



House of Representatives

General Assembly

File No. 146

February Session, 2014

Substitute House Bill No. 5145

House of Representatives, March 27, 2014

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 VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' STATUTES.

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

1 Section 1. Subsection (n) of section 17a-451 of the 2014 supplement
2 to the general statutes is repealed and the following is substituted in
3 lieu thereof (*Effective October 1, 2014*):

4 (n) (1) The commissioner shall specify uniform methods of keeping
5 statistical information by: [public] (A) Public and private agencies,
6 including agencies that operate institutions, as defined in section 19a-
7 490, that provide care or treatment for psychiatric disabilities, alcohol
8 or drug abuse or dependence, whether or not such agencies are
9 operated or funded by the state; and (B) other organizations and
10 individuals. [, including] Such methods shall include those for creating
11 and maintaining a client identifier system. [, and] Such agencies,
12 organizations and individuals shall collect and make available relevant
13 statistical information, including the number of persons treated,
14 demographic and clinical information about such persons, frequency

15 of admission and readmission, frequency and duration of treatment,
16 level or levels of care provided and discharge and referral information.
17 [The commissioner shall also require all facilities that provide
18 prevention or treatment of alcohol or drug abuse or dependence that
19 are operated or funded by the state or licensed under sections 19a-490
20 to 19a-503, inclusive, to implement such methods.]

21 (2) Such agencies, organizations and individuals shall, upon the
22 request of the commissioner, report the information described in
23 subdivision (1) of this subsection to the department in the form and
24 manner prescribed by the commissioner. The commissioner shall
25 report any [licensed facility] agency that operates a licensed institution
26 that fails to report information as requested by the commissioner to the
27 Department of Public Health or other licensing authority.

28 (3) The information contained in any client identifier system, as
29 described in this subsection, shall be subject to the confidentiality
30 requirements set forth in [section] sections 17a-688 and 52-146g and
31 regulations adopted thereunder.

32 Sec. 2. Section 17a-468a of the general statutes is repealed and the
33 following is substituted in lieu thereof (*Effective October 1, 2014*):

34 The Commissioner of Mental Health and Addiction Services may,
35 within available appropriations, provide housing subsidies to persons
36 receiving services from the Department of Mental Health and
37 Addiction Services who [require supervised living arrangements]
38 qualify for supportive housing in accordance with section 17a-485c.
39 The commissioner may allow an agency that distributes such housing
40 subsidies on behalf of the department to utilize any unexpended
41 moneys that remain at the end of the fiscal year to provide housing
42 subsidies to eligible persons in the subsequent fiscal year.

43 Sec. 3. Section 17a-479 of the general statutes is repealed and the
44 following is substituted in lieu thereof (*Effective October 1, 2014*):

45 (a) The [purpose] purposes of the mental health regions shall be to

46 establish a system of regionalized services for care and treatment of
47 persons with psychiatric disabilities; to provide other community
48 mental health services for the maintenance of mental health and the
49 prevention of psychiatric disabilities in addition to those services
50 already available; [] to recommend contracts to be made by the
51 Commissioner of Mental Health and Addiction Services for services
52 from providers of mental health services, including private agencies
53 and other state or municipal agencies; and to provide or arrange for
54 grants for demonstration and pilot programs, research, education and
55 training.

56 (b) A person receiving services from the Department of Mental
57 Health and Addiction Services may receive services outside the region
58 in which such person resides.

59 Sec. 4. Section 17a-486 of the general statutes is repealed and the
60 following is substituted in lieu thereof (*Effective October 1, 2014*):

61 (a) Prior to the arraignment of a person charged [solely] with the
62 commission of a misdemeanor or felony, the Department of Mental
63 Health and Addiction Services shall, to the maximum extent possible
64 within the limits of available appropriations, with the consent of the
65 arrested person, cause a clinical assessment to be performed of any
66 person who has previously received mental health services or
67 treatment for substance abuse from the department or who would
68 reasonably benefit from such services to determine whether such
69 person should be referred for community-based mental health
70 services. If the person is determined to be in need of such services and
71 is willing to accept the services offered, the court shall be informed of
72 the result of the assessment and the recommended treatment plan for
73 consideration by the court in the disposition of the criminal case.

74 (b) Notwithstanding the provisions of section 52-146e, the
75 Commissioner of Mental Health and Addiction Services may disclose
76 to the person conducting the clinical assessment described in
77 subsection (a) of this section information indicating whether or not the
78 arrested person has received services from the Department of Mental

79 Health and Addiction Services.

80 Sec. 5. Section 17a-694 of the general statutes is repealed and the
81 following is substituted in lieu thereof (*Effective October 1, 2014*):

82 (a) The Commissioner of Mental Health and Addiction Services or
83 [his] the commissioner's designee shall appoint one or more clinical
84 examiners to conduct examinations for alcohol or drug dependency
85 ordered pursuant to the provisions of section 17a-693. Each examiner
86 shall be authorized by the department to conduct independent
87 evaluations.

88 (b) (1) The examiner shall determine whether the person being
89 examined was an alcohol-dependent or drug-dependent person at the
90 time of the crime. The commissioner shall disclose to the examiner
91 information contained in the Department of Mental Health and
92 Addiction Service's database concerning the date that the person
93 received treatment for alcohol or drug dependence, if at all, and the
94 location where such treatment was provided, for the purpose of
95 allowing the examiner to request a release of treatment information
96 from the department for the person.

97 (2) If such person is determined to have been dependent on alcohol
98 or drugs, the examiner shall further determine [(1)] (A) the history and
99 pattern of the dependency, and [(2)] (B) whether the person presently
100 needs and is likely to benefit from treatment for the dependency. If the
101 examiner determines that the person presently needs and is likely to
102 benefit from treatment, [he] the examiner shall recommend treatment
103 and state the date when space will be available in an appropriate
104 treatment program, provided such date shall not be more than forty-
105 five days from the date of the examination report. A recommendation
106 for treatment shall include provisions for appropriate placement and
107 the type and length of treatment and may include provisions for
108 outpatient treatment.

109 (c) The examiner shall prepare and sign, without notarization, a
110 written examination report and deliver it to the court, the Court

111 Support Services Division, the state's attorney and defense counsel no
112 later than thirty days after the examination was ordered. An
113 examination report ordered pursuant to this section and section 17a-
114 693 shall otherwise be confidential and not open to public inspection
115 or subject to disclosure.

116 (d) No statement made by the person in the course of an
117 examination under the provisions of this section may be admitted in
118 evidence on the issue of guilt in a criminal proceeding concerning the
119 person.

120 Sec. 6. Section 17a-456 of the general statutes is repealed and the
121 following is substituted in lieu thereof (*Effective October 1, 2014*):

122 There shall be a Board of Mental Health and Addiction Services that
123 shall consist of: (1) Nineteen members appointed by the Governor,
124 subject to the provisions of section 4-9a, five of whom shall have had
125 experience in the field of substance abuse, five of whom shall be from
126 the mental health community, three of whom shall be physicians
127 licensed to practice medicine in this state who have had experience in
128 the field of psychiatry, two of whom shall be psychologists licensed to
129 practice in this state, two of whom shall be persons representing
130 families of individuals with psychiatric disabilities, and two of whom
131 shall be persons representing families of individuals recovering from
132 substance abuse problems; (2) the chairmen of the regional mental
133 health boards established pursuant to section 17a-484; (3) one designee
134 of each such board; (4) two designees from each of the five subregions
135 represented by the substance abuse subregional planning and action
136 councils established pursuant to section 17a-671; (5) one designee from
137 each mental health region established pursuant to section 17a-478, each
138 of whom shall represent individuals with psychiatric disabilities,
139 selected by such regional mental health boards in collaboration with
140 advocacy groups; and (6) one designee from each of the five
141 subregions represented by such substance abuse subregional planning
142 and action councils, each of whom shall represent individuals
143 recovering from substance abuse problems, selected by such substance

144 abuse subregional planning and action councils in collaboration with
 145 advocacy groups. The members of the board shall serve without
 146 compensation except for necessary expenses incurred in performing
 147 their duties. The members of the board may include representatives of
 148 nongovernment organizations or groups, and of state agencies,
 149 concerned with planning, operation or utilization of facilities
 150 providing mental health and substance abuse services, including
 151 consumers and providers of such services who are familiar with the
 152 need for such services, except that no more than half of the members of
 153 the board shall be providers of such services. Appointed members
 154 shall serve on the board for terms of four years each and members who
 155 are designees shall serve on the board at the pleasure of the
 156 designating authority. No appointed member of the board shall be
 157 employed by the state or be a member of the staff of any institution for
 158 which such member's compensation is paid wholly by the state. [No
 159 appointed member may serve more than two successive terms plus the
 160 balance of any unexpired term to which such member has been
 161 appointed.] A majority of the board shall constitute a quorum.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	17a-451(n)
Sec. 2	October 1, 2014	17a-468a
Sec. 3	October 1, 2014	17a-479
Sec. 4	October 1, 2014	17a-486
Sec. 5	October 1, 2014	17a-694
Sec. 6	October 1, 2014	17a-456

Statement of Legislative Commissioners:

In section 1(n)(2), "agency that operates a licensed" was inserted after "report any", for clarity and internal consistency and in section 3(a), "purpose" was changed to "purposes" for accuracy and correct grammar.

PH *Joint Favorable Subst.*

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:

Agency Affected	Fund-Effect	FY 15 \$	FY 16 \$
Mental Health & Addiction Serv., Dept.	GF - Potential Cost	See Below	See Below

Municipal Impact: None

Explanation

The bill could result in a cost associated with allowing funding, that would otherwise lapse, to be utilized to provide housing subsidies in the subsequent fiscal year. While the Department of Mental Health and Addiction Services (DMHAS) has historically made this funding available to private providers, the Auditors of Public Accounts raised concerns about such a fiscal process. The provisions of the bill explicitly allow this practice.

The bill makes other clarifying and conforming changes, which have no fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sHB 5145*****AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' STATUTES.*****SUMMARY:**

This bill makes several changes to mental health and addiction services (DMHAS) statutes. Among other things, it:

1. specifies that all private agencies treating psychiatric disabilities or substance abuse, regardless of whether they are state-funded, must comply with the commissioner's data collection requirements;
2. grants the commissioner authority to allow private agencies who provide housing assistance to carry over unused funds to the following year;
3. codifies existing practice by allowing DMHAS clients to receive services outside the designated mental health region where they live (§ 3);
4. codifies existing practice by requiring DMHAS, within available appropriations, to assess certain people charged with felonies to determine whether they should be referred for community-based mental health services;
5. increases information sharing concerning such arrestees and others in the criminal justice system who may need treatment; and
6. removes term limits for appointed members of the Board of Mental Health and Addiction Services.

The bill also makes minor and technical changes.

EFFECTIVE DATE: October 1, 2014

§ 1 – DATA COLLECTION

By law, the DHMAS commissioner must specify uniform methods for keeping statistical information for public and private agencies, including a client identifier system. The bill specifies that these methods apply to all public and private agencies that provide care or treatment for psychiatric disabilities or alcohol or drug abuse or dependence, including those that are not state-operated or state-funded.

The bill also specifies that the agencies or others involved in such treatment, and not the commissioner, must collect relevant statistical information and make it available. The bill requires them to report the information to DMHAS, in the form and manner the commissioner prescribes and upon her request. By law, this information includes the number of people treated, demographic and clinical information, frequency of admission and readmission, frequency and duration of treatment, level of care provided, and discharge and referral information.

§ 2 – HOUSING SUBSIDIES

Current law permits the DMHAS commissioner, within available appropriations, to provide subsidies to people who receive DMHAS services and require supervised living arrangements. The bill specifies that such subsidies are for people who qualify for supportive housing under the state's permanent supportive housing initiative, which the department operates in collaboration with several other state agencies.

The bill also gives the DMHAS commissioner the authority to permit agencies who distribute such subsidies on the department's behalf to use any unspent money for the same purpose in the following fiscal year.

§ 4 – PRE-ARRAIGNMENT ASSESSMENT

Existing law requires DMHAS, to the maximum extent possible within available appropriations, to clinically assess certain people charged with misdemeanors, before they are arraigned. The bill codifies law to current practice by also requiring such assessments for people charged with felonies.

As under existing law, DMHAS must conduct such assessments only if the person (1) consents to the assessment and (2) previously received, or would reasonably benefit from receiving, DMHAS mental health services or substance abuse treatment. The assessment determines whether the person should be referred to community-based mental health services. If DMHAS determines that the person needs services and he or she accepts them, the department must inform the court of the assessment and recommended treatment plan for its consideration in disposing of the case.

For both felony and misdemeanor arrests, the bill allows DMHAS to disclose, to the person conducting the assessment, information on whether the arrested person has received DMHAS services.

§ 5 – EXAMINATION FOR ALCOHOL OR DRUG DEPENDENCY

By law, courts can order someone charged with a crime or awaiting sentencing to be examined for alcohol or drug dependency to determine whether the person needs treatment. DMHAS must appoint clinical examiners to conduct such examinations.

The bill requires DMHAS to disclose to such examiners information in the department's database concerning the date and location of any treatment the person received for alcohol or drug dependence so the examiner can request from DMHAS a release of treatment information.

§ 6 – BOARD OF MENTAL HEALTH AND ADDICTION SERVICES

The bill removes term limits for the 19 appointed members of the Board of Mental Health and Addiction Services. Under current law, an appointed member cannot serve more than two successive four-year terms in addition to the balance of any unexpired term remaining when he or she was appointed. By law, the board's duties include,

among other things, advising the DMHAS commissioner on department programs, policies, and plans.

BACKGROUND

Related Bill

SB 364 (File 67), reported favorably by the Housing Committee, adds to the agencies with whom DMHAS must collaborate in administering the supportive housing initiative and gives the agencies more discretion in determining eligibility under the program.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 0 (03/10/2014)