

ANNUAL REPORT 2021



CARL E. HEASTIE, SPEAKER
AILEEN M. GUNTHER, CHAIR

**NEW YORK STATE ASSEMBLY
COMMITTEE ON MENTAL HEALTH**



Aileen M. Gunther
Member of Assembly
100th District

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

CHAIR
Mental Health

CHAIR
Subcommittee on Women's
Health

COMMITTEES
Agriculture
Environmental Conservation
Health
Racing and Wagering

December 15, 2021

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

Dear Mr. Speaker:

It is my duty and privilege to submit to you the 2021 Annual Report for the Assembly Standing Committee on Mental Health. As you know, for almost two years the COVID-19 pandemic has affected every facet of our lives. So many New Yorkers have lost jobs, been forced to isolate, mourned the loss of loved ones, and adapt to a new "normal." All of these factors have had a devastating effect on individuals' mental health.

The ongoing pandemic has not only exacerbated the mental health challenges faced by New Yorkers, but it has exposed our mental health delivery system as one that is teetering on the edge of a fiscal cliff. Fortunately, New York received financial support from the federal government to lessen the financial stress being felt as a result of the pandemic. This funding includes enhanced reimbursement rates under the Federal Medicaid Assistance Program (FMAP) and Mental Health Block Grant (MHBG) supplemental funding. However, if the state does not make the commitment to maintain the funding levels provided under the aforementioned FMAP and MHBG, it is quite possible that New York will be left with a depleted mental health service delivery system, which will not have the service capacity or the workforce to meet the demands in our local communities. While the Committee is cognizant of the unprecedented challenges the State continues to face, we cannot allow services to be diminished at a time of such great need. The Committee will continue to engage with the mental health service communities and will strongly advocate to ensure that a sufficient amount of resources will be allocated to the Office of Mental Health (OMH) so that programs are funded properly, individuals receive quality care, and services are readily available.

In closing, I would like to thank you for your leadership and support of the Assembly Standing Committee on Mental Health, and I look forward to a productive 2022 Legislative Session.

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

Aileen M. Gunther
Chair
Assembly Standing Committee on Mental Health

**2021 ANNUAL REPORT
OF THE
NEW YORK STATE ASSEMBLY
STANDING COMMITTEE ON MENTAL HEALTH**

**Aileen M. Gunther
Chair**

Committee Members

Majority

Didi Barrett
Carmen De La Rosa
Nathalia Fernandez
Mathylde Frontus
Chantel Jackson
Diana C. Richardson
Robert Rodriguez
Angelo Santabarbara

Minority

Jarett Gandolfo
Melissa Miller
Mary Beth Walsh

Committee Staff

Thomas Gatto, Legislative Director and Committee Clerk

Program and Counsel Staff

Jennifer Sacco, Assistant Secretary for Program and Policy
Willie Sanchez, Principal Analyst
Janice Nieves, Associate Counsel
Sarah Conklin, Secretary

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I. INTRODUCTION

The Assembly Standing Committee on Mental Health has jurisdiction over policy and initiatives affecting programs that deliver 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 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 oversight of programs administered and licensed by the Office of Mental Health, the Office for People with Developmental Disabilities, the Justice Center for the Protection of People with Special Needs (Justice Center), and the Inter-Office Coordinating Council (IOCC).

The aforementioned agencies are expected to serve nearly one million individuals in 2021, 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 Assembly Standing Committee on People with Disabilities.

During the 2021 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 2021 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. The State Fiscal Year (SFY) 2021-22 Enacted Budget provides critical resources for individuals with mental illness, and their families. The Enacted Budget provides an increase of \$25 million in funding for OMH over the Enacted Budget for 2021-22.

Within OMH and OPWDD, the following proposals and appropriations were enacted in the 2021-22 Budget:

A. Cost of Living Adjustment (COLA)

The Legislature provided a 1% cost of living adjustment (COLA) for human services providers, and authorized the COLA starting April 1, 2021, through March 31, 2022. The total SFY 2022 cost is \$46.2 million for all Mental Health agencies, with \$14.9 million for OMH not-for profit providers.

B. Veterans Mental Health Services

The Enacted Budget provided \$4.5 million to continue services under the Joseph P. Dwyer Peer Pilot Program. In addition, the Legislature included \$495,000 to expand the program, for a total of nearly \$5 million. Counties to receive the additional funding include Albany, Clinton, Cortland, Franklin, Oneida, and Schenectady.

It also included \$1 million annually in funding to establish the new CARES UP Initiative (Changing the Conversation, Awareness, Resilience, Empower Peers, Skills Building and Suicide Prevention for Uniformed Personnel).

- This funding will support resiliency trainings, media awareness campaigns, wellness programing and suicide prevention for veterans, firefighters, law enforcement, emergency medical service members (EMS) and correction officers.

C. Suicide Prevention

The Legislature provided \$1 million in funding for new suicide prevention programs for high-risk populations, including Latina adolescents, Black youth, members of the LGBTQ community and rural communities.

D. Supported Housing Resources

The Enacted Budget continued \$20 million in 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. Behavioral Health Ombudsman Program

The Enacted Budget continued \$1.5 million to maintain the operation of an independent behavioral health ombudsman program. The program educates individuals, families, and health care providers on their legal rights to coverage, help them to access treatment and services and will investigate and resolve complaints regarding denial of health insurance coverage.

COVID-19 FEDERAL FUNDING

As a result of the continued economic impact of COVID-19, the federal government enacted the Coronavirus Response and Relief Supplemental Act and the American Rescue Plan Act of 2021 (ARPA). These new laws provide supplemental funding through the expansion of the Community Mental Health Services Block Grant (CMHS Block Grant).

Coronavirus Response and Relief Supplemental Appropriations Act:

Allocated \$46.3 million to New York State in supplemental CMHS Block Grant funding to be utilized during March 12, 2021, to March 14, 2023.

American Rescue Plan Act of 2021:

Allocated \$80 million to New York State in supplemental CMHS Block Grant funding to be utilized during September 1, 2021, to September 30, 2025.

- A total of \$126 million was provided under these federal acts. The funding will be used to support the development and expansion of crisis services, child, youth and family services, adult ambulatory and peer services, workforce and system capacity building and OMH administration.
- The ARPA legislation provides a *10% increase* in Federal Medical Assistance Percentage (FMAP) for certain Medicaid expenditures for home and community-based services (HCBS) from April 1, 2021, through March 31, 2022. Funding is required to be used to expand and enhance investments in Medicaid-covered HCBS, address COVID-related needs and increase HCBS capacity. New York State will have to utilize these funds prior to March 31, 2024.
- The 2021-22 Enacted budget included language that would authorize the Department of Health (DOH) to sub-allocate or transfer up to \$160 million to OMH to enhance HCBS services consistent with ARPA.
 - DOH in collaboration with OMH and other state agencies that oversee and regulate HCBS programs and services developed and submitted a spending plan to the Centers for Medicare & Medicaid Services (CMS). The spending plan is currently under review by CMS and would support funding for the following categories: supporting and strengthening the direct care workforce; building HCBS capacity through innovations and systems transformation; and investing in digital infrastructure.

III. SIGNIFICANT LEGISLATION

1. Develop Trauma Informed Supports and Services for Frontline Workers

A.1250 (Gunther)/S.1301 (Brouk)

Chapter 33

This law directs the commissioner of OMH to create a workgroup that would report recommendations to the Legislature regarding the implementation of trauma informed care for frontline workers.

2. Mitigate Risk of Suicide for Individuals Discharged from a Mental Health Facility

A.1005-A (Paulin)/S.5434-A (Harckham)

Chapter 586

This law requires mental health facilities to give material providing information related to extreme risk protection orders to a patient or, upon request of the patient, an authorized representative who has actively participated in the patient's treatment plan.

3. Replacing Insensitive and Outdated Statutory Language in Mental Hygiene Law

A.6564-A (Gunther)/S.4777-B (Mannion)

Chapter 351

This law replaces certain instances of the word mentally ill person with person with a mental illness or mental disability.

4. Improve Compliance of Facilities in Notifying and Engaging Qualified Persons

A.7163 (Gunther)/S.5945-A (Reichlin-Melnick)

Chapter 407

This law requires the director of a facility, within ten days of an incident, to provide a copy of the written incident report to a qualified person, offer to hold a meeting with such qualified person to discuss the incident, and provide that individual with a written report on the actions taken to address the incident.

5. Enhance Hiring Practices and Quality of Care in Programs for Vulnerable Populations

A.7684 (Gunther)/S.7108 (Mannion)

Chapter 234

This law provides facilities a summary of a final substantiated report from the Justice Center of any category two incidents for a current employee or volunteer, when the conduct in such report occurred at another facility or provider agency.

6. Ensure Access to Care for Individuals with a Developmental Disability

A.1153-A (Buttenschon)/S.1766-A (Mannion)

Veto 47

This bill would establish the office of the independent intellectual and developmental disability ombudsman program.

7. Promote Mental Health Parity with Physical Health

A.5238 (Barrett)/S.3995 (Reichlin-Melnick)

Passed the Assembly

This bill would amend the New York State Constitution to provide parity between physical and mental health.

8. Direct Support Professional Pilot Program

A.80 (Gunther)/S.4346 (Brouk)

Referred to the Assembly Committee on Ways and Means

The bill would authorize the Office for People with Developmental Disabilities (OPWDD) to implement a professional credential pilot program for direct support professionals. The bill also would establish an Advisory Council for direct support professional credentialing. The Council would advise, oversee and assist with the implementation of the pilot.

9. Promoting Access to Services for Individuals with Autism

A.1953 (Cruz)/S.2911 (Parker)

Chapter 804

This bill would create within the autism advisory board, an education and mapping program for autism for the purpose of promoting the screening and detection of autism, educating the public regarding autism, providing counseling and referral services, and map locations of the occurrence of autism.

10. Enhancing Protections for Persons with a Disability

A.7731(Gunther)/S.7024 (Mannion)

Chapter 755

This bill would authorize the federally appointed independent agency to have prompt access to records or data of a facility or visit a facility upon the receipt of a complaint of an incident of abuse or neglect. The independent agency would also be able to receive copies of records upon written request free of charge within three days or within twenty hours if the health or safety of an individual is in jeopardy. The records would be provided electronically upon request of the independent agency.

IV. HEARINGS & ROUNDTABLES

A. MENTAL HEALTH CRISIS SERVICES

On May 18, 2021, the Assembly Standing Committee on Mental Health and the Senate Standing Committee on Mental Health convened a joint online hearing on mental health crisis services. The purpose of the hearing was to provide the Committees an opportunity to examine the effectiveness of other mental health crisis service models, as well as consider policies and other initiatives, which aim to improve the response to mental health crises and highlight the need for resources to help enhance the delivery of mental health crisis services in New York State.

The committees received testimony from the New York State Office of Mental Health (OMH), service providers, advocacy organizations, and other stakeholders from the mental health community.

The Commissioner of the Office of Mental Health reported through her testimony that OMH is making a substantial investment in New York's crisis response system. The goal of this expansion is to enable individuals experiencing a mental health crisis to receive timely services that provide care safely in the community, reduce unnecessary emergency room visits and hospitalizations, significantly decrease the need for law enforcement intervention and reduce the risk of future crises. In her written testimony, the Commissioner stated that addressing mental health crisis care and the intersection of the criminal justice and behavioral health systems will be improved by linking individuals in crisis to services through teams of trained mental health professionals, the training of law enforcement, establishing innovative criminal justice system diversion programs, and serving and supporting individuals exiting incarceration. Further, an overarching goal is to prioritize the use of mental health professionals in response to a mental health crisis in the community without any need for law enforcement intervention.

The Commissioner also reported to the Committees about the federal funding OMH received through a supplemental Federal Community Mental Health Services block grant award of \$46 million for the period March 2021- March 2023.

Nearly every witness who represented mental health service providers was extremely supportive of New York State's efforts to prepare the state for the transition to 9-8-8. By July 16, 2022, 9-8-8 will be designated as the universal three digit dialing code for the Suicide Prevention Lifeline and for an individual experiencing a mental health crisis in the community. It is widely expected among the mental health community that implementing 9-8-8 will increase access to suicide prevention and crisis services by improving the coordination and linkage to care. However, other witnesses noted concern that areas of the state do not have sufficient crisis centers to provide Lifeline services or, the demand for mental health services and supports exceeds the capacity of the locality. This lack of complete statewide coverage may result in individuals in crisis waiting longer for support or services.

Many witnesses called for an expansion of mental health crisis services, including mobile crisis teams, peer-to-peer services, and crisis stabilization centers, as well as the state to set reimbursement rates that cover the true cost of providing care. Additional points raised in relation to reimbursement rates were that not all crisis services will be reimbursed by insurance companies; many individuals may not be willing to provide their insurance information in the middle of a crisis; and these services should be available to all New Yorkers, regardless of insurance status or network, just as other emergency services are. Other witnesses raised the point that a robust crisis response system is clearly necessary, but New York State will not succeed without significant investments to pay mental health providers and the mental health workforce sufficiently.

Nearly every group, association, and advocate that testified was of the opinion that mental health crisis services in the community are needed and should be a priority. However, there were different viewpoints on how these services should be implemented, especially when considering law enforcement as a first responder to a mental health crisis.

Lastly, there was significant support from those who testified for the adoption of S.6194-B/A.7177-B. This bill would designate 9-8-8 as a statewide mental health crisis hotline, and would help to ensure that every New Yorker has access to mental health crisis services, including an on-the-ground response by mental health professionals through mobile crisis teams. Many of the witnesses expressed that this legislation would represent a real improvement in how we address a mental health crisis in the community. The other bill was A.4697/S.4814. This bill would create a new statewide infrastructure to transform police interactions with people in mental health or substance abuse crisis by explicitly authorizing mental health response units.

B. MENTAL HEALTH WORKFORCE

On Tuesday, November 9, 2021, the Assembly Standing Committee on Mental Health convened a hearing on New York State's mental health workforce. The purpose of the hearing was to provide the Committee an opportunity to assess the need for mental health professionals statewide, gather additional information on workforce strategies related to CMHS Block Grant funding, as well as examine and consider legislation and other initiatives that would aim to build workforce capacity for long-term sustainability of the mental health service system.

The committees received testimony from the New York State Office of Mental Health (OMH), service providers, advocacy organizations, and other stakeholders from the mental health community.

The Executive Deputy Commissioner, Deputy Commissioner and Chief Fiscal Officer representing OMH provided testimony at the hearing. They recognized the efforts and dedication of the mental health workforce during the COVID-19 pandemic, which added additional challenges to already strenuous jobs. In their testimony, they stated that OMH is cognizant of the current high unemployment and turnover rates and the agency is addressing these challenges by assisting community-based provider recruitment and retention efforts.

They reported that OMH is using Federal funding from the Community Mental Health Block Grant (Block Grant) and the enhanced Federal Medical Assistance Percentages (FMAP) to invest, expand and sustain services. At the hearing, they reported that OMH has dedicated over \$37 million in federal funds to workforce initiatives. Eligible providers will receive a grant allocation or temporary enhanced rates specifically dedicated to this workforce recruitment and retention initiative. Some of these initiatives include: recruitment and retention methods such as supporting hiring/signing bonuses; longevity payments; shift differential and hazard pay; covering educational expenses; and career development and support which may include creating and/or promoting internships, fellowships, and career development programs to improve recruitment.

Another element of workforce development emphasized by OMH is investing in peers and family support. They identified one of the agency's workforce priorities is to expand certified and credentialed peer workforce including resources for recruitment, retention, education/training, and career pipeline investments. They also stated that OMH recently announced a one-time targeted investment of \$4 million to recruit and retain Certified and Credentialed Peer Specialists and Advocates.

Nearly every representative of a mental health provider, association, or advocacy group who testified stated there is a shortage of mental health professionals. It was affirmed by testimony from service providers that this shortage has resulted in thousands of New Yorkers who cannot access mental health care because there are not enough people working in mental health. It was also reported that some service providers are forced to open waitlists, reduce program capacity and, in some cases, close programs, due to an insufficient workforce.

Many of the witnesses shared the opinion that the initial investments made by OMH utilizing federal resources are a good first step, but this is woefully insufficient for the workforce crisis at hand. There were several common themes and recommendations provided from the testimony delivered by each witness and they included: (1) make enhanced FMAP workforce funding increases permanent; (2) build the job pipeline through loan forgiveness and tuition reimbursement; and (3) fully fund the 5.4% Human Services Cost of Living Adjustment.

APPENDIX A

SUMMARY OF ACTION ON ALL BILLS
REFERRED TO THE COMMITTEE ON

Mental Health

TOTAL NUMBER OF COMMITTEE MEETINGS HELD 4

ASSEMBLY SENATE TOTAL
BILLS BILLS BILLS

BILLS REPORTED FAVORABLE TO:

Codes	10	0	10
Judiciary	1	0	1
Ways and Means	12	0	12
Rules	1	0	1
Floor	1	0	1
TOTAL	25	0	25

COMMITTEE ACTION

Held For Consideration	0	0	0
Defeated	0	0	0
Enacting Clause Stricken	0	0	0
REMAINING IN COMMITTEE	50	12	62

BILLS REFERENCE CHANGED TO:

TOTAL	0	0	0
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APPENDIX B

FINAL ACTION ON BILLS REPORTED BY THE STANDING COMMITTEE ON MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES IN 2021

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
A.70 Gunther	S.3478 Parker	Referred to the Assembly Committee on Ways and Means	This bill would require video cameras to be placed on the entrances/exits of all facilities run by the office for people with developmental disabilities.
A.80 Gunther	S.4346 Brouk	Referred to the Assembly Committee on Ways and Means	The bill would authorize the NYS Office for People with Developmental Disabilities (OPWDD) to implement a professional credential pilot program for direct support professionals. The bill also would establish an Advisory Council for direct support professional credentialing. The Council would advise, oversee and assist with the implementation of the pilot.
A.117-C Gunther	S.1765-A Mannion	Veto 60	This bill would require the the commissioner of the Office of Mental Health (OMH), the Office for Children and Family Services (OCFS) and OPWDD to publish information on each offices website related to staffing levels and any proposed closures or suspension of services of a state operated facility. This information would be provided on a quarterly basis to the speaker of the Assembly and the temporary president of the Senate.
A.183 Gunther	NA	Referred to the Assembly Committee on Ways and Means	This bill would require a program or local service provider to be reimbursed for services rendered to an individual admitted to a program, prior to OPWDD approving such services. However, if the OPWDD does not approve the service and reimbursement has already occurred, the service provider must return the payment to the OPWDD within sixty days of the notice for denial.
A.1005-A Paulin	S.5434-A Harcckham	Chapter 586	This law requires mental health facilities to give material providing information related to extreme risk protection orders to a patient or, upon request of the patient, an authorized representative who has actively participated in the patient's treatment plan.
A.1153-A Buttenschon	S.1766-A Mannion	Veto 47	This bill would establish the office of the independent intellectual and developmental disability ombudsman program.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
A.1250 Gunther	S.1301 Brouk	Chapter 33	This law directs the commissioner of OMH to create a workgroup that would report recommendations to the Legislature regarding implementing frontline worker trauma informed care.
A.1953 Cruz	S.2911 Parker	Chapter 804	This bill would create within the autism advisory board, an education and mapping program for autism for the purpose of promoting the screening and detection of autism, educating the public regarding autism, providing counseling and referral services, and map locations of the occurrence of autism.
A.2060-A Barrett	S.3410 Brouk	Referred to the Assembly Committee on Codes	This bill would clarify that a mandated reporter employed by a service provider under the jurisdiction of the Justice Center is required to notify the Justice Center of an alleged incident, unless (i) the reporter has actual knowledge that the reportable incident has already been reported to the register; and (ii) that the reporter has been named as a person with knowledge of the incident in such prior report.
A.3633-A Gunther	NA	Referred to the Assembly Committee on Codes	This bill would require the commissioner to promulgate regulations governing the release of certain records upon written request pertaining to a deceased individual who resided in a facility operated by OMH to a family member or to a physician of a family member who has demonstrated medical need for such information.
A.4837 De La Rosa	NA	Referred to the Assembly Committee on Ways and Means	This bill would establish the division for mental health treatment equity and the advisory council on mental health treatment equity.
A.5238 Barrett	S.3995 Reichlin-Melnick	Passed the Assembly	This bill would amend the New York State Constitution to provide parity between physical and mental health.
A.5878 Gunther	S.3476 Parker	Referred to the Assembly Committee on Rules	This bill would establish a workgroup to conduct analysis on the ambulatory patient group rates and commercial insurance rates for behavioral health services
A.5899-A Joyner	NA	Referred to the Assembly Committee on Rules	This bill would establish within OMH, the New York State Advisory Council on Mental Health Emergency and Crisis Response. The bill would also require the council to develop and submit a report to the governor and the legislature pertaining to effectively implementing any initiative or recommendation identified by the council, and anything else deemed appropriate by the commissioner.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	Description
A.6396-B Paulin	NA	Referred to the Assembly Committee on Rules	This bill would provide an authorized police officer or peace officer the ability to request ambulance service for certain individuals who need emergency admission for immediate observation, care and treatment.
A.6506 Gunther	S.4253 Skoufis	Passed the Assembly	This bill would require the commissioner of OMH to provide monthly status reports of the community investments and the impact on inpatient census to the chair of the Senate Finance Committee and the chair of the Assembly Ways and Means Committee and to post such report on the office's website.
A.6564-A Gunther	S.4777-B Mannion	Chapter 351	This law replaces certain instances of the word mentally ill person with person with a mental illness or mental disability.
A.7163 Gunther	S.5945-A Reichlin- Melnick	Chapter 407	This law requires the director of a facility, within ten days of an incident, to provide a copy of the written incident report to a qualified person, offer to hold a meeting with such qualified person to discuss the incident, and provide that individual with a written report on the actions taken to address the incident.
A.7177-B Gunther	S.6194-B Brouk	Chapter 793	This bill would establish a 9-8-8 suicide prevention and mental health crisis hotline system; provide crisis intervention services and crisis care coordination to individuals accessing the 9-8-8 suicide prevention and mental health crisis hotline.
A.7652 Gunther	NA	Referred to the Assembly Committee on Rules	This bill would eliminate the New York State residency requirement for designated beneficiaries in the New York ABLE program.
A.7682-A Fernandez	S.7106-A Mannion	Referred 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; prohibit certain providers of services from hiring employees who are on the register of substantiated category one cases of abuse or neglect.
A.7684 Gunther	S.7108 Mannion	Chapter 234	This law provides facilities a summary of a final substantiated report from the Justice Center of category two incidents for a current employee or volunteer where the conduct in such reports occurred at another facility or provider agency.
A.7686 Frontus	S.7144 Sanders	Passed the Assembly	This bill would provide crisis intervention team training, mental health first aid, implicit bias training and naloxone training to firefighters and emergency medical services personnel.

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.7724 Meeks	NA	Referred to the Assembly Committee on Rules	This bill would provide mental hygiene legal services to residents of residential health care facilities who are diagnosed with serious mental illness; require the director of an inpatient facility licensed by OMH to provide the mental hygiene legal service with the written service plan for patients who have a serious mental illness and who are about to be discharged to a residential health care facility.
A.7731 Gunther	S.7024 Mannion	Passed both Houses	This bill would authorize the federally appointed independent agency to have prompt access to records or data of a facility or visit a facility upon the receipt of a complaint of an incident of abuse or neglect. The independent agency would also be able to receive copies of records upon written request free of charge within three days or within twenty hours if the health or safety of an individual is in jeopardy. The records would be provided electronically upon request of the independent agency.

APPENDIX C

LAWS ENACTED IN 2021

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.1005-A Paulin	S.5434 Harckham	Chapter 586	This law requires mental health facilities to give material providing information related to extreme risk protection orders to a patient or, upon request of the patient, an authorized representative who has actively participated in the patient's treatment plan.
A.1250 Gunther	S.1301 Brouk	Chapter 33	This law directs the commissioner of OMH to create a workgroup that would report recommendations to the Legislature regarding implementing frontline worker trauma informed care.
A.6564-A Gunther	S.4777-B Mannion	Chapter 351	This law replaces certain instances of the word mentally ill person with person with a mental illness or mental disability.
A.7163 Gunther	S.5945-A Reichlin- Melnick	Chapter 407	This law requires the director of a facility within ten days of an incident, to provide a copy of the written incident report to a qualified person, offer to hold a meeting with such qualified person to discuss the incident, and provide that individual with a written report on the actions taken to address the incident.
A.7684 Gunther	S.7108 Mannion	Chapter 234	This law provides facilities a summary of a final substantiated from the Justice Center of category two conducts for a current employee or volunteer where the conduct in such reports occurred at another facility or provider agency.

APPENDIX D

LEGISLATION VETOED 2021

ASSEMBLY BILL # SPONSOR	SENATE BILL # SPONSOR	FINAL ACTION	DESCRIPTION
A.1153-A Buttenschon	S.1766-A Mannion	Veto 47	This bill would establish the office of the independent intellectual and developmental disability ombudsman program.

