



**Senate Bill No. 883**

**Public Act No. 11-215**

**AN ACT CONCERNING VARIOUS REVISIONS TO STATUTES CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.**

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

Section 1. Subsection (b) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(b) For the purposes of chapter [50] 48, the Department of Mental Health and Addiction Services shall be organized to promote comprehensive, client-based services in the areas of mental health treatment and substance abuse treatment and to ensure the programmatic integrity and clinical identity of services in each area. The department shall perform the functions of: Centralized administration, planning and program development; prevention and treatment programs and facilities, both inpatient and outpatient, for persons with psychiatric disabilities or persons with substance use disorders, or both; community mental health centers and community or regional programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both; training and education; and research and evaluation of programs and facilities providing services for persons with psychiatric

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disabilities or persons with substance use disorders, or both. The department shall include, but not be limited to, the following divisions and facilities or their successor facilities: The office of the Commissioner of Mental Health and Addiction Services; Capitol Region Mental Health Center; Connecticut Valley Hospital, including the [Acute Care] Addictions Division, the Whiting Forensic Division and the General Psychiatric Division of Connecticut Valley Hospital; the Connecticut Mental Health Center; [the Whiting Forensic Division;] Ribicoff Research Center; the Southwest Connecticut Mental Health System, including the Franklin S. DuBois Center and the Greater Bridgeport Community Mental Health Center; the Southeastern Mental Health Authority; River Valley Services; the Western Connecticut Mental Health Network; and any other state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, but shall not include those portions of such facilities transferred to the Department of Children and Families for the purpose of consolidation of children's services.

Sec. 2. Subsection (d) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(d) The Department of Mental Health and Addiction Services is designated as the lead state agency for substance abuse prevention and treatment in this state, and as such is designated as the state methadone authority. As the designated state methadone authority, the department is authorized by the federal Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services to exercise responsibility and authority for the treatment of opiate addiction with an opioid medication, and specifically for: (1) Approval of exceptions to federal opioid treatment

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protocols in accordance with the Center for Substance Abuse Treatment, (2) monitoring all opioid treatment programs in the state, and (3) approval of Center for Substance Abuse Treatment certification of all opioid treatment programs in the state. The Commissioner of Mental Health and Addiction Services [shall] may adopt regulations in accordance with chapter 54 to carry out the provisions of this subsection.

Sec. 3. Subsection (c) of section 17a-458 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(c) "State-operated facilities" means those hospitals or other facilities providing treatment for persons with psychiatric disabilities or for persons with substance use disorders, or both, which are operated in whole or in part by the Department of Mental Health and Addiction Services. Such facilities include, but are not limited to, the Capitol Region Mental Health Center, the Connecticut Valley Hospital, including the [Acute Care] Addictions Division, the Whiting Forensic Division and the General Psychiatric Division of Connecticut Valley Hospital, the Connecticut Mental Health Center, the Franklin S. DuBois Center, the Greater Bridgeport Community Mental Health Center and River Valley Services.

Sec. 4. Subsection (q) of section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(q) (1) The commissioner may make available to municipalities, nonprofit community organizations or self help groups any services, premises and property under the control of the Department of Mental Health and Addiction Services but shall be under no obligation to continue to make such property available in the event the department permanently vacates a facility. Such services, premises and property

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may be utilized by such municipalities, nonprofit community organizations or self help groups in any manner not inconsistent with the intended purposes for such services, premises and property. The Commissioner of Mental Health and Addiction Services shall submit to the Commissioner of Administrative Services any agreement for provision of services by the Department of Mental Health and Addiction Services to municipalities, nonprofit community organizations or self help groups for approval of such agreement prior to the provision of services pursuant to this subsection.

(2) The municipality, nonprofit community organization or self help group using any premises and property of the department shall be liable for any damage or injury which occurs on the premises and property and shall furnish to the Commissioner of Mental Health and Addiction Services proof of financial responsibility to satisfy claims for damages on account of any physical injury or property damage which may be suffered while the municipality, nonprofit community organization or self help group is using the premises and property of the department in such amount as the commissioner determines to be necessary. The state of Connecticut shall not be liable for any damage or injury sustained on the premises and property of the department while the premises and property are being utilized by any municipality, nonprofit community organization or self help group.

(3) The Commissioner of Mental Health and Addiction Services [shall] may adopt regulations, in accordance with chapter 54, to carry out the provisions of this subsection. As used in this subsection, "self help group" means a group of volunteers, approved by the commissioner, who offer peer support to each other in recovering from an addiction.

Sec. 5. Section 17a-485h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

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(a) The Commissioner of Mental Health and Addiction Services shall certify intermediate duration acute psychiatric care beds in general hospitals to provide inpatient mental health services for adults with serious and persistent mental illness.

(b) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to establish requirements for certification of intermediate duration acute psychiatric care beds in general hospitals and the process by which such beds shall be certified. In adopting such regulations, the commissioner shall consider the need for such beds.

(c) The commissioner shall implement policies and procedures to carry out the provisions of this section while in the process of adopting such policies and procedures in regulation form, provided notice of intent to adopt the regulations is published in the Connecticut Law Journal not later than twenty days after implementation. Such policies and procedures shall be valid until the time the final regulations are adopted.

Sec. 6. Subsection (c) of section 17a-485d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(c) The Commissioner of Social Services shall take such action as may be necessary to amend the Medicaid state plan to provide for coverage of optional adult rehabilitation services supplied by providers of mental health services or substance abuse rehabilitation services for adults with serious and persistent mental illness or who have alcoholism or other substance abuse conditions, that are certified by the Department of Mental Health and Addiction Services. [For the fiscal years ending June 30, 2004, and June 30, 2005, up to three million dollars in each such fiscal year of any moneys received by the state as federal reimbursement for optional Medicaid adult rehabilitation

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services shall be credited to the Community Mental Health Restoration subaccount within the account established under section 17a-485 and shall be available for use for the purposes of the subaccount.] The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, to implement optional rehabilitation services under the Medicaid program. The commissioner shall implement policies and procedures to administer such services while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal within forty-five days of implementation, and any such policies or procedures shall be valid until the time final regulations are effective.

Sec. 7. Section 17a-22aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

The Commissioner of Children and Families, in consultation with the Commissioner of Mental Health and Addiction Services, [and the Community Mental Health Strategy Board, established under section 17a-485b,] shall, within available appropriations, maintain the availability of flexible emergency funding for children with psychiatric disabilities who are not under the supervision of the Department of Children and Families.

Sec. 8. Subsection (a) of section 17a-485g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) On or before October 1, 2007, the Commissioner of Mental Health and Addiction Services, within available appropriations set forth in section 52 of public act 06-188, [and in consultation with the Community Mental Health Strategy Board established under section 17a-485b,] shall establish and implement (1) a pilot program for general pediatric, family medicine and geriatric health care

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professionals to improve their ability to identify, diagnose, refer and treat patients with mental illness, and (2) a pilot program of peer-counseling in the Division of the State Police.

Sec. 9. Subsection (a) of section 17b-263a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) On or before December 31, 2006, the Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services, [and the Community Mental Health Strategy Board, established under section 17a-485b,] shall take such action as is necessary to amend the Medicaid state plan to include assertive community treatment teams and community support services within the definition of optional adult rehabilitation services. Such community treatment teams shall provide intensive, integrated, multidisciplinary services to adults with severe psychiatric disabilities, including, but not limited to, persons who are homeless, persons diverted or discharged from in-patient programs or nursing homes and persons diverted or released from correctional facilities, or who are at risk of incarceration, and such teams shall provide intensive community care management through case managers, nurses and physicians and shall include, but not be limited to, vocational, peer and substance abuse specialists. The Commissioner of Social Services shall adopt regulations, in accordance with the provisions of chapter 54, for purposes of establishing the services specified in this subsection. The Commissioner of Social Services may implement policies and procedures for purposes of establishing such services while in the process of adopting such policies or procedures in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal no later than twenty days after implementation and any such policies and procedures shall be valid until the time the regulations are effective.

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Sec. 10. Subsection (a) of section 17b-602a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(a) The Department of Social Services, in consultation with the Department of Mental Health and Addiction Services, [and the Community Mental Health Strategy Board established under section 17a-485b,] may seek approval of an amendment to the state Medicaid plan or a waiver from federal law, whichever is sufficient and most expeditious, to establish and implement a Medicaid-financed home and community-based program to provide community-based services and, if necessary, housing assistance, to adults with severe and persistent psychiatric disabilities being discharged or diverted from nursing home residential care.

Sec. 11. Subsection (e) of section 38a-1041 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2011*):

(e) On or before October 1, 2005, the Managed Care Ombudsman [, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b,] shall establish a process to provide ongoing communication among mental health care providers, patients, state-wide and regional business organizations, managed care companies and other health insurers to assure: (1) Best practices in mental health treatment and recovery; (2) compliance with the provisions of sections 38a-476a, 38a-476b, 38a-488a and 38a-489; and (3) the relative costs and benefits of providing effective mental health care coverage to employees and their families. On or before January 1, 2006, and annually thereafter, the Healthcare Advocate shall report, in accordance with the provisions of section 11-4a, on the implementation of this subsection to the joint standing committees of the General Assembly having cognizance of matters relating to public health and insurance.

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Sec. 12. Sections 17a-453a, 17a-453b, 17a-458b, 17a-458c, 17a-458d, 17a-485, 17a-485a and 17a-485b of the general statutes are repealed.  
(Effective October 1, 2011)

Approved July 13, 2011