances leading to the hospi-
54 talization of such person.

55 The director shall admit such person pursuant to the provisions of
56 this section only if a [~~staff~~] physician or qualified clinical examiner

1 on the staff of the hospital upon examination of such person finds that
2 such person qualifies under the requirements of this section. Such
3 person shall not be retained for a period of more than forty-eight hours
4 unless within such period such finding is confirmed after examination by
5 another physician or qualified clinical examiner who shall be a member
6 of the psychiatric staff of the hospital. Such person shall be served,
7 at the time of admission, with written notice of [~~his~~] such person's
8 status and rights as a patient under this section. Such notice shall
9 contain the patient's name. At the same time, such notice shall also be
10 given to the mental hygiene legal service and personally or by mail to
11 such person or persons, not to exceed three in number, as may be desig-
12 nated in writing to receive such notice by the person alleged to be
13 mentally ill. If at any time after admission, the patient, any relative,
14 friend, or the mental hygiene legal service gives notice to the director
15 in writing of request for court hearing on the question of need for
16 immediate observation, care, and treatment, a hearing shall be held as
17 herein provided as soon as practicable but in any event not more than
18 five days after such request is received, except that the commencement
19 of such hearing may be adjourned at the request of the patient. It shall
20 be the duty of the director upon receiving notice of such request for
21 hearing to forward forthwith a copy of such notice with a record of the
22 patient to the supreme court or county court in the county where such
23 hospital is located. A copy of such notice and record shall also be
24 given the mental hygiene legal service. The court [~~which~~] that receives
25 such notice shall fix the date of such hearing and cause the patient or
26 other person requesting the hearing, the director, the mental hygiene
27 legal service and such other persons as the court may determine to be
28 advised of such date. Upon such date, or upon such other date to which
29 the proceeding may be adjourned, the court shall hear testimony and
30 examine the person alleged to be mentally ill, if it be deemed advisable
31 in or out of court, and shall render a decision in writing that there is
32 reasonable cause to believe that the patient has a mental illness for
33 which immediate inpatient care and treatment in a hospital is appropri-
34 ate and [~~which~~] that is likely to result in serious harm to [~~himself~~]
35 themselves or others. If it be determined that there is such reasonable
36 cause, the court shall forthwith issue an order authorizing the
37 retention of such patient for any such purpose or purposes in the hospi-
38 tal for a period not to exceed fifteen days from the date of admission.
39 Any such order entered by the court shall not be deemed to be an adjudi-
40 cation that the patient is mentally ill, but only a determination that
41 there is reasonable cause to retain the patient for the purposes of this
42 section.

43 (b) Within fifteen days of arrival at the hospital, if a determination
44 is made that the person is not in need of involuntary care and treat-
45 ment, [~~he~~] such person shall be discharged unless [~~he~~] such person
46 agrees to remain as a voluntary or informal patient. If [~~he~~] such person
47 is in need of involuntary care and treatment and does not agree to
48 remain as a voluntary or informal patient, [~~he~~] such person may be
49 retained beyond such fifteen day period only by admission to such hospi-
50 tal or another appropriate hospital pursuant to the provisions governing
51 involuntary admission on application supported by [~~medical~~] clinical
52 certification and subject to the provisions for notice, hearing, review,
53 and judicial approval of retention or transfer and retention governing
54 such admissions, provided that, for the purposes of such provisions, the
55 date of admission of the patient shall be deemed to be the date when the
56 patient was first received under this section. If a hearing has been

requested pursuant to the provisions of subdivision (a) of this section, the filing of an application for involuntary admission on ~~[medical]~~ clinical certification shall not delay or prevent the holding of the hearing.

(c) If a person is examined and determined to be mentally ill the fact that such person suffers from alcohol or substance abuse shall not preclude commitment under this section.

§ 10. Subdivisions (a-1), (b) and (c) of section 9.40 of the mental hygiene law, subdivision (a-1) as added and subdivision (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]~~ their 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 hearings 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.

§ 11. 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;

§ 12. 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 examiner.

A qualified psychiatrist or qualified clinical examiner shall have the power to direct the removal of any person^[7] whose treatment for a mental illness ~~[he or she]~~ the qualified psychiatrist or 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, 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 or she]~~ the qualified psychiatrist or 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]~~ themselves or others. Upon the ~~[request]~~ directive of such qualified psychiatrist or qualified clinical examiner, peace officers, when acting pursuant to their special duties, or police officers, 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 to a comprehensive psychiatric emergency program in accordance with the provisions of section 9.40 of this article.

§ 12-a. Section 9.55 of the mental hygiene law, as amended by chapter 847 of the laws of 1987, is amended to read as follows:

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

A qualified psychiatrist or qualified clinical examiner shall have the power to direct the removal of any person^[7] whose treatment for a mental illness ~~[he]~~ the qualified psychiatrist or 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, to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, if ~~[he]~~ the qualified psychiatrist or 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]~~ themselves or others, as defined in section 9.39 of this article. Upon the ~~[request]~~ directive of such qualified psychiatrist or qualified clinical examiner, peace officers, when acting pursuant to their special duties, or police officers, 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,

1 as defined by subdivision two of section three thousand one of the
2 public health law, is authorized to transport any such person. Such
3 person may then be admitted in accordance with the provisions of section
4 9.39 of this article.

5 § 13. The mental hygiene law is amended by adding a new section 9.56
6 to read as follows:

7 § 9.56 Transport for evaluation; powers of specialized staff of shelter
8 for adults facilities.

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

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

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

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

55 § 14. Section 9.57 of the mental hygiene law, as amended by chapter
56 598 of the laws of 1994, is amended to read as follows:

§ 9.57 Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians or qualified clinical examiners.

A physician or qualified clinical examiner who has examined a person in an emergency room or provided emergency medical services at a general hospital, as defined in article twenty-eight of the public health law, ~~[which]~~ that does not have an inpatient psychiatric service, or a physician or qualified clinical examiner who has examined a person in a comprehensive psychiatric emergency program shall be authorized to request that the director of the program or hospital, or the director's designee, direct the removal of such person 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 the physician or qualified clinical examiner determines upon examination of such person that such person appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and ~~[which]~~ that is likely to result in serious harm to ~~[himself]~~ themselves or others. Upon the request of the physician or qualified clinical examiner, the director of the program or hospital or the director's designee~~[,]~~ is authorized to direct peace officers, when acting pursuant to their special duties, or police officers~~[,]~~ who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport any such person. Upon the request of an emergency room physician or qualified clinical examiner or the director of the program or hospital, or the director's designee, an ambulance service, as defined by subdivision two of section three thousand one of the public health law, is authorized to take into custody and 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 to a comprehensive psychiatric emergency program in accordance with the provisions of section 9.40 of this article.

§ 14-a. Section 9.57 of the mental hygiene law, as amended by chapter 847 of the laws of 1987, is amended to read as follows:

§ 9.57 Emergency admissions for immediate observation, care and treatment; powers of emergency room physicians or qualified clinical examiner.

A physician or qualified clinical examiner who has examined a person in an emergency room or provided emergency medical services at a general hospital, as defined in article twenty-eight of the public health law, ~~[which]~~ that does not have an inpatient psychiatric service, shall be authorized to request that the director of the hospital, or ~~[his]~~ the director's designee, direct the removal of such person to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 of this article, if the physician or qualified clinical examiner determines upon examination of such person that such person appears to have a mental illness for which immediate care and treatment in a hospital is appropriate and ~~[which]~~ that is likely to result in serious harm to ~~[himself]~~ themselves or others, as defined in section 9.39 of this article. Upon the request of the physician or qualified clinical examiner, the director of the hospital or ~~[his]~~ the director's designee, is authorized to direct peace officers, when acting pursuant to their special duties, or police officers~~[,]~~ who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport any such person. Upon the request of an emergency room physician or qualified clinical examiner, or the director of the hospital, or ~~[his]~~ the director's designee, an ambulance service, as

1 defined by subdivision two of section three thousand one of the public
2 health law, is authorized to take into custody and transport any such
3 person. Such person may then be admitted in accordance with the
4 provisions of section 9.39 of this article.

5 § 15. Subdivisions (b), (c) and (d) of section 9.58 of the mental
6 hygiene law, as added by chapter 678 of the laws of 1994, and paragraph
7 2 of subdivision (d) as amended by chapter 230 of the laws of 2004, are
8 amended to read as follows:

9 (b) If the team physician or qualified mental health professional
10 determines that it is necessary to effectuate transport, [~~he or she~~]
11 such physician shall direct peace officers, when acting pursuant to
12 their special duties, or police officers, who are members of an author-
13 ized police department or force or of a sheriff's department, to take
14 into custody and transport any persons identified in subdivision (a) of
15 this section. Upon the request of such physician or qualified mental
16 health professional, an ambulance service, as defined in subdivision two
17 of section three thousand one of the public health law, is authorized to
18 transport any such persons. Such persons may then be evaluated for
19 admission in accordance with the provisions of section 9.27, 9.39, 9.40
20 or other sections of this article, provided that [~~such admission deci-~~
21 ~~sions shall be made independent of the fact that the person was trans-~~
22 ~~ported pursuant to the provisions of this section and, provided~~
23 ~~further,~~] such transport shall not create a presumption that the person
24 should be involuntarily admitted to a hospital.

25 (c) The commissioner shall be authorized to develop standards, in
26 consultation with the commissioner of the division of criminal justice
27 services, relating to the training requirements of teams established
28 pursuant to this section. Such training shall, at a minimum, help to
29 ensure that [~~the provision of~~] crisis and emergency services are
30 provided in a manner [~~which~~] that protects the health and safety and
31 respects the individual needs and rights of persons being evaluated or
32 transported pursuant to this section.

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

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

42 § 16. Paragraphs 3 and 4 of subdivision (e) of section 9.60 of the
43 mental hygiene law, paragraph 3 as amended by chapter 158 of the laws of
44 2005, and paragraph 4 as amended by chapter 382 of the laws of 2015, are
45 amended to read as follows:

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

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

54 (ii) no more than ten days prior to the filing of the petition, such
55 physician or qualified clinical examiner or [~~his or her~~] their designee
56 has made appropriate attempts but has not been successful in eliciting

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

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

14 § 17. Subdivision (h) of section 9.60 of the mental hygiene law, as
15 amended by chapter 158 of the laws of 2005, paragraph 2 as amended by
16 section 2 of subpart H of part UU of chapter 56 of the laws of 2022, is
17 amended to read as follows:

18 (h) Hearing. (1) Upon receipt of the petition, the court shall fix the
19 date for a hearing. Such date shall be no later than three days from the
20 date such petition is received by the court, excluding Saturdays,
21 Sundays and holidays. Adjournments shall be permitted only for good
22 cause shown. In granting adjournments, the court shall consider the need
23 for further examination by a physician or qualified clinical examiner or
24 the potential need to provide assisted outpatient treatment expeditious-
25 ly. The court shall cause the subject of the petition, any other person
26 receiving notice pursuant to subdivision (f) of this section, the peti-
27 tioner, the physician or qualified clinical examiner whose affirmation
28 or affidavit accompanied the petition, and such other persons as the
29 court may determine, to be advised of such date. Upon such date, or upon
30 such other date to which the proceeding may be adjourned, the court
31 shall hear testimony and, if it be deemed advisable and the subject of
32 the petition is available, examine the subject of the petition in or out
33 of 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,
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 (5) The subject of the petition shall be afforded an opportunity to
33 present evidence, to call witnesses on [~~his or her~~] the subject's
34 behalf, and to cross-examine adverse witnesses.

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

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

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

44 § 19. The mental hygiene law is amended by adding a new section 9.64
45 to read as follows:

46 § 9.64 Notice of admission determination to community provider.

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

54 § 20. Paragraph 1 of subdivision (e) of section 29.15 of the mental
55 hygiene law, as amended by chapter 408 of the laws of 1999, is amended
56 to read as follows:

1 1. In the case of an involuntary patient on conditional release, the
2 director may terminate the conditional release and order the patient to
3 return to the facility at any time during the period for which retention
4 was authorized, if, in the director's judgment, the patient needs in-pa-
5 tient care and treatment and the conditional release is no longer appro-
6 priate; provided, however, that in any such case, the director shall
7 cause written notice of such patient's return to be given to the mental
8 hygiene legal service. The director shall cause the patient to be
9 retained for observation, care and treatment and further examination in
10 a hospital for up to seventy-two hours if a physician or qualified clin-
11 ical examiner on the staff of the hospital determines that such person
12 may have a mental illness and may be in need of involuntary care and
13 treatment in a hospital pursuant to the provisions of article nine of
14 this chapter. Any continued retention in such hospital beyond the
15 initial seventy-two hour period shall be in accordance with the
16 provisions of this chapter relating to the involuntary admission and
17 retention of a person. If at any time during the seventy-two hour period
18 the person is determined not to meet the involuntary admission and
19 retention provisions of this chapter, and does not agree to stay in the
20 hospital as a voluntary or informal patient, ~~[he or she]~~ such person
21 must be released, either conditionally or unconditionally.

22 § 21. Subdivisions (f) and (m) of section 29.15 of the mental hygiene
23 law, subdivision (f) as amended by chapter 135 of the laws of 1993, and
24 subdivision (m) as added by chapter 341 of the laws of 1980, are amended
25 to read as follows:

26 (f) The discharge or conditional release of all clients at develop-
27 mental centers, patients at psychiatric centers or patients at psychiat-
28 ric inpatient services subject to licensure by the office of mental
29 health shall be in accordance with a written service plan prepared by
30 staff familiar with the case history of the client or patient to be
31 discharged or conditionally released and in cooperation with appropriate
32 social services officials and directors of local governmental units. In
33 causing such plan to be prepared, the director of the facility shall
34 take steps to assure that the following persons are interviewed,
35 provided an opportunity to actively participate in the development of
36 such plan and advised of whatever services might be available to the
37 patient through the mental hygiene legal service: the patient to be
38 discharged or conditionally released; a representative of a community
39 provider of mental health services, including a provider of case manage-
40 ment services, that maintains the patient on its caseload; an authorized
41 representative of the patient, to include the parent or parents if the
42 patient is a minor, unless such minor sixteen years of age or older
43 objects to the participation of the parent or parents and there has been
44 a clinical determination by a physician that the involvement of the
45 parent or parents is not clinically appropriate and such determination
46 is documented in the clinical record and there is no plan to discharge
47 or release the minor to the home of such parent or parents; and upon the
48 request of the patient sixteen years of age or older, ~~[a significant]~~ an
49 individual significant to the patient including any relative, close
50 friend or individual otherwise concerned with the welfare of the
51 patient, other than an employee of the facility.

52 (m) It shall be the responsibility of the chief administrator of any
53 facility providing inpatient services subject to licensure by the office
54 of mental health to notify~~[, when appropriate, the local social services~~
55 ~~commissioner and appropriate state and local mental health represen-~~
56 ~~tatives]~~ the following persons when an inpatient is about to be

1 discharged or conditionally released and to provide to such ~~[officials]~~
2 persons the written service plan developed for such inpatient as
3 required under subdivision (f) of this section: a representative of a
4 community provider of mental health services, including a provider of
5 case management services, that maintains the patient on its caseload; a
6 representative of a shelter for adults facility in which the patient
7 resided at the time of the patient's admission; and, when appropriate,
8 the local social services commissioner and appropriate state and local
9 mental health representatives.

10 § 22. Subdivision (b) of section 41.09 of the mental hygiene law, as
11 amended by chapter 588 of the laws of 1973, and as renumbered by chapter
12 978 of the laws of 1977, is amended to read as follows:

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

25 § 23. This act shall take effect immediately; provided, however, that:

26 a. the amendments to subdivision (a) of section 9.37 of the mental
27 hygiene law made by section eight of this act shall be subject to the
28 expiration and reversion of such subdivision pursuant to section 21 of
29 chapter 723 of the laws of 1989, when upon such date the provisions of
30 section eight-a shall take effect;

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

34 c. the amendments to paragraph 3 of subdivision (b) of section 9.47 of
35 the mental hygiene law made by section eleven of this act shall not
36 affect the repeal of such subdivision and shall be deemed repealed ther-
37 ewith;

38 d. the amendments to sections 9.55 and 9.57 of the mental hygiene law
39 made by sections twelve and fourteen of this act shall be subject to the
40 expiration and reversion of such section pursuant to section 21 of chap-
41 ter 723 of the laws of 1989, as amended, when upon such date the
42 provisions of sections twelve-a and fourteen-a of this act shall take
43 effect;

44 e. the amendments to section 9.60 of the mental hygiene law made by
45 sections sixteen, seventeen and eighteen of this act shall not affect
46 the repeal of such section and shall be deemed repealed therewith; and

47 f. the amendments to paragraph 1 of subdivision (e) of section 29.15
48 of the mental hygiene law made by section twenty of this act shall not
49 affect the expiration of such paragraph pursuant to section 18 of chap-
50 ter 408 of the laws of 1999, as amended and shall expire and be deemed
51 repealed therewith.