



House of Representatives

General Assembly

File No. 79

February Session, 2012

Substitute House Bill No. 5064

House of Representatives, March 22, 2012

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

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.

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

1 Section 1. Section 17a-451 of the 2012 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective October 1, 2012*):

4 (a) The Commissioner of Mental Health and Addiction Services
5 shall be a qualified person with a masters degree or higher in a health-
6 related field and at least ten years' experience in hospital, health,
7 mental health or substance abuse administration.

8 (b) The commissioner shall be the executive head of the Department
9 of Mental Health and Addiction Services.

10 (c) The commissioner shall prepare and issue regulations for the
11 administration and operation of the Department of Mental Health and
12 Addiction Services, and all state-operated facilities and community

13 programs providing care for persons with psychiatric disabilities or
14 persons with substance use disorders, or both.

15 (d) The commissioner shall coordinate the community programs
16 receiving state funds with programs of state-operated facilities for the
17 treatment of persons with psychiatric disabilities or persons with
18 substance use disorders, or both. In the event of the death of a person
19 with psychiatric disabilities, who is receiving inpatient behavioral
20 health care services from a Department of Mental Health and
21 Addiction Services operated facility, the commissioner shall report
22 such death to the director of the Office of Protection and Advocacy for
23 Persons with Disabilities not later than thirty days after the date of the
24 death of such person.

25 (e) The commissioner shall collaborate and cooperate with other
26 state agencies providing services for [mentally disordered] children
27 with mental disorders and adults with psychiatric disabilities or
28 persons with substance use disorders, or both, and shall coordinate the
29 activities of the Department of Mental Health and Addiction Services
30 with the activities of said agencies.

31 (f) (1) The commissioner shall establish and enforce standards and
32 policies for the care and treatment of persons with psychiatric
33 disabilities or persons with substance use disorders, or both, in public
34 and private facilities that are consistent with other health care
35 standards and may make any inquiry, investigation or examination of
36 records of such facilities as may be necessary for the purpose of
37 investigating the occurrence of any serious injury or unexpected death
38 involving any person who has within one year of such occurrence
39 received services for the care and treatment of such disabilities from a
40 state-operated facility or a community program receiving state funds.
41 (2) The findings of any such inquiry, investigation or examination of
42 records conducted pursuant to this subsection shall not be subject to
43 disclosure pursuant to section 1-210, nor shall such findings be subject
44 to discovery or introduction into evidence in any civil action arising
45 out of such serious injury or unexpected death. (3) Except as to the

46 finding provided in subdivision (2) of this subsection, nothing in this
47 subsection shall be construed as restricting disclosure of the
48 confidential communications or records upon which such findings are
49 based, where such disclosure is otherwise provided for by law.

50 (g) The commissioner shall establish and direct research, training,
51 and evaluation programs.

52 (h) The commissioner shall develop a state-wide plan for the
53 development of mental health services which identifies needs and
54 outlines procedures for meeting these needs.

55 (i) The commissioner shall be responsible for the coordination of all
56 activities in the state relating to substance use disorders and treatment,
57 including activities of the Departments of Children and Families,
58 Correction, Public Health, Social Services and Veterans' Affairs, the
59 Judicial Branch and any other department or entity providing services
60 to persons with substance use disorders.

61 (j) The commissioner shall be responsible for developing and
62 implementing the Connecticut comprehensive plan for prevention,
63 treatment and reduction of alcohol and drug abuse problems to be
64 known as the state substance abuse plan. Such plan shall include a
65 mission statement, a vision statement and goals for providing
66 treatment and recovery support services to adults with substance use
67 disorders. The plan shall be developed by July 1, 2010, and thereafter
68 shall be triennially updated by July first of the respective year. The
69 commissioner shall develop such plan, mission statement, a vision
70 statement and goals after consultation with: (1) The Connecticut
71 Alcohol and Drug Policy Council established pursuant to section 17a-
72 667, as amended by this act; (2) the Criminal Justice Policy Advisory
73 Commission established pursuant to section 18-87j; (3) the subregional
74 planning and action councils established pursuant to section 17a-671;
75 (4) clients and their families, including those involved with the
76 criminal justice system; (5) treatment providers; and (6) other
77 interested stakeholders. [The commissioner shall submit a final draft of
78 the plan to the Connecticut Alcohol and Drug Policy Council for

79 review and comment.] The plan shall outline the action steps, time
80 frames and resources needed to meet specified goals and shall
81 minimally address: (A) Access to services, both prior to and following
82 admission to treatment; (B) the provision of comprehensive
83 assessments to those requesting treatment, including individuals with
84 co-occurring conditions; (C) quality of treatment services and
85 promotion of research-based and evidence-based best practices and
86 models; (D) an appropriate array of prevention, treatment and
87 recovery services along with a sustained continuum of care; (E)
88 outcome measures of specific treatment and recovery services in the
89 overall system of care; (F) department policies and guidelines
90 concerning recovery oriented care; and (G) provisions of the
91 community reentry strategy concerning substance abuse treatment and
92 recovery services needed by the offender population as developed by
93 the Criminal Justice Policy and Planning Division within the Office of
94 Policy and Management. The plan shall define measures and set
95 benchmarks for the overall treatment system and for each state-
96 operated program. Measures and benchmarks specified in the plan
97 shall include, but not be limited to, the time required to receive
98 substance abuse assessments and treatment services either from state
99 agencies directly or through the private provider network funded by
100 state agencies, the percentage of clients who should receive a treatment
101 episode of ninety days or greater, treatment provision rates with
102 respect to those requesting treatment, connection to the appropriate
103 level of care rates, treatment completion rates and treatment success
104 rates as measured by improved client outcomes in the areas of
105 substance use, employment, housing and involvement with the
106 criminal justice system.

107 (k) The commissioner shall prepare a consolidated budget request
108 for the operation of the Department of Mental Health and Addiction
109 Services.

110 (l) The commissioner shall appoint professional, technical and other
111 personnel necessary for the proper discharge of the commissioner's
112 duties, subject to the provisions of chapter 67.

113 (m) The commissioner shall from time to time adjust the geographic
114 territory to be served by the facilities and programs under the
115 commissioner's jurisdiction.

116 (n) The commissioner shall specify uniform methods of keeping
117 statistical information by public and private agencies, organizations
118 and individuals, including a client identifier system, and collect and
119 make available relevant statistical information, including the number
120 of persons treated, demographic and clinical information about such
121 persons, frequency of admission and readmission, frequency and
122 duration of treatment, level or levels of care provided and discharge
123 and referral information. The commissioner shall also require all
124 facilities that provide prevention or treatment of alcohol or drug abuse
125 or dependence that are operated or funded by the state or licensed
126 under sections 19a-490 to 19a-503, inclusive, as amended by this act, to
127 implement such methods. The commissioner shall report any licensed
128 facility that fails to report to the licensing authority. The client
129 identifier system shall be subject to the confidentiality requirements set
130 forth in section 17a-688 and regulations adopted thereunder.

131 (o) The commissioner shall establish uniform policies and
132 procedures for collecting, standardizing, managing and evaluating
133 data related to substance use, abuse and addiction programs
134 administered by state agencies, state-funded community-based
135 programs and the Judicial Branch, including, but not limited to: (1) The
136 use of prevention, education, treatment and criminal justice services
137 related to substance use, abuse and addiction; (2) client demographic
138 and substance use, abuse and addiction information, including trends
139 and risk factors associated with substance abuse; and (3) the quality
140 and cost effectiveness of substance use, abuse and addiction services
141 based upon outcome measures. The commissioner shall, in
142 consultation with the Secretary of the Office of Policy and
143 Management, ensure that the Judicial Branch, all state agencies and
144 state-funded community-based programs with substance use, abuse
145 and addiction programs or services comply with such policies and
146 procedures. Notwithstanding any other provision of the general

147 statutes concerning confidentiality, the commissioner, within available
148 appropriations, shall establish and maintain a central repository for
149 such substance use, abuse and addiction program and service data
150 from the Judicial Branch, state agencies and state-funded community-
151 based programs administering substance use, abuse and addiction
152 programs and services. The central repository shall not disclose any
153 data that reveals the personal identification of any individual. The
154 Connecticut Alcohol and Drug Policy Council established pursuant to
155 section 17a-667, as amended by this act, shall have access to the central
156 repository for aggregate analysis. [The commissioner shall submit a
157 biennial report to the General Assembly, the Office of Policy and
158 Management and the Connecticut Alcohol and Drug Policy Council in
159 accordance with the provisions of section 11-4a. The report shall
160 include, but need not be limited to, a summary of: (A) Client and
161 patient demographic information; (B) trends and risk factors associated
162 with alcohol and drug use, abuse and dependence; (C) effectiveness of
163 services based on outcome measures; (D) progress made in achieving
164 the measures, benchmarks and goals established in the state substance
165 abuse plan, developed and implemented in accordance with
166 subsection (j) of this section; and (E) a state-wide cost analysis.] The
167 commissioner shall include a summary of the data maintained in the
168 central repository in the state substance abuse plan developed in
169 accordance with subsection (j) of this section.

170 (p) The commissioner may contract for services to be provided for
171 the department or by the department for the prevention of mental
172 illness or substance abuse in persons, as well as other mental health or
173 substance abuse services described in section 17a-478 and shall consult
174 with providers of such services in developing methods of service
175 delivery.

176 (q) (1) The commissioner may make available to municipalities,
177 nonprofit community organizations or self help groups any services,
178 premises and property under the control of the Department of Mental
179 Health and Addiction Services but shall be under no obligation to
180 continue to make such property available in the event the department

181 permanently vacates a facility. Such services, premises and property
182 may be utilized by such municipalities, nonprofit community
183 organizations or self help groups in any manner not inconsistent with
184 the intended purposes for such services, premises and property. The
185 Commissioner of Mental Health and Addiction Services shall submit
186 to the Commissioner of Administrative Services any agreement for
187 provision of services by the Department of Mental Health and
188 Addiction Services to municipalities, nonprofit community
189 organizations or self help groups for approval of such agreement prior
190 to the provision of services pursuant to this subsection.

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

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

209 (r) The commissioner shall prepare an annual report for the
210 Governor.

211 (s) The commissioner shall perform all other duties which are
212 necessary and proper for the operation of the department.

213 (t) The commissioner may direct clinical staff at Department of
214 Mental Health and Addiction Services facilities or in crisis intervention
215 programs funded by the department who are providing treatment to a
216 patient to request disclosure, to the extent allowed under state and
217 federal law, of the patient's record of previous treatment in order to
218 accomplish the objectives of diagnosis, treatment or referral of the
219 patient. If the clinical staff in possession of the requested record
220 determines that disclosure would assist the accomplishment of the
221 objectives of diagnosis, treatment or referral, the record may be
222 disclosed, to the extent allowed under state and federal law, to the
223 requesting clinical staff without patient consent. Records disclosed
224 shall be limited to records maintained at department facilities or crisis
225 intervention programs funded by the department. The Commissioner
226 of Mental Health and Addiction Services shall adopt regulations in
227 accordance with chapter 54 to administer the provisions of this
228 subsection and to ensure maximum safeguards of patient
229 confidentiality.

230 (u) The commissioner shall adopt regulations to establish a fair
231 hearing process which provides the right to appeal final
232 determinations of the Department of Mental Health and Addiction
233 Services or of its grantee agencies as determined by the commissioner
234 regarding: The nature of denial, involuntary reduction or termination
235 of services. Such hearings shall be conducted in accordance with the
236 provisions of chapter 54, after a person has exhausted the department's
237 established grievance procedure. Any matter which falls within the
238 jurisdiction of the Psychiatric Security Review Board under sections
239 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of
240 this section. Any person receiving services from a Department of
241 Mental Health and Addiction Services facility or a grantee agency
242 determined by the commissioner to be subject to this subsection and
243 who is aggrieved by a violation of sections 17a-540 to 17a-549,
244 inclusive, may elect to either use the procedure specified in this
245 subsection or file for remedies under section 17a-550.

246 (v) The commissioner may designate a deputy commissioner to sign

247 any contract, agreement or settlement on behalf of the Department of
248 Mental Health and Addiction Services.

249 (w) Notwithstanding the provisions of section 17b-90, chapter 899
250 and to the extent permitted by federal law, in order to monitor and
251 improve the quality of targeted case management services provided by
252 the Department of Mental Health and Addiction Services and funded
253 by the Medicaid program, the Commissioner of Mental Health and
254 Addiction Services may enter into a memorandum of understanding
255 with the Commissioner of Social Services that allows for the sharing of
256 information concerning admissions to short-term acute care general
257 hospitals and receipt of inpatient services by clients of the Department
258 of Mental Health and Addiction Services who reside and receive
259 services in the community and who receive medical benefits under the
260 Medicaid program.

261 Sec. 2. Section 17a-667 of the general statutes is repealed and the
262 following is substituted in lieu thereof (*Effective October 1, 2012*):

263 (a) There is established a Connecticut Alcohol and Drug Policy
264 Council which shall be within the Office of Policy and Management for
265 administrative purposes only.

266 (b) The council shall consist of the following members: (1) The
267 Secretary of the Office of Policy and Management, or the secretary's
268 designee; (2) the Commissioners of Children and Families, Consumer
269 Protection, Correction, Education, Higher Education, Mental Health
270 and Addiction Services, Motor Vehicles, Public Health, [Public Safety]
271 Emergency Services and Public Protection, Social Services and
272 Transportation and the Insurance Commissioner, or their designees;
273 (3) the Chief Court Administrator, or the Chief Court Administrator's
274 designee; (4) the chairperson of the Board of Pardons and Paroles, or
275 the chairperson's designee; (5) the Chief State's Attorney, or the Chief
276 State's Attorney's designee; (6) the Chief Public Defender, or the Chief
277 Public Defender's designee; and (7) the cochairpersons and ranking
278 members of the joint standing committees of the General Assembly
279 having cognizance of matters relating to public health, criminal justice

280 and appropriations, or their designees. The Commissioner of Mental
281 Health and Addiction Services and the Commissioner of Children and
282 Families shall be cochairpersons of the council. The Office of Policy
283 and Management shall, within available appropriations, provide staff
284 for the council.

285 (c) The council shall review policies and practices of individual
286 agencies and the Judicial Department concerning substance abuse
287 treatment programs, substance abuse prevention services, the referral
288 of persons to such programs and services, and criminal justice
289 sanctions and programs and shall develop and coordinate a state-wide,
290 interagency, integrated plan for such programs and services and
291 criminal sanctions. [On or before January fifteenth of each year, the
292 council shall submit a report to the Governor and the General
293 Assembly that evaluates the plan and recommends any proposed
294 changes thereto. In the report submitted on or before January 15, 1998,
295 the council shall report on the progress made by state agencies in
296 implementing the recommendations of its predecessor, the
297 Connecticut Alcohol and Drug Policy Council established by Executive
298 Order Number 11A, set forth in its initial report dated February 25,
299 1997.] The Commissioner of Mental Health and Addiction Services
300 shall include an evaluation of the council's plan and recommendations
301 for any proposed changes to the council's plan in the state substance
302 abuse plan developed in accordance with subsection (j) of section 17a-
303 451, as amended by this act.

304 Sec. 3. Subsection (b) of section 19a-490h of the general statutes is
305 repealed and the following is substituted in lieu thereof (*Effective*
306 *October 1, 2012*):

307 (b) Each such hospital shall establish protocols for screening
308 patients for alcohol and substance abuse. [and shall annually submit to
309 the Department of Mental Health and Addiction Services a copy of
310 such protocols and a report on their implementation.]

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2012	17a-451
Sec. 2	October 1, 2012	17a-667
Sec. 3	October 1, 2012	19a-490h(b)

Statement of Legislative Commissioners:

In section 2(c), "commissioner" was changed to "Commissioner of Mental Health and Addiction Services" for clarity and accuracy.

PH *Joint Favorable Subst.-LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: None

Municipal Impact: None

Explanation

The bill makes changes to the Department of Mental Health and Addiction Services' (DMHAS) reporting requirements, as well as makes other technical and conforming changes that have no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sHB 5064*****AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.*****SUMMARY:**

This bill changes Department of Mental Health and Addition Services' (DMHAS) reporting requirements by (1) combining certain reports with its triennial state substance abuse plan and (2) eliminating the requirement that hospitals annually send to DMHAS protocols they use to screen patients for alcohol and substance abuse.

The bill also makes technical and conforming changes.

EFFECTIVE DATE: October 1, 2012.

STATE SUBSTANCE ABUSE PLAN

Current law requires DMHAS to develop a state substance abuse plan for preventing, treating, and reducing alcohol and drug abuse that includes statewide, long-term planning goals and objectives. The first plan was developed in 2010 and must be updated every three years. The bill deletes an obsolete provision requiring the commissioner to submit the original plan's final draft to the Connecticut Alcohol and Drug Policy Council (CADPC) for review and comment.

The bill also specifies that the plan must address an appropriate array of prevention services, in addition to treatment and recovery services and a sustained continuum of care as required by current law.

Connecticut Alcohol and Drug Policy Council Statewide Plan

The bill eliminates the requirement that the CADPC annually submit an evaluation of its statewide plan on substance abuse

treatment and prevention programs and any proposed changes to the governor and legislature. It instead requires the DMHAS commissioner to evaluate the council's plan and recommendations and include this information in the state substance abuse plan.

DMHAS Data Repository of Substance Abuse Programs

The bill requires the state substance abuse plan to include a summary of DMHAS' data repository of substance abuse programs administered by state agencies (including the Judicial Branch) and state-funded community based programs. The summary must include (1) client demographic information, (2) substance abuse trends and risk factors, and (3) the effectiveness of services based on outcome measures. It eliminates the existing requirement that the DMHAS commissioner report this information every two years to the legislature, the Office of Policy and Management, and CADPC in a separate report.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 25 Nay 0 (03/09/2012)