NEW YORK STATE | Office of Mental Health

CUSTODY/TRANSPORT TO §9.39 EMERGENCY DEPARTMENT or CPEP ON REQUEST BY A DIRECTOR OF COMMUNITY SERVICES (DCS) OR DESIGNEE

(Mental Hygiene Law §9.45)

Name (Last, First, M.I.) _____

Gender _____ **Date of Birth** _____

Location _____

The DCS or their designee shall have the power to direct the removal of any person, within their jurisdiction, to a hospital approved by the commissioner of mental health pursuant to subdivision (a) of section 9.39 of this article, or to a comprehensive psychiatric emergency program pursuant to subdivision (a) of section 9.40 of this article, if the parent, adult sibling, spouse, domestic partner as defined in section twenty-nine hundred ninety-four-a of the public health law or child of the person, the committee or legal guardian of the person, a licensed psychologist, registered professional nurse or certified social worker currently responsible for providing treatment services to the person, a supportive or intensive case manager currently assigned to the person by a case management program which program is approved by the office of mental health for the purpose of reporting under this section, a licensed physician, health officer, peace officer or police officer reports to them that such person has a mental illness for which immediate care and treatment is appropriate and that is likely to result in serious harm to self or others.

It shall be the duty of peace officers, when acting pursuant to their special duties, or police officers who are members of an authorized police department, or force or of a sheriff's department to assist representatives of such director to take into custody and transport any such person. Upon the request of a DCS or their designee, an ambulance service, as defined in subdivision two of section three thousand one of the public health law, is authorized to transport any such person. Such person may then be retained in a hospital pursuant to the provisions of section 9.39 of this article or in a comprehensive psychiatric emergency program pursuant to the provisions of section 9.40 of this article.

A person otherwise determined to meet the criteria for an emergency assessment pursuant to this section may voluntarily agree to be transported to a crisis stabilization center under section 36.01 of this chapter for care and treatment and, in accordance with this article, an assessment by the crisis stabilization center determines that they are able to meet the service needs of the person.

☐ I, _____ (Name), am the DCS for _____ (County).

☐ I, _____ (Name), am the designee of the DCS for _____ (County).

It has been reported to me that _____ (Name of Person), has a mental illness for which immediate care and treatment in a hospital is appropriate and which is likely to result in serious harm (choose one or more):

☐ Threats of or attempts at suicide or serious bodily harm or other conduct demonstrating danger to themselves

☐ Homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm

☐ Inability or refusal, due to mental illness, to provide for their own essential needs such as food, clothing, necessary medical care, personal safety, or shelter

Describe:

This information has been reported to me by _____ (Name), who is:

☐ a licensed physician
☐ a licensed psychologist
☐ a registered professional nurse currently responsible for providing treatment services to the person
☐ a certified social worker currently responsible for providing treatment services
☐ a supportive or intensive case manager*
☐ the parent of the person
☐ the spouse of the person
☐ the domestic partner of the person
☐ the child of the person
☐ the adult sibling of the person
☐ the committee or legal guardian of the person
☐ a health officer
☐ a police officer
☐ a peace officer

☐ I hereby direct, under section 9.45 of the Mental Hygiene Law, that peace/police officers of _____ (Department/Location)

take this person into custody and transport them to _____ (Name of §9.39 ED/CPEP). OR

☐ I hereby request, under section 9.45 of the Mental Hygiene Law, that _____ (Name of Ambulance Service)

transport this person to _____ (Name of §9.39 ED/CPEP).

*The supportive or intensive case manager must be currently assigned to the person by a case management program which program is approved by the Office of Mental Health for the purpose of reporting under this section §9.45

This form may be completed and signed electronically, pursuant to the Electronic Signatures and Records Act, including via a provider's electronic health record. Providers must ensure the forms can be printed and/or delivered in the approved format to the receiving hospital and other intended recipients.

Signature of DCS or Designee	Date	Time (AM/PM)