

New York State Assembly | Sheldon Silver, Speaker



committee on

Mental Health, Mental Retardation and Developmental Disabilities

Peter M. Rivera, Chair



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December 15, 2009

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 2009 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.

This year, the Committee put forward legislative proposals to address concerns in the mental hygiene system. A few highlights include: establishing a housing waiting list for individuals with mental illness, restructuring the delivery of mental health services for children with behavioral disturbances and protecting adults in residential care from abuse and maltreatment.

This year, the State braced itself for the worst economic outlook in history since the Great Depression. In light of this dire situation, the Committee has focused its energy on reassuring providers, consumers and their families that the agencies and our office are collaborating to ensure services remain available and accessible. The populations served by the Office of Mental Health and Office of Mental Retardation and Developmental Disabilities are some of the most vulnerable in the State. Sustaining service delivery and community integration is paramount to any plan the State may consider to rein in the mounting deficit.

As we take a retrospective look at how we did in a time of adversity, let us not forget that in good times, things are bad for this population and in bad times, far worse. We must remind ourselves that we are not just delivering ancillary services. We are delivering direct services that determine whether a person can obtain control and autonomy in life and begin to give back some of what they have received in return.

In closing, I would like to thank the advocates that tirelessly keep us on top of current mental health issues, my colleagues for their continual support, and you for your leadership and support during this tough economy. I look forward to working with you to ensure that the constituents of my Committee receive the services they so rightly deserve.

Very truly yours,

Peter M. Rivera
Chair

**2009 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION
AND DEVELOPMENTAL DISABILITIES**

**Peter M. Rivera
Chair**

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Michael Cusick
David Koon
Barbara Lifton
Donna A. Lupardo
William L. Parment
Mark J. F. Schroeder
Darryl C. Towns
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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 as well as protection from abuse or harm in institutional or community settings. The statutory basis for these programs is contained in the State Mental Hygiene Law.

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). It also works closely with the Committee on Alcoholism and Drug Abuse and the Task Force on People with Disabilities. According to the Division on Budget, these agencies – OMH, OMRDD, CQC-APD the Office of Alcoholism and Substance Abuse Services (OASAS) and the Developmental Disabilities Planning Council (DDPC) – are expected to serve nearly one million individuals in 2009-10, including 600,000 persons with mental illness, 260,000 persons with chemical dependencies, and 125,000 persons with developmental disabilities.

During the 2009 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 protecting adults from maltreatment, advocating for the transparency of fiscal management and reimbursement practices of not for profits and board members, ascertaining the need of housing for individuals living with a mental illness, enhancing systems that provide information to parents and family members, and addressing the need of child psychiatrists. This report describes the Committee's major legislative activities during the 2009 session.

II. STATE BUDGET HIGHLIGHTS

The recent crisis on Wall Street ushered in a recession the State has not felt in over 30 years. The Governor called upon every State department and agency to evaluate operations, service delivery and reduce spending. However, with the support from funds received from the federal Economic and Recovery Act of 2009, the Legislature was able to restore many of the cuts proposed by the Executive. Within the Offices of Mental Health and Mental Retardation and Developmental Disabilities the following proposals and appropriations were enacted in the 2009-10 Budget.

1. ARTICLE VII

A. Sex Offender Management and Treatment Act (SOMTA) - \$2 M GF

SOMTA is a civil commitment act enacted in 2007 that directs the management of high risk and intermediate level sex offenders. The law authorizes the placement of dangerous sex offenders in secure treatment facilities operated by the Office of Mental Health (OMH). Less dangerous sex offenders are placed in the community under strict and intensive supervision and treatment (SIST) overseen by the Division of Probation and OMH. This year, the Legislature approved the Governor's proposal to allow a sex offender, upon the written consent of the respondent and counsel, to remain in and be confined at the Department of Correctional Services (DOCS) after a probable cause hearing until trial, rather than being committed to a secure treatment facility operated by the OMH.

B. Closure and Conversion of Wards in the Office of Mental Health (OMH) - \$6.1 M GF

In response to the Governor's request to review operations and expenditures, the Office of Mental Health determined that census levels for bed occupancy at several psychiatric hospitals were low. The Legislature accepted the Governor's plan to close up to 150 beds and convert up to 350 beds into the Transitional Placement Programs (TPP) in certain psychiatric hospitals.

C. Manhattan Psychiatric Center and Kirby Forensic Psychiatric Center

Capital improvement projects were needed to enhance the operating efficiency of Manhattan Psychiatric Center & Kirby Forensic Center located on Ward's Island. The Legislature accepted the Governor's proposal to authorize the agency and the City of New York to enter into another 50 year lease to continue operating the facilities on the island.

D. Medicaid Eligible Recipients of OMRDD Services

The Office of Mental Retardation and Developmental Disabilities determined that recipients recertifying for Medicaid were less likely to experience significant changes in eligibility factors (e.g. fluctuations in income, resources and changes to residential setting) than the population at large. Moreover, the simplification of recertification would be less onerous on representatives handling the cases and on recipients providing documentation of these factors to DSS workers. In addition, income and resources are subject to back-end verification through automated interfaces available to the Department of Health from IRS and other sources. The Legislature allowed individuals enrolled in the Office of Mental Retardation and Developmental Disabilities (OMRDD) Care at Home and Community Based Services Waiver programs to attest to their income and residence, rather than going through the lengthy process of submitting documents for recertification.

E. Consolidation of Administrative Functions at Broome Developmental Disabilities Services Office and Valley Ridge Center for Intensive Treatment

Due to the overall decrease in operations funding, the State consolidated the administrative functions of the Broome County Developmental Disabilities Services Office and Valley Ridge Center for Intensive Treatment. Although administrative functions are consolidated, the State will continue operating an intensive treatment facility at the Valley Ridge site.

F. 5.6% Human Services Cost of Living Adjustment (COLA) The Governor's plan deferred the COLA for human service providers in the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, the Office of Alcoholism and Substance Abuse, the Office of Children and Families, and the State Office of the Aging. The deferment resulted in approximately \$15 million in savings to the State. The COLA will continue next year and will extend through the 2012-13 fiscal year.

G. Disproportionate Share (DSH) Payments were extended for three years. The Office of Mental Health receives federal DSH funds and reimburses general hospitals providing mental health and substance abuse services for the State share of medical assistance payments.

2. RESTORATIONS

The following items from the February deficit reduction plan (DRP) and the State Fiscal Year 2009-10 Budget were restored through increased Medicaid reimbursements (FMAP). New York received fiscal relief of nearly \$12.6 billion over a 27-month period.

1% COLA reduction, or \$2.1 M, for Community Mental Health Support and Workforce Reinvestment, providers of children and youth services, adult services, OASAS community treatment services and prevention and program support.

Children and Youth Home and Community Based Services provided with flex spending dollars, which are part of individualized care coordination (ICC) billing. Children and youth who receive the Home and Community Based Waiver are eligible for generic, community supports such as the YMCA/YWCA, Scouting, Little League, music, and dance lessons in their homes.

Day Habilitation is a Medicaid-funded HCBS Waiver services that help individuals find and keep a job and improve work skills. Day habilitation provides help with personal, social, and vocational skills-building to improve community integration. This program is provided in a safe environment, sometimes one-on-one to ensure individuals receive assistance with socialization, problem resolution, leisure/recreation time, accessing community resources, and safety skills.

Under 31-bed Intermediate Care Facilities (ICFs) are Medicaid-funded residential treatment programs with 24-hour care for individuals who need extra help with their daily activities but not in the intensity as provided by a skilled nursing facilities and hospitals.

III. SIGNIFICANT LEGISLATION

A. SERVICE DELIVERY, OVERSIGHT, AND MANAGEMENT

All residents in New York should have access to mental health care services. Having access depends upon many factors including transparency and accountability. The committee recognizes the deficiencies in the mental hygiene system and tirelessly strives to address them and make the delivery of mental health care services a priority in the State.

A.1116 (Destito)

Assisted outpatient treatment (AOT), commonly referred to as “Kendra’s Law” requires a psychiatrist to be in court for hearings within 72 hours of a petition being filed for certain persons that are unable to live safely within the community without treatment supervision. However, this mandate poses 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 readily 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.7116-A (Rivera, P.); Chapter 413 of the Laws of 2009

For years, there has been a growing disconnect between agencies, providers and families when addressing the social and emotional disturbances in children. It is well known that the social and emotional development of children is critical to their future success as an adult. The State’s response to this problem has evolved into the Children’s Plan. This initiative was established to comply with the statutory requirements of the Children’s Mental Health Act of 2006. The Plan, developed by a workgroup established within the Office of Mental Health, seeks to engage the whole community as a collective to take part in developing the emotional well-being of children. This year, new legislation was introduced to incorporate the involvement of all the State agencies in the restructuring of services for children with social and emotional developmental delays. The bill authorizes the State Council of Children and Family Services and the nine child-serving agencies to assist the Commissioner of Mental Health in the implementation of the Children’s Plan. The bill would require the Council to develop progress reports among the agencies. This bill was signed into law.

A.5055 (Rivera, P.); Veto Memo #49

New York State’s ethnic groups face many challenges when it comes to accessing mental health services. Culture and linguistic differences have been identified as barriers to receiving appropriate services. The patient in need may not have the resources or wherewithal to find an interpreter when they are experiencing an emergency. The resolution to this issue lies with physicians and other professionals; it is imperative that they work towards closing the disparities gap by becoming culturally aware, respectful of and responsive to a patient’s health care beliefs. This bill would establish the Division of Minority Mental Health within the Office of Mental Health. The bill would assure that programs and services are culturally and linguistically appropriate to meet the mental health care needs of racial and ethnic minority populations. In his veto message, the Governor argued that the bill would impose a fiscal cost to the State, and duplicated the work of the Multicultural Advisory Council, the Bureau of Cultural Competence

and the Centers of Excellence in Cultural Competence established by the Office of Mental Health (OMH). Additionally, OMH is already required under by Chapter 119 of the Laws of 2007 to study and identify gaps in service to traditionally underserved populations and make recommendations to the Legislature and Governor.

B. CONSUMER CARE ISSUES

Individuals diagnosed with a mental illness or a developmental disability are often reliant on the providers and direct care workers delivering services. As residents in a hospital or residential setting, the patient should receive appropriate supports and quality care. Unfortunately, there have been many incidents where the integrity of the facility and services has been compromised. The Committee continues in its effort to empower consumers and their families by making it easier to navigate the system, file complaints or report abuse to ensure consumers are able to sustain their recovery.

A.4577-A (Rivera, P.) / S.187-A (Morahan)

Mental illness affects many children and young adults as they transition through developmental stages. Their social or environmental situation may be causing the development of these problems often called behavioral and emotional disorders. According to the National Mental Health Information Center, it is estimated that one in five children and adolescents may have a mental health disorder that can be diagnosed and treated. In New York, 1 out of 10 children and adolescents suffer from a behavior or disruptive disorder. Many of these children are not getting properly screened or diagnosed because they are not being referred to appropriate behavioral health providers. A lack of available specialists, insurance restrictions, appointment delays, and stigma also play a part. Access to appropriate services and preventive screenings are needed to ensure that these children become contributors to their communities rather than dependent individuals accessing expensive health care services as adults.

This bill would assist 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 passed the Assembly but was not acted on by the Senate.

A.4803-A (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.8972-A (Weisenberg); Veto Memo #44

New York State has many laws protecting many vulnerable individuals who have suffered from abuse or maltreatment. We often hear of women and children seeking asylum from their domestic or violent situation. There is another vulnerable group of growing concern. Individuals with cognitive functioning that is less than a non-disabled child are easy victims of abuse. In many cases and situations these individuals are unable to speak for themselves or to successfully relate an incident. Existing protections exist under a statutory and regulatory framework that requires the Offices of Mental Health, Mental Retardation and Developmental Disabilities and the Commission on Quality Care and Advocacy for Persons with Disabilities to receive and in appropriate incidences investigate allegations of abuse and neglect. However, more needs to be done to ensure that anyone can report allegations of abuse or neglect to appropriate authorities, including the police department, have the report investigated and if substantiated, the perpetrator professionally disciplined. This bill would create a statewide hotline within the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities respectively to receive calls alleging abuse or maltreatment of an adult residing in a facility licensed or operated by the agencies. This bill was vetoed by the Governor citing cost of operating a largely duplicative mechanism within the mental hygiene system.

C. Support for Consumers, Parents and Families

When a person is ill, there are many needs that have to be met. Families with a person with a mental illness or a developmental disability face a difficult time juggling their responsibilities as family provider, caretaker, and supporter. Individuals supporting themselves also need adequate supports in the community to ensure recovery is attainable. There is one issue that, if resolved, could help both groups deal with the stress and burdens in life. This session the Committee focused on addressing a critical need for housing within communities for consumers waiting for independent living situations.

A.4579 (Rivera, P.)

Many hurdles exist for individuals diagnosed with a mental illness who are seeking recovery options. For these individuals, the most persistent obstacle is finding appropriate housing in the most integrated setting. OMH has developed the Single Point of Access (SPOA) program, which matches individuals with the greatest need with housing. The SPOA program is a county-based process that also coordinates community based services available to eligible individuals. Counties that have implemented SPOA gathers data on housing needs and generate waiting lists for the next available vacancy in the housing system. However, OMH does not compile information gathered at the county level into a comprehensive list. 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. This legislation seeks to truly reflect the need for housing and related services for people in New York. This bill passed the Assembly but was not acted upon by the Senate.

IV. PUBLIC HEARINGS

A. EMPLOYMENT PROGRAMS ADMINISTERED BY OMH AND OMRDD

In December, the Committee held a public hearing to examine and evaluate the status and effectiveness of employment programs offered by the Office of Mental Health and Office of Mental Retardation and Developmental Disabilities. The hearing was held to fulfill Assembly rules to hold a hearing to assess the impact of the current fiscal year Budget on programs and services overseen by the Committee. The State and the nation have been reacting to a bleak financial situation. Many businesses have closed and individuals have been laid off. As of September, New York was ranked 25th in the nation with an unemployment rank of 6.1%. Many people have returned to school to gain more marketable skills or get retrained for another profession. Amidst this struggle is the individual with disability who experiences even more discrimination and violation of their civil rights. New York State is sensitive to the needs of individuals with disabilities particularly with the recession and the projection that, despite a slow recovery, more jobs will be lost. The Committee is watching closely how agencies utilize funding to offer employment programs that meet the needs of individuals with disabilities.

V. OUTLOOK 2010

Assisted Outpatient Treatment

In 1999, New York State enacted legislation that created a statutory framework for providing court-ordered assisted outpatient treatment for persons with a mental illness who may be unlikely to survive safely in the community without appropriate services and supports. The statute, commonly known as Kendra's Law, was reauthorized with modifications, including the commission of a study regarding the effectiveness of the program and its impact on the mental health system, in 2005. The study on Kendra's Law was published on June 30, 2009. Kendra's Law sunsets on June 30, 2010. This Committee will continue to review the study and will work with the Governor's Office, OMH, and community providers on likely amendments to this law.

The Children's Plan

In 2006, the legislature passed The Children's Mental Health Act which authorized the development of the "Children's Mental Health Plan". Drafted by OMH, along with eight child-serving state agencies, the plan, later renamed "The Children's Plan," is designed to improve access to services and support best practices models of successful collaboration and service delivery. The OMH component of the plan includes: expanding youth involvement in service delivery; enhancing parent education; improving the identification and treatment of emotional disturbances in children; and increasing the integration of service systems. Implementation of the plan began with an allocation of \$2 million in the 2009-2010 Budget and the passing of the Chapter Law 413 of 2009. This Committee will continue to work with the child-serving state agencies and the community providers in implementing this plan.

Community Reinvestment

The Community Reinvestment Act is set to expire on March 31, 2010. Originally enacted in 1993 with a sunset provision and subsequently renewed with revisions, the Community Reinvestment Act established, as State policy, the principle that all savings, within the State-operated mental health delivery system would be reallocated to localities across the State to meet the mental health needs of individuals and facilitate their ability to live independently in their home communities. This Committee will review this legislation in the upcoming year.

Adult Care Homes

On September 8, 2009, United States District Court Judge Nicholas G. Garaufis, of the Eastern District of New York, ruled that New York State violated the Americans with Disabilities Act by housing more than 4,300 persons with a psychiatric disability in 28 adult care homes located in New York City. Judge Garaufis held that such housing is segregation and not in the most integrated setting appropriate to the consumers' needs. The Court concluded that this type of segregation is discrimination based on disability.

This Committee will continue to monitor this action and its effects on the New York psychiatric disability community and will work with Senate and Governor's office to resolve this matter.

APPENDIX A

**2009 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	0	0	0
To Floor; Recommitted and Died	0	0	0
To Ways & Means	21	0	21
To Codes	2	0	2
To Rules	7	0	0
To Judiciary	0	0	0
TOTAL	23	0	23
<u>Bills Having Committee Reference Changed</u>			
To Committee on Insurance	2	0	2
To Committee on Education	1	0	1
TOTAL	3	0	3
<u>Senate Bills Substituted or Recalled</u>			
Substituted		1	1
Recalled		0	0
Total		1	1
<u>Bills Defeated in Committee</u>			
Bills Held For Consideration With A Roll-Call Vote	0	0	0
Bills Never Reported, Held in Committee	42	1	43
Bills Having Enacting Clauses Stricken	2	0	2
Motions to Discharge Lost	0	0	0
TOTAL BILLS IN COMMITTEE	70	2	72
Total Number of Committee Meetings Held		7	

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.528 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.1116 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.2525 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.2758-A Rivera, P.	S.370-A 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.4577-A Rivera, P.	S.187-A Morahan	Passed Assembly	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.4579 Rivera, P.	S.184 Morahan	Passed Assembly	Requires the establishment of community housing waiting lists within the Office of Mental Health services system to accurately assess the housing needs for persons in need of residential placement
A.4803-A 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

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.5055 Rivera, P.	S.4938 Huntley	Vetoed, Memo 49	Creates the Division of Minority Mental Health within the Office of Mental Health to assure that programs and services are culturally and linguistically appropriate to meet the mental health care needs of racial and ethnic minority populations
A.5354 Rivera, P.	No Same As	Referred to Ways and Means	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.5901 Rivera, P.	S.1914 Morahan	Referred to Ways and Means	Requires the Commissioner of Mental Retardation and Developmental Disabilities to take certain actions upon making a determination when there will be a significant service reduction or closure of a state-operated facility which is subject to his or her supervision
A.5902 Rivera, P.	S.2673 Morahan	Passed Assembly	Requires the Commissioners of Mental Retardation and Developmental Disabilities and Mental Health and the directors of in-patient facilities to assign peace officer powers to safety officers
A.5903 Titone	S.3013 Lanza	Referred to Ways and Means	Prohibits co-mingling of adolescent and adult patients in residential facilities
A.6098 Rivera, P.	S.2362 Huntley	Chapter 412	Provides defense and indemnification to optometrists who contract with the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities, and the Office of Alcoholism and Substance Abuse Services for the delivery of professional treatment
A.6704 Rivera, P.	No Same As	Referred 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
A.7027 Rivera, P.	S.3341 Diaz	Referred to Ways and Means	Creates a Task Force on Long Term Care within the Interagency Geriatric Mental Health Planning Council to address the behavioral health needs of people who are receiving or are eligible to receive long-term care services and the resource needs of their family caregivers

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.7116-A Rivera, P.	S.3146-A Huntley	Chapter 413	Authorizes the State Council of Children and Family Services and the nine child-serving agencies to assist the Commissioner of Mental Health in the implementation of the Children's Plan and requires the Council to develop progress reports among the agencies
A.7566 Rivera, P.	S.3483 Huntley	Referred to Ways and Means	Changes the name of the Office of Mental Retardation and Developmental Disabilities to the New York State Developmental Disabilities Services Offices
A.7646 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
A.7647 Rivera, P.	No Same As	Passed Assembly	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.7656 Rivera, P.	No Same As	Passed Assembly	Establishes the Task Force on Quality Workers Care within the Department of Mental Hygiene to study and make recommendations regarding workers serving individuals 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.8165 Rivera, P.	S.5012 Huntley	Referred to Ways and Means	Directs the Commissioner of the Office of Mental Health to establish six recipient-run peer crisis diversion homes to provide an alternative, temporary residential option to inpatient care in a hospital for individuals suffering from a psychiatric crisis
A.8625-A Schroeder	A.5831-A Huntley	Referred to Ways and Means	Requires the Commissioner of the Office of Mental Retardation and Developmental Disabilities to conduct a study on the costs to the State for the early diagnosis of autism spectrum disorder (ASD) and the long-term treatment of individuals with ASD
A.8972-A Weisenberg	A.5930-A Huntley	Vetoed, Memo 44	Creates a statewide hotline within the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities respectively to receive calls alleging abuse or maltreatment of an adult residing in a facility licensed or operated by the agencies

APPENDIX C

LAWS ENACTED IN 2009

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.6098 Rivera, P.	S.2362 Huntley	Chapter 412	Provides defense and indemnification to optometrists who contract with the Office of Mental Health, the Office of Mental Retardation and Developmental Disabilities and the Office of Alcoholism and Substance Abuse Services for the delivery of professional treatment
A.7116-A Rivera, P.	S.3146-A Huntley	Chapter 413	Authorizes the State Council of Children and Family Services and the nine child-serving agencies to assist the Commissioner of Mental Health in the implementation of the Children's Plan and requires the Council to develop progress reports among the agencies

APPENDIX D

LEGISLATION VETOED IN 2009

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.5055 Rivera, P.	S.4938 Huntley	Vetoed, Memo 49	Creates the Division of Minority Mental Health within the Office of Mental Health to assure that programs and services are culturally and linguistically appropriate to meet the mental health care needs of racial and ethnic minority populations
A.8972-A Weisenberg	A.5930-A Huntley	Vetoed, Memo 44	Creates a statewide hotline within the Office of Mental Health and the Office of Mental Retardation and Developmental Disabilities respectively to receive calls alleging abuse or maltreatment of an adult residing in a facility licensed or operated by the agencies