**** § 31.27 Comprehensive psychiatric emergency programs.**

(a) As used in this section:

(1) "Commissioner" means the commissioner of mental health.

(2) "Crisis intervention services" means services provided in an emergency room located within a general hospital, which shall include but not be limited to: psychiatric and medical evaluations and assessments; prescription or adjustment of medication, counseling, and other stabilization or treatment services intended to reduce symptoms of mental illness when appropriate.

(3) "Crisis outreach services" means psychiatric emergency services provided outside an emergency room setting including evaluation, assessment and stabilization services; crisis reduction services; referral services; and other psychiatric emergency services.

(5) "Extended observation bed" means an inpatient bed which is in or adjacent to an emergency room located within a general hospital or satellite facility approved by the commissioner, designed to provide a safe environment for an individual who, in the opinion of the examining physician, requires extensive evaluation, assessment, or stabilization of the person's acute psychiatric symptoms, except that, if the commissioner determines that the program can provide for the privacy and safety of all patients receiving services in a hospital, he or she may approve the location of one or more such beds within another unit of the hospital.

(6) "General hospital" shall be defined as in article twenty-eight of the public health law.

(9) "Psychiatric emergency services" means services designed to stabilize and, when possible, reduce acute psychiatric symptoms of an individual who appears to be mentally ill and in crisis.

(10) "Triage and referral services" means services designed to provide preliminary diagnosis, assessment and evaluation of individuals served by a comprehensive psychiatric emergency program in order to direct such person to those services which appropriately address their needs.

(11) "Voluntary agency" shall be defined as in section 41.03 of this chapter.

(12) "Satellite facility" means a medical facility providing psychiatric emergency services that is managed and operated by a general hospital who holds a valid operating certificate for a comprehensive

psychiatric emergency program and is located away from the central campus of the general hospital.

(b) (1) The commissioner may license the operation of comprehensive psychiatric emergency programs by general hospitals which are operated by state or local governments or voluntary agencies. The provision of such services in general hospitals may be located either within the state or, with the approval of the commissioner and the director of the budget and to the extent consistent with state and federal law, in a contiguous state. The commissioner is further authorized to enter into interstate agreements for the purpose of facilitating the development of programs which provide services in another state. A comprehensive psychiatric emergency program shall serve as a primary psychiatric emergency service provider within a defined catchment area for persons in need of psychiatric emergency services including persons who require immediate observation, care and treatment in accordance with section 9.40 of this chapter. Each comprehensive psychiatric emergency program shall provide or contract to provide psychiatric emergency services twenty-four hours per day, seven days per week, including but not limited to: crisis intervention services, crisis outreach services, extended observation beds, and triage and referral services.

(2) The commissioner of mental health shall require that each comprehensive psychiatric emergency program submit a plan. The plan must be approved by the commissioner prior to the issuance of an operating certificate pursuant to this article. Each plan shall include: (i) a description of the program's catchment area; (ii) a description of the program's psychiatric emergency services, including but not limited to crisis intervention services, crisis outreach services, extended observation beds, and triage and referral services, whether or not provided directly or through agreement with other providers of services; (iii) agreements or affiliations with hospitals, as defined in section 1.03 of this chapter, to receive and admit persons who require inpatient psychiatric services; (iv) agreements or affiliations with general hospitals to receive and admit persons who have been referred by the comprehensive psychiatric emergency program and who require medical or surgical care which cannot be provided by the comprehensive psychiatric emergency program; (v) a description of local resources available to the program to prevent unnecessary hospitalizations of persons, which shall

include agreements with local mental health, health, substance abuse, alcoholism or alcohol abuse, developmental disabilities, or social services agencies to provide appropriate services; (vi) a description of the program's linkages with local police agencies, emergency medical services, ambulance services, and other transportation agencies; (vii) a description of local resources available to the program to provide appropriate community mental health services upon release or discharge, which shall include case management services and agreements with state or local mental health and other human service providers; (viii) written criteria and guidelines for the development of appropriate discharge planning for persons in need of post emergency treatment or services; (ix) a statement indicating that the program has been included in an approved local services plan developed pursuant to article forty-one of this chapter for each local government located within the program's catchment area; and (x) any other information or agreements required by the commissioner.

(c) Each comprehensive psychiatric emergency program shall have at least one physician, who is a member of the psychiatric staff of the program, on duty and available at all times, provided, however, the commissioner may promulgate regulations to permit the issuance of a waiver of this requirement when the volume of service of a program does not require such level of staff coverage.

(d) The commissioner shall promulgate regulations to establish a maximum number and location of extended observation beds which may be provided in a program, including provisions to maximize the privacy and safety of all patients receiving services in the hospital in which such extended observation beds are located.

(e) The commissioner may prevent new presentations and admissions from entering a comprehensive psychiatric emergency program when the commissioner concludes that the ability of the program to deliver quality services would be jeopardized. Before reaching such a conclusion, the commissioner shall consider the effect presenting new presentations and admissions may have on other hospital emergency rooms which provide psychiatric emergency services, and the commissioner shall review the continued necessity for such prevention at least once every twenty-four hours.

(f) The commissioner and the commissioner of health shall enter into a

cooperative agreement to govern the operation of comprehensive psychiatric emergency programs including visitation, inspection and supervision of such programs, enforcement of the conditions of operating certificates issued by the office of mental health and the department of health, and the protection of the confidentiality of clinical information regarding patients at such programs.

(g) The office of mental health, the department of social services and the department of health shall establish a uniform system by which general hospitals which operate comprehensive psychiatric emergency programs shall report the cost of operating such programs.

(h) Notwithstanding any other provision of law, nothing in this section shall be interpreted to create an entitlement for any individual to receive psychiatric emergency services in a comprehensive psychiatric emergency program.

** NB Repealed July 1, 2027