



Legislation Details (With Text)

File #: Int 2210-2021 **Version:** * **Name:** Creating an office of community mental health and a citywide mental health emergency response protocol.

Type: Introduction **Status:** Filed (End of Session)

In control: Committee on Mental Health, Disabilities and Addiction

On agenda: 2/11/2021

Enactment date: **Enactment #:**

Title: A Local Law to amend the administrative code of the city of New York, in relation to creating an office of community mental health and a citywide mental health emergency response protocol

Sponsors: Diana I. Ayala, Corey D. Johnson, Public Advocate Jumaane Williams, Alicka Ampry-Samuel, Robert E. Cornegy, Jr., Helen K. Rosenthal, Adrienne E. Adams, Farah N. Louis, Laurie A. Cumbo, Ben Kallos, Margaret S. Chin

Indexes: Other Appointment Required, Report Required

Attachments: 1. Summary of Int. No. 2210, 2. Int. No. 2210, 3. February 11, 2021 - Stated Meeting Agenda with Links to Files, 4. Hearing Transcript - Stated Meeting 2-11-21, 5. Minutes of the Stated Meeting - February 11, 2021, 6. Committee Report 2/22/21, 7. Hearing Testimony 2/22/21, 8. Hearing Transcript 2/22/21

Date	Ver.	Action By	Action	Result
2/11/2021	*	City Council	Introduced by Council	
2/11/2021	*	City Council	Referred to Comm by Council	
2/22/2021	*	Committee on Mental Health, Disabilities and Addiction	Laid Over by Committee	
2/22/2021	*	Committee on Mental Health, Disabilities and Addiction	Hearing Held by Committee	
12/31/2021	*	City Council	Filed (End of Session)	

Int. No. 2210

By Council Members Ayala, the Speaker (Council Member Johnson), the Public Advocate (Mr. Williams), Ampry-Samuel, Cornegy, Rosenthal, Adams, Louis, Cumbo, Kallos and Chin

A Local Law to amend the administrative code of the city of New York, in relation to creating an office of community mental health and a citywide mental health emergency response protocol

Be it enacted by the Council as follows:

Section 1. Title 17 of the administrative code of the city of New York is amended by adding a new chapter 20 to read as follows:

Chapter 20

COMMUNITY MENTAL HEALTH

§ 17-2001 Definitions. For the purposes of this chapter, the following terms have the following meanings.

Community mental health. The term “community mental health” refers to the provision, treatment, management and support of mental and behavioral illness within a community setting, including, but not limited to, hospital care, outpatient care, care provided by not-for-profit and community-based-organizations, emergency management, employment support, and housing support.

Mental health emergency. The term “mental health emergency” means (1) a medical or behavioral health condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical or behavioral health attention to result in a significant risk of serious harm to oneself or others; or (2) where a person’s actions, feelings, and behaviors can reasonably be expected to put them at risk of being unable to care for themselves or function in the community in a healthy manner; or (3) any other situation or circumstance designated as a mental health emergency by the office.

Office. The term “office” means the office of community mental health.

Public safety emergency. The term “public safety emergency” means a crime in progress, violence, or a situation likely to result in imminent harm or danger to the public, as defined by the office.

§ 17-2002 Office of community mental health. a. Establishment of office of community mental health. The commissioner shall establish an office of community mental health. Such office shall be headed by a deputy commissioner who shall be appointed by the commissioner.

§ 17-2003 Mental health response protocol. a. No later than December 31, 2021, the office shall develop a citywide mental health emergency response protocol and post such protocol on the department’s website. Such protocol shall establish guidelines:

1. for all emergency call operators, including, but not limited to, 911 call operators, to identify calls as

potential mental health emergencies;

2. regarding the information that must be provided by a member of the public to establish that a mental health emergency is also a public safety emergency before authorizing the dispatch of a law enforcement officer; and

3. for all emergency first responders to utilize when responding to potential mental health emergencies, including the following circumstances:

(i) when the mental health emergency response unit responds without the assistance of the police department;

(ii) when the police department responds to public safety emergencies prior to the mental health emergency response unit, including guidelines for whether and how to engage with any member of the public suspected to be experiencing a mental health emergency,

(iii) when the police department and mental health emergency response unit staff are engaged in a joint response, including when and how to defer to office of community mental health employees on engaging with individuals suspected of experiencing a mental health emergency;

(iv) when emergency call responders should include the mental health emergency response unit during a 911 call; and

(v) how emergency responders should respond to a mental health emergency before mental health emergency response unit arrives at the scene.

b. Any changes to such protocol shall be posted on the office's website within 24 hours of such change.

§ 17-2004 Mental health emergency response unit. a. The office shall include a unit of mental health clinicians and peers that shall respond to all mental health emergencies.

b. The mental health emergency response unit shall respond to all mental health emergencies within 30 minutes of receiving a call identified by the mental health emergency response protocol as a potential mental health emergency. The office shall follow-up with any individual interacting with the mental health emergency

response unit within 48 hours of such a response.

c. The office shall provide appropriate training, medical equipment, vehicles, and adequate staff to the mental health emergency response unit.

d. The office shall identify best practices concerning titles, uniforms, training, qualifications, and professional and personal experience of such staff.

e. The office shall determine the geographic locations necessary for such equipment, vehicles, and staff in order to achieve the response time set forth in subdivision a of this section.

§ 17-2005 Coordination between city agencies and service providers. The office shall coordinate between city agencies and mental health service providers by:

a. incorporating city agencies and community-based-organizations involved in responding to mental health and public safety emergencies into the mental health emergency response protocol. Such agencies shall include, but not be limited to, the police department, the department of homeless services, the department of social services/human resources administration, the fire department bureau of emergency medical services, the administration for children's services, the department of education, the New York city health and hospitals corporation, and other offices or units within the department;

b. training city agencies and community-based-organizations involved in responding to mental health and public safety emergencies, including the police department, in the protocols established pursuant to section 17-2003;

c. providing referrals to community-based-organizations or mental health providers for individuals seeking connection to care; and

d. monitoring the usage of the city's emergency response infrastructure in order to improve community mental health services and reduce mental health emergencies through preventative care.

§ 17-2006 Public outreach and education. The office shall conduct public outreach and education. Such outreach and education shall include, but not be limited to:

- a. Publicizing the mental health emergency response protocol;
- b. Conducting targeted outreach campaigns in neighborhoods facing barriers to access of mental health care and in which there are a disproportionate number of mental health emergency calls; and
- c. Providing information and resources regarding access to mental health care, particularly free, low-cost, and insurance-covered mental health care.

§ 17-2007 Reporting. a. Monthly reporting. Beginning February 1, 2022 and by the first day of each month thereafter, the office shall provide to the mayor and speaker of the council, and post to its website, a report on mental health emergency calls received and handled pursuant to the protocol, including but not limited to the following:

- 1. the number of potential mental health emergency calls received, in total and disaggregated by whether the call originated from 311, 911, or another source, and further disaggregated by the agency or agencies dispatched; and
- 2. the number of mental health emergency responses conducted, disaggregated by the responding agency or agencies, and further disaggregated by zip code, race, ethnicity, gender, age, and whether follow-up or referral services were provided to individuals.

b. Annual reporting. Beginning February 1, 2022 and by each February 1 thereafter, the office shall submit to the mayor and speaker of the council, and publish on its website a report on the activities of the office, including but not limited to:

- 1. an assessment of mental health service needs and gaps in care, including access to treatment, cost of services, utilization rates, and any racial, cultural, religious or economic barriers to accessing treatment, disaggregated by zip code, race, ethnicity, gender, and age; and
- 2. any changes to the mental health emergency protocol and the reasons for any such change.

§ 2. Chapter 1 of title 14 of the administrative code of the city of New York is amended by adding new sections 14-191 and 14-192 to read as follows:

§ 14-191 Mental health emergency response. The department and its officers and employees shall follow the mental health emergency response protocol established by the office of community mental health pursuant to section 17-2003.

a. The department shall not respond to a call designated by the mental health emergency response protocol as a potential mental health emergency call, unless the office of community mental health has notified the department that there is a public safety emergency pursuant to the emergency mental health response protocol.

b. Upon dispatch to a potential mental health emergency that is deemed by the office of community mental health to be a public safety emergency, the department and its officers shall follow the instructions of any employees of the office of community mental health emergency response unit present at the scene and refrain from engaging with an individual in mental health crisis unless instructed to do so by a member of the office of community mental health.

c. 911 call operators shall follow the mental health emergency response protocol established by the office of community mental health for identifying potential mental health emergency calls. In the event that such protocol identifies a potential mental health emergency call, the 911 operator shall connect the call to the office of community mental health emergency response established pursuant to section 17-2003.

§ 14-192 Mental health emergency response training. The department, in conjunction with the office of community mental health, shall:

a. Provide training for all current members of service regarding the citywide mental health emergency response protocol established pursuant to section 17-2003 no later than July 1, 2022;

b. Provide training for all 911 call operators regarding the citywide mental health emergency response protocol established pursuant to section 17-2003 no later than July 1, 2022;

c. Provide training for all new academy recruits and new 911 emergency call operators regarding the citywide mental health emergency response protocol established pursuant to section 17-2003; and

d. Provide retraining for all members of service within six months of any changes to the emergency response protocol established pursuant to section 17-2003 or no later than every two years if no changes are made.

§ 3. This local law takes effect 180 days after it becomes law.

SIL/D.A.
LS # 4045
1/22/21 12:15 pm