



House of Representatives

General Assembly

File No. 125

January Session, 2013

Substitute House Bill No. 6392

House of Representatives, March 25, 2013

The Committee on Public Health reported through REP. JOHNSON of the 49th 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 Section 17a-451 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

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

9 (c) The commissioner shall prepare and issue regulations for the
10 administration and operation of the Department of Mental Health and
11 Addiction Services, and all state-operated facilities and community
12 programs providing care for persons with psychiatric disabilities or

13 persons with substance use disorders, or both.

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

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

30 (f) (1) The commissioner shall establish and enforce standards and
31 policies for the care and treatment of persons with psychiatric
32 disabilities or persons with substance use disorders, or both, in public
33 and private facilities that are consistent with other health care
34 standards and may make any inquiry, investigation or examination of
35 records of such facilities as may be necessary for the purpose of
36 investigating the occurrence of any serious injury or unexpected death
37 involving any person who has within one year of such occurrence
38 received services for the care and treatment of such disabilities from a
39 state-operated facility or a community program receiving state funds.

40 (2) The findings of any such inquiry, investigation or examination of
41 records conducted pursuant to this subsection shall not be subject to
42 disclosure pursuant to section 1-210, nor shall such findings be subject
43 to discovery or introduction into evidence in any civil action arising
44 out of such serious injury or unexpected death. (3) Except as to the
45 finding provided in subdivision (2) of this subsection, nothing in this

46 subsection shall be construed as restricting disclosure of the
47 confidential communications or records upon which such findings are
48 based, where such disclosure is otherwise provided for by law.

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

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

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

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

79 frames and resources needed to meet specified goals and shall,
80 [minimally] at a minimum, address: (A) Access to services, both prior
81 to and following admission to treatment; (B) the provision of
82 comprehensive assessments to those requesting treatment, including
83 individuals with co-occurring conditions; (C) quality of treatment
84 services and promotion of research-based and evidence-based best
85 practices and models; (D) an appropriate array of prevention,
86 treatment and recovery services along with a sustained continuum of
87 care; (E) outcome measures of specific treatment and recovery services
88 in the overall system of care; (F) department policies and guidelines
89 concerning [recovery oriented] recovery-oriented care; [and] (G)
90 provisions of the community reentry strategy concerning substance
91 abuse treatment and recovery services needed by the offender
92 population as developed by the Criminal Justice Policy and Planning
93 Division within the Office of Policy and Management; (H) an
94 evaluation of the Connecticut Alcohol and Drug Policy Council's plan
95 described in section 17a-667, as amended by this act, and any
96 recommendations for changes to such plan; and (I) a summary of data
97 maintained in the central repository, described in subsection (o) of this
98 section. The plan shall define measures and set benchmarks for the
99 overall treatment system and for each state-operated program.
100 Measures and benchmarks specified in the plan shall include, but not
101 be limited to, the time required to receive substance abuse assessments
102 and treatment services either from state agencies directly or through
103 the private provider network funded by state agencies, the percentage
104 of clients who should receive a treatment episode of ninety days or
105 greater, treatment provision rates with respect to those requesting
106 treatment, connection to the appropriate level of care rates, treatment
107 completion rates and treatment success rates as measured by improved
108 client outcomes in the areas of substance use, employment, housing
109 and involvement with the criminal justice system.

110 (k) The commissioner shall prepare a consolidated budget request
111 for the operation of the Department of Mental Health and Addiction
112 Services.

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

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

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

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

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

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] self-help groups any
178 services, premises and property under the control of the Department of
179 Mental Health and Addiction Services but shall be under no obligation

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

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

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

212 (r) The commissioner shall prepare an annual report for the

213 Governor.

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

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

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

246 who is aggrieved by a violation of sections 17a-540 to 17a-549,
247 inclusive, may elect to either use the procedure specified in this
248 subsection or file for remedies under section 17a-550.

249 (v) The commissioner may designate a deputy commissioner to sign
250 any contract, agreement or settlement on behalf of the Department of
251 Mental Health and Addiction Services.

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

264 Sec. 2. Section 17a-667 of the general statutes is repealed and the
265 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

269 (b) The council shall consist of the following members: (1) The
270 Secretary of the Office of Policy and Management, or the secretary's
271 designee; (2) the Commissioners of Children and Families, Consumer
272 Protection, Correction, Education, Higher Education, Mental Health
273 and Addiction Services, Motor Vehicles, Public Health, [Public Safety]
274 Emergency Services and Public Protection, Social Services and
275 Transportation and the Insurance Commissioner, or their designees;
276 (3) the Chief Court Administrator, or the Chief Court Administrator's
277 designee; (4) the chairperson of the Board of Pardons and Paroles, or

278 the chairperson's designee; (5) the Chief State's Attorney, or the Chief
279 State's Attorney's designee; (6) the Chief Public Defender, or the Chief
280 Public Defender's designee; and (7) the cochairpersons and ranking
281 members of the joint standing committees of the General Assembly
282 having cognizance of matters relating to public health, criminal justice
283 and appropriations, or their designees. The Commissioner of Mental
284 Health and Addiction Services and the Commissioner of Children and
285 Families shall be cochairpersons of the council. The Office of Policy
286 and Management shall, within available appropriations, provide staff
287 for the council.

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

303 Sec. 3. Subsection (b) of section 19a-490h of the general statutes is
304 repealed and the following is substituted in lieu thereof (*Effective July*
305 *1, 2013*):

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	17a-451
Sec. 2	<i>July 1, 2013</i>	17a-667
Sec. 3	<i>July 1, 2013</i>	19a-490h(b)

Statement of Legislative Commissioners:

In section 1(o)(2), the phrase "substance abuse" was changed to "substance use, abuse and addiction" for internal consistency.

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 and makes other technical changes that have no fiscal impact.

The Out Years**State Impact:** None**Municipal Impact:** None

OLR Bill Analysis**sHB 6392*****AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.*****SUMMARY:**

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

The bill also makes technical changes.

EFFECTIVE DATE: July 1, 2013

STATE SUBSTANCE ABUSE PLAN

The 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 use, abuse, and addiction 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 28 Nay 0 (03/11/2013)