

# STATE OF NEW YORK

137

2025-2026 Regular Sessions

## IN ASSEMBLY

(Prefiled)

January 8, 2025

Introduced by M. of A. BRAUNSTEIN, PHEFFER AMATO, LEE, SIMONE -- read once and referred 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 Assembly, 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 examin-  
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-

1 nated physician or qualified clinical examiner, if a hospital approved  
2 by the commissioner pursuant to section 9.39 of this article is not  
3 located within thirty miles of the patient, and the director of communi-  
4 ty services has made a reasonable effort to locate [~~a-designated~~] an  
5 examining physician or qualified clinical examiner designated pursuant  
6 to section 41.09 of this chapter but such [~~a~~] designee is not immediate-  
7 ly available and the director of community services, after personal  
8 observation of the person, reasonably believes that [~~he~~] such person may  
9 have a mental illness [~~which~~] that is likely to result in serious harm  
10 to [~~himself~~] self or others and inpatient care and treatment of such  
11 person in a hospital may be appropriate. In the event of an application  
12 pursuant to this subdivision, a physician or qualified clinical examiner  
13 of the receiving hospital shall examine the patient and shall not admit  
14 the patient unless [~~he~~] such physician or [~~she~~] qualified clinical exam-  
15 iner determines that the patient has a mental illness for which immedi-  
16 ate inpatient care and treatment in a hospital is appropriate and  
17 [~~which~~] that is likely to result in serious harm to [~~himself~~] self or  
18 others. If the patient is admitted, the need for hospitalization shall  
19 be confirmed by another [~~staff~~] physician or qualified clinical examiner  
20 on the staff of the hospital within twenty-four hours. An application  
21 pursuant to this subdivision shall be in writing and shall be filed with  
22 the director of such hospital at the time of the patient's reception,  
23 together with a statement in a form prescribed by the commissioner  
24 giving such information as [~~he~~] the commissioner may deem appropriate,  
25 including a statement of the efforts made by the director of community  
26 services to locate a designated examining physician or qualified clin-  
27 ical examiner prior to making an application pursuant to this subdivi-  
28 sion.

29 (d) After signing the application, the director of community services  
30 or the director's designee shall be authorized and empowered to take  
31 into custody, detain, transport, and provide temporary care for any such  
32 person. Upon the written [~~request~~] directive of such director or the  
33 director's designee it shall be the duty of peace officers, when acting  
34 pursuant to their special duties, or police officers who are members of  
35 the state police or of an authorized police department or force or of a  
36 sheriff's department, to take into custody and transport any such person  
37 as [~~requested-and~~] directed by such director or designee. Upon the writ-  
38 ten request of such director or designee, an ambulance service, as  
39 defined in subdivision two of section three thousand one of the public  
40 health law, is authorized to transport any such person.

41 (e) Reasonable expenses incurred by the director of community mental  
42 hygiene services or [~~his~~] the director's designee for the examination  
43 and temporary care of the patient and [~~his~~] such patient's transporta-  
44 tion to and from the hospital shall be a charge upon the county from  
45 which the patient was admitted and shall be paid from any funds avail-  
46 able for such purposes.

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

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

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

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

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

10 The director shall cause to be entered upon the hospital records the  
11 name of the person or persons, if any, who have brought such person to  
12 the hospital and the details of the circumstances leading to the hospi-  
13 talization of such person.

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

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

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

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

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

43 (c) No person shall be involuntarily retained in accordance with this  
44 section for more than twenty-four hours, unless (i) within that time the  
45 determination of the examining staff physician or qualified clinical  
46 examiner has been confirmed after examination by another physician or  
47 qualified clinical examiner who is a member of the psychiatric staff of  
48 the program and (ii) the person is admitted to an extended observation  
49 bed, as such term is defined in section 31.27 of this chapter. At the  
50 time of admission to an extended observation bed, such person shall be  
51 served with written notice of [~~his~~] such person's status and rights as a  
52 patient under this section. Such notice shall contain the patient's  
53 name. The notice shall be provided to the same persons and in the manner  
54 as if provided pursuant to subdivision (a) of section 9.39 of this arti-  
55 cle. Written requests for court hearings on the question of need for  
56 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-

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

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

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

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

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

29 § 17. Section 9.55 of the mental hygiene law, as amended by chapter  
30 598 of the laws of 1994, is amended to read as follows:

31 § 9.55 Emergency admissions for immediate observation, care and treat-  
32 ment; powers of qualified psychiatrists and qualified clinical  
33 examiners.

34 A qualified psychiatrist or qualified clinical examiner shall have the  
35 power to direct the removal of any person[~~r~~] whose treatment for a  
36 mental illness [~~he~~] such qualified psychiatrist or [~~she~~] qualified clin-  
37 ical examiner is either supervising or providing in a facility licensed  
38 or operated by the office of mental health [~~which~~] that does not have an  
39 inpatient psychiatric service[~~r~~] to a hospital approved by the commis-  
40 sioner pursuant to subdivision (a) of section 9.39 of this article or to  
41 a comprehensive psychiatric emergency program, if [~~he~~] such qualified  
42 psychiatrist or [~~she~~] qualified clinical examiner determines upon exam-  
43 ination of such person that such person appears to have a mental illness  
44 for which immediate observation, care and treatment in a hospital is  
45 appropriate and [~~which~~] that is likely to result in serious harm to  
46 [~~himself or herself~~] self or others. Upon the [~~request~~] directive of  
47 such qualified psychiatrist[~~r~~] or qualified clinical examiner, peace  
48 officers, when acting pursuant to their special duties, or police offi-  
49 cers[~~r~~] who are members of an authorized police department or force or  
50 of a sheriff's department shall take into custody and transport any such  
51 person. Upon the request of a qualified psychiatrist or qualified clin-  
52 ical examiner, an ambulance service, as defined by subdivision two of  
53 section three thousand one of the public health law, is authorized to  
54 transport any such person. Such person may then be admitted to a hospi-  
55 tal 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.

1 (d) As used in this section[+

2 ~~(1) "Approved]~~, "approved mobile crisis outreach team" shall mean a  
3 team of persons operating as part of a mobile crisis outreach program  
4 approved by the commissioner of mental health, which may include mobile  
5 crisis outreach teams funded pursuant to section 41.55 of this chapter.

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

10 § 21. Subparagraph (iii) of paragraph 4 of subdivision (c) of section  
11 9.60 of the mental hygiene law, as amended by section 2 of subpart H of  
12 part UU of chapter 56 of the laws of 2022, is amended to read as  
13 follows:

14 (iii) notwithstanding subparagraphs (i) and (ii) of this paragraph,  
15 resulted in the issuance of a court order for assisted outpatient treat-  
16 ment [~~which~~] that has expired within the last six months, and since the  
17 expiration of the order, the person has experienced a substantial  
18 increase in symptoms of mental illness [~~and such symptoms~~] that substan-  
19 tially interferes with [~~or limits one or more major life activities as~~  
20 ~~determined by a director of community services who previously was~~  
21 ~~required to coordinate and monitor the care of any individual who was~~  
22 ~~subject to such expired assisted outpatient treatment order. The appli-~~  
23 ~~eable director of community services or their designee shall arrange for~~  
24 ~~the individual to be evaluated by a physician. If the physician deter-~~  
25 ~~mines court ordered services are clinically necessary and the least~~  
26 ~~restrictive option, the director of community services may initiate a~~  
27 ~~court proceeding]~~ the person's ability to maintain such person's health  
28 or safety.

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

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

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

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

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

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

52 (ii) no more than ten days prior to the filing of the petition, such  
53 physician or qualified clinical examiner or [~~his~~] such physician's or  
54 [~~her~~] qualified clinical examiner's designee has made appropriate  
55 attempts but has not been successful in eliciting the cooperation of the  
56 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[~~7, 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[~~7-(ii)~~] and that [~~the~~]  
24 assisted outpatient treatment is the least restrictive alternative[~~7~~  
25 ~~(iii) the recommended assisted outpatient treatment, and (iv) the~~  
26 ~~rationale for the recommended assisted outpatient treatment. If the~~  
27 ~~recommended assisted outpatient treatment includes medication, such~~  
28 ~~physician's testimony shall describe the types or classes of medication~~  
29 ~~which should be authorized, shall describe the beneficial and detri-~~  
30 ~~mental physical and mental effects of such medication, and shall recom-~~  
31 ~~mend whether such medication should be self-administered or administered~~  
32 ~~by authorized personnel~~].

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  
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 vision (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

1 assisted outpatient treatment petition or referral. Such facilities  
2 shall report on a quarterly basis to the office of mental health: the  
3 number of psychiatric inpatients discharged; the number of such patients  
4 who were screened for assisted outpatient treatment eligibility; the  
5 number of patients determined to meet the criteria for assisted outpa-  
6 tient treatment; and the number of patients determined to meet the  
7 criteria for assisted outpatient treatment who were referred or peti-  
8 tioned for assisted outpatient treatment. The office of mental health  
9 shall develop an electronic form to facilitate such reporting.

10 § 34. Subdivision (b) of section 41.09 of the mental hygiene law, as  
11 amended by chapter 588 of the laws of 1973 and such section as renum-  
12 bered by chapter 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 § 35. The office of mental health shall conduct live training and  
26 shall disseminate training materials on the changes to law included in  
27 this act and their implications for professional practice. Such training  
28 and materials shall be specifically tailored and directly provided to  
29 multiple audiences, including mental health professionals, hospital  
30 personnel, adult care facility personnel, law enforcement officers,  
31 ambulance service personnel, and the general public.

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

34 a. the amendments to subdivision (a) of section 9.37 of the mental  
35 hygiene law made by section ten of this act shall not affect the expira-  
36 tion and reversion of such subdivision and shall be deemed to expire  
37 therewith;

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

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

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

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

55 f. the amendments to section 9.60 of the mental hygiene law made by  
56 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.