STATE OF CONNECTICUT

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

A HEALTHCARE SERVICE AGENCY

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GOVERNOR

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COMMISSIONER

Testimony by Commissioner Thomas A. Kirk, Jr., Ph.D. Department of Mental Health and Addiction Services Before the Public Health Committee February 29, 2008

Good morning, Sen. Handley, Rep. Sayers, and distinguished members of the Public Health Committee. I am Dr. Thomas A. Kirk, Jr., Commissioner of the Department of Mental Health and Addiction Services. I am here today to speak in favor of our three agency bills, which I will reference later in my testimony, and also to speak in support of Governor's bill **S.B. 40, An Act Concerning Supportive Housing.**

The Governor's bill would recognize the 533 units of Next Steps scattered-site supportive housing in the DMHAS FY 08 budget, and we expect that the new development funding in FY 09 will provide approximately 150 to 168 more such units. We know that the first, second and third reasons why persons with psychiatric disabilities stay longer than necessary in expensive state hospital beds are the lack of affordable housing, and that the availability of safe and affordable housing is a key component to assisting people with behavioral health needs to stay in recovery. The bill is necessary in order for us to spend money that we have in our FY 09 budget to develop these units. Because of the ongoing need for such housing in Connecticut and the cost savings to be realized by the use of supportive housing over inpatient beds, we strongly support passage of S.B. 40.

I will now speak briefly on the three DMHAS bills that the Public Health Committee kindly raised for us.

- **H.B. 5449, An Act Concerning Issuance of Emergency Certificates by Licensed Clinical Social Workers and Advanced Practice Registered Nurses**

This bill would permit licensed clinical social workers (LSCW's) and advanced practice registered nurses (APRN's) who have received specialized training and who work for DMHAS or work in an agency that is funded by DMHAS on either the crisis intervention team or the advanced supervision and intervention support team to issue emergency certificates directing that a person be taken to a general hospital for purposes of a medical examination. About six years ago, the legislature granted DMHAS this authority for three of its community programs, because we were finding that, in instances where we called the police and asked them to put someone in an ambulance for transport to a hospital, the interaction many times resulted in the person being arrested. We wanted the interactions to be more clinical in nature, and less likely to result in the

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arrest of persons with psychiatric disabilities, so we asked to be able to have one of our trained and licensed personnel write the order for an ambulance without need for police intervention. This has been proven to be very successful in the instances where we have utilized it.

Over time, it has become obvious that two additional DMHAS community programs would benefit greatly, if not more so, from a similar statutory change — i.e., our Crisis Intervention Teams and our ASSIST Program. Crisis Intervention Teams consist of police and clinicians that are dispatched to assist persons experiencing psychiatric crises in the community, frequently resulting in the need to have the individual evaluated at an area hospital. Our ASSIST Program works through probation offices to help DMHAS clients who have become involved with the criminal justice system to stay out of jail. In both of these very successful programs we are once again faced with having to use or call the police if we think someone needs to be transported to the hospital for a psychiatric evaluation. It is a sad irony that these two programs— which are designed to keep persons with psychiatric disabilities out of jail— often result, instead, in their arrest during the subsequent intervention by the police officer. I understand that in drafting the bill some technical changes were made that changed the time that the clock starts to tick for when an individual is sent to a hospital for evaluation. The advocacy community will make a language suggestion for that part of this bill, and we would have no problem supporting that change.

- **S.B. 282, An Act Concerning the State Methadone Authority**

Methadone is the most highly regulated medication in the U.S. — The oversight of methadone, as well as other FDA-approved medications for the treatment of opioid dependence, is shared by several federal and state agencies. In Connecticut, DMHAS is the Single State Authority (SSA) for substance abuse prevention and treatment, as determined by the Governor. While the FDA previously treated such SSAs as the State Methadone Authority for their respective states, the federal Center for Substance Abuse Treatment, which took over regulation of these matters from the FDA, chose to leave it up to individual state governments to establish a State Methadone Authority. **S.B. 282** would designate DMHAS as the State Methadone Authority for Connecticut and codify its oversight responsibility for all opioid treatment programs that operate within the state in accordance with federal law, not just over those which are state-run.

It should be noted that the federal Center for Substance Abuse Treatment (CSAT) and other federal agencies place specific, important responsibilities and requirements on State Methadone Authorities — in particular, to approve federal certification of all opioid treatment programs operating in the state, to establish state regulations regarding the operation of such programs, to approve (along with CSAT) exceptions to the federal opioid treatment standards at individual case and program levels, and to review and monitor programs for compliance and quality of care.

The abuse of heroin, other opiate drugs and prescription opioid medications remains a primary challenge in Connecticut and throughout the Northeast. Because of the increasing use of

medication-assisted treatment for opioid withdrawal and maintenance treatment, combined with increased numbers of overdose incidents and deaths (due primarily to the diversion and misuse of methadone prescribed for pain management), there is heightened national attention focused on the oversight of opioid medications. Clearly defining the legal authority in statute and codifying the specific responsibilities of the State Methadone Authority are important to ensuring accountability for service delivery, client and public safety, and the increased utilization of this effective, evidence-based treatment. To that end, we support passage of S.B. 282, designating DMHAS as the State Methadone Authority for Connecticut.

- **S.B. 284, An Act Concerning Criminal History Background Checks for Persons Providing Services to Clients of the Department of Mental Health and Addiction Services**

This bill would codify current DMHAS practice which requires criminal history records checks, as well as checks of the Department of Children and Families' and Department of Developmental Services' abuse or neglect registries, for all persons who apply for employment (or for a volunteer position) with our department. Because DMHAS has its own agency police force, we have authority to conduct criminal background checks under C.G.S. Sec. 54-142k. However, in that the statute has undergone a number of changes over time, we seek to have our authority to do these checks spelled out in statute, as it is for the Department of Developmental Services and the Department of Children and Families.

We have had access to, and used, the FBI's National Crime Information Center (NCIC) database, and the State Police's Connecticut On-Line Law Enforcement Computer Terminal (COLLECT) database, for over a decade. Everyone using these databases in our department has gone through State Police certification training in order to use them and must recertify every three years. These databases allow us to do the kind of extensive criminal history checks that are necessary on the persons we hire who will be providing services to a vulnerable population. Accordingly, I ask your support of **S.B. 284.**

Thank you for the opportunity to address the Committee today on these four important bills. I would be happy to answer any questions you may have at this time.