



# House of Representatives

General Assembly

**File No. 584**

January Session, 2009

Substitute House Bill No. 6320

*House of Representatives, April 9, 2009*

The Committee on Public Health reported through REP. RITTER of the 38th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

**AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING SUBSTANCE ABUSE TREATMENT FOR ADULTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (j) of section 17a-451 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 2009*):

4 (j) The commissioner shall be responsible for developing and  
5 implementing the Connecticut comprehensive plan for prevention,  
6 treatment and reduction of alcohol and drug abuse problems to be  
7 known as the state substance abuse plan. Such plan shall include a  
8 mission statement, a vision statement and goals for providing  
9 treatment and recovery support services to adults with substance use  
10 disorders. The plan shall [include state-wide, long-term planning goals  
11 and objectives and annual revisions of objectives. In the development  
12 of the substance abuse plan the commissioner shall solicit and consider

13 the recommendations of the subregional planning and action councils  
14 established under section 17a-671] be developed by July 1, 2010, and  
15 thereafter shall be triennially updated by July first of the respective  
16 year. The commissioner shall develop such plan, mission statement, a  
17 vision statement and goals after consultation with: (1) The Connecticut  
18 Alcohol and Drug Policy Council established pursuant to section 17a-  
19 667; (2) the Criminal Justice Policy Advisory Commission established  
20 pursuant to section 18-87j; (3) the subregional planning and action  
21 councils established pursuant to section 17a-671; (4) clients and their  
22 families, including those involved with the criminal justice system; (5)  
23 treatment providers; and (6) other interested stakeholders. The  
24 commissioner shall submit a final draft of the plan to the Connecticut  
25 Alcohol and Drug Policy Council for review and comment. The plan  
26 shall outline the action steps, time frames and resources needed to  
27 meet specified goals and shall minimally address: (A) Access to  
28 services, both prior to and following admission to treatment; (B) the  
29 provision of comprehensive assessments to those requesting treatment,  
30 including individuals with co-occurring conditions; (C) quality of  
31 treatment services and promotion of research-based and evidence-  
32 based best practices and models; (D) an appropriate array of treatment  
33 and recovery services along with a sustained continuum of care; (E)  
34 outcome measures of specific treatment and recovery services in the  
35 overall system of care; (F) department policies and guidelines  
36 concerning recovery oriented care; and (G) provisions of the  
37 community reentry strategy concerning substance abuse treatment and  
38 recovery services needed by the offender population as developed by  
39 the Criminal Justice Policy and Planning Division within the Office of  
40 Policy and Management. The plan shall define measures and set  
41 benchmarks for the overall treatment system and for each state-  
42 operated program. Measures and benchmarks specified in the plan  
43 shall include, but not be limited to, the time required to receive  
44 substance abuse assessments and treatment services either from state  
45 agencies directly or through the private provider network funded by  
46 state agencies, the percentage of clients who should receive a treatment  
47 episode of ninety days or greater, treatment provision rates with

48 respect to those requesting treatment, connection to the appropriate  
49 level of care rates, treatment completion rates and treatment success  
50 rates as measured by improved client outcomes in the areas of  
51 substance use, employment, housing and involvement with the  
52 criminal justice system.

53 Sec. 2. Subsection (o) of section 17a-451 of the general statutes is  
54 repealed and the following is substituted in lieu thereof (*Effective*  
55 *October 1, 2009*):

56 (o) The commissioner shall establish uniform policies and  
57 procedures for collecting, standardizing, managing and evaluating  
58 data related to substance use, abuse and addiction programs  
59 administered by state agencies, state-funded community-based  
60 programs and the Judicial Branch, including, but not limited to: (1) The  
61 use of prevention, education, treatment and criminal justice services  
62 related to substance use, abuse and addiction; (2) client demographic  
63 and substance use, abuse and addiction information; and (3) the  
64 quality and cost effectiveness of substance use, abuse and addiction  
65 services. The commissioner shall, in consultation with the Secretary of  
66 the Office of Policy and Management, ensure that the Judicial Branch,  
67 all state agencies and state-funded community-based programs with  
68 substance use, abuse and addiction programs or services comply with  
69 such policies and procedures. Notwithstanding any other provision of  
70 the general statutes concerning confidentiality, the commissioner,  
71 within available appropriations, shall establish and maintain a central  
72 repository for such substance use, abuse and addiction program and  
73 service data from the Judicial Branch, state agencies and state-funded  
74 community-based programs administering substance use, abuse and  
75 addiction programs and services. The central repository shall not  
76 disclose any data that reveals the personal identification of any  
77 individual. The Connecticut Alcohol and Drug Policy Council  
78 established pursuant to section 17a-667 shall have access to the central  
79 repository for aggregate analysis. The commissioner shall submit a  
80 biennial report to the General Assembly, [in accordance with the  
81 provisions of section 11-4a,] the Office of Policy and Management and



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The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

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**OFA Fiscal Note**

**State Impact:** None

**Municipal Impact:** None

**Explanation**

The bill requires the Department of Mental Health and Addiction Services (DMHAS) to include benchmarks in the development and implementation of the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems (the state substance abuse plan). It also requires DMHAS to consult with various groups when developing the state substance abuse plan and to report on the progress of achieving the benchmarks. There is no fiscal impact associated with these requirements.

The bill also requires the Department of Public Health and DMHAS to implement dual licensure for behavioral health providers who provide both mental health and substance abuse services. This will not result in a fiscal impact to either agency.

**The Out Years**

**State Impact:** None

**Municipal Impact:** None

**OLR Bill Analysis****sHB 6320*****AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING SUBSTANCE ABUSE TREATMENT FOR ADULTS.*****SUMMARY:**

This bill (1) establishes specific topics, including benchmarks for state-operated programs, the Department of Mental Health and Addiction Services' (DMHAS) state substance abuse plan must address; (2) requires DMHAS to consult with various groups in developing the plan; and (3) requires DMHAS to report on progress in achieving those benchmarks.

It also requires the Public Health Department (DPH), by January 1, 2011, to implement dual licensure for behavioral health care providers who provide both mental health and substance abuse services. It must do this by amending its substance abuse treatment regulations in consultation with DMHAS. The bill appears to address separate DPH licensure regulations for freestanding mental health and substance abuse treatment facilities. But DPH also licenses other behavioral health care facilities (e.g., psychiatric hospitals) and individual professionals (e.g., psychologists and clinical social workers) that might provide both of these services.

EFFECTIVE DATE: July 1, 2009 for the plan changes, October 1, 2009 for reports on plan outcomes, and upon passage for the DPH regulatory requirement.

**STATE SUBSTANCE ABUSE PLAN*****Plan Development***

Current law requires DMHAS to develop a state substance abuse

plan for preventing, treating, and reducing alcohol and drug abuse includes statewide, long-term planning goals and objectives that are updated annually. The bill requires DMHAS to develop the plan by July 1, 2010 and then update it every three years.

Under current law, DMHAS must solicit and consider recommendations from the subregional substance abuse planning and action councils the law establishes. Under the bill, DMHAS must also consult with:

1. the Connecticut Alcohol and Drug Council (CADAC);
2. The Criminal Justice Policy Advisory Commission;
3. DMHAS clients and their families, including those in the criminal justice system;
4. treatment providers; and
5. other parties with interests in substance abuse disorders.

DMHAS must submit the final draft of the plan to CADAC for its review and comment.

### ***Plan Contents***

The bill requires the plan to contain mission and vision statements and goals for providing treatment and recovery support services to adults with substance abuse disorders. It requires the plan to outline the action steps, timeframes, and resources needed to meet specific goals. At a minimum, the plan must address:

1. access to service both before and after admission to treatment;
2. comprehensive assessments for anyone asking for treatment, including people with both substance abuse and mental health problems (i.e., co-occurring disorders);
3. treatment service quality and promotion of research- and evidence-based best practices;

4. an appropriate array of treatment and recovery services and a sustained continuum of care;
5. outcome measures for specific services in the overall system of care;
6. DMHAS policies and guidelines concerning recovery-oriented care; and
7. the community reentry strategy the Office of Policy and Management's (OPM) Criminal Justice Policy and Planning Division developed for substance abuse treatment and recovery services inmates need.

The bill requires the plan to define measures and set benchmarks for the overall treatment system and each state-operated program. These must include:

1. the time required to receive services either from state agencies or the private providers they fund,
2. the percentage of clients who should receive treatment for 90 days or more,
3. treatment rates for people who ask for treatment,
4. rates at which people are connected to the appropriate level of care,
5. treatment completion and success rates as measured by outcomes related to substance use, employment, housing, and involvement with the criminal justice system.

### ***Reporting Plan Results***

The law requires DMHAS to report to the legislature, OPM, and CADAC every two years on various aspects of the substance abuse treatment system. This report must include the effectiveness of services based on outcome measures. The bill requires the report also

to include the progress made in achieving the statewide plan's goals and benchmarks.

**COMMITTEE ACTION**

Program Review and Investigations Committee

Joint Favorable Substitute Change of Reference

Yea 11 Nay 0 (03/05/2009)

Public Health Committee

Joint Favorable Substitute

Yea 30 Nay 0 (03/26/2009)