



2017

ANNUAL REPORT



New York State Assembly

Carl E. Heastie

Speaker

Committee on
Mental Health

Aileen M. Gunther

Chair



Aileen M. Gunther
Member of Assembly
100th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

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Mental Health

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December 15, 2017

Honorable Carl E. Heastie
Speaker of the Assembly
Legislative Office Building, Room 932
Albany, New York 12248

Dear Mr. Speaker:

It is my privilege to submit to you the 2017 Annual Report for the Assembly Standing Committee on Mental Health and Developmental Disabilities. The state is nearing its completion of the transition of behavioral health and developmental disabilities services and supports from Medicaid fee-for-service to a managed care service delivery model. As the state faces the potential for extreme financial distress in the upcoming budget cycle, it will be essential for the Committee to continue to engage with advocates and service providers in order to determine the most efficient way to utilize resources at the state's disposal and make sure that individuals receive quality care, and that programs are funded properly and meet the needs of those who require services.

The Committee continues to diligently watch other important changes occurring throughout the behavioral health and developmental disability systems, including the continued implementation of a managed care payment model for behavioral health and developmental disability services and the execution of New York's Olmstead Plan.

The Committee is dedicated to ensuring that the needs and rights of individuals with mental illness and developmental disabilities are kept at the forefront throughout many of these changes that will vastly impact the service delivery system.

During the 2017 Legislative Session, the Committee also reviewed numerous bills which focused on strengthening individual rights and requiring higher quality of care and safety for individuals served in the mental hygiene system.

In closing, I would like to thank you for your leadership and support of the Committee on Mental Health and Developmental Disabilities. I look forward to 2018 as we develop solutions to the challenges we face.

A handwritten signature in black ink that reads "Aileen M. Gunther". The signature is written in a cursive style with a large initial 'A' and 'G'.

Aileen M. Gunther
Chair
Assembly Standing Committee on
Mental Health and Developmental Disabilities

**2017 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON MENTAL HEALTH
AND DEVELOPMENTAL DISABILITIES**

**Aileen M. Gunther
Chair**

Committee Members

Majority

Didi Barrett
Carmen De La Rosa
Ellen Jaffee
Kimberly Jean-Pierre
Michael Miller
Diana Richardson
Robert Rodriguez
Angelo Santabarbara
Luis Sepulveda

Minority

Melissa Miller
Joe Errigo
Mary Beth Walsh

Committee Staff

Thomas Gatto, Legislative Director and Committee Clerk

Program and Counsel Staff

Rebecca Mudie, Assistant Secretary for Program and Policy
Willie Sanchez, Senior Analyst
Janice Nieves, Associate Counsel
Terri Zaleski, Secretary

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I. INTRODUCTION

The Assembly Committee on Mental Health and Developmental Disabilities has jurisdiction over legislation affecting programs that provide services, care, 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 to live a fulfilling life and are protected from abuse or harm in institutional and community settings.

The Committee has legislative oversight of programs administered and licensed by the State Office of Mental Health (OMH) and the State Office for People with Developmental Disabilities (OPWDD). The Committee also has statutory oversight of the Justice Center for People with Special Needs (Justice Center), the Developmental Disabilities Planning Council (DDPC), the Inter-Office Coordinating Council (IOCC), and the Most Integrated Setting Coordinating Council (MISCC).

The aforementioned agencies are expected to serve nearly one million individuals in 2018-19, including persons with mental illness, individuals with developmental disabilities, and their families. The Committee also works closely with the New York State Assembly Standing Committee on Alcoholism and Drug Abuse, the Assembly Standing Committee on Veterans Affairs, the Assembly Standing Committee on Correction, and the Task Force on People with Disabilities.

During the 2017 session, the Committee reviewed a number of bills and addressed many issues aimed at providing quality services, enhancing protections, and increasing access to services for individuals with various disabilities.

This report describes the Committee's major legislative activities during the 2017 session.

II. STATE BUDGET HIGHLIGHTS

Over the past several years, the mental hygiene service system has experienced sweeping changes to funding structures of programs under the auspices of the Office of Mental Health (OMH) and the Office for People with Developmental Disabilities (OPWDD). The State Fiscal Year (SFY) 2017-2018 enacted budget provides some much-needed support for individuals with mental illness and developmental disabilities and for those who provide care. Within OMH and OPWDD, the following proposals and appropriations were enacted in the 2017-18 budget:

A. Wage Increase

The issue of providing a livable wage for direct care and support workers was a major topic of discussion throughout this year's budget negotiation. The SFY 2017-18 Enacted Budget commits a total of \$13.87 million in state-share funding across various state agencies to support a 3.25 percent salary increase for direct care and support workers that will take effect January 1, 2018, including \$12.95 million for programs to support the needs of the OMH and OPWDD service providers. The budget will also provide direct care, direct support, and clinical staff with another 3.25 percent increase on April 1, 2018.

In addition, the SFY 2017-18 budget allocates \$284.6 million in state-share funding to provide support to direct care providers for costs associated with the increase in the state's minimum wage, including \$3.5 million to support the costs associated with OMH providers and \$14.9 million in support for OPWDD providers.

B. Children's Mental Health Services

The budget provides \$10 million in capital support for children's behavioral health services development.

C. Expanding Crisis Intervention Teams (CIT) and Diversion Programs

The budget provides \$1.4 million to support CIT training for law enforcement professionals, and to support the development of alternative mental health diversion programs. These programs train law enforcement for situations involving individuals with mental illness to help reduce the number of individuals unnecessarily hospitalized or arrested.

D. Supported Housing Resources

The enacted budget provides \$10 million in new funding to preserve access to existing supported housing and single residence occupancy (CR-SRO and SP-SRO) programs. The funding will mainly be used to increase rental stipends to the supported housing rate.

E. Person-Centered Services for Individuals with Developmental Disabilities

The budget provided \$30 million in state funding to administer new person-centered services for individuals with developmental disabilities, including certified and non-certified residential services, day supports, employment services, and respite services.

F. Developmental Disability Crisis Services

The budget provided \$12 million for crisis services by expanding the NY-START model to all OPWDD regions. Currently utilized statewide, NY-START is a community-based program that provides crisis prevention and response services to individuals with intellectual and developmental disabilities with complex behavioral health needs, as well as their families.

G. Health Care Transformation Program

The budget allocated \$500 million in capital funding for health care transformation statewide, and specifies that a minimum of \$75 million be provided to community-based health care providers, including diagnostic & treatment centers, mental health clinics, and alcohol and substance abuse treatment clinics.

III. SIGNIFICANT LEGISLATION

1. Provision of Assisted Outpatient Treatment (Kendra’s Law)

A.7688 (Gunther) / S.6726 (Young)
Chapter 67

This law extends Kendra’s Law (Assisted Outpatient Treatment) for five years until June 30, 2022.

2. Access to Services for Individuals with Developmental Disabilities

A.5974 (Gunther) / S.1219 (Ortt)
Chapter 114

This law will add Prader-Willi Syndrome to the list of disabilities included under the definition of developmental disabilities.

3. Developmental Disability Services for Military Families

A.7927 (Englebright) / S.5807 (Ortt)
Chapter 256

This law clarifies that dependents of military service members retain eligibility for services regardless of leaving the state due to the military member’s service assignment, as long as they retain state residency and remain otherwise eligible.

4. Western New York Children’s Psychiatric Center

A.6505 (Kearns) / S.4630 (Gallivan)
Veto 195

This bill would require the Western New York Children’s Psychiatric Center (WNYCPC) to be located in a county with a population between 900,000 and 1,000,000 people and prohibits its merger or co-location with any other facility.

5. Suicide Prevention

A.7225-B (De La Rosa) / S.5500-C (Alcantara)
Chapter 436

This law will establish the Adolescent Suicide Prevention Advisory Council within the Office of Mental Health (OMH).

6. Legal Services for Individuals with a Serious Mental Illness

A.1362 (Cusick) / S.2441 (Parker)
Passed the Assembly

This bill would authorize Mental Hygiene Legal Services to provide legal assistance to individuals who are transferred from a mental hygiene facility and admitted directly into a

residential health care facility and who are receiving treatment related to a serious mental illness diagnosis.

7. Authorization to Audit Reportable Incidents

A.8250 (Gunther)

Passed the Assembly

This bill would authorize unsubstantiated reports relating to reportable incidents involving vulnerable persons to be released to officers and employees of the state comptroller for the purposes of performing an audit of the Justice Center.

8. Reporting Crimes against a Service Recipient

A.8251 (Weprin) / S.6609 (Lanza)

Chapter 422

This bill would require state oversight agencies to ensure that certain facilities and provider agencies have policies and procedures in place to identify and report possible crimes against a service recipient by a custodian.

9. Identifying Suicide Risk Factors for Minorities

A.8126 (Sepulveda) / S.6761 (Alcantara)

Passed the Assembly

This bill would require the Office of Mental Health to periodically, in consultation with the Department of Health, review and recommend changes to suicide prevention programs, including cultural and linguistic competency and best practices for screening and interventions aimed at addressing suicide risk factors for minority groups.

10. Identification Card for Individuals with Developmental Disabilities

A.249-C (Santabarbara)/S.2565-C (Helming)

Passed the Assembly

This bill would require the commissioner of the Office for People with Developmental Disabilities (OPWDD) to develop an identification card for individuals with developmental disabilities that may be presented to first responders, as necessary.

11. Autism Outreach

A.7976 (De La Rosa)/S.5534-A (Hamilton)

Passed the Assembly

This bill would direct the state's Autism Spectrum Advisory Board to identify strategies and methods of improving outreach and coordination of services associated with autism spectrum disorders for minority group members.

12. Clinical Records Access

A.7567 (Gunther) / S.2933 (Gallivan)

Chapter 233

This law provides that an adult sibling of an individual with developmental disabilities may be entitled to access clinical records of such individual.

13. OMH Operated Hospital Funding Reduction Notice

A.2229 (Gunther) / S.2836 (Ortt)

Veto 218

This bill would require local governments, community organizations, employee labor organizations and other stakeholders to be notified 13 months prior to a funding reduction to hospitals operated by the Office of Mental Health.

14. Community Based Care Initiative

A.7399-A (Gunther) / S.5681 (Ortt)

Chapter 491

This law codifies the care demonstration program which requires the Office for People with Developmental Disabilities to utilize the state workforce to provide community-based care, which may include community rehabilitation, in-home respite, pathways to employment, supported employment, and community pre-vocational services.

15. Replacing Outdated Terminology in Statute

A.7490 (Gunther)/S.5991 (Bonacic)

Passed the Assembly

This bill makes technical amendments that would ensure that the term mental retardation is not referred to in statute and is replaced with developmental disabilities.

IV. HEARINGS & ROUNDTABLES

A. TRANSITION OF CHILDREN'S MENTAL HEALTH SERVICES INTO MANAGED CARE

The New York State children's mental health service delivery system has been experiencing a significant transformation from a Medicaid fee-for-service payment model into a managed care service delivery structure. Advocates contend that the state has faced many challenges in this transformation, including the delay of implementing new children's mental health services, questions as to whether there is sufficient access to mental health services for children and their families, determining the need both regionally and statewide to recruit children's mental healthcare professionals, and if service providers are prepared to navigate a new system of care.

On October 4, the Assembly Standing Committee on Mental Health convened a roundtable in conjunction with the Assembly Standing Committee on Children and Families. The purpose of the roundtable was to review the ongoing process for the transition of children's mental health services into Medicaid managed care, including progress made by the state in implementing such transition, as well as identifying areas of concern and potential solutions regarding access to mental health services to benefit children, youth, and their families. The participants in the roundtable included Assemblywoman Aileen Gunther, Assemblywoman Ellen Jaffee, representatives of the Office of Mental Health (OMH), and service providers and advocacy organizations from the behavioral health and foster care community.

OMH representatives spoke to the roundtable participants about two programs, including Project TEACH, which provides training to primary care physicians that aims to improve a physician's ability to provide basic mental health care, recognize symptoms of a mental health disorder, and effectively link an individual to mental health services if it is deemed necessary. The other program was the OMH Psychiatrist Loan Repayment Program, which provides an individual psychiatrist with funds to pay off educational loans if he or she agrees to serve at an OMH facility for five years.

Members of the panel suggested that OMH raise awareness of Project TEACH because they were unfamiliar with the program. All panelists agreed that the need for child psychiatrists is substantial. There was strong support from the panelists to expand the loan repayment program so not-for-profit service providers could offer this incentive to psychiatrists. Another suggestion to increase availability of child psychiatrists in New York State was to expand the use of telepsychiatry and allow psychiatrists licensed in other states to evaluate patients in New York. Every member of the roundtable expressed concern regarding the uncertainty of the federal budget and its impact on New York's Medicaid and Child Health Insurance Program (CHIP). There was a great deal of concern regarding the transition of children's mental health service system into managed care, including the lack of clarity on billing, rates for services, and the implementation of Health Homes without the expansion of waiver services.

The Committee will continue to work with the mental health treatment community, foster care providers, advocates, and all other stakeholders to ensure that safe and effective mental health supports and services are provided to children who are experiencing mental illness.

B. HOUSING FOR INDIVIDUALS WITH A MENTAL ILLNESS OR A DEVELOPMENTAL DISABILITY

New York State continues to reduce the number of institutional residential service settings and invest in community-based housing and support for individuals with both mental illness and developmental disabilities. The Office for People with Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH) provide various housing options and continue to develop additional capacity for individuals leaving institutional settings, or who are moving out of the home of parents and other caregivers.

The 2017-2018 enacted state budget provided for the closure of 140 OMH state-operated residential beds and the investment of \$4.6 million to open 280 community-based scattered site supported housing units and provided \$10 million for OMH to increase rental stipends for existing supported housing and single residence occupancy (CR-SRO and SP-SRO) programs. Additionally, the enacted state budget included \$120 million in funding for OPWDD to administer new person-centered services for individuals with developmental disabilities, including residential services.

On December 11, 2017, the Assembly Standing Committee on Mental Health and Developmental Disabilities convened a public hearing. The purpose of this hearing was to provide an opportunity for the committee to examine the adequacy of housing opportunities for individuals who are receiving housing and other services and support from OMH and OPWDD in the context of the funding provided in the SFY 2017-18 budget. Those who testified included state government officials and representatives of service providers, advocacy groups, and other associations.

Testimony from the state agency representatives focused on funding allocated in the adopted budget for mental health and developmental disability housing supports and services. The OPWDD commissioner noted in her testimony that the agency has made significant progress in reducing the number of individuals on the housing waiting list and is continuing to expand housing opportunities for those in need of emergency housing, including persons who are residing with an aging caregiver. The OMH representative stated that they continue to invest in community-based supported housing. They also pointed to investments in this year's budget to increase rental subsidies, which aimed to stabilize housing programs.

Many of the providers, advocates, and other housing stakeholders who testified about housing options for individuals with a mental illness, focused on the need for a significant influx of funding to stabilize the housing services and supports currently provided. They also stated that as a result of the historically low funding, mental health housing providers have been forced to cut supports and services, as well as offer less than ideal living arrangements for their consumers. The developmental disability service providers testified they are grateful

for OPWDD's investment of resources for additional housing opportunities. However, they also remarked that the money is not being disbursed quickly enough, more funding is required for individuals in need of emergency housing, and there may be a need to reduce the regulatory burden related to developing residential programs. Another topic of concern was that there still remains a substantial staffing shortage in the field. One witness noted that one of their service providers had the funding to develop new housing, but no staff to operate it.

The committee understands the state could be facing severe fiscal challenges in the upcoming budget cycle; however, the committee looks forward to working with all the mental health and developmental disability housing stakeholders to make this issue a top priority for funding.

APPENDIX A

**2017 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	1	0	1
To Floor; Recommitted and Died	0	0	0
To Ways & Means	14	0	14
To Codes	12	0	12
To Rules	2	0	2
To Judiciary	0	0	0
TOTAL	29	0	29
<u>Bills Having Committee Reference Changed</u>	0	0	0
TOTAL	29	0	29
<u>Senate Bills Substituted or Recalled</u>			
Substituted		6	6
Recalled			
Total		6	6
Bills Defeated in Committee	0	0	0
Bills Held For Consideration With A Roll-Call Vote	1	0	1
Bills Never Reported, Held in Committee	60	17	77
Bills Having Enacting Clauses Stricken	5	0	5
Motions to Discharge Lost	0	0	0
TOTAL BILLS IN COMMITTEE	90	23	113
Total Number of Committee Meetings Held	6		

APPENDIX B

**FINAL ACTION ON BILLS REPORTED BY THE STANDING COMMITTEE ON
MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES IN 2017**

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
A.249-C Santabarbara	S.2565-C Helming	Passed the Assembly	This bill would require the commissioner of the Office for People with Developmental Disabilities (OPWDD) to develop an identification card for individuals with developmental disabilities that may be presented to first responders, as necessary.
A.261 Abinanti	S.3895 Parker	Passed the Assembly	This bill would direct the commissioner of OPWDD, the commissioner of the State Education Department (SED), the commissioner of the Department of Health (DOH), the commissioner of the Office of Children and Family Services (OCFS) and the commissioner of the Office of Mental Health (OMH) to study and report the costs to the state for the early diagnosis of autism spectrum disorder and the long-term treatment for individuals with autism spectrum disorder.
A.271 Gunther	S.1433 Ritchie	Passed the Assembly	This bill would require the commissioner of OPWDD to develop an educational curriculum related to safety for all providers operated or licensed by the agency.
A.745 Gunther	S.2491 Hamilton	Reported to the Assembly Committee on Ways and Means	This bill would require video cameras to be placed on the entrances/exits of all facilities operated by OPWDD.
A.1362 Cusick	S.2441 Parker	Passed the Assembly	This bill would authorize Mental Hygiene Legal Services to provide legal services to individuals who are transferred from a mental hygiene facility and admitted directly into a residential health care facility and is receiving treatment related to a serious mental illness diagnosis.
A.2229 Gunther	S.2836 Ortt	Veto 218	This bill would require notice to local governments, community organizations, employee labor organizations and other stakeholders of significant service reduction at hospitals operated by the office of mental health, no more than 13 months prior to such reduction.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
A.2818 Peoples-Stokes	S.3286 Parker	Reported to the Assembly Committee on Ways and Means	This bill would enact the "minority mental health act" and establish the division of minority mental health within OMH.
A.3134 Gunther	S.2341 Alcantara	Advanced to the 3 rd reading	This bill would prohibit OMH from billing a person for his/her care and treatment when the source of the funds for making such a payment comes from the proceeds of a suit against the state for negligent or improper treatment.
A.3135 Gunther	NA	Reported to the Assembly Committee on Ways and Means	This bill would provide a right to counsel, either through Mental Hygiene Legal Service, or private funding, for individuals who are recipients of OMH or OPWDD services, and are interviewed as part of a Justice Center investigation. The bill also would require notification to the parent, or legal guardian, of such interview.
A.3254 Ortiz	S.1912 Ritchie	Reported to the Assembly Committee on Ways and Means	This bill would place a 30-day limit on the fiscal responsibility of county governments for mental health services provided to certain persons being held pursuant to the order of a criminal court.
A.3751-A Magnarelli	S.725-A Ortt	Reported to the Assembly Committee on Ways and Means	This bill would require that Medicaid-eligible individuals up to age 21 who have been referred to the pre-admission certification committee (PACC) process by a physician, have access to mental health services for up to 30 days pending an expedited PACC review.
A.5974 Gunther	S.1219 Ortt	Chapter 114	This law adds Prader-Willi Syndrome to the list of disabilities included under the definition of developmental disabilities.
A.6505 Kearns	S.4630 Gallivan	Veto 195	This bill would require the Western New York Children's Psychiatric Center (WNYCPC) to be located in a county with a population between 900,000 and 1,000,000 people and prohibits its merger or co-location with another facility.
A7225-B De La Rosa	S.5500-C Alcantara	Chapter 436	The Executive and the Legislature secured a chapter amendment agreement requiring OMH to develop plans, programs, and services that would consider the unique needs of all demographic groups in relation to suicide prevention.
A.7399-A Gunther	S.5681 Ortt	Chapter 491	This law codifies the care demonstration program which requires the Office for People with

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
			Developmental Disabilities to utilize the state workforce to provide community-based care, which may include community rehabilitation, in-home respite, pathways to employment, supported employment, and community pre-vocational services.
A.7490 Gunther	S.5991 Bonacic	Passed the Assembly	This bill would make technical amendments to statutory language to replace outdated terminology with the term “developmental disabilities.”
A.7567 Gunther	S.2933 Gallivan	Chapter 233	This law provides that an adult sibling of an individual with developmental disabilities may be entitled to access clinical records of such individual.
A.7604 Gunther	S.6154 Ortt	Chapter 198	This law clarifies that an involuntary confinement determination must be based on a real and present threat of substantial harm to themselves or others. The bill would also align the statute with OPWDD’s current practice for determining whether an individual is appropriate for involuntary care.
A.7688 Gunther	S.6726 Young	Chapter 67	This law extends Kendra’s Law (Assisted Outpatient Treatment) for five years until June 30, 2022.
A.7700-A Barrett	S.6773 Carlucci	Reported to the Assembly Committee on Rules	This bill would discharge a mandated reporter from the statutory reporting obligation in circumstances where he or she knows that someone else has already reported the same incident to the Vulnerable Persons' Central Register and they have been named as a witness in the reported incident. The bill would also prevent a mandated reporter from facing any penalties or other consequences for failure to report an alleged incident, as long as the provisions described above can be applied.
A7803 D’Urso	S.5298 Ortt	Reported to the Assembly Committee on Codes	This bill would allow the Justice Center and DOH to receive out-of-state subsequent arrest notifications from the FBI, for out-of-state arrests of individuals who are subject to a criminal background check and finger printing, due to their provision of services to vulnerable persons in New York.
A.7804 Harris	S.5300 Ortt	Reported to the Assembly Committee on Codes	This bill would require certain entities to check the Justice Center's register of substantiated category one cases of abuse or neglect and prohibits certain providers of services from hiring employees who are on the register of substantiated category one cases of abuse or neglect.
A.7805 Gunther	S.5314 Helming	Chapter 247	This law clarifies that the "department" identified in Mental Hygiene Law § 29.28 refers to the

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
			Department of Corrections and Community Supervision (DOCCS).
A.7927 Englebright	S.5807 Ortt	Chapter 256	This law clarifies that dependents of military service members retain eligibility for services regardless of leaving the state due to the military member's service assignment, as long as they retain state residency and remain otherwise eligible.
A.7976 De La Rosa	S.5534-A Hamilton	Passed the Assembly	This bill would direct the Autism Advisory Board to identify strategies and methods of improving outreach and coordination of services associated with autism spectrum disorders for minority group members.
A.8126 Sepulveda	S.6761 Alcantara	Passed the Assembly	This bill would require OMH, in consultation with DOH, to periodically review and recommend changes to suicide prevention programs, including cultural and linguistic competency and best practices for screening and interventions aimed at addressing suicide risk factors for minority groups.
A.8250 Gunther	NA	Passed the Assembly	This bill would authorize unsubstantiated reports relating to reportable incidents involving vulnerable persons to be released to officers and employees of the state comptroller for the purposes of performing an audit of the Justice Center.
A.8251 Weprin	S.6609 Lanza	Chapter 422	This bill would require state oversight agencies to ensure that certain facilities and provider agencies have policies and procedures in place to identify and report possible crimes against a service recipient by a custodian.
A.8252 McDonald	NA	Reported to the Assembly Committee on Rules	This bill would clarify the statutory definitions of "neglect" and "significant incident" for the purpose of reportable incidents that mandated reporters are required to report to the Vulnerable Persons' Central Register (VPCR).

APPENDIX C

LAWS ENACTED IN 2017

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.5974 Gunther	S.1219 Ortt	Chapter 114	This law adds Prader-Willi Syndrome to the list of disabilities included under the definition of developmental disabilities.
A.7225-B De La Rosa	S.5500-C Alcantara	Chapter 436	The Executive and the Legislature secured a chapter amendment agreement that requires OMH to develop plans, programs, and services that would consider the unique needs of all demographic groups in relation to suicide prevention.
A.7399-A Gunther	S.5681 Ortt	Chapter 491	This law codifies the care demonstration program which requires the Office for People with Developmental Disabilities to utilize the state workforce to provide community-based care, which may include community rehabilitation, in-home respite, pathways to employment, supported employment, and community pre-vocational services.
A.7567 Gunther	S.2933 Gallivan	Chapter 233	This law provides that an adult sibling of an individual with developmental disabilities may be entitled to access clinical records of such individual.
A.7604 Gunther	S.6154 Ortt	Chapter 198	This law clarifies that an involuntary confinement determination be based on a real and present threat of substantial harm to themselves or others. The bill would also align the statute with OPWDD's current practice for determining whether an individual is appropriate for involuntary care.
A.7688 Gunther	S.6726 Young	Chapter 67	This law extends Kendra's Law (Assisted Outpatient Treatment) for five years until June 30, 2022.
A.7805 Gunther	S.5314 Helming	Chapter 247	This law clarifies that the "department" identified in Mental Hygiene Law § 29.28 refers to the Department of Corrections and Community Supervision (DOCCS).
A.7927 Englebright	S.5807 Ortt	Chapter 256	This law clarifies that dependents of military service members retain eligibility for services regardless of leaving the state due to the military member's service assignment, as long as they retain state residency and remain otherwise eligible
A.8251 Weprin	S.6609 Lanza	Chapter 422	This bill would require state oversight agencies to ensure that certain facilities and provider agencies have policies and procedures in place to identify and report possible crimes against a service recipient by a custodian.

**APPENDIX D
LEGISLATION VETOED IN 2017**

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.2229 Gunther	S.2836 Ortt	Veto 218	This bill would require notice to local governments, community organizations, employee labor organizations and other stakeholders of significant service reduction at hospitals operated by the office of mental health, no more than 13 months prior to such reduction.
A.6505 Kearns	S.4630 Gallivan	Veto 195	This bill would require the Western New York Children's Psychiatric Center (WNYCPC) to be located in a county with a population between 900,000 and 1,000,000 people and prohibits its merger or co-location with another facility.