

2008 ANNUAL REPORT

NEW YORK STATE ASSEMBLY

COMMITTEE ON
MENTAL HEALTH, MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES



Sheldon Silver, Speaker

Peter M. Rivera, Chair



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

PETER M. RIVERA
Assemblyman 76TH District
Bronx County

DISTRICT OFFICE
1973 Westchester Avenue
Bronx, New York 10462
718-931-2620

ALBANY OFFICE
Room 826
Legislative Office Building
Albany, New York 12248
518-455-5102-

CHAIR
Mental Health, Mental Retardation
and Developmental Disabilities

COMMITTEES
Agriculture
Consumer Affairs and Protection
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December 15, 2008

Honorable Sheldon Silver
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, New York 12248

Dear Speaker Silver:

I am pleased to submit to you the 2008 Annual Report of the Assembly Standing Committee on Mental Health, Mental Retardation and Developmental Disabilities. The Committee worked diligently during this session to ensure that persons with disabilities continue to receive and access appropriate care and treatment that is focused on individualized needs and is, whenever possible, provided in the community.

The Committee spent much of the 2008 session addressing social emotional learning (SEL) issues following the adoption of the Children's Mental Health Act of 2006. The Act amended Section 305 of the Education Law to direct the Commissioners of Education and Mental Health to develop guidelines for incorporating SEL development and learning into elementary and secondary educational programs "for voluntary implementation by school districts" in order to improve the emotional well-being of New York's children. Research collected on the benefits of the SEL curriculum show tremendous growth in cognitive and academic achievement for the children in programs using the SEL models. The Commissioners took implementing the Children's Mental Health Act a step further and expanded the initiative to include other agencies that cater to children and adolescents. Nine child-serving agencies came together as a collective to create the "Children's Plan" report, which represents the State's effort towards reforming the mental health services delivered to this vulnerable group.

In connection to this reformation, the Committee introduced legislation aimed at assisting pediatric primary care clinicians to effectively respond to mental health concerns in primary care, and participated in several ongoing discussions with experts in the field who have consistently requested instruction for implementing the SEL program. Because of the positive outcomes of implementing SEL, there have been substantial discussions on a proposal requiring the colleges which train our teachers to require SEL training as a prerequisite to granting a degree.

Another issue that the Committee focused on during this session was Autism. In 2007, the Centers for Disease Control released new data indicating that 1 in 150 children suffer from Autism Spectrum Disorders (ASD). In New York State, there has been a startling increase in the

number of children diagnosed with autism and other developmental disabilities. In 2000, there were 6,752 children between the ages of 3-21 who received special education services in New York with autism. In just seven years, the number grew to include 15,471 children.

In an effort to address the needs of this growing population, the Committee, in conjunction with the Subcommittee on Autism, worked to create a coordinated response by the Assembly to the issues related to autism. Several bills were introduced to address research, autism awareness, and housing for autistic individuals. The Committee supported a roundtable discussion hosted by the Subcommittee on Autism that was held to ascertain the public's position on autism treatment, teacher education and the transference of records between service providers. On the same topic, the Insurance Committee held a joint hearing with the Committee and Subcommittee. The public meeting was a necessary step the State had to take to begin the process of reviewing health insurer policies and obstacles related to the coverage of early intervention services for children with autism. Health experts have emphasized that these services are essential to improving the lives of children with ASD and could help substantially reduce the cost of providing services to this special group as they age. I look forward to continuing my partnership with Assembly Members Mark Schroeder and Joseph Morelle in developing an effective response to Autism and related issues in the next year.

I would like to take this opportunity to recognize the resolution of two issues concerning previously enacted legislation. The first issue is in regards to the Geriatric Mental Health Act of 2005. This landmark legislation was enacted to address the growing mental health challenges of seniors. The law established an Interagency Geriatric Mental Health and Chemical Dependence Planning Council and a geriatric service demonstration program. Two million was appropriated in the 2006-07 Budget for the program. The Office of Mental Health (OMH) was required to establish the demonstration program to provide grants to providers of mental health care to the elderly. However, the distribution of grants was delayed until this year. Nine five-year demonstration grants were announced.

Through the RFP process two categories of grantees were created to streamline access to the programs: Gatekeepers, project coordinators that function as a single point of entry; and, integrated hospitals that provide geriatric physical health and mental health services. Gatekeeper grants were awarded to the following institutions: St. Vincent's Manhattan, Family Services of Westchester, and Onondaga County Department of Aging and Youth. Physical Health-Mental Health Integration Programs include Metropolitan Hospital Center, Flushing Hospital Medical Center, New York-Presbyterian Hospital, Warren and Washington Counties, University of Rochester, and South Oaks.

The other issue involved suicide prevention funds targeted towards adolescent Latinas and elderly Asian women. In the 2006-07 Budget, the initiative received \$1 million, but the distribution of grants was delayed until this year. Currently, seven grants totaling over \$900,000 to conduct suicide prevention public awareness and education campaigns targeting the two interest groups have been awarded. Grants that will target Latina adolescents were received by Woodhull Medical and Mental Health Center (serving Brooklyn), Communilife (serving Bronx), and Families Together of New York State (serving Monroe and Erie counties). Institutions awarded grants targeting elderly Asian women include Hamilton-Madison House (a statewide campaign), Stony Brook University (serving Nassau and Suffolk counties), the Asian American

Federation (serving New York City), and the Visiting Nurse Regional Health Care Services (serving Queens). The Committee is pleased that these initiatives are on their way to addressing the crucial issues identified within these groups.

Our efforts in delivering support and services to all the vulnerable constituents under our jurisdiction would not be complete if we did not ensure that providers delivering mental health service were trained to be culturally and linguistically competent. In continuation of a \$2 million Assembly add from the 2007-08 Budget, OMH assumed the responsibility for funding the Centers for Excellence in Culturally and Linguistically Competent Mental Health programs located at Nathan Kline Institute for Psychiatric Research and Psychiatric Institute in New York City. New York's mental hygiene system is faced with a growing demand from underserved and emerging minority groups. With the \$1 million invested in each research institute, the Centers will help increase the quality of services provided by training mental health staff and professionals.

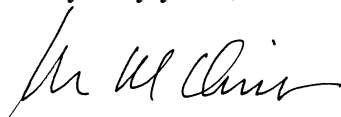
In addition, as Chair, I recognized the need of maintaining a professional and well trained direct care workforce within the system and initiated a program with the State University of New York (SUNY) at Stonybrook's School of Social Work to provide additional training via a certificate program. The program holds multi-day training for outstanding mental hygiene workers to help increase the quality of care they provide, while also providing recognition to those selected to the program. The Committee hopes to continue this partnership with SUNY Stonybrook and its Outstanding Caregiver Certificate Program.

Furthermore, additional workforce training resources were provided to the JFK Jr. Institute for Worker Education at the City University of New York. The funding has allowed the Institute to offer undergraduate and graduate certification in disability studies, and supported the Kennedy Fellows Career Mentoring Program which provides tuition aid, and career development to direct care workers pursuing an undergraduate degree.

These initiatives provide great benefits to both direct care workers and to mental hygiene consumers. To complement these workforce development programs, the Committee published a resource guide called the *2007-08 Graduate & Undergraduate Education Programs, Internships & Volunteer Opportunities in the Field of Mental Hygiene* to help create interest and direction for those wishing to enter the mental hygiene field and current workforce members interested in increasing their skill.

On behalf of myself and the other members of the Committee, I would like to express my sincere appreciation for your support and encouragement throughout the year. With your leadership, the Committee will continue to focus on ensuring that all persons with disabilities in New York receive quality services to which they are entitled.

Very truly yours,

A handwritten signature in black ink, appearing to read "Peter M. Rivera". The signature is fluid and cursive, written over a white background.

Peter M. Rivera
Chair

**2008 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES**

**Peter M. Rivera
Chair**

Committee Members

Majority

Karim Camara
Michael Cusick
Ellen Jaffee
Barbara Lifton
Donna A. Lupardo
William L. Parment
Mark J. F. Schroeder
Darryl C. Towns
Harvey Weisenberg

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Robert Barra
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Thomas McKevitt – Ranking Member

Committee Staff

Guillermo Martinez, Legislative Director
Anton Konev, Committee Clerk

Program and Counsel Staff

Donald A. Robbins, Legislative Coordinator
Bill Egger, Senior Legislative Analyst
Alison Jacobs, Executive Secretary

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I. INTRODUCTION

The Assembly Committee on Mental Health, Mental Retardation and Developmental Disabilities has jurisdiction over legislation affecting programs that provide services, health care and treatment, and advocacy for individuals with various disabilities. The Committee focuses on ensuring that individuals with a mental illness or a developmental disability, and those with multiple disabilities are provided appropriate and necessary services and protection from abuse or harm. The statutory basis for these programs is contained in the State Mental Hygiene Law.

The Committee works closely with the Committee on Alcoholism and Drug Abuse and the Task Force on People with Disabilities. The Committee has legislative oversight of programs administered by the State Office of Mental Health (OMH), the State Office of Mental Retardation and Developmental Disabilities (OMRDD) and the State Commission on Quality Care and Advocacy for Persons with Disabilities (CQC-APD).

During the 2008 session, the Committee reviewed a number of bills and addressed numerous issues aimed at providing quality services to individuals with various disabilities. These issues included ensuring appropriate mental health services for persons with autism, assisting our aging population, providing housing for individuals living with a mental illness, enhancing systems that provide information to parents and family members, and recognizing the important work of direct care professionals. The Committee also held hearings to assess the effectiveness of established programs to address geriatric, workforce, and Autism Spectrum Disorder issues. This report describes the Committee's major legislative activities during the 2008 session.

II. SIGNIFICANT LEGISLATION

A. CONSUMER CARE ISSUES

A.1441 (Brennan)

The Mental Hygiene Law, section 9.51, establishes a procedure for assessing seriously emotionally disturbed children and certifying them as needing placement in a residential treatment facility. However, many children cannot receive that placement and the services that go with it because not enough beds are available. This bill would establish a right to treatment for seriously emotionally disturbed children who are certified by the pre-admission certification committee and waiting to be placed in a residential placement facility for children and youth. This bill advanced to the Ways and Means Committee.

A.10069-C (Rivera, P.) / S.6799-C (Fuschillo)

New York State is faced with the challenge of meeting the mental health needs of soldiers from Iraq and Afghanistan and their families. Soldiers who have been deployed and redeployed have been exposed to extreme physical and mental stress, which has resulted in many of them developing serious health programs such as post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). Not only are veterans experiencing more health and mental disorders, but there has also been an increase in suicide, homelessness and domestic abuse cases. The return of a veteran that begins to suffer from PTSD or TBI strains the family that is ill prepared to deal with the emotional and psychological changes they perceive in their loved one.

Furthermore, mental health providers are unprepared to deal with the influx of veterans who have returned from combat, and often misdiagnose TBI for PTSD; symptoms such as memory loss and confusion are often mistaken as indicators of PTSD. Some veterans also suffer from depression and substance abuse. In addition, many returning service members, particularly from the National Guard and Reserves, are not accessing services from the federal Veterans Administration or through the Department of Defense Tricare system upon returning home; but rather, through community-based organizations and agencies. Therefore, community-based providers are experiencing an influx of returning service members for whom they are not entirely prepared to provide treatment.

This bill would require the Office of Mental Health to create a grant, provided through the Division of Veterans Affairs, for the purpose of training social workers in a course of study related to the diagnosis and treatment of PTSD, TBI and combat related mental health issues including substance abuse. This bill was vetoed by the Governor; Memo 75.

A.10297-A (Rivera, P.) / S.7033-A (Morahan)

According to the recent "Children's Plan," published by the New York State Office of Mental Health, 1 out of 10 children have a serious emotional disturbance. However, only 20 percent of children who have an emotional disturbance receive treatment from a mental health specialist. Most children are not properly screened or diagnosed, leaving them without any treatment for

their mental care. This bill is aimed at assisting pediatric primary care clinicians to effectively meet the mental health needs of the children and adolescents and their families in primary care. This bill would require the Office of Mental Health to establish regional child psychiatry access projects across the state to provide primary care providers with timely access to child psychiatry consultations via the telephone. This bill was vetoed by the Governor; Memo 122.

A.10811 (Rivera, P.) / S.8136 (Morahan)

To date, the Surrogate Decision-Making Committee (SDMC) Program, a program that provides specially trained volunteers who make medical treatment decisions on behalf of people who do not have the capacity to make their own and who have no legally authorized and willing surrogate to make medical decisions on their behalf, has heard approximately 13,500 cases on behalf of residents living in mental hygiene programs (OMH or OMRDD), or receiving service coordination, waiver or individualized services (OMRDD). This number also includes people who have been discharged from these programs but were once the subject of an SDMC determination. The SDMC Program has proven to be an effective alternative to the judicial system for providing timely consents to major medical treatment on behalf of these persons without capacity to do so and without relatives or guardians to provide such consent.

This law allows persons otherwise eligible for the Surrogate Decision-Making Committee (SDMC) Program to use the SDMC without having previously been the subject of an SDMC determination. Accordingly, as more people are served in the community, this proposal will assure that persons who have been discharged from mental hygiene facilities into nursing homes or the community can continue to qualify for decision-making on their behalf through the SDMC. This bill was signed into law; Chapter 198.

A.11020 (Weisenberg) / S.8043 (Morahan)

The current definition of “developmental disability” requires that an individual’s disability must constitute a substantial handicap to such person’s ability to function normally in society. The Office of Mental Retardation and Developmental Disabilities (OMRDD) established Advisory Guidelines in August 2001 which address issues in determining eligibility for OMRDD services. Among other things, the Guidelines indicate that eligibility for services is based on adaptive behavior measures, which are measures that are used primarily to determine the level of disability for people with subnormal intelligence. These guidelines have had the effect of barring many individuals who are unable to work or live on their own and meet all the other requirements except the adaptive behavior measures from being eligible for OMRDD services. Many of these individuals, all of whom must, among other things, have a disability that began before their 21st birthday, are high functioning autistic people who may be able to score high on intelligence exams but have significant social, emotional and behavioral impediments, which make it extraordinarily difficult to join the workforce or live on their own without assistance. However, given the appropriate level of supportive services, these individuals can and do become productive members of our society. This bill would amend the definition of “developmental disability” to include an inability to engage in any substantial gainful activity by reason of the disability. This bill advanced to the Ways and Means Committee.

A.11209 (Titone) / S.08315 (Lanza)

The Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities have a duty to protect residents of its facilities from harm and provide residents with a safe and nurturing environment. This legislation would prohibit the co-mingling of adolescent and adult patients in residential facilities. The aim of separation is to ensure the health and safety of children, adolescent, and adult patients in such facilities. This bill passed the Assembly but was not acted upon by the Senate.

A.11481-A (Rules / Gordon, T.) / S.8547 (Rules)

Workers in the Mental Health field are often called upon to work mandatory overtime, sometimes totaling 16 consecutive hours or more. When workers are asked to work to the point of exhaustion, mistakes will inevitably happen. However, consequences for mistakes made while supervising the Office of Mental Retardation and Developmental Disabilities (OMRDD) consumers at a residential setting can be dire. As such, this bill would prohibit direct care employees of OMRDD residential facilities from working more than 16 consecutive hours during any 5 day work period, except during extraordinary emergency, which include fire, flood or danger to life or property. This will ensure that residents of OMRDD facilities will not suffer from mistakes from OMRDD workers due to exhaustion. This bill advanced to the Rules Committee.

A.11482-A (Rules / Gordon, T.) / S.8551-A (Rules)

Residents of Office of Mental Retardation and Developmental Disabilities facilities are entitled to basic human rights, including the right to eat regular daily meals. It is highly inappropriate for food to be withheld from any resident as a punishment or behavior modification purposes. As such, this law requires meals provided at certain mental health facilities to be served at appropriate times and in as normal a manner as possible. This bill was signed into law; Chapter 324.

B. SERVICE DELIVERY, OVERSIGHT AND MANAGEMENT

A.962 (Destito)

Kendra's Law requires a psychiatrist to be in court for hearings within 72 hours of a petition being filed. This is an insurmountable problem in very small counties where there may be only one psychiatrist in the whole county. In such small counties, it is nearly impossible to find a psychiatrist who is able to rearrange his or her schedule and make him or herself available for Kendra's Law petitions. This bill would require the Office of Mental Health (OMH) to make a psychiatrist from a nearby OMH facility available to the county for meeting the requirements of Kendra's Law in counties of under 75,000 in population. This bill passed the Assembly but was not acted upon by the Senate.

A.4134 (Rivera, P.)

For many years, moneys have been removed from the mental hygiene service delivery system to pay for other State priorities, causing a crisis that is impacting the ability of providers of services to the mentally disabled to provide appropriate care and services to such mentally disabled individuals. Retaining and reusing savings from the closure of inpatient beds at State operated mental health facilities and from increased Medicaid funding for mental health services will foster quality of life and recovery for our most vulnerable residents.

This bill would require any State share savings resulting from increases in Medicaid funding for mental health programs and services previously State funded, and from increased comprehensive outpatient program rates to be reinvested into community-based programs through the state community mental health support and workforce reinvestment program; and, makes permanent provisions establishing the community mental health support and workforce reinvestment program. This bill advanced to the Ways and Means Committee.

A.6819-B (Rivera, P.) / S.4437-A (Morahan)

The annual planning process required of the Offices of the Department of Mental Hygiene pursuant to MHL section 5.07 provides an invaluable mechanism to foster local and state partnership to develop needed and cost-effective services to persons with mental disabilities. As such, the statutorily prescribed planning process should reflect the current dynamics of the public mental health system. In February of 2005, the statewide Mental Hygiene Task Force, assembled by the NYS Assembly's Committee on Mental Health, Mental Retardation and Developmental Disabilities, published a report evaluating the current service delivery system. The Task Force identified several areas in which the current planning process could be improved to better meet the needs of the mental hygiene community at large. The Task Force recognized that the current system of service delivery is fragmented and does not focus on the needs of persons with multiple disabilities in a comprehensive and coordinated manner.

This legislation seeks to address this oversight. This bill would require the Mental Health Services Council and the Advisory Councils on Mental Retardation and Developmental Disabilities and Alcoholism and Substance Abuse services to identify gaps in services to persons with multiple disabilities. This bill was vetoed by the Governor; Memo 109.

A.6947 (Pheffer) / S.4012 (Maltese)

This bill would create the New York State Autism Council. Autism is a spectrum disorder in which the symptoms and characteristics present themselves in a wide variety of combinations and ranges of severity. It typically appears in children under the age of three and most children are diagnosed with autism by the age of two. Over 17,000 individuals in New York have been diagnosed with an autism spectrum disorder and the United States Department of Education reports that autism is growing at a rate of 10-17% per year. Many parent and family groups across New York State offer critical services, information and support. While the cause of autism is unknown, extensive care and treatment programs for individuals with autism exist.

This council will gather many of the state agencies and autism support groups together to: approve autism awareness programs; carry out a program to provide information and education on program and service enhancements to families in the state with members suffering from autism; establish a mechanism for the sharing of information among researchers and clinicians in the state conducting biomedical research on autism and autism spectrum disorder; provide for a mechanism that would permit the public to obtain information on the existing and planned programs and activities being conducted related to autism; and, provide an annual report to the Governor with the council's recommendations and examine the creation of programs and services for individuals with autism. This bill advanced to the Ways and Means Committee.

A.8102-A (Rivera) / S.4006-A (Morahan)

This law extends the period of time when the Office of Mental Health may provide confidential clinical information without patient consent to the Division of Parole for its use in determining whether an inmate is suitable for release to parole supervision. Effective release planning involves a number of agencies and systems. The current two week window for release of records is problematic since the discharge planning, which involves both OMH and DOP, begins six months prior to release and sometimes involves communications at both the local facility and the central office level as well. Discharge planning needs to start prior to release because of the complexity of determining where the individuals will live, what services they should receive, the need to address risk issues, and the need to consider and arrange hospitalization, if necessary, upon release. In addition, potential Assisted Outpatient Treatment (AOT) cases need to be identified early to ensure that there is sufficient time to obtain an AOT order from the court prior to release from prison. Discharge planning is ongoing and often requires a number of case conferences with the involved agencies and potential service providers. This bill was signed into law; Chapter 230.

A.9354 (Rivera, P.) / S.5929 (Morahan)

This bill would establish mental health parity in public health insurance plans. The equity and comparability provisions of Timothy's Law do not presently apply to the Child Health Insurance Plan or Family Health Plus Program. Each of these programs already provides coverage for inpatient and outpatient mental health and alcohol and substance abuse services. This legislation simply assures that such coverage is comparable to that which is provided for other medical conditions under these programs, and does not place greater restrictions on coverage for mental health conditions or addictions than apply for other needs. Recent studies confirm the efficacy and cost effectiveness of such coverage, and, demonstrate that the costs associated with the enactment of mental health parity legislation are minimal. Actuarial analyses and emerging data from states with parity laws demonstrate that equitable insurance coverage for mental illnesses is indeed affordable. This bill advanced to the Ways and Means Committee.

A.9609 (Zebrowski, K.) / S.4474-A (Morahan)

This bill would establish a statewide registry of mental retardation and developmental disability and mental health workers for employers to check the registry when determining a workers' history prior to employing them. Mentally retarded, developmentally disabled, and mentally ill individuals who require daily care that their families can not give them, often because of their

unique needs, reside in subsidized communities, certified agencies and family care situations and must rely on workers to care for their daily needs. While the vast majority of these direct care workers are incredibly dedicated to caring for the disabled individuals who rely upon them, unfortunately, on occasion, there are workers who mistreat or even abuse those they are charged with caring for. Many times when such mistreatment or abuse is uncovered and does not rise to the level of a criminal conviction or a report to the Central Register for Child Abuse and Maltreatment, the care worker simply resigns from one position and seeks another in the same field. Without any statewide registry in place to warn and caution other employers of the care worker's prior history of mistreating or abusing clients/patients, there is no way to prevent them from being employed in similar circumstances where they can repeat such mistreatment. This bill advanced to the Codes Committee.

A.9685-A (Lupardo) / S.7183-A (Morahan)

This statute will add two additional members to the mental health services council to address the needs and concerns of veterans and military personnel. These new members, appointed by the Governor on the recommendation of the director of the division of veterans' affairs and the adjutant general of the division of military and naval affairs, will help assess and deal with the mental health needs of veterans, including those returning from the conflicts in Iraq and Afghanistan. This bill was signed into law; Chapter 410.

A.10078 (Rivera, P.) / S.6816 (Morahan)

This bill would add post traumatic stress disorder (PTSD) among the list of biologically based mental illnesses that would be covered under Timothy's Mental Health Parity Law. A number of important physiological differences have been found in individuals diagnosed with PTSD compared with individuals without the disorder, which support the inclusion of PTSD within the list of biologically based mental illnesses that are covered under New York State's Mental Health Parity Law. While the prevalence of PTSD in the general population is small, it is relatively high when you look at certain subgroups of the population that are affected by it.

Veterans who have been in combat, victims of violent crimes such as rape, survivors of childhood abuse, and persons exposed to catastrophic events such as natural disasters or terrorism all suffer from much higher rates of PTSD. Additionally the symptoms are very real and debilitating. Left untreated, PTSD is highly associated with serious medical ailments leading to significant physical debilitation and even premature death. Granting PTSD parity would ensure that returning veterans, victims of terror and other violent crimes and others suffering from PTSD are afforded the care they need through their insurance coverage to address their disease. This bill advanced to the Ways and Means Committee.

A.11036 (Rivera, P.) / S.7576 (Morahan)

This bill would authorize the Offices of Mental Retardation and Developmental Disabilities (OMRDD) and Mental Health (OMH) to release sex offender registration information concerning a consumer or patient when necessary to ensure the welfare and safety of others. Currently, disclosure of any sex offender registration information in the possession of OMRDD or OMH is restricted by Mental Hygiene Law section 33.13. Absent of the consent from the

consumer or patient who is designated as a sex offender, or a finding of serious and imminent danger to others, such information cannot be disclosed to law enforcement agencies, staff members (other than those who have supervisory responsibilities for the individual), other consumers, their family members, volunteers, or other regular visitors who may come into contact with the individual. This bill will afford OMRDD and OMH the flexibility to share sex offender registration information as necessary to ensure the welfare and safety of others. This bill advanced to the Codes Committee.

A.11037 (Camara) / S.7706 (Johnson, O.)

This bill would revise the appointment of the chairperson of the Most Integrated Setting Coordinating Council (MISCC) from a quarterly rotation among certain member agency heads to a permanent appointment that would be made by the Governor. The MISCC, established by Chapter 551 of the Laws of 2002, is responsible for developing a comprehensive Statewide plan to ensure that people of all ages with physical and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. The current statute fails to specify how the MISCC members are to rotate as chairperson. In addition, the rotating nature of the chairperson position is unwieldy and disruptive. The bill would provide for continuity of leadership of the MISCC, allowing for uninterrupted planning and policy development and better enable the MISCC to serve individuals with disabilities. This bill passed the Assembly but was not acted upon by the Senate.

A.11040 (Lupardo) / S.7535 (Morahan)

This bill would authorize the Office of Mental Retardation and Developmental Disabilities (OMRDD) to access criminal history records maintained by the Division of Criminal Justice Services (DCJS) for consumers in OMRDD facilities. The provisions of this amendment essentially mirror the Office of Mental Health's (OMH) authority to access criminal history information for OMH patients, and will assist the Commissioner, clinicians and other OMRDD personnel in making decisions about treatment, and placement to ensure the health and safety of clients, staff and other persons. This bill advanced to the Codes Committee.

A.11430 (Rules / Rivera, P.)

This bill would direct the Offices of Mental Health, Mental Retardation and Developmental Disabilities and Alcohol and Substance Abuse to make public on their website the names of the members of the governing board and summary information concerning executive compensation that is currently reported by all service providers funded through their websites in a manner that is easily accessible and informative.

These agencies are operated almost exclusively with public funds. While organizations such as the Red Cross and United Way make a practice of making information such as this publicly available, there is no comparable information available to the public for agencies that operate on public funds. Providing this information publicly does not only represent good open government, it also provides an important tool for governing boards that hold the fiduciary responsibility of approving executive compensation. This bill would ensure that boards and members of the public who support these agencies through their tax contributions have this

information readily available. This bill passed the Assembly but was not acted upon by the Senate.

A.11561-A (Rules / Rivera, P.) / S.8710 (Morahan)

This bill would authorize the Commissioner of Mental Health to convene panels of state and local officials to review violent incidents involving persons with mental illness. Far too often violent incidents and crimes involving the mentally ill can be avoided. This bill proposes to convene a panel of mental health, social services, and law enforcement representatives to review such incidences. Furthermore, this panel will serve to help prevent future occurrences of such violent incidences and crimes involving the mentally ill. This will lead to both quality of care and enhanced protection for the public. This bill advanced to the Rules Committee.

A.11682 (Rules / Rivera, P.)

This bill would establish a temporary Task Force on Developmental Disabilities to develop eligibility guidelines applicable to mental retardation and developmental disabilities services for persons with cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, or autism. Currently, the Mental Health Law provides a categorical definition of developmental disabilities, which includes mental retardation, cerebral palsy, epilepsy, neurological impairments, familial dysautonomia and autism. In August 2001, OMRDD promulgated an Advisory Guideline to address issues in determining eligibility for OMRDD services. The Guideline indicates that eligibility for services is based on adaptive behavior measures, which are measures that are used primarily to determine the level of disability for people with subnormal intelligence.

Without regard to how people are disabled by these conditions or the potential natural progress of the disorder over the course of life, the Guideline has created a barrier to OMRDD services for people severely disabled by cerebral palsy, epilepsy, neurological impairments, familial dysautonomia and autism that is inconsistent with the NYS Mental Hygiene law. This legislation would provide a reasonable approach to ensuring that those consumers severely disabled by cerebral palsy, epilepsy, neurological impairments, familial dysautonomia or autism receive the OMRDD services to which they are entitled under state law. This bill advanced to the Ways and Means Committee.

A.11758 (Rules / Lentol) / S.8706 (Skelos)

This statute allows relevant mental health records to be included in the National Instant Criminal Background Check System (NICS) for purposes of the possession and acquisition of a firearm. To date, the Office of Mental Health (OMH) has not routinely provided mental health records to the NICS index, even though it is unlawful for a person to possess a handgun if he or she has been “adjudicated as a mental defective” or “committed to a mental institution.” There are two primary reasons the State has not provided these records to the NICS index. First, Mental Hygiene Law section 33.13 contains strong confidentiality protections for mental health records, and no provision of section 33.13 permits OMH to disclose mental health information to the Criminal Justice Information Services (CJIS) for inclusion in NICS. Second, there are approximately 130 private or county operated facilities in New York State that provide some

form of inpatient mental health treatment. It was unclear whether OMH could access these records. This legislation would clarify that OMH does have access to records of these facilities that may disqualify a person from possessing a handgun. This bill was signed into law by the Governor; Chapter 491.

C. SUPPORT FOR CONSUMERS, PARENTS AND FAMILIES

A.8977 (Rivera, P.) / S.5271 (DeFrancisco)

This law sets forth specific proceedings that must occur upon the death of an incapacitated person to facilitate the transition from a guardianship to an estate. This statute is designed to facilitate the transition between a guardianship for an incapacitated person and an estate after the death of such incapacitated person. It clarifies the rights of the personal representative of the estate to marshal guardianship funds and codifies the right of the guardian to retain a reserve to cover reasonably anticipated administrative expenses of the guardianship. It also requires the personal representative of the estate to be noted on the guardian's application to be discharged and for approval of the guardian's final accounting. Lastly, it authorizes the guardian to pay the funeral bill and, if no personal representative has been appointed to marshal assets, to pay estimated taxes. This bill was signed into law by the Governor; Chapter 175.

A.8983 (Rivera, P.) / S.5129 (DeFrancisco)

This law provides limits on the court's power to invalidate or revoke a will or codicil of an incapacitated person after the appointment of a guardian. Since the primary goal of the Article 81 proceeding is to focus on life issues and the needs of the alleged incapacitated person, pre-mortem probate concerns should not be addressed in such proceedings, but only by the Surrogate Court after the person's death. Notwithstanding this legislation, the Article 81 court would still have broad discretion to consider all matters surrounding the life of the alleged incapacitated person and to address his or her future care and comfort without impinging on the many separate and distinct issues surrounding the validity of wills. This bill was signed into law by the Governor; Chapter 176.

A.9004 (Rivera, P.) / S.4351 (Morahan)

This bill would supplement Article 81 by creating a procedure for settling final guardianship reports upon the death of an incapacitated person, and for transferring guardianship assets to an estate administrator. It does not supplant existing law regarding the appointment of guardians or the duties and responsibilities of guardians to the court or to their wards. Currently, Article 81 of the Mental Hygiene Law provides a comprehensive framework for addressing the complex and diverse needs of persons with incapacities, but does not provide an effective and efficient road map to facilitate the transition from guardianship administration to estate administration upon the death of the incapacitated person. This bill advanced to the Third Reading Rules calendar 81.

A.9225-A (Weisenberg) / S.8545 (Morahan)

This law requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to notify the Committee on Special Education, multidisciplinary team or social services

official that submitted a report on a mentally retarded or developmentally disabled child requesting adult services when he or she determines that such services are not required.

Transitioning into the adult world can present challenges for all young people. The process of transitioning is more difficult for youth with mental retardation or developmental disabilities and requires unique strategies to enable each student to achieve the maximum possible independence in working, living and participating in the community as adults. This legislation seeks to fill a void by allowing for and requiring more involvement from parents and guardians as their child makes this transition into adulthood. This bill was signed into law by the Governor; Chapter 508.

A.10079 (Rivera, P.) / S.6819 (Morahan)

This bill would require the establishment of community housing waiting lists within the Office of Mental Health service system to accurately assess the housing needs for persons in need of residential placements. There is a great need for the establishment of a waiting list that would truly reflect the need for housing and related services for people in New York with mental disabilities, and also match those people up with appropriate housing, in the most integrated setting. This bill was vetoed by the Governor; Memo 46.

A.10897-A, (Gordon, T.) / S.8389-A (Morahan)

Chapter 24 of the Laws of 2007 was passed in honor of Jonathan Carey, a 13-year old child who tragically passed away while receiving care in an Office of Mental Retardation and Developmental Disabilities (OMRDD) operated program. Thereafter, Chapter 271 of the Laws of 2007 was passed, amending Jonathan's Law by providing that it would be deemed to have been in full force and effect on and after January 1, 2003 with respect to any written request for such information submitted by a qualified person on or before December 31, 2007. That amendment allowed Jonathan's parents to obtain copies of Jonathan's records, and also allowed other parents to obtain copies of their children's records as long as they made a written request on or before December 31, 2007. Jonathan's Law also provided that the New York State Commission on Quality of Care (NYS - CQC) was to prepare and disseminate an educational pamphlet advising parents and other qualified persons of their rights under Jonathan's Law.

This law provides that Jonathan's Law shall be deemed to have been in full force and effect on and after January 1, 2003 with respect to any written requests submitted by qualified persons on or before December 31, 2010. This bill was signed into law; Chapter 321.

A.11054-A (Rivera, P.) / S.7751-A (Hannon)

This statute provides for a simplified advance health care directive form for persons receiving mental retardation and developmental disabilities services. This bill was signed into law; Chapter 210.

A.11275 (Schimel) / S.5760 (Marcellini)

This bill would require the Commissioner of the Office of Mental Retardation and Developmental Disabilities to study and report to the Legislature on its current capabilities and future service delivery needs for persons with autism.

Autism is a life long neuro-developmental disorder characterized by deficits in communication, social interaction and behavior. The incidence of autism has risen dramatically in the past 15 years. Individuals with autism require highly specialized treatment and entitlements end at 21 years of age. The Center for Disease Control reports that the incidence of autism is 1 in 166; up from 1 in 2500 in 1987. This bill was vetoed by the Governor; Memo 42.

A.11757 (Rules / Rivera P.) / S.8679-A (Rules)

This law establishes a workgroup to examine existing work hours for direct care workers to ensure the health and safety of persons in residential mental health facilities. This bill was signed into law; Chapter 327.

III. PUBLIC HEARINGS

During 2008 Legislative Session, hearings were held to address major issues under consideration by the Committee:

A. Assessing the Comprehensive Geriatric Mental Health Act, New York, NY, May 16

This hearing was held to ascertain the outcomes of the Geriatric Mental Health Act of 2005. In 2005, New York State passed landmark legislation to address the critical issue of geriatric mental health care. In addition to the enacted legislation, \$2 million was appropriated for demonstration projects designed to meet the needs of elderly New Yorkers suffering from mental illness. The Assembly Standing Committee on Mental Health, Mental Retardation and Developmental Disabilities and the Assembly Standing Committee on Aging held this joint public hearing to: (1) determine the status of the mandates included in the legislation, in regard to the requirements placed on state agencies to begin to better address geriatric mental health issues; and, (2) to learn how the funds appropriated have been spent by grantees.

B. Workforce Issues and People with Disabilities, Albany, NY, June 2

In this hearing, the Committee sought to determine if current State laws, regulations and programs adequately protect and support people with disabilities in regards to employment. While laudable in intention, the federal American Disabilities Act (ADA) established in 1990 has not been successful at protecting the rights of disabled persons in regards to employment. After nearly two decades since the passage of the ADA, the unemployment rate for people with disabilities remains unacceptably high – as high as 75 percent for people with developmental disabilities and as high as 90 percent for those with psychiatric disabilities. More must be done to ensure that people with disabilities have access to a full range of employment opportunities.

C. Treatment of Autism Spectrum Disorders, Albany, NY, Dec. 18

The Committee on Mental Health and Subcommittee on Autism participated in a joint hearing with the Committee on Insurance to discuss the management of autism treatment in New York State. By holding this hearing, the Assembly recognized the ongoing debate over the treatment and coverage of Autism Spectrum Disorders (ASD) and the significant challenge it poses to lawmakers and the various interest groups. Early intervention is seen by many as key in combating the pervasiveness of ASD among children. ASDs are often diagnosed in children between the ages of six months and three years. Children diagnosed with an ASD experience varying degrees of behavioral, developmental delays that require early intervention, speech and occupational therapy and special schooling needs. Behavioral intervention - even though considered experimental by some - may lead to positive outcomes for ASD children and prove cost effective in the long run. The purpose of the hearing was to evaluate programs and treatment options that already exist in this state for children with ASD, as well as evaluate what could be done to improve their living standards and assist families and caregivers with the many burdens, including financial, of dealing with Autism Spectrum Disorders.

Other Meetings of Interest

D. Autism Round Table Discussion, Buffalo, NY, Dec. 9

The Subcommittee on Autism discussed how to create a new service model to produce better outcomes for children with behavioral, mental, and developmental disabilities. Autism is considered by some in the medical profession to be the fastest growing disorder in medical science. In New York State, there has been a startling increase in the number of children diagnosed with autism and other developmental disabilities. In 2000, there were 6,752 children between the ages of 3-21 who received special education services in New York with autism. In just seven years, the number of children with autism has increased to 15,471. In an effort to address the needs of this growing population, the subcommittee on Autism Retention engaged parents, school districts, and advocacy groups in Buffalo in a discussion on how the state can create a new model that supports and promotes better services for these children and produces better behavioral, educational and linguistic outcomes sooner, as well as generates a cost savings, for parents and children in this interest group.

IV. STATE BUDGET HIGHLIGHTS

The Committee participated in a Joint Budget Subcommittee Hearing on Mental Hygiene to negotiate allocating the \$8 million General Fund table target. The Final Budget included an Assembly add totaling \$4,000,000 for the restoration of the Office of Mental Retardation and Developmental Disabilities (OMRDD) Provider Rate.

The Subcommittee also reached agreement on several Article VII proposals. The following summary provides a brief description of the proposals adopted in the State Budget:

1. The Legislature accepted the proposal that enables Medicaid to reimburse providers the higher of the Medicare co-pay or up to the Medicaid rate for outpatient programs licensed by the Office of Mental Health for the Medicaid/Medicare crossover population.
2. The Legislature extended the authority of the Office of Mental Health (OMH) to certify the Comprehensive Psychiatric Emergency Program, which provides acute care to persons in psychiatric emergency situations.
3. The Legislature allowed OMH, OMRDD and the Office of Alcohol and Substance Abuse Services (OASAS) to participate with the Housing Finance Agency or the Division of Housing and Community Renewal to create housing opportunities that are more integrated into communities.
4. The Legislature continued the current cost of living adjustment (COLA) for eligible Human Services providers, extended the COLA until March 31, 2012, and clarified the implementation to the COLA.

APPENDIX A

**2008 SUMMARY OF ACTION ON ALL BILLS REFERRED TO
THE COMMITTEE ON MENTAL HEALTH**

<u>FINAL ACTION</u>	<u>ASSEMBLY BILLS</u>	<u>SENATE BILLS</u>	<u>TOTAL BILLS</u>
<u>Bills Reported With or Without Amendment</u>			
To Floor; Not Returning to Committee	8	0	8
To Floor; Recommitted and Died	0	0	0
To Ways & Means	25	0	25
To Codes	14	0	14
To Rules	3	0	3
To Judiciary	0	0	0
TOTAL	50	0	50
<u>Bills Having Committee Reference Changed</u>			
To Alcoholism and Drug Abuse Committee	1	0	1
<u>Senate Bills Substituted or Recalled</u>			
Substituted		9	
Recalled		1	
Total		10	
<u>Bills Defeated in Committee</u>			
Bills Never Reported, Held in Committee			
Bills Never Reported, Died in Committee	41	7	48
Bills Having Enacting Clauses Stricken (A.1612)	1	0	1
TOTAL BILLS IN COMMITTEE	93	17	110
 Total Number of Committee Meetings Held	 9		

APPENDIX B

FINAL ACTION ON BILLS REPORTED BY THE COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.812 Destito	No Same As	Passed Assembly	Requires the Commissioners of Mental Retardation and Developmental Disabilities and Mental Health to consider the fiscal management practices of certain individuals and current operators of mental hygiene facilities when issuing or renewing operating certificates or approving certificates of incorporation
A.962 Destito	No Same As	Passed Assembly	Requires the Office of Mental Health (OMH) to make a psychiatrist from a nearby OMH facility available to the county for meeting the requirements of Kendra's Law in counties of under 75,000 in population
A.1438 Brennan	No Same As	Passed Assembly	Provides that when an action against the State for negligent or improper treatment in a Department of Mental Hygiene facility results in a settlement or a judgment, the monetary award can not then be offset or collected as payment for services or treatment provide by that facility
A.1440 Brennan	No Same As	3rd Reading Rules Cal. 389	Prohibits the Commissioner of Mental Health from considering the source or availability of funds from being a criterion for the issuance, expansion or renewal of an operating certificate for a provider of services to the mentally disabled
A.1441 Brennan	No Same As	Referred to Ways and Means	Establishes a right to treatment for seriously emotionally disturbed children who are certified by the pre-admission certification committee and waiting to be placed in a residential placement facility for children and youth
A.1478 Brennan	No Same As	Referred to Codes	Provides for short-term involuntary protective services for adults with mental retardation or developmental disabilities who face imminent risk of death or serious physical injury
A.2316-A Hoyt	S.3101 Maziarz	Referred to Ways and Means	Requires the Commissioner of Mental Health to prohibit any employee of an outpatient program to enter the residence of a recipient of services who is a person with serious mental illness unless such employee is accompanied by at least one other employee and is supplied with a wireless telephone or comparable device
A.2762 Raia	S.1334 Lavalle	Held for Consideration	Requires municipalities to conduct a public hearing on the location of community residential facilities for

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
		in Mental Health	mentally disabled persons and to approve or deny such site selection; and, removes the property tax exemption for such community residential facilities
A.3696 Oaks	No Same As	Held for Consideration in Mental Health	Prohibits certain personal information from being disseminated or made available for public review, when such information relates to a petition for guardianship
A.3732 Rivera, P.	S.5575 Morahan	Passed the Assembly	Creates the Division of Minority Mental Health within the Office of Mental Health to assess the mental health needs of racial and ethnic minority populations and to ensure that appropriate care is provided to these individuals
A.4134 Rivera, P.	No Same As	Reported to Way and Means	Require any State share savings resulting from increases in Medicaid funding for mental health programs and services previously State funded, and from increased comprehensive outpatient program rates to be reinvested into community-based programs through the state community mental health support and workforce reinvestment program; and, makes permanent provisions establishing the community mental health support and workforce reinvestment program
A.5139 Fitzpatrick	No Same As	Held for Consideration in Mental Health	Requires a sponsoring agency that intends to establish a residential facility for the disabled to present specified information at a public hearing, should the municipality choose to hold such a hearing
A.5162 Tedisco	No Same As	Held for Consideration in Mental Health	Requires the disclosure to the parent or guardian of a child residing in a developmental center operated by the Office of Mental Retardation and Developmental Disabilities or other similar facility of the identity of any employee convicted of abusing or mistreating any resident
A.5727 Townsend	No Same As	Held for Consideration in Mental Health	Requires the Office of Mental Retardation and Developmental Disabilities (OMRDD) to perform a fingerprint and a criminal background check of potential employees seeking employment in a community group or residence center under the jurisdiction of OMRDD
A.5896 Miller	No Same As	Held for Consideration in Mental Health	Authorizes the Office of Mental Retardation and Developmental Disabilities and other entities operating under its jurisdiction to request and receive the fingerprints and criminal background checks of current and prospective employees from the Division of Criminal Justice Services; and, requires the

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			establishment of an Office of Mental Retardation and Developmental Disabilities worker's registry
A.6257 Saladino	No Same As	Held for Consideration in Mental Health	Requires the State Comptroller to reimburse a municipality for the loss of real property tax revenue resulting from the establishment of a community residential facility for the disabled
A.6740 Rivera, P.	No Same As	Referred to Ways and Means	Authorizes the Commissioners of Mental Retardation and Developmental Disabilities and Mental Health to set certain rates of payments to operators of family care homes, provided, however, that such payments shall be no less than \$290 per client per year; and, increases the number of days, from 10-14 days per year, that substitute caretaker services may be provided to licensed family care homes
A.6785 Rivera, P.	S.927 Morahan	Passed Assembly	Requires the Commissioners of Mental Retardation and Developmental Disabilities and Mental Health and the directors of in-patient facilities to designate safety officers to act as special policemen
A.6786 Rivera, P.	S.5573 Morahan	Referred to Ways and Means	Requires the Commissioner of Mental Retardation and Developmental Disabilities to take certain actions upon making a determination that there will be a significant service reduction or closure of a state-operated facility, which is subject to his or her supervision
A.6806-A Rivera, P.	S.4470-A Morahan	Referred to Ways and Means	Establishes the Inter-Office Coordinating Council as an independent entity within the Department of Mental Hygiene, jointly formed by the Office of Mental Retardation and Developmental Disabilities, Mental Health and Alcohol and Substance Abuse; and, establishes the Council for Mental Health Planning to establish statewide goals for the treatment of the multiply disabled
A.6818 Rivera, P.	No Same As	Passed the Assembly	Establishes the Community Mental Hygiene Services Fund in the joint custody of the State Comptroller and the Commissioner of Taxation and Finance to provide a mechanism for improving the availability of community-based mental hygiene services
A.6819-B Rivera, P.	S.4473-A Morahan	Vetoed, Memo 109	Requires the Mental Health Services Council and the Advisory Councils on Mental Retardation and Developmental Disabilities and Alcoholism and Substance Abuse services to identify gaps in services to persons with multiple disabilities
A.6947 Pheffer	S.4012 Maltese	Referred to Ways and Means	Creates an Autism Council within the Executive department to approve autism awareness programs, provide information and education on program and

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			service enhancements to families in the state with members suffering from autism, establish mechanisms to use the results from biomedical research on autism and autism spectrum disorders, and provide for a mechanism that permits the public to obtain information on the existing and planned programs and activities being conducted related to autism
A.7054 McKevitt	No Same As	Held for Consideration in Mental Health	Requires a sponsoring agency to notify in writing all persons owning property within five hundred feet of a proposed community residential facility site
A.7174-A Rivera, P.	No Same As	Referred to Codes	Authorizes a surrogate decision-making panel to consent to the admission of a patient to hospice, and to consent to or refuse do not resuscitate orders
A.8102-A Rivera, P.	S.4006-A Morahan	Chapter 230	Extends the period of time when the Office of Mental Health may provide confidential clinical information without patient consent to the Division of Parole for its use in determining whether an inmate is suitable for release to parole supervision
A.8977 Rivera, P.	S.5271 DeFrancisco	Chapter 175	Sets forth specific proceedings which must occur upon the death of an incapacitated person to facilitate the transition from a guardianship to an estate
A.8983 Rivera, P.	S.5129 DeFrancisco	Chapter 176	Provides limits on the court's power to invalidate or revoke a will or codicil of an incapacitated person after appointment of a guardian
A.9004 Rivera, P.	S.4351 Morahan	3rd Reading Rules Cal. 81	Creates a procedure for settling final guardianship reports upon the death of an incapacitated person, and for transferring guardianship assets to an estate administrator
A.9225-A Weisenberg	S.8545 Morahan	Chapter 508	Requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to notify the Committee on Special Education, multidisciplinary team or social services official that submitted a report on a mentally retarded or developmentally disabled child requesting adult services when he or she determines that such services are not required
A.9354 Rivera, P.	S.5929 Morahan	Referred to Ways and Means	Establishes mental health parity in public health insurance plans
A.9355 Rivera, P	S.8089 Morahan	Vetoed, Memo 24	Adds the adjutant general and the director of veterans affairs to the membership of the interagency geriatric mental health planning council
A.9609 Zebrowski	S.4474-A Morahan	Referred to Codes	Establishes a statewide registry of mental retardation and developmental disability and mental health

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			workers for employers to check the registry when determining a workers' history prior to employing them
A.9685-A Lupardo	S.7183-A Morahan	Chapter 410	Adds two additional members to the mental health services council to address the needs and concerns of veterans and military personnel
A.10069-C Rivera, P.	S.6799-C Fuschillo	Vetoed, Memo 75	Requires the Office of Mental Health to create a grant, provided through the Division of Veterans Affairs, for the purpose of training social workers in a course of study related to the diagnosis and treatment of post traumatic stress disorder, traumatic brain injury and combat related mental health issues including substance abuse
A.10078 Rivera, P.	S.6818 Morahan	Held for Consideration in Ways and Means	Adds post traumatic stress disorder among the list of biologically based mental illnesses that would be covered under Timothy's Mental Health Parity Law
A.10079 Rivera, P.	S.6819 Morahan	Vetoed, Memo 46	Requires the establishment of community housing waiting lists within the Office of Mental Health service system to accurately assess the housing needs for persons in need of residential placements
A.10297-A Rivera, P.	S.7033-A Morahan	Vetoed, Memo 122	Requires the Office of Mental Health to establish regional child psychiatry access projects across the state to provide primary care providers with timely access to child psychiatry consultations via the telephone
A.10694 Destito	S.7499 Griffo	Referred to Codes	Provides that the discharge of a respondent from confinement or strict and intensive supervision by the court shall include a discharge plan that ensures the respondent is discharged to the community of his or her residence prior to conviction or commitment and shall include the use of electronic monitoring for a period to be determined by the court
A.10811 Rivera, P.	S.8136 Morahan	Chapter 198	Allows persons otherwise eligible for the Surrogate Decision-Making Committee (SDMC) Program to use the SDMC without having previously been the subject of an SDMC determination
A.10897-A Gordon, T.	S.8389-A Morahan	Chapter 321	Provides that Jonathan's Law shall be deemed to have been in full force and effect on and after January 1, 2003 with respect to any written requests submitted by qualified persons on or before December 31, 2010
A.10913 Rivera, P.	S.4616 Seward	Referred to Ways and Means	Provides a 30-day limit on the fiscal responsibility of county governments for Department of Mental Health services to certain persons being held

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			pursuant to the order of a criminal court
A.10933 Zebrowski	S.8057 Morahan	Chapter 520	Authorizes the Commissioner of the Office of Mental Retardation and Developmental Disabilities and directors of office facilities to release certain information of a person who was a patient at the facility when the person died to a representative of a cemetery organization or funeral establishment for the purpose of inscribing a grave marker
A.11020 Weisenberg	S.8043 Morahan	Referred to Ways and Means	Amends the definition of "developmental disability" to include an inability to engage in any substantial gainful activity by reason of the disability
A.11036 Rivera, P.	S.7576 Morahan	Referred to Codes	Authorizes the Offices of Mental Retardation and Developmental Disabilities and Mental Health to release and receive sex offender registration information concerning a consumer or patient when necessary to ensure the welfare and safety of others
A.11037 Camara	S.7706 Johnson, O.	Passed Assembly	Revises the appointment of the chairperson of the Most Integrated Setting Coordinating Council from a quarterly rotation among certain member agency heads to a permanent appointment that would be made by the Governor
A.11038 Rivera, P.	S.7410 Morahan	Held for Consideration in Codes	Permits an application for court authorization to retain an involuntary resident of a facility operated by the Office of Mental Retardation and Developmental Disabilities to be brought into the county where the individual's last known residence is located
A.11039 Seminario	S.8241 Morahan	Held for Consideration in Codes	Authorizes examining psychiatrists or psychologists to request that police or peace officers transport consumers who pose a threat to himself, herself or others to a developmental disabilities services office for determination as to whether such person qualifies for admission
A.11040 Lupardo	S.7535 Morahan	Referred to Codes	Authorizes the Office of Mental Retardation and Developmental Disabilities (OMRDD) to access criminal history records maintained by the Division of Criminal Justice Services for consumers in OMRDD facilities
A.11054-A Rivera, P.	S. 7751-A Hannon	Chapter 210	Provides for a simplified advance health care directive form for persons receiving mental retardation and developmental disabilities services
A.11209 Titone	S.8315 Lanza	Passed Assembly	Prohibits co-mingling of adolescent and adult patients in residential facilities

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.11221 Rivera, P.	S.6768-A Morahan	Vetoed, Memo 74	Requires the Office of Mental Health to contract with the Mental Health Association of New York State to develop and implement a survey tool for mental health providers in the State to identify the level, cost, and existence of health insurance coverage provided for direct care workers in mental health agencies statewide
A.11239 Rivera, P.	S.4438-A Morahan	Vetoed, Memo 39	Establish the Task Force on Quality Workers Care within the Department of Mental Health to study and make recommendations regarding workers servicing consumers that receive services in programs and facilities licensed, certified or operated by the Offices of Mental Health and Mental Retardation and Developmental Disabilities to reduce incidences of abuse
A.11275 Schimel	S.5760 Marcellino	Vetoed, Memo 42	Requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to study and report to the Legislature on its current capabilities and future service delivery needs for persons with autism
A.11430 (Rules) Rivera, P.	No Same As	Passed Assembly	Directs the Offices of Mental Health, Mental Retardation and Developmental Disabilities and Alcohol and Substance Abuse to make public on their website the names of the members of the governing board and summary information concerning executive compensation that is currently reported by all service providers funded
A.11481-A (Rules) Gordon, T.	S.8547 Rules	Referred to Rules	Prohibits direct care employees of mental retardation and developmental disabilities residential facilities from working more than 16 consecutive hours during any 5 day work period, except during extraordinary emergency, which include fire, flood or danger to life or property
A.11482-A (Rules) Gordon, T.	S.8551-A Rules	Chapter 324	Requires meals provided at certain mental health facilities to be served at appropriate times and in as normal a manner as possible
A.11499 Rivera, P.	S.8047-A Morahan	Vetoed, Memo 169	Directs the Offices of Mental Retardation and Developmental Disabilities and Mental Health to establish minimum training requirements for all members of the board of directors or trustees of a voluntary, not-for-profit corporation or facility under their jurisdiction
A.11561-A (Rules) Rivera, P.	S.8710 Morahan	Referred to Rules	Authorizes the Commissioner of the Office of Mental Health to convene panels of state and local officials to review violent incidents involving persons with

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			mental illness
A.11570-A (Rules) Rivera, P.	S.7408-A Morahan	Referred to Codes	Authorizes the participation of consumers of the Office of Mental Retardation and Developmental Disabilities under the age of 18 in the Operation Safe Child Program operated by the Division of Criminal Justice Services
A.11682 (Rules) Rivera, P.	S.6816 Morahan	Referred to Ways and Means	Establishes a temporary Task Force on Developmental Disabilities to develop eligibility guidelines applicable to mental retardation and developmental disabilities services for persons with cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, or autism
A.11757 (Rules) Rivera, P.	S.8679-A Rules	Chapter 327	Establishes a workgroup to examine existing work hours for direct care workers to ensure the health and safety of persons in residential mental health facilities
A.11758 (Rules) Lentol	S.8706 Skelos	Chapter 491	Allows relevant mental health records to be included in the National Instant Criminal Background Check System for purposes of the possession and acquisition of a firearm

APPENDIX C

LAWS ENACTED DURING THE 2008 SESSION

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.8102-A Rivera, P.	S.4006-A Morahan	Chapter 230	Extends the period of time when the Office of Mental Health may provide confidential clinical information without patient consent to the Division of Parole for its use in determining whether an inmate is suitable for release to parole supervision
A.8977 Rivera, P.	S.5271 DeFrancisco	Chapter 175	Sets forth specific proceedings which must occur upon the death of an incapacitated person to facilitate the transition from a guardianship to an estate
A.8983 Rivera, P.	S.5129 DeFrancisco	Chapter 176	Provides limits on the court's power to invalidate or revoke a will or codicil of an incapacitated person after appointment of a guardian
A.9225-A Weisenberg	S.8545 Morahan	Chapter 508	Requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to notify the Committee on Special Education, multidisciplinary team or social services official that submitted a report on a mentally retarded or developmentally disabled child requesting adult services when he or she determines that such services are not required
A.9685-A Lupardo	S.7183-A Morahan	Chapter 410	Adds two additional members to the mental health services council to address the needs and concerns of veterans and military personnel
A.10811 Rivera, P.	S.8136 Morahan	Chapter 198	Allows persons otherwise eligible for the Surrogate Decision-Making Committee (SDMC) Program to use the SDMC without having previously been the subject of an SDMC determination
A.10897-A Gordon, T.	S.8389-A Morahan	Chapter 321	Provides that Jonathan's Law shall be deemed to have been in full force and effect on and after January 1, 2003 with respect to any written requests submitted by qualified persons on or before December 31, 2010
A.10933 Zebrowski	S.8057 Morahan	Chapter 520	Authorizes the Commissioner of the Office of Mental Retardation and Developmental Disabilities and directors of office facilities to release certain information of a person who was a patient at the facility when the person died to a representative of a cemetery organization or funeral establishment for the purpose of inscribing a grave marker
A.11054-A Rivera, P.	S.7751-A Hannon	Chapter 210	Provides for a simplified advance health care directive form for persons receiving mental retardation and developmental disabilities services

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.11482-A (Rules) Gordon, T.	S.8551-A Rules	Chapter 324	Requires meals provided at certain mental health facilities to be served at appropriate times and in as normal a manner as possible
A.11757 (Rules) Rivera, P.	S.8679-A Rules	Chapter 327	Establishes a workgroup to examine existing work hours for direct care workers to ensure the health and safety of persons in residential mental health facilities
A.11758 (Rules) Lentol	S.8706 Skelos	Chapter 491	Allows relevant mental health records to be included in the National Instant Criminal Background Check System for purposes of the possession and acquisition of a firearm

APPENDIX D

LEGISLATION VETOED IN 2008

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.6819-B Rivera, P.	S.4437-A Morahan	Memo 109	Requires the Mental Health Services Council and the Advisory Councils on Mental Retardation and Developmental Disabilities and Alcoholism and Substance Abuse services to identify gaps in services to persons with multiple disabilities
A.9355 Rivera, P.	S.8089 Morahan	Memo 24	Adds the adjutant general and the director of veterans affairs to the membership of the Interagency Geriatric Mental Health Planning Council
A.10069-C Rivera, P.	S.6799-C Fuschillo	Memo 74	Requires the Office of Mental Health to create a grant, provided through the Division of Veterans Affairs, for the purpose of training social workers in a course of study related to the diagnosis and treatment of post traumatic stress disorder, traumatic brain injury and combat related mental health issues including substance abuse
A.10079 Rivera, P.	S.6819 Morahan	Memo 46	Requires the establishment of community housing waiting lists within the Office of Mental Health service system to accurately assess the housing needs for persons in need of residential placements
A.10297-A Rivera, P.	S.7033-A Morahan	Memo 122	Requires the Office of Mental Health to establish regional child psychiatry access projects across the state to provide primary care providers with timely access to child psychiatry consultations via the telephone
A.11221 Rivera, P.	S.6768-A Morahan	Memo 74	Requires the Office of Mental Health to contract with the Mental Health Association of New York State to develop and implement a survey tool for mental health providers in the State to identify the level, cost, and existence of health insurance coverage provided for direct care workers in mental health agencies statewide
A.11239 Rivera, P.	S.4438-A Morahan	Memo 39	Establish the Task Force on Quality Workers Care within the Department of Mental Health to study and make recommendations regarding workers servicing consumers that receive services in programs and facilities licensed, certified or operated by the Offices of Mental Health and Mental Retardation and Developmental Disabilities to reduce incidences of abuse
A.11275 Schimel	S.5760 Marcellino	Memo 42	Requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to study and report to the Legislature on its current capabilities and future service delivery needs for individuals with autism

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.11499 (Rules) Rivera, P.	S.8047-A Morahan	Memo 169	Directs the Offices of Mental Retardation and Developmental Disabilities and Mental Health to establish minimum training requirements for all members of the board of directors or trustees of a voluntary, not-for-profit corporation or facility under their jurisdiction