MEMORANDUM

Support Extension of Comprehensive Psychiatric Emergency Programs (CPEPs)
(Article VII, HMH, S7607-A/A9507-A, Part Y)

The New York American College of Emergency Physicians (New York ACEP) supports the Executive Budget proposal to extend Comprehensive Psychiatric Emergency Programs (CPEP) for four years to July 2024.

The bill amends provisions of the Mental Hygiene law with respect to CPEPs to:

- extend the time that an individual can be detained from 72 hours to 96 hours for observation and treatment when the person is determined to be a danger to themselves or others.
- require that triage and referral services be provided by a psychiatric nurse practitioner or physician as soon as a person is received into the comprehensive psychiatric emergency program.
- require that if a patient is not discharged within six hours, they must be examined by a physician.
- permit hospitals that operate CPEPs, upon approval of the Commissioner of the Office of Mental Health, to operate satellite facilities. A satellite facility is defined as a medical facility providing psychiatric emergency services that is managed and operated by a hospital that holds a valid operating certificate for a CPEP and is located away from the central campus of the general hospital.

Comprehensive Psychiatric Emergency Programs provide psychiatric emergency services that include hospital-crisis intervention services, extended observation beds, crisis outreach services, and crisis residential services. This proposal continues essential services to at-risk individuals and provides funding for the continued improvement of CPEP services in the State. The amendments to the current law to create satellite facilities will allow hospitals to expand services to patients who live in areas where there is currently no access to the broad array of services available through CPEP.

For these reasons, New York ACEP supports this proposal.
in the care and treatment of article 10 sex offenders will be trans-
erred to the secure treatment and rehabilitation center pursuant to
subdivision 2 of section 70 of the civil service law. Employees will
remain in their current geographic location, and civil service title and
status.
§ 2. This act shall take effect immediately.

PART Y

Section 1. Sections 19 and 21 of chapter 723 of the laws of 1989
amending the mental hygiene law and other laws relating to comprehensive
psychiatric emergency programs, as amended by section 1 of part I of
chapter 59 of the laws of 2016, are amended to read as follows:
§ 19. Notwithstanding any other provision of law, the commissioner of
mental health shall, until July 1, [2020] 2024, be solely authorized, in
his or her discretion, to designate those general hospitals, local
governmental units and voluntary agencies which may apply and be consid-
ered for the approval and issuance of an operating certificate pursuant
to article 31 of the mental hygiene law for the operation of a compre-
hensive psychiatric emergency program.
§ 21. This act shall take effect immediately, and sections one, two
and four through twenty of this act shall remain in full force and
effect, until July 1, [2020] 2024, at which time the amendments and
additions made by such sections of this act shall be deemed to be
repealed, and any provision of law amended by any of such sections of
this act shall revert to its text as it existed prior to the effective
date of this act.
§ 2. Subdivisions (a), (b), (e), (f) and (h) of section 9.40 of the
mental hygiene law, as added by chapter 723 of the laws of 1989, are
amended, and a new subdivision (a-1) is added to read as follows:
(a) The director of any comprehensive psychiatric emergency program
may receive and retain therein for a period not to exceed [seventy-two]
ninety-six hours, any person alleged to have a mental illness for which
immediate observation, care and treatment in such program is appropriate
and which is likely to result in serious harm to the person or others.
The director shall cause to be entered upon the program records the name
of the person or persons, if any, who have brought the person alleged to
have a mental illness to the program and the details of the circum-
stances leading the person or persons to bring the person alleged to
have a mental illness to the program.
(a-1) The director shall cause triage and referral services to be
provided by a psychiatric nurse practitioner or physician of the program
as soon as such person is received into the comprehensive psychiatric
emergency program. After receiving triage and referral services, such
person shall be appropriately treated and discharged, or referred for
further crisis intervention services including an examination by a
physician as described in subdivision (b) of this section.
(b) The director shall cause examination of such persons not
discharged after the provision of triage and referral services to be
initiated by a staff physician of the program as soon as practicable and
in any event within six hours after the person is received into the
program's emergency room. Such person may be retained for observation,
care and treatment and further examination for up to twenty-four hours
if, at the conclusion of such examination, such physician determines
that such person may have a mental illness for which immediate observa-
tion, care and treatment in a comprehensive psychiatric emergency program is appropriate, and which is likely to result in serious harm to the person or others.

(e) If at any time within the seventy-two [hour period it is determined that] hours after such person is admitted to an extended observation bed and continues to require immediate observation, care and treatment in accordance with this section and the need for such [requirement] care is likely to continue beyond [the seventy-two hour period] such time period, such person shall be removed within a reasonable period of time to an appropriate hospital authorized to receive and retain patients pursuant to section 9.39 of this article and such person shall be evaluated for admission and, if appropriate, shall be admitted to such hospital in accordance with section 9.39 of this article, except that if the person is admitted, the fifteen day retention period of subdivision (b) of section 9.39 of this article shall be calculated from the time such person was initially [registered] received into the emergency room of the comprehensive psychiatric emergency program. Any person removed to a hospital pursuant to this paragraph shall be removed without regard to the provisions of section 29.11 or 29.15 of this chapter and shall not be considered to have been transferred or discharged to another hospital.

(f) Nothing in this section shall preclude the involuntary admission of a person to an appropriate hospital pursuant to the provisions of this article if at any time during the [seventy-two] ninety-six hour period it is determined that the person is in need of involuntary care and treatment in a hospital and the person does not agree to be admitted to a hospital as a voluntary or informal patient. Efforts shall be made
to assure that any arrangements for such involuntary admissions in an appropriate hospital shall be made within a reasonable period of time.

(h) All time periods referenced in this section shall be calculated from the time such person is initially [registered] received into the emergency room of the comprehensive psychiatric emergency program.

§ 3. Paragraphs 2 and 5 of subdivision (a), paragraph 1 and subparagraph (ii) of paragraph 2 of subdivision (b) of section 31.27 of the mental hygiene law, paragraph 2 of subdivision (a) as added by chapter 723 of the laws of 1989, paragraph 5 of subdivision (a) as amended by section 1 of part M of chapter 57 of the laws of 2006, paragraph 1 of subdivision (b) as amended by section 2 of part M of chapter 57 of the laws of 2006 and subparagraph (ii) of paragraph 2 of subdivision (b) as amended by section 2 of part E of chapter 111 of the laws of 2010, are amended and a new paragraph 12 is added to subdivision (a) to read as follows:

(2) "Crisis intervention services" means [psychiatric emergency] 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; extended observation beds; and other on-site psychiatric emergency services] when appropriate.

(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 commis-
sioner determines that the program can provide for the privacy and safe-
ty 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.

(12) "Satellite facility" means a medical facility providing psychia-
tric emergency services that is managed and operated by a general hospi-
tal who holds a valid operating certificate for a comprehensive psychi-
atric emergency program and is located away from the central campus of
the general hospital.

(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 emer-
gency 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 limit-
ed to: crisis intervention services, crisis outreach services, [crisis
residence services,] extended observation beds, and triage and referral
services.
(ii) a description of the program's psychiatric emergency services, including but not limited to crisis intervention services, crisis outreach services, crisis residence services, extended observation beds, and triage and referral services, whether or not provided directly or through agreement with other providers of services;

§ 4. Paragraphs 4 and 8 of subdivision (a), and subdivision (i) of section 31.27 of the mental hygiene law are REPEALED.

§ 5. This act shall take effect immediately and shall be deemed to have been in full force and effect on and after April 1, 2020; provided however that:

(a) sections two through four of this act shall take effect on the one hundred eightieth day after it shall have become a law;

(b) the amendments to section 19 of chapter 723 of the laws of 1989 amending the mental hygiene law and other laws relating to comprehensive psychiatric emergency programs made by section one of this act shall not affect the repeal of such section and shall be deemed repealed there-with;

(c) the amendments to section 9.40 of the mental hygiene law made by section two of this act shall not affect the repeal of such section and shall be deemed repealed therewith; and

(d) the amendments to section 31.27 of the mental hygiene law made by section three of this act shall not affect the repeal of such section and shall be deemed repealed therewith.

PART Z

Section 1. The insurance law is amended by adding a new section 344 to read as follows: