

STATE OF NEW YORK

4617

2025-2026 Regular Sessions

IN ASSEMBLY

February 4, 2025

Introduced by M. of A. BRONSON, CHANDLER-WATERMAN, FALL, CLARK, GALLAGHER, ROSENTHAL, SIMON, MEEKS, SIMONE, SEPTIMO, BICHOTTE HERMELYN, JACKSON, SHRESTHA, STIRPE, FORREST, HEVESI, LUNSFORD, CRUZ, REYES, GONZALEZ-ROJAS, CUNNINGHAM, K. BROWN, LEVENBERG, SHIMSKY, OTIS, BORES, R. CARROLL, KELLES, SEAWRIGHT, TAYLOR, GIBBS, RAGA -- read once and referred to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to establishing the statewide emergency and crisis response council to plan and provide support regarding the operation and financing of high-quality emergency and crisis response services for persons experiencing a mental health, alcohol use, or substance use crisis

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

1 Section 1. Short title. This act shall be known and may be cited as
2 "Daniel's law".
3 § 2. Legislative findings and intent. It is the purpose of this act to
4 promote the public health, safety and welfare of all citizens by broadly
5 ensuring a public health-based response to anyone in New York experienc-
6 ing a mental health, alcohol use or substance use crisis; to offer and
7 ensure the most appropriate response to, and treatment of, individuals
8 experiencing crisis due to mental health conditions, alcohol use or
9 substance use conditions; and to deescalate crisis situations so that as
10 few New Yorkers as possible experience nonconsensual transport, use of
11 force, or criminal consequences as a result of mental health, alcohol
12 use or substance abuse crises. The necessity to establish a defined
13 response protocol for behavioral health and substance use crises has
14 never been more urgent.
15 § 3. Section 41.01 of the mental hygiene law, as amended by chapter 37
16 of the laws of 2011, is amended to read as follows:
17 § 41.01 Declaration of purpose.

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

LBD00378-02-5

1 (a) This article is designed to enable and encourage local governments
2 to develop in the community preventive, rehabilitative, crisis response,
3 and treatment services offering continuity of care; to improve and to
4 expand existing community programs for persons with mental illness, and
5 developmental disabilities, and those [~~suffering from the diseases of~~
6 ~~alcoholism~~] with alcohol use disorder and substance [~~abuse~~] use
7 disorder; to plan for the integration of community and state services
8 and facilities for individuals with mental disabilities, alcohol use
9 disorders, and substance use disorders; and to cooperate with other
10 local governments and with the state in the provision of joint services
11 and sharing of [~~manpower~~] personnel resources.

12 (b) Effective implementation of this article requires the [~~direction~~]
13 establishment and administration, by each local governmental unit, of a
14 local comprehensive planning process for its geographic area in which
15 all providers of services shall participate and cooperate in the
16 provision of all necessary information. [~~It~~] This article also initiates
17 a planning effort involving the state, local governments and other
18 providers of service for the purpose of promoting continuity of care
19 through the development of integrated systems of care and treatment for
20 individuals with mental illness, developmental disabilities, and for
21 those [~~suffering from the diseases of alcoholism~~] with alcohol use
22 disorder and substance [~~abuse~~] use disorder.

23 (c) Such planning effort must also specifically address the develop-
24 ment of an effective crisis response system that includes the use of
25 non-police, community-run crisis first responder teams utilizing peers
26 and independent emergency medical technicians as first responders. To
27 ensure the development of a comprehensive and inclusive plan, the crisis
28 services planning effort must include at least fifty-one percent peers
29 and family peers, and the remaining forty-nine percent must be family
30 members and emergency medical response providers who shall be independ-
31 ent of any local government's emergency services department, and oper-
32 ated by a non-governmental organization via a contract with the local
33 government providers of crisis services, 9-8-8 personnel, and other
34 non-governmental community agencies which may come in contact with a
35 person experiencing a mental health or alcohol use or substance use
36 crisis.

37 § 4. Section 41.03 of the mental hygiene law is amended by adding six
38 new subdivisions 14, 15, 16, 17, 18 and 19 to read as follows:

39 14. "emergency and crisis services plan" means a plan which is part
40 of, and submitted with, the local services plan, but is planned and
41 developed specifically to ensure that all services, policies, training,
42 procedures, expenditures and contracts for services and processes used
43 to assist people experiencing mental health or alcohol use or substance
44 use crises are peer-focused, designed to decrease contact with police
45 and centered on increased access to care of the highest quality.

46 15. "eligible emergency and crisis response services" means services
47 eligible for funding under section 41.18 of this article, including but
48 not limited to, crisis response teams, crisis stabilization services and
49 centers, peer living rooms, peer support centers, mobile crisis teams
50 not utilizing law enforcement as part of the team, crisis collabora-
51 tives, peer crisis services, and crisis system oversight and management,
52 which are included in an emergency and crisis services plan.

53 16. "crisis response team" means one extensively-trained peer acting
54 as a crisis worker and one emergency medical technician independent of
55 any local government's emergency services department, and operated by a
56 non-governmental agency via a contract with the local government.

1 17. "peer" means an individual with lived mental health experience
2 and/or alcohol use or substance use disorder experience, who has experi-
3 ence navigating systems such as the healthcare, mental health, judicial,
4 criminal legal, housing, education, and employment systems.

5 18. "family peer" means an individual with lived experience as the
6 biological, foster, or adoptive parent, or the primary caregiver, of
7 children/youth with social, emotional, behavioral, mental health or
8 alcohol use or substance use disorders, who have experience navigating
9 systems such as the healthcare, mental health, judicial, criminal legal,
10 housing, education, and employment systems.

11 19. "statewide emergency and crisis response council" means the coun-
12 cil created pursuant to section 5.08 of this chapter.

13 § 5. Section 41.07 of the mental hygiene law is amended by adding a
14 new subdivision (d) to read as follows:

15 (d) In developing the emergency and crisis services plan defined by
16 subdivision fourteen of section 41.03 of this article and mandated by
17 paragraph seventeen of subdivision (a) of section 41.13 of this article,
18 local governments are encouraged to develop joint plans for a regional
19 or sub-regional service area to maximize the use and availability of
20 crisis and emergency services for all persons experiencing a mental
21 health or alcohol use or substance use crisis in that region or sub-re-
22 gion.

23 § 6. Subdivision (a) of section 41.13 of the mental hygiene law is
24 amended by adding a new paragraph 17 to read as follows:

25 17. submit an emergency and crisis services plan, either alone or with
26 other local governments in a region or sub-region, as required by subdi-
27 vision fourteen of section 41.03 of this article to comprehensively plan
28 for emergency and crisis services as is required by this chapter.

29 (i) The emergency and crisis services planning process shall include
30 peers, family peers, family members, emergency medical response provid-
31 ers, 9-8-8 personnel and personnel of other community agencies which may
32 come in contact with a person experiencing a mental health or alco-
33 hol use or substance use crisis. Peers and family peers shall constitute
34 at least fifty-one percent of the planning group.

35 (ii) The emergency and crisis services plan shall be consistent with
36 the commissioner's regulations for crisis services plans, developed
37 pursuant to subdivision (f) of section 5.05 of this chapter after
38 consultation with the statewide emergency and crisis response council.

39 § 7. Subdivision (b) of section 41.18 of the mental hygiene law is
40 amended by adding a new paragraph (vi) to read as follows:

41 (vi) Notwithstanding any other provision of this subdivision, local
42 governments, individually or jointly, shall be granted state aid of one
43 hundred percent of the net operating costs expended by such local
44 governments, and by voluntary agencies which have contracted with such
45 local governments, for eligible emergency and crisis services as defined
46 by subdivision fifteen of section 41.03 of this article that are
47 included in an approved emergency and crisis services plan. Funding
48 provided pursuant to this paragraph shall be authorized only for
49 services that have a non-police, non-law enforcement, or non-criminal
50 legal component and include peers.

51 § 8. Section 5.05 of the mental hygiene law is amended by adding five
52 new subdivisions (f), (g), (h), (i) and (j) to read as follows:

53 (f) The commissioner of mental health and the commissioner of the
54 office of addiction services and supports shall be jointly responsible
55 for developing and revising as necessary, in regulation, specific stand-
56 ards and procedures for the operation and financing of crisis and emer-

1 gency services, after consultation with the statewide emergency and
2 crisis response council. Such standards and procedures shall require
3 that the emergency and crisis services plans include a comprehensive
4 approach to oversee and measure the approved plan's effectiveness in
5 delivering high-quality, peer-focused crisis services, including
6 response time standards, and periodic reporting requirements. The
7 commissioners shall require specific metrics that approved plans shall
8 utilize to evaluate system progress, effectiveness, and appropriate
9 response times to crises, which shall be the same as or less than
10 current response times for other health crises.

11 (g) The commissioner of mental health and the commissioner of the
12 office of addiction services and supports shall be jointly responsible
13 to ensure that:

14 (1) a non-police, community-run public health-based response that
15 utilizes trained peer and independent emergency medical technician
16 crisis response teams for anyone experiencing a mental health,
17 alcohol use or substance use crisis is established. Any crisis response
18 team may request that a peace officer as defined by section 2.10 of
19 the criminal procedure law, or police officer as defined by section 1.20
20 of the criminal procedure law, transport a person in distress due to
21 mental health conditions or alcohol use or substance use, when such
22 team has exhausted alternative methods for obtaining consent from such
23 person, such person refuses treatment or transport from the crisis
24 response team; and:

25 (i) such person poses a substantial risk of physical harm to other
26 persons as manifested by homicidal or other violent behavior by
27 which others are placed in reasonable fear of imminent serious physical
28 harm; or

29 (ii) such crisis response team makes an assessment, in light
30 of the totality of the circumstances, that the crisis response team is
31 at risk of imminent physical violence due to the person's actions;

32 (2) the crisis response teams operate twenty-four hours a day, three
33 hundred sixty-five days a year;

34 (3) the crisis response teams receive culturally competent, trauma-in-
35 formed, experientially-based, and peer-led training;

36 (4) the average response time for the crisis response teams is the
37 same as or less than the current response time for other health crises;

38 (5) the crisis response teams de-escalate any situation involving
39 individuals experiencing crisis due to mental health conditions,
40 alcohol use, or substance use and avoid the use of nonconsensual treat-
41 ment, transport, or force wherever possible;

42 (6) the most appropriate treatment is provided to individuals experi-
43 encing a mental health, alcohol use or substance use crisis;

44 (7) voluntary assessment and referral of individuals experiencing a
45 mental health, alcohol use or substance use crisis are maximized;

46 (8) arrest, detention, and contact with the criminal legal system of
47 individuals experiencing a mental health, alcohol use or substance use
48 crisis are minimized;

49 (9) the number of individuals who experience physical harm and/or
50 trauma as a result of a mental health, alcohol use or substance use
51 crisis are minimized;

52 (10) 9-8-8 personnel respond to individuals experiencing a mental
53 health, alcohol use or substance use crisis and are optimally utilized
54 and integrated in the emergency and crisis services plan;

55 (11) a detailed plan to manage, oversee, monitor and regularly report
56 on the operation of the proposed crisis response system which meets the

1 requirements for these activities as required by subdivision (i) of this
2 section is established;

3 (12) whenever an emergency hotline in New York state, such as 911 or
4 311, receives a call regarding an individual experiencing a mental
5 health, alcohol use or substance use crisis, such hotline will refer
6 such call to the crisis response team for the relevant geographic area;
7 and

8 (13) the crisis response teams effectively respond to all individuals
9 experiencing a mental health, alcohol use or substance use crisis with
10 culturally competent, trauma-informed care and without regard to source
11 of funding.

12 (h) (1) Within twelve months after the effective date of this subdivi-
13 sion, the commissioner of mental health and the commissioner of the
14 office of addiction services and supports shall select an independent
15 organization to conduct an evaluation of the statewide impact of the
16 emergency and crisis response services mandated by this section on:

17 (i) the number of calls to, and responses sent by, dispatch services
18 including 311, 911, and 988 in response to people experiencing mental
19 health, alcohol use, or substance use crises;

20 (ii) the types of crises responded to;

21 (iii) the disposition and brief description of the result of each such
22 call, anonymized to protect individuals' privacy;

23 (iv) demographic information including the race, ethnicity, gender,
24 disability, and age of any individual who is the subject of any dispatch
25 call or interaction by a local crisis response team;

26 (v) the details and destination of transport of any person experienc-
27 ing a mental health, alcohol use or substance use crisis;

28 (vi) the services provided to such individuals;

29 (vii) the impact of emergency and crisis response services mandated by
30 this section on emergency room visits, use of ambulatory services,
31 hospitals as defined in article twenty-eight of the public health law
32 and/or mental health facilities as defined in section 1.03 of the mental
33 hygiene law; and

34 (viii) the involvement of law enforcement in mental health, alcohol
35 use or substance use crises, including any use of force or restraint
36 tactics or devices.

37 (2) The commissioner of mental health and the commissioner of the
38 office of addiction services and supports shall direct the organization
39 selected under paragraph one of this subdivision to issue its evaluation
40 within six months of the first operating date of any approved regional
41 emergency and crisis services plan, and shall include data from any
42 regional plan then approved and operating in the state. Such evaluation
43 shall be made publicly available and posted on the department's website
44 upon receipt by such commissioners. In addition to the reporting
45 requirements established pursuant to paragraph one of this subdivision,
46 the commissioner of mental health and the commissioner of addiction
47 services and supports shall collect all data listed under paragraph one
48 of this subdivision, and shall report such data in a form and manner
49 that is accessible to the public via the department's website. The
50 first data report required by this paragraph, after the effective date
51 of this subdivision, shall be made public within ninety days of the
52 approval of any regional emergency and crisis response plan, and shall
53 be made public in an ongoing manner every ninety days thereafter and
54 include data from every active regional emergency and crisis response
55 plan approved by the commissioners of mental health and the commissioner
56 of addiction services and supports.

1 (3) No later than twelve months after the approval by the commissioner
2 of mental health and the commissioner of the office of addiction
3 services and supports of any regional emergency and crisis response
4 plan, the commissioner of mental health and the commissioner of the
5 office of addiction services and supports shall prepare a comprehensive
6 report to the governor and the legislature specifying:

7 (i) the results of the evaluation carried out under paragraph one of
8 this subdivision;

9 (ii) the number of individuals who received qualifying community-based
10 crisis response services;

11 (iii) demographic information regarding such individuals when avail-
12 able, including the race, ethnicity, age, disability, sex, sexual orien-
13 tation, gender identity, and geographic location of such individuals;

14 (iv) the processes and models developed by local governments in their
15 emergency and crisis services plans to provide community-based crisis
16 response services, including the processes developed to provide refer-
17 als for, or coordination with, follow-up care and services;

18 (v) the diversion of individuals from jails, incarceration, or similar
19 settings;

20 (vi) the diversion of individuals from psychiatric hospitals, commit-
21 ments under chapter four hundred eight of the laws of nineteen hundred
22 ninety-nine, constituting Kendra's law, and other involuntary services;

23 (vii) the experiences of individuals who receive community-based
24 crisis response services;

25 (viii) the successful connection of individuals with follow-up
26 services;

27 (ix) the utilization of services by underserved and historically
28 excluded communities, including black, indigenous and people of color
29 (BIPOC) populations;

30 (x) the cost or cost savings attributable to such emergency and crisis
31 response services;

32 (xi) other relevant outcomes identified by the commissioner of mental
33 health and the commissioner of addiction services and supports and the
34 statewide advisory emergency and crisis response council;

35 (xii) how all on-going aspects of assessment compare with the histor-
36 ical measures of such assessments; and

37 (xiii) recommendations for improvements to the emergency and crisis
38 services systems throughout the state.

39 (4) All reports and evaluations conducted by the commissioner of
40 mental health and the commissioner of the office of addiction services
41 and supports shall be made publicly available, including on the website
42 of the department.

43 (i) The commissioners of mental health and the commissioner of the
44 office of addiction services and supports and the council created pursu-
45 ant to section 5.08 of this article, shall be jointly responsible for
46 approval of the emergency and crisis services plan component of a local
47 services plan submitted by one or more local governmental units. Each
48 plan shall have an attestation that such plan was developed as
49 prescribed in paragraph seventeen of subdivision (a) of section 41.13 of
50 this chapter to be considered for approval. Such approval shall serve
51 as the basis for funding eligible emergency and crisis services pursuant
52 to paragraph (vi) of subdivision (b) of section 41.18 of this chapter.

53 (j) The commissioner of mental health and the commissioner of the
54 office of addiction services and supports, shall establish a statewide
55 behavioral health crisis technical assistance center within the office
56 of mental health. The commissioners of mental health and the office of

1 addiction services and supports shall be responsible for the structure
2 and operation of the statewide behavioral health crisis technical
3 assistance center. This statewide behavioral health crisis technical
4 assistance center will assist local government units in their emergency
5 and crisis services planning process under paragraph seventeen of subdi-
6 vision (a) of section 41.13 of this chapter. The statewide behavioral
7 health crisis technical assistance center will provide continuing
8 support to local government units and their crisis response teams as
9 they provide a non-police, community-run public health-based response
10 operating under an approved emergency and crisis services plan.

11 § 9. The mental hygiene law is amended by adding a new section 5.08 to
12 read as follows:

13 § 5.08 Statewide emergency and crisis response council.

14 (a) There is hereby created in the department the statewide emergency
15 and crisis response council to work in conjunction with the commissioner
16 of mental health and the commissioner of the office of addiction
17 services and supports to jointly approve emergency and crisis services
18 plans submitted by one or more local government units, and provide
19 supports on matters regarding the operation and financing of high-quali-
20 ty emergency and crisis services provided to persons experiencing a
21 mental health, alcohol use or substance use crisis.

22 (b) Four members of the state council shall be appointed by the gover-
23 nor. Sixteen members of the council shall be appointed by the state
24 legislature, as follows: (1) four members shall be appointed by the
25 speaker of the assembly; (2) four members shall be appointed by the
26 temporary president of the senate; (3) one member shall be appointed by
27 the minority leader of the assembly; (4) one member shall be
28 appointed by the minority leader of the senate; (5) two members shall be
29 appointed by the chairperson of the assembly committee on mental health;
30 (6) two members shall be appointed by the chairperson of the senate
31 committee on mental health; (7) one member shall be appointed by the
32 ranking minority member of the assembly committee on mental health;
33 and (8) one member shall be appointed by the ranking minority member of
34 the senate committee on mental health. The membership shall consist of
35 at least fifty-one percent peers and family peers. The entire statewide
36 emergency and crisis response council shall reflect the state's diversi-
37 ty of race, age, language, national origin, ethnicity, geography, and
38 disability. At least one-third of the council shall have demonstrated
39 certification, training, or employment in culturally competent responses
40 to mental health, alcohol use or substance use crises. Every person
41 appointed to the council shall have demonstrated knowledge of, and
42 skills in, culturally competent provision of trauma-informed mental
43 health, alcohol use, and substance use crisis response services. Each
44 member of the council shall be a family peer; licensed mental health or
45 addiction clinician; a licensed mental health or addiction counselor; a
46 licensed physician, nurse, or mental health or addiction provider; a
47 mental health or addiction counselor; a representative of a not-for-pro-
48 fit disability justice organization; an emergency medical technician; or
49 a crisis health care worker.

50 (c) The members of the council, upon securing a quorum, shall elect a
51 chairperson from among the members of the council by a majority vote of
52 those council members present.

53 (d) The term of office of members of the council shall be four years,
54 except that of those members first appointed, at least one-half but not
55 more than two-thirds shall be for terms not to exceed two years. Vacan-
56 cies shall be filled by appointment for the remainder of an unexpired

1 term. The council members shall continue in office until the expiration
2 of their terms and until their successors are appointed. No council
3 member shall be appointed to the council for more than four consecutive
4 terms.

5 (e) The council shall advise, oversee, assist and make recommendations
6 to the commissioners on specific policies and procedures regarding the
7 operation and financing of emergency and crisis services which:

8 (1) ensure a non-police, trauma-informed, and public health-based
9 response to anyone in the state experiencing a mental health, alcohol
10 use, or substance use crisis;

11 (2) are designed to de-escalate any situation involving individuals
12 experiencing a mental health, alcohol use, or substance use crisis, and
13 which eliminate the use of non-consensual treatment, non-consensual
14 transport, and force;

15 (3) ensure the most appropriate treatment of individuals experiencing
16 a mental health, alcohol use or substance use crisis;

17 (4) maximize the use of voluntary assessment and voluntary referral of
18 individuals experiencing a mental health, alcohol use or substance use
19 crisis;

20 (5) minimize arrest and detention by law enforcement and minimize
21 contact with the criminal legal system for individuals experiencing a
22 mental health, alcohol use, or substance use crisis;

23 (6) minimize physical harm and trauma for individuals who experience a
24 mental health, alcohol use, or substance use crisis; and

25 (7) effectively respond to all individuals experiencing a mental
26 health, alcohol use, or substance use crisis with culturally competent
27 care and without regard to source of funding.

28 (f) The council shall also review emergency and crisis services
29 programs and systems operating within the state or nationally, which
30 could be deployed in this state as model crisis and emergency services
31 systems.

32 (g) The council shall meet as frequently as its business may require,
33 but no less frequently than four times per year during the first four
34 years of the council's creation, and two times per year subsequently
35 after the first four years. At least one of such meetings per year
36 shall be held in a manner and at a time designed to maximize partic-
37 ipation of working members of the public. Meetings of the council shall
38 be governed by the provisions of article seven of the public officers
39 law, and shall be open to and accessible by the public including by
40 video conference or computer to the greatest extent possible.

41 (h) The presence of twelve voting members of the council, consist-
42 ing of at least fifty-one percent of peers and family peers, shall
43 constitute a quorum.

44 (i) The members of the council shall receive no compensation for their
45 services as members, but each shall be allowed the necessary and
46 actual expenses incurred in the performance of their duties under this
47 section, including a reasonable reimbursement rate for travel, lodg-
48 ing, and meals while attending meetings of the council.

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

52 (a) Any peace officer, when acting pursuant to [~~his or her~~] such peace
53 officer's special duties, or police officer who is a member of the state
54 police or of an authorized police department or force or of a sheriff's
55 department may take into custody any person who appears to be [~~mentally~~

~~1 ill and~~ experiencing a mental health, alcohol use or substance use crisis in the following circumstances:

1. ~~Such person~~ is conducting ~~[himself or herself]~~ themselves in a manner which is likely to result in ~~[serious]~~ an imminent risk of serious physical harm to ~~[the person or]~~ other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm. Such officer may direct the removal of such person or remove ~~[him or her]~~ such person to any hospital specified in subdivision (a) of section 9.39 of this article, or any comprehensive psychiatric emergency program specified in subdivision (a) of section 9.40 of this article, or pending ~~[his or her]~~ such person's examination or admission to any such hospital or comprehensive psychiatric emergency program, ~~[program]~~ temporarily detain any such person in another safe and comfortable place, in which event, such officer shall immediately notify:

(i) the appropriate local crisis response team established pursuant to paragraph sixteen of subdivision (a) of section 41.03 of this chapter, if any, and the director of community services or, if there be none, the health officer of the city or county of such action[-];

(ii) the state police, or the department or force of which the officer is a member and has been requested or directed to respond by a crisis response team under subdivision sixteen of section 41.03 of this chapter;

(iii) a crisis response team which is present on the scene with the officer and is incapacitated or otherwise unable to communicate a request that the officer take custody of the individual; or

2. Such person is conducting themselves in a manner which is likely to result in imminent serious physical harm to themselves as manifested by threats of or attempts at suicide or serious bodily harm, and either:

(i) no crisis response team has been established in the region where the person is; or

(ii) the crisis response team has not arrived to the place where the person is located, and taking the person is necessary to prevent such person from experiencing serious physical injury or death.

3. If a peace officer, when acting pursuant to such peace officer's special duties, or a police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department comes upon an individual experiencing a mental health, alcohol or substance use crisis and the circumstances under this section have not been met, the proper crisis response team shall be notified.

§ 11. Section 9.41 of the mental hygiene law, as amended by chapter 843 of the laws of 1980, is amended to read as follows:

§ 9.41 Emergency admissions for immediate observation, care, and treatment; powers of certain peace officers and police officers.

(a) Any peace officer, when acting pursuant to [his] such peace officer's special duties, or a police officer who is a member of the state police or of an authorized police department or force or of a sheriff's department may take into custody any person who appears to be [mentally ill and] experiencing a mental health, alcohol or substance use crisis in the following circumstances:

1. Such person is conducting [himself] themselves in a manner which is likely to result in ~~[serious harm to himself or others. "Likelihood to result in serious harm" shall mean (1) substantial risk of physical harm to himself as manifested by threats of or attempts at suicide or serious bodily harm or other conduct demonstrating that he is dangerous to himself, or (2) a substantial]~~ an imminent risk of serious physical harm

1 to other persons as manifested by homicidal or other violent behavior by
2 which others are placed in reasonable fear of serious physical harm.
3 Such officer may direct the removal of such person or remove [~~him~~] such
4 person to any hospital specified in subdivision (a) of section 9.39 of
5 this article or, comprehensive psychiatric emergency program specified
6 in subdivision (a) of section 9.40 of this article, or pending [~~his~~]
7 their examination or admission to any such hospital or comprehensive
8 psychiatric emergency program, temporarily detain any such person in
9 another safe and comfortable place, in which event, such officer shall
10 immediately notify:

11 (i) the appropriate local crisis response team established pursuant to
12 paragraph sixteen of subdivision (a) of section 41.03 of this chapter,
13 if any, and the director of community services or, if there be none, the
14 health officer of the city or county of such action[~~r~~];

15 (ii) the state police, department, or force of which the officer is a
16 member has been requested or directed to respond by a crisis response
17 team as set forth in subdivision sixteen of section 41.03 of this chap-
18 ter;

19 (iii) a crisis response team which is present on the scene with the
20 officer is incapacitated or otherwise unable to communicate a request
21 that the officer take custody of the individual; or

22 2. Such person is conducting themselves in a manner which is likely to
23 result in imminent serious physical harm to themselves as manifested by
24 threats of or attempts at suicide or serious bodily harm, and either:

25 (i) no crisis response team has been established in the region where
26 the person is; or

27 (ii) the crisis response team did not arrive to the place where the
28 person is located, and taking the person is necessary to prevent such
29 person from experiencing serious physical injury or death.

30 (b) Such officer may direct the removal of such person or remove such
31 person to any hospital specified in subdivision (a) of section 9.39 of
32 this article or, pending their examination or admission to any such
33 hospital, temporarily detain any such person in another safe and
34 comfortable place, in which event, such officer shall immediately notify
35 appropriate emergency and crisis response services and the director of
36 community services or, if there be none, the health officer of the city
37 or county of such action.

38 3. If a peace officer, when acting pursuant to such peace officer's
39 special duties, or a police officer who is a member of the state police
40 or of an authorized police department or force or of a sheriff's depart-
41 ment comes upon an individual experiencing a mental health, alcohol or
42 substance use crisis and the circumstances under this section have not
43 been met, the proper crisis response team shall be notified.

44 § 12. This act shall take effect on the sixtieth day after it shall
45 have become a law; provided, however, that the amendments to subdivision
46 (a) of section 9.41 of the mental hygiene law made by section ten of
47 this act shall be subject to the expiration and reversion of such
48 section pursuant to section 21 of chapter 723 of the laws of 1989, as
49 amended, when upon such date the provisions of section eleven of this
50 act shall take effect. Effective immediately, the addition, amendment
51 and/or repeal of any rule or regulation necessary for the implementation
52 of this act on its effective date are authorized to be made and
53 completed on or before such effective date.