

# STATE OF NEW YORK

3979

2025-2026 Regular Sessions

## IN SENATE

January 31, 2025

Introduced by Sen. PARKER -- read twice and ordered printed, and when printed to be committed to the Committee on Mental Health

AN ACT to amend the mental hygiene law, in relation to establishing peer crisis diversion homes

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

1 Section 1. The mental hygiene law is amended by adding a new section  
2 31.34 to read as follows:

3 § 31.34 Peer crisis diversion homes.

4 (a) For the purposes of this section:

5 (1) "commissioner" shall mean the commissioner of mental health;

6 (2) "crisis diversion services" shall mean services designed to  
7 provide a person who has behavioral health disorders and who is experi-  
8 encing symptoms, a safe, supportive and affirming home-like, temporary  
9 residence where the person may begin the recovery process, understand  
10 the meaning of what the person is experiencing and regain equilibrium  
11 and the ability to relate effectively to other people. Crisis diversion  
12 services include peer support with an emphasis on relationship-building  
13 and personal choice;

14 (3) "peer support specialist" shall mean a person who has previously  
15 experienced urgent behavioral health needs and has recovered and who has  
16 successfully completed training that has been approved by the commis-  
17 sioner, qualifying that person to work with a resident;

18 (4) "resident" shall mean an adult who has experienced urgent behav-  
19 ioral health needs but does not require hospitalization and who volun-  
20 tarily resides for a short term stay in a peer crisis diversion home;

21 (5) "peer crisis diversion home" shall mean a home-like environment  
22 that offers crisis diversion services by temporarily housing voluntary  
23 residents who engage in routine activities of daily living and learn  
24 about tools for recovery through experience and peer support. The  
25 governing body of such home shall consist of current or former recipi-

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

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1 ents of mental health services and shall control the decision making  
2 processes of the organization, including control of all budget and  
3 personnel management related to the peer crisis diversion home.

4 (b) The commissioner shall provide formal guidelines for training and  
5 credentialing of a peer support specialist, provided that each peer  
6 support specialist shall personally have experienced urgent behavioral  
7 health needs and shall be certified as completing training in de-escala-  
8 tion techniques, cultural competency, race relations, the recovery proc-  
9 ess, substance abuse, and avoidance of aggressive confrontation prior to  
10 working at a peer crisis diversion home.

11 (c) The commissioner shall, within one year of the effective date of  
12 this section, establish or contract for the establishment of no less  
13 than six peer crisis diversion homes, three of which shall be in urban  
14 settings and three of which shall be in rural communities. Such homes  
15 shall be recipient-run homes and may be associated with comprehensive  
16 psychiatric emergency programs established pursuant to section 31.27 of  
17 this article.

18 (d) A peer crisis diversion home, as authorized by this section, shall  
19 offer crisis diversion services that:

20 (1) serve residents regardless of income;

21 (2) are staffed twenty-four hours a day by two or more peer support  
22 specialists;

23 (3) employ a licensed clinician full time and a psychiatric consultant  
24 at least part time;

25 (4) include peer support in helping residents perform daily public  
26 living skills and reentry into independent living;

27 (5) offer a mix of therapeutic services, including nontraditional  
28 tools for wellness and traditional behavioral health services;

29 (6) accept a resident on a first-come, first-served basis for a tempo-  
30 rary stay provided they have alternate long term housing options avail-  
31 able;

32 (7) use interpersonal relationship and connection to the community as  
33 primary modalities of care;

34 (8) base length of stay on the psychological state of residents,  
35 provided that such stay shall be short term with the understanding they  
36 are able and willing to live in more independent settings and to resume  
37 their desired roles in the community; and

38 (9) are a part of a system of care continuum in the community and  
39 state aimed at diverting individuals experiencing behavioral health  
40 crisis from more intensive hospital based care and treatment by provid-  
41 ing peer support services in a home-like setting for short term, tempo-  
42 rary stays.

43 (e) As early as possible, a peer support specialist shall assist a  
44 resident of a peer crisis home with accessing a service provider who may  
45 coordinate care and otherwise provide support for such resident upon the  
46 completion of such resident's stay at a peer crisis diversion home.

47 (f) Peer crisis diversion homes shall consult with community stake-  
48 holders, including those who use the behavioral health system and their  
49 family members, providers of behavioral health services, whether tradi-  
50 tional or alternative, advocates, and others with subject matter exper-  
51 tise, as part of the planning and development of peer crisis diversion  
52 homes.

53 (g) Peer crisis diversion homes shall participate in county and commu-  
54 nity planning activities annually, and as needed, in order to partic-  
55 ipate in local community service planning processes to ensure, maintain,  
56 improve or develop community services that demonstrate recovery

1 outcomes. These outcomes include, but are not limited to, quality of  
2 life, socio-economic status, entitlement status, social networking,  
3  coping skills and reduction in use of crisis services.

4 § 2. This act shall take effect immediately.