



New York State Assembly

Sheldon Silver
Speaker



2013

ANNUAL REPORT

Committee on
**Mental Health and
Developmental Disabilities**

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

CHAIR
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Health

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Real Property Taxation
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December 15, 2013

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

Dear Mr. Speaker:

It is with great pleasure that I submit to you the 2013 Annual Report for the Assembly Standing Committee on Mental Health and Developmental Disabilities. This year has proved to be a year of great change in several areas of the mental health and developmental disabilities fields specifically in regard to ensuring individuals receive quality services and that providers were funded properly in order to deliver those services.

The Committee continues to closely monitor changes occurring throughout both systems including the implementation of behavioral health organizations (BHOs) and health homes; the People First Waiver; the implementation of New York's Olmstead Plan; and implementation of the Justice Center for the Protection of People with Special Needs. The Committee is committed to ensuring that the needs and rights of individuals with psychological and developmental disabilities are kept at the forefront throughout many of these changes that will vastly impact the service delivery system.

During the 2013 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 2014 as we develop solutions to the challenges we face.

Sincerely,

A handwritten signature in cursive script that reads "Aileen M. Gunther".

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

**2013 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
Karim Camara
Michael Cusick
Philip Goldfeder
Ellen Jaffee
Barbara Lifton
John McDonald, III
Robert Rodriguez
Harvey Weisenberg

Minority

Steven Katz– Ranking Member
Joseph Borelli
Jane Corwin

Committee Staff

Allison Horan, Chief of Staff
Tom Gatto, Legislative Assistant and Committee Clerk

Program and Counsel Staff

Simonia Brown, Senior Assistant Secretary for Program and Policy
Katie L. Birchenough, Legislative Analyst
Nicholas Cartagena, Legislative 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, the Developmental Disabilities Planning Council (DDPC), the Inter-Office Coordinating Council (IOCC), and the Most Integrated Setting Coordinating Council (MISCC). According to the Division of the Budget, the aforementioned agencies are expected to serve over 800,000 individuals in 2013-14, including 700,000 persons with mental illness, and 126,000 persons with developmental disabilities. 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 2013 session, the Committee reviewed a number of bills and addressed many issues aimed at providing quality services and enhancing protections for individuals with various disabilities.

This report describes the Committee's major legislative activities during the 2013 session.

II. STATE BUDGET HIGHLIGHTS

Throughout the 2013 Legislative Session, the Committee grappled with the difficult task of determining priorities for the mental hygiene system within the budgetary constraints imposed by the State's fiscal climate. Despite the restraints caused by the State's deficit for the 2013-14 state fiscal year, many important programs in the mental hygiene system continued to be funded. Within the Office of Mental Health and the Office for People with Developmental Disabilities, the following proposals and appropriations were enacted in the 2013-14 Budget:

A. INTEGRATING INDIVIDUALS WITH DISABILITIES INTO MANAGED CARE

The 2013-14 Enacted Budget established significant laws governing structural changes to the service delivery system for individuals with disabilities. This included the formation of managed care organizations for individuals with developmental disabilities known as Developmental Disabilities Individualized Support and Care Coordination Organizations (DISCOs). Pilot programs commenced beginning fall 2013 in Westchester County, Long Island, and New York City and full implementation is expected by 2015. The final enacted DISCO language includes many protections for service recipients and their families that were supported by the Committee.

In addition to establishing DISCOs, the 2013-14 Enacted Budget also granted certain individuals with developmental disabilities the ability to enroll in Fully Integrated Duals Advantage (FIDA) program. FIDA is a capitated health plan model intended for individuals receiving Medicare and Medicaid services and provides service delivery coordination for this specific population. FIDA pilot programs are expected to commence in January 2014 for Westchester County, New York City, and Long Island.

B. INCIDENT REVIEW PANELS

The 2013-14 Enacted Budget authorized the Commissioner of OMH to establish "Mental Health Incident Review Panels" to review serious incidents involving individuals with mental illness. Local officials will examine these incidents in order to identify gaps in service delivery and provide recommendations for corrective actions when necessary. The Commissioner will submit an annual cumulative report to the governor and the legislature incorporating data from the panel reports and a summary of the findings and recommendations of the panel.

C. RESTORATION OF FUNDING FOR NOT-FOR-PROFIT PROVIDERS

This year New York State was in a difficult position as the Federal government sought to recover \$1.1 billion dollars in Medicaid payments received over the last two decades. As a result, the 2013-14 Executive Budget proposed a reduction of \$120 million in funding to not-for-profit providers serving individuals with disabilities. The Assembly was successful in restoring \$30 million of this cut in the 2013-14 Enacted Budget. However, individuals with disabilities and their families were faced with \$90 million in cuts to programs that provided vital services and supports which they had been receiving over the course of their lives. As a result, in the days following the passage of the Budget, the Assembly introduced legislation (A.6692-

C/Weisenberg; S.4777-D/Golden) to restore the remaining \$90 million to OPWDD providers. This past September, that bill was signed into law by the Governor as Chapter 349.

III. SIGNIFICANT LEGISLATION

A. INCREASED ACCESS TO SERVICES

It is critical that individuals who may be in need of services from OMH or its network of providers are aware of available options for treatment and afforded access to such programs. Equally important to guaranteeing access to services is ensuring that individuals with a mental illness feel encouraged and supported in their decision to seek treatment.

Providing Increased Legal Services for Individuals in Residential Health Care Facilities

A.190 (Cusick)/ S.801 (Parker) Passed Assembly

Mental Hygiene Legal Services (MHLS) is charged with assisting individuals who receive services from the Office of Mental Health (OMH), the Office for People With Developmental Disabilities (OPWDD), and the Office of Alcoholism and Substance Abuse Services (OASAS) with legal representation. Currently individuals with serious mental illness who reside in nursing home settings are not able to receive services through MHLS. This bill would expand Mental Hygiene Legal Services' jurisdiction to include individuals with serious mental illness who reside in nursing homes.

Providing Physicians in Rural Counties

A.5954 (Gunther)/ S.5005 (Carlucci) Vetoed

This bill would require the Office of Mental Health (OMH) to make available to counties with populations less than 80,000, a psychiatrist from a nearby OMH facility in order to provide examination and testimony during "Kendra's Law" (Assisted Outpatient Treatment) hearings.

Communities of Excellence Mental Health Reinvestment Act

A.7842-B (Gunther)/ S.5631 (Tkaczyk) Reported to Assembly Committee on Ways and Means

In light of the Governor's plan to right-size the state-operated system of care for individuals with psychiatric disabilities in New York, there will be a significant need to provide communities with financial resources as they assume the role in providing care for individuals that may have been previously served at a state psychiatric hospital. Throughout a series of statewide hearings held by the Committee, witnesses testified on the need to create a strategic reinvestment policy for communities that would be losing a psychiatric center.

This bill intends to establish a clear community reinvestment policy for OMH when closing and downsizing state-operated psychiatric facilities. The bill would establish "communities of mental health reinvestment services" of which 50 percent of the savings assumed through closures and downsizing of state-operated facilities would be reinvested into local mental health services. This bill would also require OMH to develop an inventory of all existing inpatient facilities and

submit a report to the Legislature detailing anticipated needs and reductions of services by February 28, 2014.

Advocacy for Inmates with Mental Illness

A.6531 (O'Donnell) Passed Assembly

This bill would provide attorneys representing inmates with mental illness with access to records of testimony from an Office of Mental Health (OMH) clinician for purposes of administrative hearings relating to prison disciplinary charges in state correctional facilities. The intent of the bill is to provide attorneys with access to clinical information in order to advocate for the client to be placed in an alternative setting that is less restrictive than a Single Housing Unit (Solitary Confinement).

B. QUALITY OF CARE

A primary focus of the Committee is to increase the safety and quality of care for individuals receiving services from the mental hygiene agencies. The Committee is focused on continuing to support and advance legislation to alleviate abuse and neglect that may occur while individuals receive services through the Office for People With Developmental Disabilities (OPWDD) and the Office of Mental Health (OMH).

Increasing Inspection of OPWDD Facilities

A.6992-A (Gunther) /S.5098-A (Carlucci) Chapter 445 of the Laws of 2013

Currently the Office for People With Developmental Disabilities (OPWDD) is required to make at least two facility visits per year where one of the two visits is unannounced. This bill would require OPWDD to make both visits to facilities operated or licensed by OPWDD unannounced.

Direct Care Employee Credentialing Program

A.7313-A (Abinanti) /S.5102-A (Carlucci) Passed both Houses

This bill would create a 3-year pilot program for the credentialing of direct care support staff at state-operated and voluntary providers licensed or certified by OPWDD. The bill would also require OPWDD to produce a report detailing the progress of the program.

Standardizing Training for OPWDD Employees

A.7910-A (Gunther) /S.5813 (Ritchie) Passed Assembly

This bill would require the commissioner of OPWDD to create rules and regulations requiring all employees and volunteers to receive training on abuse, neglect and maltreatment indication and prevention; laws, regulations and procedures governing the protection of persons with disabilities from abuse, neglect, and maltreatment; identification, safety and security procedures; fire safety; first aid; cardiopulmonary resuscitation; cultural competence; and any other appropriate topic.

C. EMPOWERING SERVICE RECIPIENTS AND THEIR FAMILIES

A key detail in ensuring service recipients receive sufficient person-centered care is providing individuals and their families with access and information. This empowers individuals and their families to keep the service system accountable.

Preventing State Collections on Lawsuits for Improper Care

A.5153 (Brennan) Passed Assembly

There have been cases where the Office of Mental Health has billed individuals or families who have successfully sued the State for negligent or improper care in order to recoup payment for services accrued while under care of the State.

This bill would provide 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 for a monetary award, the Department would be prohibited from seeking recovery from such monetary awards for amounts relating to the provision of services or treatment within the facility.

Permitting Parents to Further Disseminate Information to Certain Professionals

A.4100 (Weisenberg)/ A.3802 (Carlucci) Chapter 395 of the Laws of 2013

This bill would authorize information obtained through Jonathan's Law to be further disseminated to a health care provider, a behavioral health care provider, law enforcement (if it is believed that a crime has been committed), or the recipient's attorney. Currently once a parent has obtained such information it may not be released to any other person.

Developmental Disabilities Ombudsman Program

A.6962-A (Gunther)/ S.4885-A (Carlucci) Passed both Houses

This bill would establish an advocacy program for individuals with developmental disabilities who receive services through a managed care organization. The advocacy program would advise individuals of applicable rights and responsibilities; provide information, referrals and technical assistance; and pursue legal, administrative and other appropriate remedies to ensure the protection of the rights of the enrollees.

IV. PUBLIC HEARINGS

A. ACCESS TO SERVICES FOR CHILDREN IN RURAL AREAS

On May 29th the Assembly Standing Committee on Mental Health and Developmental Disabilities held a public hearing to examine *Mental Health Services for Children in Rural Communities*. Testimony was presented from local government officials and service providers who spoke on the barriers to accessing services. Attendees heard of barriers that range from the lack of reliable public transportation; difficulty attracting and retaining qualified child psychiatrists and other qualified professionals; and the predominance of stigma in rural communities. Witnesses also testified on ways to decrease these obstacles including integrating behavioral health care in primary health care or school settings. According to witnesses, this has proven to combat stigma, and provide greater access to services. Common concerns raised included regulatory and licensing requirements that make it difficult for providers to offer mobile services, and the need for streamlining administrative requirements that overwhelm service providers.

The Committee is dedicated to ensuring that access to services is a viable option for families in rural areas and will work with the provider community and local governments to provide assistance for this purpose.

B. REGIONAL CENTERS OF EXCELLENCE STATEWIDE HEARINGS

In July, the Office of Mental Health (OMH) published a plan which called for significant redesign of state-operated inpatient services throughout the state. The plan outlined the agency's vision of a new system of care for New Yorkers with psychiatric disabilities which included closing several state psychiatric centers and converting the remaining fifteen psychiatric centers into "Regional Centers of Excellence". Under the plan, the Regional Centers of Excellence (RCEs) would have designated populations that they would serve including children, adults and individuals involved in the criminal justice system. The plan also includes the creation of "community hubs" in areas that will be affected by psychiatric facility closures that provide clinical and non-clinical outpatient services.

The Assembly Standing Committee on Mental Health in conjunction with the Senate Standing Committee on Mental Health and Developmental Disabilities and the Senate Standing Committee on Health hosted hearings across the state. Hearings were conducted at SUNY Farmingdale due to the anticipated closure of Sagamore Children's Psychiatric Center in Dix Hills; at the Ogdensburg City Council Chambers due to the announce closure of St. Lawrence Psychiatric Center; and at the Middletown City Council Chambers to discuss the closure of Mid-Hudson Forensic Psychiatric Center. The Assembly Standing Committee on Mental Health and Developmental Disabilities also conducted a hearing in Binghamton to discuss the planned closures of Elmira Psychiatric Center and the Greater Binghamton Health Center.

The hearings examined the potential impact of OMH facility closures on service recipients, families, employees and communities and allowed the Committees to better understand the needs of the communities that are being affected by facility closures, specifically in terms of resources that need to be reinvested into the communities in order to sustain or enhance mental health services in the region.

Over twenty hours of testimony were provided by service recipients, family members, employees and union representatives, service providers, and community members. Testimony was provided by many who supported and opposed facility closures. Overwhelmingly, concerns were raised regarding the lack of details in the OMH plan related to the reinvestment of savings from facility closures into the local communities to support the needs of individuals that are currently being served by a facility that is slated for closure.

C. EXAMINING THE ROLE OF NEW YORK STATE IN REDUCING THE RATE OF SUICIDES AMONG MILITARY PERSONNEL AND VETERANS

The Assembly Standing Committee on Mental Health and Developmental Disabilities in conjunction with the Assembly Standing Committee on Veterans Affairs and the Assembly Subcommittee on Woman Veterans held a hearing on October 8, 2013 to examine the role of the New York State Office of Mental Health and the New York State Division of Veterans' Affairs in reducing the rate of suicides among military personnel and veterans in New York.

Committee members heard testimony from providers and family members on a variety of issues that affect not only returning military personnel, but also older veterans. Providers shared firsthand accounts of what has been successful in improving mental health services for veterans, including peer to peer services, incorporating mental health services into physical health services, and the use of advertising that reduces stigma. Witnesses also testified the need for increased family engagement service.

V. OUTLOOK 2014

This year brought significant changes in both the mental health and developmental disabilities systems in New York State. Many of these changes are a result of national trends toward inclusive healthcare, alleviating waste and fraud in benefits programs, and finding efficiencies in service delivery. There also continues to be publicized events within the state that have forced New York to look at improving these systems in order to establish a higher level of quality in care and to protect the individuals they serve. The Committee will continue to work throughout the coming years to ensure that the rights and needs of our most vulnerable residents are kept at the highest priority during this process.

APPENDIX A

**2013 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	2	0	2
To Floor; Recommitted and Died	0	0	0
To Ways & Means	9	0	9
To Codes	9	0	9
To Rules	0	0	0
To Judiciary	0	0	0
TOTAL	20	0	20
<u>Bills Having Committee Reference Changed</u>			
		0	
TOTAL		0	
<u>Senate Bills Substituted or Recalled</u>			
Substituted		1	1
Recalled			
Total		1	1
Bills Defeated in Committee	0	0	0
Bills Held For Consideration With A Roll-Call Vote	0	0	0
Bills Never Reported, Held in Committee	60	4	64
Bills Having Enacting Clauses Stricken	0	0	0
Motions to Discharge Lost	0	0	0
TOTAL BILLS IN COMMITTEE	80	5	85
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 2013**

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.190 Cusick	S.801 Parker	Passed Assembly	This bill would provide mental hygiene legal services to certain patients or residents of residential health care facilities.
A.1663-A Abinanti	S.3044-A Carlucci	Passed Assembly	This bill would codify the current Diagnostic and Statistical Manual of Mental Disorders IV-TR (DSM-IV-TR) definition of autism in Mental Hygiene Law.
A.1713 Gunther	S.882 Bonacic	Veto 273	This bill would establish a taskforce that would study, evaluate and develop recommendations to support and meet the vocational, social and residential needs of adults with autism.
A.1715-A Gunther	S.2000-A Carlucci	Reported to the Assembly Committee on Codes	This bill would require the installation of video cameras at the entrances and exits of residences operated or licensed by the Office for People With Developmental Disabilities (OPWDD).
A.4069-B Gabryszak	S.1109-C Maziarz	Reported to the Assembly Committee on Ways and Means	This bill would require OPWDD to conduct a geographic analysis of supports and services for individuals with developmental disabilities and identify any gaps thereof. This bill would also require OPWDD to use the analysis to develop a web-based database which would prioritize the urgency and need for supports and services.
A.4100 Weisenberg	S.3802 Carlucci	Chapter 395	This bill would provide that when information is obtained through Jonathan's Law, it can be further disseminated to a health care provider, a behavioral health care provider, law enforcement (if it is believed that a crime has been committed), or the recipient's attorney. This bill would also require that a cover letter describing who the records can be shared with accompany records and reports that are released.
A.5153 Brennan	N/A	Passed Assembly	This bill would provide 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 for a monetary award, the Department would be prohibited from seeking recovery from such monetary awards for amounts relating to the provision of services or treatment within the facility.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.5954 Gunther	S.5005 Carlucci	Veto 262	This bill would require the Office of Mental Health (OMH) to provide counties with a population of under 80,000, a qualified physician that would perform the required examination and testimony in Assisted Outpatient Treatment (Kendra's Law) hearings.
A.6531 O'Donnell	N/A	Passed Assembly	This bill would provide attorneys representing inmates with mental illness with access to records of testimony from an Office of Mental Health (OMH) clinician for purposes of administrative hearings relating to prison disciplinary charges in state correctional facilities. The intent of the bill is to provide attorneys with access to clinical information in order to advocate for the client to be placed in an alternative setting that is less restrictive than a Single Housing Unit (SHU/ Solitary Confinement).
A.6962-A Gunther	S.4885-A Carlucci	Passed Assembly	This bill would establish an advocacy program for individuals with developmental disabilities who receive services through a managed care organization. The advocacy program would advise individuals of applicable rights and responsibilities; provide information, referrals and technical assistance; and pursue legal, administrative and other appropriate remedies to ensure the protection of the rights of the enrollees.
A.6992-A Gunther	S.5098-A	Chapter 445	Currently OPWDD is required to make at least two facility visits per year where one of the two visits is unannounced. This bill would require OPWDD to make both visits unannounced.
A.7312B Abinanti	N/A	Reported to the Assembly Committee on Codes	This bill would require the publication of a bill of rights for family members of individuals with developmental disabilities residing in residences operated, licensed, or funded by OPWDD.
A.7313-A Abinanti	S.5102-A Carlucci	Veto 265	This bill would create a 3-year pilot program for the credentialing of direct care support staff at state-operated and voluntary providers licensed or certified by the Office for People With Developmental Disabilities (OPWDD). OPWDD would be required to produce a report detailing the progress of the program.
A.7721 Gunther	S.5228 Carlucci	Passed Assembly	This bill would require the Commissioner of Mental Health to establish a community housing waiting list for adults seeking housing services in the Office of Mental Health service system.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.7842-B Gunther	S.5631-B Tkaczyk	Reported to the Assembly Committee on Ways and Means	This bill would establish “communities of mental health reinvestment services” of which 50 percent of the savings assumed through closures and downsizing of state-operated facilities would be reinvested to local government units. The remaining 50 percent would be allocated towards the development of the NYS Centers of Excellence for purposes of facility construction and workforce development. This bill would also require OMH to develop an “inventory” of all existing inpatient facilities and submit a report to the Legislature detailing anticipated needs and reductions of services by February 28, 2014.
A.7904 Gunther	S.4861-A Carlucci	Chapter 83	This bill would make technical amendments to ensure that the Justice Center would conduct prospective employee background checks; remove mistaken references to State Education Department (SED) emergency placement programs; include Federal Bureau of Investigation (FBI) background checks for prospective employees for certain Office for Children and Family Services (OCFS) residential programs; and require background checks for OCFS foster care and adoptive agencies.
A.7907 Weisenberg	N/A	Passed Assembly	This bill would require the visible posting of the phone numbers of local law enforcement and the Vulnerable Persons Central Register (VPCR) in facilities or programs under the auspices of OPWDD. The sign would also notify employees to call 911 if there is an emergency.
A.7908-A Weisenberg	N/A	Reported to the Assembly Committee on Ways and Means	This bill would require the Commissioner of OPWDD to create regulations requiring the use of video surveillance cameras with sound capabilities in vehicles primarily used for the transport of service recipients to programing and services.
A.7909 Gunther	N/A	Passed Assembly	This bill would reference “whistle blower” protections pursuant to Labor Law §740 and §741 in Mental Hygiene Law to clarify that employees of OMH, OPWDD and the Office of Alcohol and Substance Abuse Services (OASAS) are protected under those sections of law.
A.7910 Gunther	S.5813 Ritchie	Passed Assembly	This bill would require the commissioner of OPWDD to create rules and regulations requiring all employees and volunteers to receive training on abuse, neglect and maltreatment indication and prevention; laws, regulations and procedures governing the protection of

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
			persons with disabilities from abuse, neglect, and maltreatment; identification, safety and security procedures; fire safety; first aid; cardiopulmonary resuscitation; cultural competence; and any other appropriate topic.

APPENDIX C

LAWS ENACTED IN 2013

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.4100 Weisenberg	S.3802 Carlucci	Chapter 395	This bill would provide that when information is obtained through Jonathan’s Law, it can be further disseminated to a health care provider, a behavioral health care provider, law enforcement (if it is believed that a crime has been committed), or the recipient’s attorney. This bill would also require that a cover letter describing who the records can be shared with accompany records and reports that are released.
A.6992-A Gunther	S.5098-A Carlucci	Chapter 455	Currently OPWDD is required to make at least two facility visits per year where one of the two visits is unannounced. This bill would require OPWDD to make both visits unannounced.
A.7904 Gunther	S.4861-A Carlucci	Chapter 83	This bill would make technical amendments to ensure that the Justice Center would conduct prospective employee background checks; remove mistaken references to State Education Department (SED) emergency placement programs; include Federal Bureau of Investigation (FBI) background checks for prospective employees for certain Office for Children and Family Services (OCFS) residential programs; and require background checks for OCFS foster care and adoptive agencies.

**APPENDIX D
LAWS VETOED IN 2013**

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.1713 Gunther	S.882 Bonacic	Veto 273	This bill would establish a taskforce that would study, evaluate and develop recommendations to support and meet the vocational, social and residential needs of adults with autism.
A.5954 Gunther	S.5005 Carlucci	Veto 262	This bill would require the Office of Mental Health (OMH) to provide counties with a population of under 80,000, a qualified physician that would perform the required examination and testimony in Assisted Outpatient Treatment (Kendra's Law) hearings.
A.7313-A Abinanti	S.5102-A Carlucci	Veto 265	This bill would create a 3-year pilot program for the credentialing of direct care support staff at state-operated and voluntary providers licensed or certified by the Office for People With Developmental Disabilities (OPWDD). OPWDD would be required to produce a report detailing the progress of the program.