

the Mental Retardation Administration must have an individualized plan of care developed in writing by professional and supportive personnel. The bill also requires that these plans be reevaluated periodically. The Director of Mental Retardation is made responsible for the implementation of these plans, subject to budget appropriation, and is required to issue "appropriate directives to carry out the intent of (the bill)."

I am advised by the Mental Retardation Administration that approximately 57% of the patients in its facilities have individualized plans of care, and that such plans can and will be developed, even without this bill, for another 15% of the patients from within existing appropriations.

However, the bill requires not only the development of plans for every patient, but also their implementation, by March 1, 1977. The estimated cost of compliance with this directive, according to the Fiscal Note prepared by the Department of Fiscal Research (which was taken from and confirmed by the Mental Retardation Administration) is \$7.5 million for Fiscal Year 1977, rising to \$9.5 million by Fiscal Year 1981. Obviously, there are no funds in the State Budget for Fiscal Year 1977 to implement this bill.

I am aware that the directive to implement the bill is "subject to budget appropriation"; but I think we would be less than fair and candid to mandate a program such as this with full knowledge that the State is in no position to carry it out. Here again, if the General Assembly wants to legislate a program of this magnitude it should provide the funds necessary for its implementation.

The development of individualized care plans can proceed, as it has in the past, without this legislation; and I will request the Mental Retardation Administration to prepare a program for their implementation consistent with what the State can afford.

For these reasons, I have vetoed House Bill 1460.

Sincerely,
Marvin Mandel
Governor