

# STATE OF NEW YORK

2719--A

2025-2026 Regular Sessions

## IN ASSEMBLY

January 22, 2025

Introduced by M. of A. RAJKUMAR -- read once and referred to the Committee on Mental Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the mental hygiene law, the social services law, the correction law, the judiciary law, the criminal procedure law, the public health law and the administrative code of the city of New York, in relation to enacting the "empire state of mind act" to address the treatment of persons with mental illness; to amend chapter 554 of the laws of 1986, amending the correction law and the penal law relating to providing for community treatment facilities and establishing the crime of absconding from the community treatment facility, in relation to the effectiveness thereof; and to repeal certain provisions of the correction law relating to certain limitations of community treatment facilities

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

- 1 Section 1. This act shall be known and may be cited as the "empire  
2 state of mind act".
- 3 § 2. Subdivisions 3 and 20 of section 1.03 of the mental hygiene law,  
4 subdivision 3 as amended by chapter 281 of the laws of 2019, subdivision  
5 20 as added by chapter 978 of the laws of 1977, are amended to read as  
6 follows:
- 7 3. "Mental disability" means mental illness, intellectual disability,  
8 or developmental disability~~[, or an addictive disorder as defined in~~  
9 ~~this section]~~.
- 10 20. "Mental illness" means an affliction with a mental disease or  
11 mental condition which is manifested by a disorder or disturbance in  
12 behavior, feeling, thinking, or judgment to such an extent that the  
13 person afflicted requires care, treatment and rehabilitation; or an  
14 addictive disorder as defined in this section.

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

LBD06324-05-5

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

4 § 9.01 Definitions.

5 As used in this article:

6 (a) "in need of care and treatment" means that a person has a mental  
7 illness for which in-patient care and treatment in a hospital or other  
8 facility, or receipt of services pursuant to this chapter or the social  
9 services law, is appropriate. Such services shall include, but are not  
10 limited to, employment, health care, mental health care, educational or  
11 vocational training, housing, and access to supportive outpatient facil-  
12 ities such as clubhouses.

13 (b) "in need of involuntary care and treatment" means that a person  
14 has a mental illness for which care and treatment as a patient in a  
15 hospital is essential to [~~such person's welfare~~] prevent such person  
16 from engaging in behavior likely to result in serious harm, and whose  
17 judgment is so impaired that [~~he~~] such person is unable to understand  
18 the need for such care and treatment.

19 (c) "likelihood to result in serious harm" or "likely to result in  
20 serious harm" means [~~(a)~~] 1. a substantial risk of physical harm to the  
21 person as manifested by threats of or attempts at suicide or serious  
22 bodily harm or other conduct demonstrating that the person is dangerous  
23 to [~~himself or herself~~] themselves, or [~~(b)~~] 2. a substantial risk of  
24 physical harm to other persons as manifested by [~~homicidal or other~~  
25 violent behavior by which others are placed in reasonable fear of seri-  
26 ous physical harm] threats of, attempts at, or perpetration of violence,  
27 or possessing a weapon or an object that can be utilized as a weapon and  
28 using such weapon or object in a manner consistent with a use that would  
29 produce imminent physical harm to themselves or others; for the purposes  
30 of this section, noncompliance with instructions from any police offi-  
31 cer, peace officer, or person engaged in homelessness intervention or  
32 behavioral health services in the absence of other threatening behavior  
33 shall not constitute reasonable fear of serious physical harm; nor shall  
34 the fashioning of any body part, or handling of any object that is not a  
35 firearm or component thereof in such a manner consistent with operating  
36 a firearm, constitute reasonable fear of serious physical harm.

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

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

43 (f) "director of community services" means the director of community  
44 services for the mentally disabled appointed pursuant to article forty-  
45 one of this chapter.

46 (g) "qualified psychiatrist" means a physician licensed to practice  
47 medicine in New York state who: [~~(a)~~] 1. is a diplomate of the American  
48 board of psychiatry and neurology or is eligible to be certified by that  
49 board; or [~~(b)~~] 2. is certified by the American osteopathic board of  
50 neurology and psychiatry or is eligible to be certified by that board.

51 (h) "patient advocate" means an individual or organization with exper-  
52 tise in behavioral health and homelessness intervention services that  
53 provides assistance and representation to a patient receiving health-  
54 care, in support of such person's welfare.

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

1 (j) "clubhouse" means a non-emergency medical facility and community-  
2 based psycho-social rehabilitation center that provides structured,  
3 evidence-based services for individuals living with mental illness,  
4 including:

5 (i) employment assistance, workforce development, and job placement;  
6 (ii) housing assistance, supportive housing navigation, and homeless-  
7 ness prevention;

8 (iii) educational and skills training programs;

9 (iv) peer support groups and mental health counseling;

10 (v) crisis intervention and suicide prevention services;

11 (vi) re-entry support for justice-involved individuals; and

12 (vii) veteran services, including post-traumatic stress disorder  
13 support and United States department of veterans' affairs benefit navi-  
14 gation.

15 § 4. Section 7.17 of the mental hygiene law is amended by adding a new  
16 subdivision (h) to read as follows:

17 (h) The commissioner shall establish at least one empath unit, as such  
18 term is defined in section 9.01 of this title, in each county in the  
19 state.

20 § 5. Paragraph 2 of subdivision (a) of section 9.48 of the mental  
21 hygiene law, as added by chapter 408 of the laws of 1999, is amended to  
22 read as follows:

23 (2) The directors of assisted outpatient treatment programs shall  
24 ensure the timely delivery of services described in paragraph one of  
25 subdivision (a) of section 9.60 of this article pursuant to any court  
26 order issued under such section. Directors of assisted outpatient treat-  
27 ment programs shall immediately commence corrective action upon receiv-  
28 ing notice from program coordinators, that services are not being  
29 provided in a timely manner. Such directors shall inform the program  
30 coordinator of such corrective action. Assertive community treatment  
31 team services which have been court ordered or otherwise directed under  
32 this article shall be provided within thirty days of such order or upon  
33 request of the application. For the purposes of such service provision,  
34 there shall be a presumption of eligibility to the maximum extent possi-  
35 ble and confirmation of eligibility shall occur subsequent to program  
36 admission.

37 § 6. Paragraph 2 of subdivision (b) of section 9.27 of the mental  
38 hygiene law, as amended by chapter 343 of the laws of 1985, is amended  
39 and a new paragraph 12 is added to read as follows:

40 2. the [~~father or mother, husband or wife, brother or sister,~~] parent  
41 or legal guardian, spouse, sibling or the child of any such person or  
42 the nearest available relative.

43 12. a behavioral health services expert acting as an agent of the city  
44 or county in which any such person may be.

45 § 7. Section 9.27 of the mental hygiene law is amended by adding a new  
46 subdivision (j) to read as follows:

47 (j) A patient subject to an involuntary admission under this article  
48 shall be entitled to be placed in a room with a window and access to a  
49 restroom, and shall not be physically restrained unless such patient is  
50 determined to be dangerous.

51 § 8. Subdivisions (a) and (d) of section 9.33 of the mental hygiene  
52 law, as amended by chapter 789 of the laws of 1985, are amended to read  
53 as follows:

54 (a) If the director shall determine that a patient admitted upon an  
55 application supported by medical certification, for whom there is no  
56 court order authorizing retention for a specified period, is in need of

1 retention or transfer to the jurisdiction of the department for  
2 retention in a hospital operated by the state or to a private facility  
3 having an appropriate operating certificate, and if such patient does  
4 not agree to remain in such hospital as a voluntary patient or agree to  
5 such transfer, the director shall apply to the supreme court or the  
6 county court in the county where the hospital is located for an order  
7 authorizing continued retention. Such application shall be made no later  
8 than sixty days from the date of involuntary admission on application  
9 supported by medical certification or thirty days from the date of an  
10 order denying an application for patient's release pursuant to section  
11 9.31, whichever is later; and the hospital is authorized to retain the  
12 patient or transfer such patient to the jurisdiction of the department  
13 for retention in a hospital operated by the state or a private facility  
14 having an appropriate operating certificate for such further period  
15 during which the hospital is authorized to make such application or  
16 during which the application may be pending. The director shall cause  
17 written notice of such application to be given the patient and a copy  
18 thereof shall be given personally or by mail to the persons required by  
19 this article to be served with notice of such patient's initial admis-  
20 sion and to the mental hygiene legal service. Such notice shall state  
21 that a hearing may be requested and that failure to make such a request  
22 within five days, excluding Sunday and holidays, from the date that the  
23 notice was given to the patient will permit the entry without a hearing  
24 of an order authorizing retention or transfer.

25 (d) If the director of a hospital, in which a patient is retained  
26 pursuant to the foregoing subdivisions of this section, shall determine  
27 that the condition of such patient requires [~~his~~] further retention in a  
28 hospital or transfer to a private facility having an appropriate operat-  
29 ing certificate, [~~he~~] the director shall, if such patient does not agree  
30 to remain in such hospital as a voluntary patient or does not agree to a  
31 transfer, apply during the period of retention authorized by the last  
32 order of the court to the supreme court or the county court in the coun-  
33 ty where the hospital is located for an order authorizing further  
34 continued retention or the transfer of such patient. The procedures for  
35 obtaining any order pursuant to this subdivision shall be in accordance  
36 with the provisions of the foregoing subdivisions of this section;  
37 provided that the patient or anyone on [~~his~~] their behalf or the mental  
38 hygiene legal service may request that the patient be brought personally  
39 before the court, in which case the court shall not grant an order for  
40 periods of one year or longer unless such patient shall have appeared  
41 personally before the court. The period for continued retention pursuant  
42 to the first order obtained under this subdivision shall authorize  
43 further continued retention of the patient for not more than one year  
44 from the date of the order. The period for the further continued  
45 retention of the patient authorized by any subsequent order under this  
46 subdivision shall be for periods not to exceed two years each from the  
47 date of the order.

48 § 9. Section 9.03 of the mental hygiene law, as amended by chapter 351  
49 of the laws of 2021, is amended to read as follows:

50 § 9.03 Admission to a hospital.

51 (a) Unless otherwise specifically provided for by statute, a person  
52 with a mental illness shall be admitted to a hospital as an in-patient  
53 only pursuant to the provisions of this article, except that chemically  
54 dependent patients may be admitted to chemical dependence facilities  
55 operated by such hospitals under contract or agreement with the office  
56 of [~~alcoholism and substance abuse~~] addiction services and supports in

1 accordance with the provisions of article twenty-two of this chapter.  
2 The section of the mental hygiene law under which a patient is admitted  
3 or under which any change of legal status is subsequently effected shall  
4 be stated in the patient's record.

5 (b) A patient admitted pursuant to this article shall be assigned a  
6 patient advocate within twenty-four hours of such admission. Such  
7 patient advocate may be an employee of the city or county in which the  
8 hospital or facility is located; an employee or volunteer of a homeless  
9 intervention services organization; a mental health expert; a person who  
10 has experienced homelessness; or a family member of the patient.

11 § 10. Section 33.27 of the mental hygiene law is amended by adding a  
12 new subdivision (d) to read as follows:

13 (d) Within twenty-four hours of admission to any facility operated or  
14 licensed by the office of mental health a patient shall be informed of  
15 their right to file a complaint with the ombudsman.

16 § 11. Section 33.27 of the mental hygiene law is amended by adding a  
17 new subdivision (e) to read as follows:

18 (e) The office of the independent substance use disorder and mental  
19 health ombudsman shall annually publish a report on involuntary admis-  
20 sions that shall include the demographics of people admitted, the number  
21 of complaints to the office, the due process for people admitted, the  
22 nature of services provided after discharges, and the mental health and  
23 housing stability outcomes of involuntary admissions.

24 § 12. The mental hygiene law is amended by adding a new section 22.13  
25 to read as follows:

26 § 22.13 Medically recommended treatment.

27 Any addictive disorder services pursuant to this article shall include  
28 medically recommended treatment by a person licensed to practice medi-  
29 cine as set forth in article one hundred thirty-one of the education  
30 law.

31 § 13. Section 29.07 of the mental hygiene law, subdivision (b) as  
32 amended by chapter 37 of the laws of 2011, is amended to read as  
33 follows:

34 § 29.07 Commissioner's powers over admissions to department facilities.

35 (a) [~~The commissioner may by order defer admissions to~~] If the commis-  
36 sioner shall determine that overcrowding exists in any facility in the  
37 department when the total number of patients therein exceeds its capaci-  
38 ty to an extent which will not permit adequate care and treatment to be  
39 provided patients, such commissioner shall authorize admission to anoth-  
40 er facility with an appropriate operating certificate. The commissioner  
41 may not defer admissions unless there is a state declaration of disaster  
42 emergency pursuant to article two-B of the executive law.

43 (b) If the commissioner shall determine that overcrowding exists in  
44 the department schools, [~~he~~] the commissioner may, within the amounts  
45 appropriated therefor, authorize admission for care and treatment of any  
46 person with a developmental disability to a designated facility approved  
47 for such purposes by the commissioner. The patient and any liable rela-  
48 tives shall be liable for payment of fees in accordance with article  
49 forty-three of this chapter.

50 § 14. Subdivision (a) of section 9.47 of the mental hygiene law, as  
51 amended by section 15 of chapter 351 of the laws of 2021, is amended to  
52 read as follows:

53 (a) All directors of community services, health officers, and social  
54 services officials, as defined by the social services law, are charged  
55 with the duty of seeing that all persons with a mental illness within  
56 their respective communities who are in need of or request medically

1 recommended care and treatment [~~at a hospital~~] are admitted to a hospi-  
2 tal or other facility, or receive other services pursuant to the  
3 provisions of this article or the social services law. Such services  
4 shall include, but are not limited to, employment, health care, mental  
5 health care, educational or vocational training, housing, and access to  
6 supportive outpatient facilities such as clubhouses. Social services  
7 officials and health officers shall notify the director of community  
8 services of any such person coming to their attention. Pending the  
9 determination of the condition of an alleged person with a mental  
10 illness, it shall be the duty of the director of community services and,  
11 if there be no such director, of the local health officer to provide for  
12 the proper care of such person [~~in a suitable facility~~].

13 § 15. The opening paragraph of section 9.47 of the mental hygiene law,  
14 as amended by section 16 of chapter 351 of the laws of 2021, is amended  
15 to read as follows:

16 All directors of community services, health officers, and social  
17 services officials, as defined by the social services law, are charged  
18 with the duty of seeing that all persons with a mental illness within  
19 their respective communities who are in need of or request medically  
20 recommended care and treatment [~~at a hospital~~] are admitted to a hospi-  
21 tal or other facility, or receive other services pursuant to the  
22 provisions of this article or the social services law. Such services  
23 shall include, but are not limited to, employment, health care, mental  
24 health care, educational or vocational training, housing, and access to  
25 supportive outpatient facilities such as clubhouses. Social services  
26 officials and health officers shall notify the director of community  
27 services of any such person coming to their attention. Pending the  
28 determination of the condition of an alleged person with a mental  
29 illness, it shall be the duty of the director of community services and,  
30 if there be no such director, of the local health officer to provide for  
31 the proper care of such person [~~in a suitable facility~~].

32 § 16. Subdivision (d) of section 9.37 of the mental hygiene law, as  
33 amended by chapter 357 of the laws of 1991 and as relettered by chapter  
34 343 of the laws of 1996, is amended to read as follows:

35 (d) After signing the application, the director of community services  
36 or the director's designee shall be authorized and empowered to take  
37 into custody, detain, transport, and provide temporary care for any such  
38 person. Upon the written request of such director or the director's  
39 designee it shall be the duty of a person or persons with expertise in  
40 behavioral health and homeless intervention services to take into custo-  
41 dy and transport any such person as requested and directed by such  
42 director or designee. Such person or persons may request and shall  
43 receive the accompaniment of peace officers, when acting pursuant to  
44 their special duties, or police officers who are members of the state  
45 police or of an authorized police department or force or of a sheriff's  
46 department [~~to take into custody and transport any such person as~~  
47 ~~requested and directed by such director or designee~~]. No officer shall  
48 use coercive force to take a person into custody or pursue any such  
49 person who flees unless directed by a person with expertise in behav-  
50 ioral health, or homeless intervention services and, if so directed,  
51 must refrain from any further coercion or pursuit at such direction;  
52 provided, however, that this shall not apply to detaining a person  
53 engaging in behavior likely to result in serious harm. Upon the written  
54 request of such director or designee, an ambulance service, as defined  
55 in subdivision two of section three thousand one of the public health  
56 law, is authorized to transport any such person.

1 § 17. Intentionally omitted.

2 § 18. The mental hygiene law is amended by adding a new section 7.10  
3 to read as follows:

4 § 7.10 Regulation and quality control of services for individuals with  
5 severe mental illness.

6 This article sets forth provisions enabling the commissioner to regu-  
7 late and assure the consistent high quality of treatment and services  
8 provided within the state to its citizens with severe mental illness.  
9 The commissioner shall evaluate mental health and behavioral health  
10 outcomes, as well as issuance of treatment plans pursuant to section  
11 29.13 of this chapter. The commissioner may adopt and promulgate any  
12 regulation reasonably necessary to implement and effectively exercise  
13 the powers and perform the duties conferred by this article. This arti-  
14 cle shall govern the operation of programs, provision of services and  
15 the facilities hereinafter described and the commissioner's powers and  
16 authority with respect thereto.

17 § 19. Subdivision (n) of section 19.07 of the mental hygiene law, as  
18 added by chapter 762 of the laws of 2022, is relettered subdivision (o)  
19 and a new subdivision (p) is added to read as follows:

20 (p) The office shall not adopt any regulations on the dispensing of  
21 opioid agonists, including but not limited to methadone, which would  
22 result in additional limitations to access, continuing treatment,  
23 dosing, and dispensing for home use, beyond those enumerated in federal  
24 law and any waivers issued by the federal government.

25 § 20. Section 29.13 of the mental hygiene law, as added by chapter 332  
26 of the laws of 1976, subdivision (b) as amended by chapter 135 of the  
27 laws of 1993, is amended to read as follows:

28 § 29.13 Treatment plans.

29 (a) Subject to the regulations of the commissioner, the director of  
30 each departmental facility shall require the development of a written  
31 treatment plan to assure adequate [~~care and~~] treatment for the health,  
32 economic security, housing security, and welfare of each patient.

33 (b) The written treatment plan shall include, but not be limited to, a  
34 statement of treatment goals; appropriate programs, treatment or thera-  
35 pies to be undertaken to meet such goals; services pursuant to this  
36 article and the social services law including, but not limited to,  
37 employment, educational or vocational training, housing, and access to  
38 supportive outpatient facilities such as clubhouses; and a specific  
39 timetable for assessment of patient programs as well as for periodic  
40 mental and physical reexaminations. In causing such a plan to be  
41 prepared or when such a plan is to be revised, the following persons  
42 shall be interviewed and provided an opportunity to actively participate  
43 in such preparation or revision: the patient; [~~an~~] the patient advocate  
44 or other authorized representative of the patient, to include the parent  
45 or parents if the patient is a minor, unless such minor sixteen years of  
46 age or older objects to the participation of the parent or parents and  
47 there has been a clinical determination by a physician indicating that  
48 the involvement of the parent or parents is not clinically appropriate  
49 and such determination is documented in the record; upon the request of  
50 the patient sixteen years of age or older, a significant individual to  
51 the patient including any relative, close friend or individual otherwise  
52 concerned with the welfare of the patient, other than an employee of the  
53 facility.

54 (c) The director of each facility, in conjunction with a patient advo-  
55 cate and any service provider for such discharged patient, shall monitor  
56 the patient for at least thirty days to ensure compliance with the

1 patient treatment plan. If such patient is not in compliance, the local  
2 social services commissioner shall make a good faith effort to locate  
3 the patient and return them to treatment, and monitor such patient for  
4 at least an additional thirty days to ensure compliance.

5 (d) The commissioner may suspend, revoke, or limit the operating  
6 certificate of any facility found not to be providing medically recom-  
7 mended treatment plans pursuant to this section.

8 § 21. Subdivision (k) of section 29.15 of the mental hygiene law, as  
9 amended by chapter 433 of the laws of 1976, is amended to read as  
10 follows:

11 (k) 1. No patient shall be discharged or conditionally released until  
12 such patient and the patient advocate approve the written treatment plan  
13 developed under section 29.13 of this article. No patient shall be  
14 required, as a condition precedent to [~~his~~] discharge, to agree to the  
15 terms of a written [~~service~~] treatment plan. If after the advisability  
16 of following the program proposed in the written [~~service~~] treatment  
17 plan has been explained to the patient who has been discharged or who is  
18 to be discharged, such patient expresses [~~his~~] their objection to such  
19 program or any part thereof, a notation of such objection shall be made  
20 in the patient's records.

21 2. A patient with a mental illness diagnosis may request and shall be  
22 entitled to receive inpatient or outpatient treatment recommended for  
23 such condition, irrespective of the ability of such person to pay. For  
24 the purposes of such treatment, a patient may be relocated to another  
25 facility having an appropriate operating certificate. In the absence of  
26 documentation of a mental illness diagnosis, attestation by the patient  
27 shall serve as presumptive evidence of such condition.

28 3. Upon discharge or conditional release, a patient shall be entitled  
29 to costs of transportation either to their place of usual residence, or  
30 another requested destination, if a social services official, in consul-  
31 tation with a patient advocate, determines that such person will have  
32 adequate support for their welfare.

33 § 22. The mental hygiene law is amended by adding two new sections  
34 9.34 and 9.36 to read as follows:

35 § 9.34 Court authorization to continued inpatient treatment and care.

36 (a) If the director shall determine that a patient admitted upon an  
37 application supported by medical certification, for whom there is no  
38 court order authorizing retention for a specified period, is in need of  
39 discharge and if such patient or patient advocate does not agree with  
40 such discharge, the patient or anyone on their behalf shall apply to the  
41 supreme court or the county court in the county where the hospital is  
42 located for an order for continued inpatient treatment and care at the  
43 discretion of the patient. The hospital shall retain the patient for  
44 such further period. The court shall cause written notice of such appli-  
45 cation to be given to the director and a copy thereof shall be given  
46 personally or by mail to the persons required by this article to be  
47 served with notice of such patient's initial admission and to the mental  
48 hygiene legal service. Such notice shall state that a hearing may be  
49 requested and that failure to make such a request within five days,  
50 excluding Sunday and holidays, from the date that the notice was given  
51 to the director will permit the entry without a hearing of an order  
52 authorizing continued inpatient treatment and care.

53 (b) If no request is made for a hearing on behalf of the director  
54 within five days, excluding Sunday and holidays, from the date such  
55 notice of such application was given to such director, and if the mental  
56 hygiene legal service has not requested a hearing, the court receiving

1 the application may, if satisfied that the patient requires continued  
2 inpatient care and treatment or transfer and continued retention, imme-  
3 diately issue an order authorizing continued inpatient treatment and  
4 care for such patient in such hospital.

5 (c) Upon the demand of the patient or of anyone on their behalf or  
6 upon request of the mental hygiene legal service, the court shall, or  
7 may on its own motion, fix a date for the hearing of the application, in  
8 like manner as is provided for hearings in section 9.31 of this article.  
9 The provisions of such section shall apply to the procedure for obtain-  
10 ing and holding a hearing and to the granting or refusal to grant an  
11 order of continued inpatient treatment and care by the court, except  
12 that if the patient has already had a hearing, they shall not have the  
13 right to designate initially the county in which the hearing shall be  
14 held.

15 (d) If the director of a hospital, in which a patient is retained  
16 pursuant to the foregoing subdivisions of this section, shall determine  
17 that the condition of such patient requires discharge, such director  
18 shall, if such patient does not agree to such discharge, apply during  
19 the period of retention authorized by the last order of the court to the  
20 supreme court or the county court in the county where the hospital is  
21 located for an order authorizing discharge of such patient. The proce-  
22 dures for obtaining any order pursuant to this subdivision shall be in  
23 accordance with the provisions of the foregoing subdivisions of this  
24 section; provided that the patient or anyone on such patient's behalf or  
25 the mental hygiene legal service may request that the patient be brought  
26 personally before the court.

27 (e) Nothing in this section shall prohibit the patient from voluntar-  
28 ily agreeing to such discharge at any time; provided, however, that such  
29 patient may not receive remuneration to agree to such discharge.

30 § 9.36 Review of court authorization to continued inpatient care and  
31 treatment.

32 (a) If a hospital that has been ordered to continue provision of inpa-  
33 tient treatment and care be dissatisfied with any such order, the direc-  
34 tor may, during the period of authorized continued treatment and care,  
35 obtain a rehearing and a review of the proceedings already had and of  
36 such order upon a petition to a justice of the supreme court other than  
37 the judge or justice presiding over the court making such order. Such  
38 justice shall cause a jury to be summoned and shall try the question of  
39 the mental illness and the need for retention of the patient so author-  
40 ized to receive continued inpatient treatment and care. Any such direc-  
41 tor applying for such review may waive the trial of the fact by a jury  
42 and consent in writing to trial of such fact by the court. If the  
43 verdict of the jury, or the decision of the court when jury trial has  
44 been waived, be that such person does not have a mental illness or is  
45 not in need of retention the justice shall forthwith discharge such  
46 patient, but if the verdict of the jury, or the decision of the court  
47 where a jury trial has been waived, be that such person is in need of  
48 retention the justice shall certify that fact and make an order author-  
49 izing continued inpatient treatment and care. Such order shall be  
50 presented, at the time of authorization, to, and filed with, the direc-  
51 tor, and a copy thereof shall be forwarded to the department by such  
52 director and filed in the office thereof. Proceedings under the order  
53 shall not be stayed pending an appeal therefrom, except upon an order of  
54 a justice of the supreme court, made upon a notice and after a hearing,  
55 with provisions made therein for such temporary care or confinement of  
56 the alleged person with a mental illness as may be deemed necessary.

1 (b) Nothing in this section shall prohibit the patient from voluntar-  
2 ily agreeing to such discharge at any time; provided, however, that such  
3 patient may not receive remuneration to agree to such discharge.

4 § 23. Section 29.19 of the mental hygiene law, as amended by chapter  
5 408 of the laws of 1999, is amended to read as follows:

6 § 29.19 Powers and duties [~~of peace officers acting pursuant to their~~  
7 ~~special duties and police officers~~] to apprehend, restrain,  
8 and transport persons to facilities.

9 A person who has been committed or admitted to a department facility  
10 or a hospital licensed or operated by the office of mental health and  
11 who has been reported as escaped therefrom or from lawful custody, or  
12 who resists or evades lawful custody; and any patient for whom the  
13 director of a hospital operated by the office of mental health, or the  
14 director's designee, has terminated a conditional release and ordered  
15 such patient to return to such facility; and any patient for whom a  
16 director of an assisted outpatient treatment program, as defined in  
17 subdivision (a) of section 9.60 of this chapter, or the director's  
18 designee, or anyone designated pursuant to section 9.37 of this chapter,  
19 has directed the removal to a hospital pursuant to subdivision (n) of  
20 section 9.60 of this chapter, may be apprehended, restrained, trans-  
21 ported to, and returned to such school or hospital by any person or  
22 persons with expertise in behavioral health and homeless intervention  
23 services, who may request the assistance of a peace officer, acting  
24 pursuant to [~~his~~] their special duties, or any police officer who is a  
25 member of an authorized police department or force or of a sheriff's  
26 department, and it shall be the duty of any such officer to assist any  
27 representative of a department or licensed facility, or an assisted  
28 outpatient treatment program, to take into custody any such person or  
29 patient upon the request of such representative, director or designee.  
30 No officer shall use coercive force to take a person into custody or  
31 pursue any such person who flees unless directed by a person with exper-  
32 tise in behavioral health, or homeless intervention services, and if so  
33 directed must refrain from any further coercion or pursuit at such  
34 direction; provided, however, that this shall not apply to detaining a  
35 person engaging in behavior likely to result in serious harm.

36 § 24. Section 29.19 of the mental hygiene law, as amended by chapter  
37 843 of the laws of 1980, is amended to read as follows:

38 § 29.19 Powers and duties of peace officers acting pursuant to their  
39 special duties and police officers to apprehend, restrain, and  
40 transport persons to facilities.

41 A person who has been committed or admitted to a department facility  
42 and who has been reported as escaped therefrom or from lawful custody,  
43 or who resists or evades lawful custody, may be apprehended, restrained,  
44 transported to, and returned to such school or hospital by any person or  
45 persons with expertise in behavioral health and homeless intervention  
46 services, who may request the assistance of a peace officer, acting  
47 pursuant to [~~his~~] their special duties, or any police officer, and it  
48 shall be the duty of any such officer to assist any representative of a  
49 department facility to take into custody any such person upon the  
50 request of such representative. No officer shall use coercive force to  
51 take a person into custody or pursue any such person who flees unless  
52 directed by a person with expertise in behavioral health, or homeless  
53 intervention services, and if so directed must refrain from any further  
54 coercion or pursuit at such direction; provided, however, that this  
55 shall not apply to detaining a person engaging in behavior likely to  
56 result in serious harm.

1 § 25. Subdivisions (c) and (e) of section 29.27 of the mental hygiene  
2 law, as amended by chapter 322 of the laws of 2021, are amended to read  
3 as follows:

4 (c) An incarcerated individual-patient may be retained for care and  
5 treatment in the facility designated by the commissioner for the period  
6 stated in the order committing the incarcerated individual-patient to  
7 the custody of the department unless sooner transferred or discharged in  
8 accordance with law. If the incarcerated individual-patient requires  
9 inpatient care and treatment for mental illness beyond such authorized  
10 period such person may request and shall receive medically recommended  
11 services, irrespective of ability to pay. If such person does not volun-  
12 tarily accept treatment, the director of the facility where [~~he or she~~  
13 ~~is~~] they are kept in custody shall apply for an order of retention or  
14 subsequent orders of retention in accordance with the procedures set  
15 forth in article nine of this chapter for the retention of patients. The  
16 provisions of this chapter applying to the rights of patients with  
17 respect to notices, hearings, judicial review, writ of habeas corpus,  
18 and the services of the mental hygiene legal service shall apply to  
19 incarcerated individual-patients except that in no case shall an incar-  
20 cerated individual-patient be discharged or released from custody prior  
21 to the time that such incarcerated individual-patient has completed [~~his~~  
22 ~~or her~~] their term of imprisonment or that [~~his or her~~] their release  
23 from custodial confinement in the correctional facility or jail from  
24 which [~~he or she~~] such individual was delivered to the department has  
25 been duly authorized.

26 (e) When the director of the facility in which the incarcerated indi-  
27 vidual-patient is in custody finds that the incarcerated individual-pa-  
28 tient is no longer mentally ill or no longer requires hospitalization  
29 for care and treatment, [~~he or she~~] they shall so notify the incarcerat-  
30 ed individual-patient and commissioner of corrections and community  
31 supervision or, in the case of an incarcerated individual-patient coming  
32 from a jail or correctional institution operated by local government,  
33 the officer in charge of the jail or correctional institution from which  
34 the incarcerated individual-patient was committed. The commissioner of  
35 corrections and community supervision or such officer, as the case may  
36 be, shall immediately arrange to take such incarcerated individual-pa-  
37 tient into custody and return [~~him or her~~] them to a correctional facil-  
38 ity or to the jail or correctional institution operated by local govern-  
39 ment. Upon return to the correctional institution, such incarcerated  
40 individual shall be eligible for review for merit termination of  
41 sentence and discharge from presumptive release, parole, conditional  
42 release and release to post-release supervision pursuant to section  
43 two hundred five of the correction law.

44 § 26. Subdivision 1 of section 43 of the social services law, as  
45 amended by chapter 458 of the laws of 1986, is amended and a new subdivi-  
46 sion 12 is added to read as follows:

47 1. [~~Within the limits of funds available in the homeless housing and~~  
48 ~~assistance fund, the~~] The commissioner is hereby authorized to enter  
49 into contracts with municipalities to provide state financial assistance  
50 for the project costs attributable to the establishment of homeless  
51 housing projects. The municipalities that enter into contracts with the  
52 commissioner shall undertake the establishment of the homeless housing  
53 project or shall contract with a not-for-profit corporation or charita-  
54 ble organization to undertake the project, pursuant to this article.

55 12. No later than five years after the effective date of this subdivi-  
56 sion, no municipality, not-for-profit corporation or subsidiary thereof,

1 public corporation or charitable organization or subsidiary thereof  
 2 shall operate, enter into or renew a contract for any homeless housing  
 3 project intended for occupancy more than thirty days other than a shel-  
 4 ter composed of single room occupancy units.

5 § 27. Subdivision 5 of section 45 of the social services law, as  
 6 amended by chapter 349 of the laws of 1994, is amended to read as  
 7 follows:

8 5. "Single room occupancy unit" shall mean a private room providing  
 9 living and sleeping space for no more than two persons or one family  
 10 with access to bathing and toilet facilities, within a building or  
 11 portion thereof which is operated by an eligible applicant[ ~~, provided,~~  
 12 ~~however, that in no event shall such unit be located in:~~

- 13 ~~(a) hotels, motels or other dwellings occupied transiently,~~  
 14 ~~(b) shelters for families or adults, as defined by the commissioner,~~  
 15 ~~(c) residential facilities or institutions which are required to be~~  
 16 ~~licensed by any state agency,~~  
 17 ~~(d) college or school dormitories,~~  
 18 ~~(e) clubhouses,~~  
 19 ~~(f) housing intended for use primarily or exclusively by the employees~~  
 20 ~~of a single company or institution; or~~  
 21 ~~(g) convents or monasteries].~~

22 The unit itself may contain a kitchen and/or a bathroom.

23 § 28. Subdivision 4 of section 81 of the social services law, as  
 24 amended by chapter 863 of the laws of 1977, is amended to read as  
 25 follows:

26 4. Such annual reports shall include an itemized statement of all  
 27 money received by the social services official and all money expended  
 28 [~~by him~~], and a detailed statement in regard to the recipients of public  
 29 assistance and care, and outcomes of homeless persons served that shall  
 30 include but is not limited to housing stability, behavioral health  
 31 outcomes, and employment. Town and city social services officers shall  
 32 furnish the county commissioner with all data, relating to their work  
 33 and persons in receipt of public assistance and care, necessary to  
 34 enable the county commissioner to make the reports required by the  
 35 department.

36 § 29. Section 71-a of the correction law, as amended by chapter 322 of  
 37 the laws of 2021, is amended to read as follows:

38 § 71-a. Transitional accountability plan. Upon admission of an incar-  
 39 cerated individual committed to the custody of the department under an  
 40 indeterminate or determinate sentence of imprisonment, the department  
 41 shall develop a transitional accountability plan. Such plan shall be a  
 42 comprehensive, dynamic and individualized case management plan based on  
 43 the programming and treatment needs of the incarcerated individual. The  
 44 purpose of such plan shall be to promote the rehabilitation of the  
 45 incarcerated individual and their successful and productive reentry and  
 46 reintegration into society upon release. To that end, such plan shall be  
 47 used to prioritize programming and treatment services for the incarcer-  
 48 ated individual during incarceration and any period of community super-  
 49 vision. The commissioner [~~may~~] shall consult with the office of mental  
 50 health, the office of [~~alcoholism and substance abuse~~] addiction  
 51 services and supports, the board of parole, the department of health,  
 52 and other appropriate agencies in the development of transitional case  
 53 management plans.

54 § 30. Paragraph (c) of subdivision 6 of section 72-a of the correction  
 55 law is REPEALED.

1 § 31. Section 5 of chapter 554 of the laws of 1986, amending the  
2 correction law and the penal law relating to providing for community  
3 treatment facilities and establishing the crime of absconding from the  
4 community treatment facility, as amended by section 22 of part A of  
5 chapter 55 of the laws of 2023, is amended to read as follows:

6 § 5. This act shall take effect immediately and shall remain in full  
7 force and effect until September 1, [~~2025~~] 2027, and provided further  
8 that the commissioner of correctional services shall report each January  
9 first and July first during such time as this legislation is in effect,  
10 to the [~~chairmen~~] chair of the senate crime victims, crime and  
11 correction committee, the senate codes committee, the assembly  
12 correction committee, and the assembly codes committee, the number of  
13 individuals who are released to community treatment facilities during  
14 the previous six-month period, including the total number for each date  
15 at each facility who are not residing within the facility, but who are  
16 required to report to the facility on a daily or less frequent basis.

17 § 32. Subdivisions 5 and 15 of section 201 of the correction law,  
18 subdivision 5 as amended by chapter 484 of the laws of 2022, subdivision  
19 15 as added by section 32 of subpart A of part C of chapter 62 of the  
20 laws of 2011, are amended to read as follows:

21 5. The department shall assist incarcerated individuals eligible for  
22 community supervision and individuals who are on community supervision  
23 to secure employment, educational or vocational training, [~~and~~]  
24 and treatment pursuant to the mental hygiene law. Any program the  
25 department requires a person on community supervision to take as a  
26 condition of such supervision shall not unreasonably interfere with such  
27 person's employment, educational or vocational training schedule unless  
28 such program is a residential treatment program.

29 15. The commissioner shall provide an annual report to the temporary  
30 president of the senate, the speaker of the assembly, the minority lead-  
31 er of the senate and minority leader of the assembly, commencing January  
32 first, two thousand twelve. Such report shall include but not be limited  
33 to the number of persons: released to community supervision and the  
34 release type; supervised on community supervision during the preceding  
35 year; whose community supervision was revoked; returned to incarceration  
36 for conviction of a new felony committed while on community supervision;  
37 transferred out of state pursuant to the Interstate Compact for Adult  
38 Supervision. In addition, the commissioner shall provide information on  
39 behavioral health and housing outcomes, and other available information  
40 regarding community supervision to the temporary president of the  
41 senate, the speaker of the assembly, the minority leader of the senate  
42 and minority leader of the assembly upon request.

43 § 33. Section 205 of the correction law is amended by adding a new  
44 subdivision 1-a to read as follows:

45 1-a. A merit termination may be granted if it is determined by the  
46 department that such person cannot be reasonably expected to reoffend if  
47 provided services pursuant to the social services law or the mental  
48 hygiene law, and such person is not on presumptive release, parole,  
49 conditional release or release to post-release supervision from a term  
50 of imprisonment imposed for any of the following offenses:

51 (a) murder in the first degree;

52 (b) unlawful imprisonment in the first degree, kidnapping in the first  
53 degree, or kidnapping in the second degree, in which the victim is less  
54 than seventeen years old and the offender is not the parent of the  
55 victim;

1 (c) an offense defined in article two hundred thirty of the penal law  
2 involving the prostitution of a person less than nineteen years old; or  
3 (d) an offense defined in article two hundred sixty-three of the penal  
4 law.

5 § 34. Paragraph (c) of subdivision 1 of section 273 of the correction  
6 law, as added by section 1 of part SS of chapter 56 of the laws of 2009,  
7 is amended to read as follows:

8 (c) having verified community ties in one of the following areas:  
9 employment, permanent residence or receipt of homeless intervention  
10 services and family.

11 § 35. Subdivision 6 of section 400 of the correction law, as added by  
12 chapter 766 of the laws of 1976, is amended to read as follows:

13 (6) "Mental illness" means an affliction with a mental disease or  
14 mental condition which is manifested by a disorder or disturbance in  
15 behavior, feeling, thinking, or judgment to such an extent that the  
16 person afflicted requires care and treatment; or an addictive disorder  
17 as defined in the mental hygiene law.

18 § 36. Section 401 of the correction law is amended by adding a new  
19 subdivision 1-a to read as follows:

20 1-a. A mental health clinician, or the highest ranking facility secu-  
21 rity supervisor in consultation with a mental health clinician who has  
22 interviewed the incarcerated individual, may determine that such incar-  
23 cerated individual can receive therapeutic programming and/or mental  
24 health treatment in an outpatient facility with an appropriate operating  
25 certificate while living out-of-cell if such incarcerated person is  
26 reasonably safe to be at-large. Such determination shall be documented  
27 in writing.

28 § 37. Subdivision 6 of section 401 of the correction law, as separate-  
29 ly amended by section 9 of part NNN of chapter 59 and chapter 322 of the  
30 laws of 2021, is amended to read as follows:

31 6. The department shall ensure that the curriculum for new correction  
32 officers, and other new department staff who will regularly work in  
33 programs providing mental health treatment for incarcerated individuals,  
34 shall include at least eight hours of training about the types and symp-  
35 toms of mental illnesses, the goals of mental health treatment, the  
36 prevention of suicide and training in how to effectively and safely  
37 manage incarcerated individuals with mental illness. Such training may  
38 be provided by the office of mental health or the justice center for the  
39 protection of people with special needs. All department staff who are  
40 transferring into a residential mental health treatment unit shall  
41 receive a minimum of eight additional hours of such training, and eight  
42 hours of annual training as long as they work in such a unit. All secu-  
43 rity, program services, mental health and medical staff with direct  
44 incarcerated individual contact shall receive training each year regard-  
45 ing identification of, and care for, incarcerated individuals with  
46 mental illnesses. The department shall provide additional training on  
47 these topics on an ongoing basis as it deems appropriate. All staff  
48 working in a residential mental health treatment unit shall also receive  
49 the training mandated in paragraph (n) of subdivision six of section one  
50 hundred thirty-seven of this chapter. All department staff shall have  
51 the obligation to report signs of mental illness to a supervisor.

52 § 38. Subdivisions 1, 2, 3, 9 and 10 of section 402 of the correction  
53 law, as amended by chapter 351, subdivisions 1, 2, 3 and 9 as separately  
54 amended by chapter 322 of the laws of 2021, are amended and a new subdi-  
55 vision 12-a is added to read as follows:

1 1. [~~Whenever the~~] The physician of any correctional facility, any  
2 county penitentiary, county jail or workhouse, any reformatory for  
3 women, or of any other correctional institution, shall [~~report in writ-~~  
4 ~~ing to the superintendent that~~] conduct a personal examination and  
5 review medical records of any person undergoing a sentence of imprison-  
6 ment or adjudicated to be a youthful offender or juvenile delinquent  
7 confined therein within five days of such person's incarceration, and  
8 every twelve months thereafter. If the physician determines that the  
9 incarcerated person has, in [~~his or her~~] such physician's opinion, a  
10 mental illness, [~~such superintendent shall apply to a judge of the coun-~~  
11 ~~ty court or justice of the supreme court in the county to cause an exam-~~  
12 ~~ination to be made of such person by two examining physicians. Such~~  
13 ~~physicians shall be designated by the judge to whom the application is~~  
14 ~~made.~~] such physician shall cause an examination to be made of such  
15 person by a second examining physician within twenty-four hours. Each  
16 such physician, if satisfied, after a personal examination, that such  
17 incarcerated individual has a mental illness and in need of care and  
18 treatment, shall make a certificate to such effect. [~~Before making such~~  
19 ~~certificate, however, he or she shall consider alternative forms of care~~  
20 ~~and treatment available during confinement in such correctional facili-~~  
21 ~~ty, penitentiary, jail, reformatory or correctional institution that~~  
22 ~~might be adequate to provide for such incarcerated individual's needs~~  
23 ~~without requiring hospitalization.~~] If the examining physician knows  
24 that the person [~~he or she is~~] they are examining has been under prior  
25 treatment, [~~he or she~~] such physician shall, insofar as possible,  
26 consult with the physician or psychologist furnishing such prior treat-  
27 ment prior to making [~~his or her~~] such certificate.

28 2. In the city of New York, [~~if~~] within five days of an individual's  
29 incarceration and every twelve months thereafter, the physician of a  
30 workhouse, city prison, jail, penitentiary or reformatory [~~reports in~~  
31 ~~writing to the superintendent of such institution that a prisoner~~  
32 ~~confined therein, serving a sentence of imprisonment, in his or her~~  
33 ~~opinion~~] shall conduct a personal examination and review medical records  
34 of such incarcerated individual. If, in the opinion of such physician,  
35 the incarcerated individual has a mental illness, or if medical records  
36 for such incarcerated individual document diagnosis of an ongoing seri-  
37 ous mental illness, the superintendent of said institution shall either  
38 transfer said [~~prisoner~~] incarcerated individual to Bellevue or Kings  
39 county hospital for observation as to [~~his or her~~] such individual's  
40 mental condition by two examining physicians or shall secure two examin-  
41 ing physicians to make such examination and review medical records in  
42 [~~his~~] the institution. Each such physician, if satisfied after a  
43 personal examination [~~and~~], observation, and review of medical records  
44 that the [~~prisoner~~] individual has a mental illness [~~and~~] in need of  
45 care and treatment, shall make a certificate to such effect. [~~Before~~  
46 ~~making such certificate, however, he or she shall consider alternative~~  
47 ~~forms of care and treatment available during confinement in such correc-~~  
48 ~~tional facility, penitentiary, jail, reformatory or correctional insti-~~  
49 ~~tution that might be adequate to provide for such incarcerated individ-~~  
50 ~~ual's needs without requiring hospitalization.~~] If the examining  
51 physician knows that the person [~~he or she is~~] they are examining has  
52 been under prior treatment, [~~he or she~~] they shall, insofar as possible,  
53 consult with the physician or psychologist furnishing such prior treat-  
54 ment prior to making [~~his or her~~] such certificate.

55 3. Upon such certificates of the examining physicians being so made,  
56 it shall be delivered to the superintendent who, if the incarcerated

1 individual does not agree to voluntary admission, shall thereupon apply  
2 by petition forthwith to a judge of the county court or justice of the  
3 supreme court in the county, annexing such certificate to [~~his or her~~  
4 their] petition, for an order committing such incarcerated individual to  
5 a hospital for persons with a mental illness or outpatient facility with  
6 an appropriate operating certificate. Upon every such application for  
7 such an order of commitment, notice thereof in writing, of at least five  
8 days, together with a copy of the petition, shall be served personally  
9 upon the alleged person with a mental illness, and in addition thereto  
10 such notice and a copy of the petition shall be served upon either the  
11 [~~wife, the husband, the father or mother~~] spouse, parent or other near-  
12 est relative of such alleged person with a mental illness, if there be  
13 any such known relative within the state; and if not, such notice shall  
14 be served upon any known friend of such alleged person with a mental  
15 illness within the state. If there be no such known relative or friend  
16 within the state, the giving of such notice shall be dispensed with, but  
17 in such case the petition for the commitment shall recite the reasons  
18 why service of such notice on a relative or friend of the alleged person  
19 with a mental illness was dispensed with and, in such case, the order  
20 for commitment shall recite why service of such a notice on a relative  
21 or friend of the alleged person with a mental illness was dispensed  
22 with. Copies of the notice, the petition and the certificates of the  
23 examining physicians shall also be given the mental hygiene legal  
24 service. The mental hygiene legal service shall inform the incarcerated  
25 individual and, in proper cases, others interested in the incarcerated  
26 individual's welfare, of the procedures for placement in a hospital or  
27 outpatient facility having an appropriate operating certificate and of  
28 the incarcerated individual's right to have a hearing, to have judicial  
29 review with a right to a jury trial, to be represented by counsel and to  
30 seek an independent medical opinion. The mental hygiene legal service  
31 shall have personal access to such incarcerated individual for such  
32 purposes.

33 9. Except as provided in subdivision two of this section pertaining to  
34 [~~prisoners~~] incarcerated individuals confined in the city of New York,  
35 an incarcerated individual of a correctional facility or a county jail  
36 may be admitted on an emergency basis to the Central New York Psychiat-  
37 ric Center upon the certification by two examining physicians, including  
38 physicians employed by the office of mental health and associated with  
39 the correctional facility in which such incarcerated individual is  
40 confined, that the incarcerated individual suffers from a mental illness  
41 which is likely to result in serious harm to [~~himself, herself~~] themselves  
42 or others as defined in subdivision (a) of section 9.39 of the mental  
43 hygiene law. Any person so committed shall be delivered by the super-  
44 intendent within a twenty-four hour period, to the director of the  
45 appropriate hospital as designated in the rules and regulations of the  
46 office of mental health. Upon delivery of such person to a hospital  
47 operated by the office of mental health, if such person does not agree  
48 to voluntary admission, a proceeding under this section shall immedi-  
49 ately be commenced.

50 10. If the director of a hospital for persons with a mental illness  
51 shall deem that the condition of such person with a mental illness  
52 requires [~~his~~] further retention in a hospital [~~he~~] the director shall,  
53 during the period of retention authorized by the last order of the  
54 court, apply to the supreme court or county court in the county where  
55 such hospital is located, for an order authorizing continued retention  
56 of such person with a mental illness. The procedures for obtaining any

1 order pursuant to this subdivision shall be in accordance with the  
 2 provisions of the mental hygiene law for the retention of involuntary  
 3 patients. A person may be discharged before the end of any sentence or  
 4 period of retention if the director determines it is medically appropri-  
 5 ate and such person is not likely to reoffend.

6 12-a. Prior to discharge, the facility director shall provide the  
 7 department with a treatment plan deemed medically appropriate and that  
 8 supports the housing stability and economic well-being of such person,  
 9 and the department, in consultation with the department of health must  
 10 approve such plan. If the director determines that no plan is needed,  
 11 they shall provide a written attestation to that effect.

12 § 39. Subdivision 4 of section 404 of the correction law, as amended  
 13 by chapter 322 of the laws of 2021, is amended to read as follows:

14 4. Every incarcerated individual who has received mental health treat-  
 15 ment pursuant to this article within three years of [~~his or her~~] their  
 16 anticipated release date from a state correctional facility shall be  
 17 provided with mental health discharge planning and, when necessary, [~~an~~  
 18 ~~appointment with a mental health professional~~] a course of treatment in  
 19 the community [~~who can prescribe~~] that can include prescription medica-  
 20 tions following discharge and sufficient mental health medications and  
 21 prescriptions to bridge the period between discharge and such time as  
 22 such mental health professional may assume care of the patient. Incar-  
 23 cerated individuals who have refused mental health treatment may also be  
 24 provided mental health discharge planning and any necessary appointment  
 25 with a mental health professional.

26 § 40. Subdivision 5 of section 201 of the correction law, as amended  
 27 by chapter 484 of the laws of 2022, is amended to read as follows:

28 5. The department shall assist incarcerated individuals eligible for  
 29 community supervision and individuals who are on community supervision  
 30 to secure employment, educational or vocational training, mental health  
 31 treatment, and housing. Any program the department requires a person on  
 32 community supervision to take as a condition of such supervision shall  
 33 not unreasonably interfere with such person's employment, educational or  
 34 vocational training schedule unless such program is a residential treat-  
 35 ment program.

36 § 41. The judiciary law is amended by adding a new article 5-C to read  
 37 as follows:

#### ARTICLE 5-C

##### MENTAL HEALTH COURTS

#### Section 178. Establishment of mental health courts.

41 178-a. Transfer of actions or proceedings to superior mental  
 42 health courts.

43 178-b. Transfer of actions or proceedings to local mental health  
 44 courts.

45 178-c. Procedure in a superior mental health court or local  
 46 mental health court upon transfer of actions or  
 47 proceedings thereto.

48 178-d. Reports.

49 § 178. Establishment of mental health courts. 1. Following consulta-  
 50 tion with the presiding justice of the appropriate appellate division,  
 51 the chief administrator of the courts shall establish mental health  
 52 courts in supreme court or county court ("superior mental health  
 53 courts") in any county and assign one or more justices or judges to  
 54 preside therein. Each superior mental health court shall have as its  
 55 purpose the hearing and determination of:

1 (a) criminal cases that are commenced in the superior court and that  
2 are identified by the court as appropriate for disposition by a superior  
3 mental health court; and

4 (b) criminal cases that are commenced in other courts of the county,  
5 and that are identified as appropriate for disposition by a superior  
6 mental health court and transferred to that court as provided for in  
7 section one hundred seventy-eight-a of this article.

8 2. Where necessary to best utilize available court and community  
9 resources for actions or proceedings involving defendants with mental  
10 health problems, the chief administrator of the courts shall establish  
11 mental health courts in one or more city or district courts or town or  
12 village justice courts in such county, and assign one or more justices  
13 or judges to preside therein. Each local mental health court shall have  
14 as its purpose the hearing and determination of criminal actions or  
15 proceedings that are commenced in a city or district court or town or  
16 village justice court that are identified as appropriate for disposition  
17 by a local mental health court and transferred to that court as provided  
18 for in section one hundred seventy-eight-b of this article.

19 § 178-a. Transfer of actions or proceedings to superior mental health  
20 courts. 1. (a) A local criminal court in a county in which a superior  
21 mental health court has been established may, upon motion of the defend-  
22 ant and with the consent of the district attorney, cause copies of  
23 papers and other documents filed in such local criminal court in  
24 connection with a criminal action or proceeding pending therein to be  
25 sent to the superior mental health court:

26 (i) upon or after arraignment of the defendant on a local criminal  
27 court accusatory instrument by which such action or proceeding was  
28 commenced; or

29 (ii) upon or after commencement of a proceeding brought against the  
30 defendant for the violation of a condition of a sentence of probation or  
31 a sentence of conditional discharge.

32 (b) Not later than five days following receipt of the papers and other  
33 documents, where there is a reasonable belief that a defendant has a  
34 severe mental illness, the justice or judge presiding in the superior  
35 mental health court shall review the medical records of such defendant  
36 and shall cause a psychiatric evaluation of such defendant. If the  
37 defendant is determined to have a severe mental illness, the justice or  
38 judge presiding in the court shall order transfer, of the action or  
39 proceeding to the superior mental health court, all originating papers  
40 shall be sent from the originating court to the superior mental health  
41 court, and all further proceedings shall be conducted therein. If the  
42 justice or judge determines that a transfer of the action or proceeding  
43 would not promote the administration of justice, they shall notify the  
44 local criminal court from which the reference was received of such  
45 determination, whereupon all further proceedings in such action or  
46 proceeding shall be conducted in accordance with law.

47 2. (a) At any time while a criminal action or proceeding is pending in  
48 a superior court in a county in which a superior mental health court has  
49 been established, including a proceeding brought against defendant for  
50 the violation of a condition of a sentence of probation or a sentence of  
51 conditional discharge, a judge or justice of the court in which the  
52 action or proceeding is pending may, upon motion of the defendant and  
53 with the consent of the district attorney, cause copies of papers and  
54 other documents filed in such court in connection with the action or  
55 proceeding to be sent to the judge or justice presiding in the superior  
56 mental health court for review of the appropriateness of the transfer.

1 (b) Not later than five business days following receipt of the papers  
2 and other documents, the judge or justice presiding in the superior  
3 mental health court shall determine whether or not a transfer of the  
4 action or proceeding to the court would promote the administration of  
5 justice. If such judge or justice determines that it would:

6 (i) such judge or justice, if sitting in supreme court, may order such  
7 transfer, in which event the action or proceeding shall be referred for  
8 disposition to the superior mental health court, all original papers  
9 shall be sent to the superior mental health court, and all further  
10 proceedings in such action or proceeding shall be conducted therein; or

11 (ii) such judge or justice, if sitting in county court, shall so noti-  
12 fy the judge of the court who caused the papers and other documents to  
13 be sent to them, and such justice may thereupon order such transfer, in  
14 which event the action or proceeding shall be referred for disposition  
15 to the superior mental health court, all original papers shall be sent  
16 from the originating court to the superior mental health court, and all  
17 further proceedings in such action or proceeding shall be conducted  
18 therein. If the judge or justice presiding in the superior mental health  
19 court determines that a transfer of the action or proceeding would not  
20 promote the administration of justice, such judge or justice shall noti-  
21 fy the originating court of such determination, whereupon all further  
22 proceedings in such action or proceeding shall be conducted in accord-  
23 ance with law.

24 3. Upon transfer of an action or proceeding to a mental health court,  
25 a judge or justice, with the advice and consent of a psychiatrist and a  
26 social services official, may order inpatient medical treatment, outpa-  
27 tient treatment, or other medically recommended treatment, and may order  
28 monitoring for compliance. Failure to comply with any such order may  
29 result in a new hearing. Failure to comply with any such order shall not  
30 be grounds for incarceration, probation, or fines.

31 4. Upon transfer of an action or proceeding to a mental health court,  
32 the defendant shall be notified of social services available to them.

33 § 178-b. Transfer of actions or proceedings to local mental health  
34 courts. 1. A local criminal court in a county in which a local mental  
35 health court has been established may, upon motion of the defendant and  
36 with the consent of the district attorney, cause copies of papers and  
37 other documents filed in such local criminal court in connection with a  
38 criminal action or proceeding therein to be sent to the local mental  
39 health court:

40 (a) upon or after arraignment of a defendant on a local criminal court  
41 accusatory instrument by which such action or proceeding was commenced;  
42 or

43 (b) upon or after commencement of a proceeding brought against a  
44 defendant for the violation of a condition of a sentence of probation or  
45 a sentence of conditional discharge.

46 2. Not later than five days following receipt of the papers and other  
47 documents, the justice or judge presiding in the local mental health  
48 court, in consultation with the justice or judge in the court of origin,  
49 shall review the medical records of such defendant and shall cause a  
50 psychiatric evaluation of such defendant. If the defendant is determined  
51 to have a severe mental illness, the justice or judge presiding in the  
52 court shall order transfer, of the action or proceeding shall be trans-  
53 ferred to the local mental health court, all originating papers shall  
54 then be sent from the court of origin to the local mental health court,  
55 and all further proceedings shall be conducted therein. If the presiding  
56 justice or judge in the local mental health court or the justice or

1 judge presiding in the court of origin determines that a transfer of the  
2 action or proceeding would not promote the administration of justice,  
3 the action or proceeding will not be transferred and all further  
4 proceedings in such action or proceeding shall be conducted in accord-  
5 ance with law.

6 3. Upon transfer of an action or proceeding to a mental health court,  
7 a judge or justice, with the advice and consent of a psychiatrist and a  
8 social services official, may order inpatient medical treatment, outpa-  
9 tient treatment, or other medically recommended treatment, and may order  
10 monitoring for compliance. Failure to comply with any such order may  
11 result in a new hearing. Failure to comply with any such order shall not  
12 be grounds for incarceration, probation, or fines.

13 4. Upon transfer of an action or proceeding to a mental health court,  
14 the defendant shall be notified of social services available to them.  
15 Such services shall include, but are not limited to, employment, health  
16 care, mental health care, educational or vocational training, housing,  
17 and access to supportive outpatient facilities such as clubhouses.

18 § 178-c. Procedure in a superior mental health court or local mental  
19 health court upon transfer of actions or proceedings thereto. Each  
20 action or proceeding transferred to a superior court and referred for  
21 disposition to a superior mental health court thereof and each action  
22 transferred to a local court and referred for disposition in a local  
23 mental health court thereof shall be subject to the same substantive and  
24 procedural law as would have applied had there been no transfer.

25 § 178-d. Reports. Every five years the office of court administration  
26 shall produce a report on outcomes on defendants in mental health courts  
27 which shall include, but not be limited to, subsequent arrests, behav-  
28 ioral health outcomes, and housing stability of such defendants.

29 § 42. Section 730.30 of the criminal procedure law, subdivision 3 as  
30 amended by chapter 629 of the laws of 1974, is amended to read as  
31 follows:

32 § 730.30 Fitness to proceed; order of examination.

33 1. At any time after a defendant is arraigned upon an accusatory  
34 instrument [~~other than a felony complaint and~~] before the imposition of  
35 sentence, or at any time after a defendant is arraigned upon a felony  
36 complaint [~~and before he is held for the action of the grand jury~~], if  
37 the defendant produces records or other evidence of a medical diagnosis  
38 of mental illness or mental disability, or it is otherwise the opinion  
39 of the court that the defendant may be an incapacitated person, the  
40 court [~~wherein the criminal action is pending must issue an order of~~  
41 ~~examination when it is of the opinion that the defendant may be an inca-~~  
42 ~~pacitated person~~] shall direct such defendant to the mental health court  
43 as provided for in article five-C of the judiciary law. For purposes of  
44 such determination, the court may issue an order of examination.

45 2. When the examination [~~reports~~] report submitted to the court [~~show~~]  
46 shows that [~~each~~] the psychiatric examiner is of the opinion that the  
47 defendant is not an incapacitated person, the court may, on its own  
48 motion, conduct a hearing to determine the issue of capacity, and it  
49 must conduct a hearing upon motion therefor by the defendant or by the  
50 district attorney. If no motion for a hearing is made, the criminal  
51 action against the defendant must proceed. If, following a hearing, the  
52 court is satisfied that the defendant is not an incapacitated person,  
53 the criminal action against [~~him~~] such defendant must proceed; if the  
54 court is not so satisfied, it must issue a further order of examination  
55 directing that the defendant be examined by a different psychiatric  
56 [~~examiners~~] examiner designated by the director.

3. When the examination reports submitted to the court show that each psychiatric examiner is of the opinion that the defendant is an incapacitated person, the court [~~may, on its own motion, conduct a hearing to determine the issue of capacity and it must conduct such hearing upon motion therefor by the defendant or by the district attorney~~] shall direct such defendant to the mental health court wherein the criminal action is pending.

4. When the examination reports submitted to the court show that the psychiatric examiners are not unanimous in their opinion as to whether the defendant is or is not an incapacitated person, or when the examination reports submitted to the superior court show that the psychiatric examiners are not unanimous in their opinion as to whether the defendant is or is not [~~a dangerous~~] an incapacitated person who, with a course of medically recommended treatment, nonetheless has a high probability of engaging in behavior likely to result in serious harm, the court must conduct a hearing to determine the issue of capacity or [~~dangerousness~~] such likelihood.

§ 43. Subdivision 9 of section 730.10 of the criminal procedure law, as added by section 1 of part Q of chapter 56 of the laws of 2012, is amended and three new subdivisions 10, 11 and 12 are added to read as follows:

9. "Appropriate institution" means: (a) a hospital operated by the office of mental health or a developmental center operated by the office for people with developmental disabilities; [~~or~~] (b) a hospital licensed by the department of health which operates a psychiatric unit licensed by the office of mental health, as determined by the commissioner [~~provided, however, that any~~]; or (c) an outpatient facility having an appropriate operating certificate. Any such hospital or outpatient facility that is not operated by the state [shall] may qualify as an "appropriate institution" [only pursuant to the terms of an agreement between the commissioner and the hospital] upon the consent of the hospital or outpatient facility. Nothing in this article shall be construed as requiring a hospital or outpatient facility to consent to providing care and treatment to an incapacitated person [~~at such hospital~~] if another appropriate institution offering comparable care and treatment is available.

10. "Likely to result in serious harm" has the same meaning as defined in section 9.01 of the mental hygiene law.

11. "Mental illness" has the same meaning as defined in section 1.03 of the mental hygiene law.

12. "Mental disability" has the same meaning as defined in section 1.03 of the mental hygiene law.

§ 44. The public health law is amended by adding a new article 30-D to read as follows:

#### ARTICLE 30-D

##### EMERGENCY BEHAVIORAL HEALTH SERVICES

#### Section 3080. Description.

##### 3081. Definitions.

##### 3082. State emergency behavioral health services advisory committee.

§ 3080. Description. 1. Emergency behavioral health services is a system for the immediate recognition and management of sudden illness or behavior of someone (a) with mental illness or mental disability, (b) who is homeless, or (c) who is engaging in behavior that is the result of substance use disorder, and addresses emergency medical dispatch, prehospital emergency care, in-hospital emergency care, admission,

1 behavioral health services, homeless intervention services, and housing.  
2 Such response shall consist of a team including, but not limited to,  
3 members trained in emergency medical services, behavioral health  
4 services, addictive disorder services, and homeless intervention  
5 services.

6 2. For the purposes of satisfying this section, team members may  
7 include individuals who have experienced mental illness or homelessness.  
8 Such team shall not include a police officer or peace officer, provided,  
9 however, that such team may request one for accompaniment or inter-  
10 vention at any time.

11 § 3081. Definitions. As used in this article:

12 1. "State emergency behavioral health services advisory committee"  
13 means the state emergency behavioral health services advisory committee  
14 provided for by this article.

15 2. "State emergency medical services council" means the state emergen-  
16 cy medical services council established under article thirty of this  
17 chapter.

18 3. "State emergency medical advisory committee" means the state emer-  
19 gency medical advisory committee established under article thirty of  
20 this chapter.

21 4. "State trauma advisory committee" means the state trauma advisory  
22 committee established under article thirty-B of this chapter.

23 5. "Mental illness" has the same meaning as defined in section 1.03 of  
24 the mental hygiene law.

25 6. "Mental disability" has the same meaning as defined in section 1.03  
26 of the mental hygiene law.

27 7. "Behavioral health services" has the same meaning as defined in  
28 section 1.03 of the mental hygiene law.

29 8. "Addictive disorder services" has the same meaning as defined in  
30 section 1.03 of the mental hygiene law.

31 9. "Homeless intervention services" means services rendered pursuant  
32 to section fifty of the social services law.

33 10. "Admission" refers to hospitalization of a person with mental  
34 illness pursuant to article nine of the mental hygiene law.

35 § 3082. State emergency behavioral health services advisory committee.

36 1. There is hereby established in the department the state emergency  
37 behavioral health services advisory committee. It shall consist of  
38 behavioral health and homeless intervention advocates representative of  
39 all geographic areas of the state; of those occupations regularly  
40 involved in behavioral health services and homeless intervention  
41 services; and of those with experience receiving such services,  
42 appointed by the commissioner upon recommendation of appropriate state-  
43 wide professionals or organizations, who shall serve for terms of four  
44 years, which may be renewed. It shall advise the department, the commis-  
45 sioner, the state emergency medical services council, the state emergen-  
46 cy medical advisory committee, and the state trauma advisory committee  
47 regarding all aspects of emergency behavioral health services, includ-  
48 ing, but not limited to, emergency medical dispatch, prehospital emer-  
49 gency care, in-hospital emergency care, admission, behavioral health  
50 services, homeless intervention services, and housing. The state emer-  
51 gency medical services director, the state emergency medical services  
52 medical director, the state trauma medical director, the state trauma  
53 program manager, and the governor's highway traffic safety administra-  
54 tor, shall also serve as nonvoting ex-officio members.

55 2. The state emergency behavioral health services advisory committee  
56 shall meet as frequently as its business may require, but ordinarily no

1 less than quarterly. The members of the state emergency behavioral  
2 health services advisory committee shall receive no compensation for  
3 their services as members, but each shall be allowed the necessary and  
4 actual expenses incurred in the performance of their duties under this  
5 section.

6 3. The commissioner shall designate an officer or employee of the  
7 department to assist the state emergency behavioral health services  
8 advisory committee in the performance of its duties under this section,  
9 to coordinate the activities of the state emergency behavioral health  
10 services advisory committee and to facilitate communication between the  
11 state emergency health services council, the state emergency medical  
12 advisory committee, and the state trauma advisory committee.

13 4. In no event shall any member, officer, or employee of the state  
14 emergency behavioral health services committee be liable for damages in  
15 any civil action for any act done, failure to act, or statement or opin-  
16 ion made, while discharging duties as a member, officer, or employee of  
17 the state emergency behavioral health services advisory committee if  
18 they shall have acted in good faith, with reasonable care.

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

21 (g) Mental health services.

22 § 46. The administrative code of the city of New York is amended by  
23 adding two new sections 21-335 and 21-336 to read as follows:

24 § 21-335 Mobile devices and post office boxes. 1. Every homeless  
25 person, or one individual in a family which is identified as homeless  
26 shall be entitled to a mobile phone capable of at least Short Message  
27 Service (SMS) and electronic mail.

28 2. Every homeless person, or one individual in a family which is iden-  
29 tified as homeless shall be entitled to a post office box or other mail-  
30 ing address.

31 § 21-336 Shelter systems study. At least once every five years, the  
32 commissioner shall undertake a dynamic study on needed improvements to  
33 the shelter system. Such study shall be conducted by following the  
34 attempts of at least five contracted persons, posing as homeless indi-  
35 viduals, as they attempt to seek permanent housing and services. The  
36 commissioner shall produce a report on those processes and make recom-  
37 mendations for improvements.

38 § 47. Section 17-199.26 of the administrative code of the city of New  
39 York, as added by local law number 108 of the city of New York for the  
40 year 2023, and as renumbered by local law number 100 for the city of New  
41 York for the year 2024, is amended to read as follows:

42 § 17-199.26 Mental health and behavioral health services outreach and  
43 education. The department shall establish and implement an outreach and  
44 education campaign to raise public awareness about programs that provide  
45 low-cost and no-cost mental health services to New Yorkers who do not  
46 qualify for or cannot afford health insurance based on federal guide-  
47 lines. Such outreach and education shall include, as applicable, an  
48 explanation of how individuals may access such services, including, but  
49 not limited to, through referrals from primary care providers. The mate-  
50 rials for such outreach and education campaign shall be made available  
51 in English and the designated citywide languages, as defined in section  
52 23-1101. The department shall provide pamphlets and conspicuously  
53 display information on the program in all city agency buildings,  
54 schools, shelters, and at hospitals operated by the New York city health  
55 and hospitals corporation.

1 § 48. The administrative code of the city of New York is amended by  
2 adding a new section 21-304.1 to read as follows:

3 § 21-304.1 Application; process. 1. To the maximum extent possible:

4 a. The commissioner shall develop a single application for all  
5 programs under this chapter, or, in the alternative, a process whereby  
6 the information provided by an applicant in a single application can be  
7 populated into other applications.

8 b. An application for services shall not be closed due to a missed  
9 appointment or other noncompliance.

10 c. An applicant shall be presumed eligible for services under this  
11 chapter and shall receive such services pending verification. If the  
12 applicant is subsequently deemed ineligible, the commissioner may  
13 provide alternative services. If the applicant is found to be in  
14 violation of any provisions of article one hundred fifty-eight of the  
15 penal law relating to the receipt of services under this chapter, the  
16 commissioner may discontinue services and recover civil damages pursuant  
17 to section one hundred forty-five-b of the social services law.

18 § 49. Section 21-314 of the administrative code of the city of New  
19 York, as added by local law number 57 for the city of New York for the  
20 year 1998, and as renumbered by local law number 19 for the city of New  
21 York for the year 1999, is amended to read as follows:

22 § 21-314 Case management services. [~~The~~] Within fourteen days of  
23 admission, the commissioner shall provide case management services to  
24 all persons assigned to stay at the department's facilities or the  
25 facilities of organizations contracting with the department who are  
26 either waiting for the department to determine their eligibility for  
27 shelter or are receiving such shelter. Such case management services  
28 shall include, but not be limited to, assistance obtaining (a) medical  
29 treatment, (b) federal, state and local government documents including,  
30 but not limited to, birth certificates, marriage licenses, and housing  
31 records, [~~and~~] (c) food, medicine and other necessary supplies, (d)  
32 permanent housing, and (e) outpatient services including clubhouses; and  
33 shall address issues such as domestic violence, child abuse and mental  
34 illness[~~, when needed~~] that shall include transferring such persons to  
35 medically recommended treatment. To this end, an examining physician  
36 will perform a psychiatric evaluation and review medical records of each  
37 such person, and shall refer such person to medically recommended treat-  
38 ment.

39 § 50. Paragraphs 1, 10 and 11 of subdivision b of section 21-332 of  
40 the administrative code of the city of New York, as added by local law  
41 number 62 of the city of New York for the year 2023, are amended and a  
42 new paragraph 12 is added to read as follows:

43 1. The right to shelter, which shall not be contingent upon a person  
44 undergoing addictive disorder services;

45 10. The requirement that a shelter comply with the environmental stan-  
46 dards set forth in section 491.18 of title 18 of the New York codes,  
47 rules and regulations and section 900.18 of such title, as applicable;  
48 [~~and~~]

49 11. The right to mental health treatment;

50 12. The right to a mobile phone and a post office box or other mailing  
51 address; and

52 13. Any other information the department deems appropriate.

53 § 51. Severability. If any clause, sentence, paragraph, subdivision,  
54 section or part of this act shall be adjudged by any court of competent  
55 jurisdiction to be invalid, such judgment shall not affect, impair, or  
56 invalidate the remainder thereof, but shall be confined in its operation

1 to the clause, sentence, paragraph, subdivision, section or part thereof  
2 directly involved in the controversy in which such judgment shall have  
3 been rendered. It is hereby declared to be the intent of the legislature  
4 that this act would have been enacted even if such invalid provisions  
5 had not been included herein.

6 § 52. This act shall take effect on the first of January next succeed-  
7 ing the date on which it shall have become a law; provided that:

8 (a) the amendments to section 9.48 of the mental hygiene law made by  
9 section five of this act shall not affect the expiration and repeal of  
10 such section and shall expire and be deemed repealed therewith;

11 (b) the amendments to subdivision (a) of section 9.47 of the mental  
12 hygiene law made by section fourteen of this act shall be subject to the  
13 expiration and reversion of such subdivision when upon such date the  
14 provisions of section fifteen of this act shall take effect;

15 (c) the amendments to section 29.19 of the mental hygiene law made by  
16 section twenty-three of this act shall be subject to the expiration and  
17 reversion of such section when upon such date the provisions of section  
18 twenty-four of this act shall take effect; and

19 (d) provided, however, that if local law number 100 of the city of New  
20 York for the year 2024 shall not have taken effect on or before such  
21 date then section forty-seven of this act shall take effect on the same  
22 date and in the same manner as such local law of the laws of 2024 takes  
23 effect.