



Senate

General Assembly

File No. 662

January Session, 2015

Substitute Senate Bill No. 1089

Senate, April 15, 2015

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MENTAL HEALTH SERVICES.

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

1 Section 1. Subsection (a) of section 10-220a of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective July*
3 *1, 2015*):

4 (a) Each local or regional board of education shall provide an in-
5 service training program for its teachers, administrators and pupil
6 personnel who hold the initial educator, provisional educator or
7 professional educator certificate. Such program shall provide such
8 teachers, administrators and pupil personnel with information on (1)
9 the nature and the relationship of drugs, as defined in subdivision (17)
10 of section 21a-240, and alcohol to health and personality development,
11 and procedures for discouraging their abuse, (2) health and mental
12 health risk reduction education which includes, but need not be
13 limited to, the prevention of risk-taking behavior by children and the
14 relationship of such behavior to substance abuse, pregnancy, sexually
15 transmitted diseases, including HIV-infection and AIDS, as defined in

16 section 19a-581, violence, teen dating violence, domestic violence, child
17 abuse and youth suicide, (3) the growth and development of
18 exceptional children, including handicapped and gifted and talented
19 children and children who may require special education, including,
20 but not limited to, children with attention-deficit hyperactivity
21 disorder or learning disabilities, and methods for identifying, planning
22 for and working effectively with special needs children in a regular
23 classroom, including, but not limited to, implementation of student
24 individualized education programs, (4) school violence prevention,
25 conflict resolution, the prevention of and response to youth suicide
26 and the identification and prevention of and response to bullying, as
27 defined in subsection (a) of section 10-222d, except that those boards of
28 education that implement any evidence-based model approach that is
29 approved by the Department of Education and is consistent with
30 subsection (d) of section 10-145a, sections 10-222d, 10-222g and 10-
31 222h, subsection (g) of section 10-233c and sections 1 and 3 of public
32 act 08-160, shall not be required to provide in-service training on the
33 identification and prevention of and response to bullying, (5)
34 cardiopulmonary resuscitation and other emergency life saving
35 procedures, (6) computer and other information technology as applied
36 to student learning and classroom instruction, communications and
37 data management, (7) the teaching of the language arts, reading and
38 reading readiness for teachers in grades kindergarten to three,
39 inclusive, (8) second language acquisition in districts required to
40 provide a program of bilingual education pursuant to section 10-17f,
41 (9) the requirements and obligations of a mandated reporter, [and] (10)
42 the teacher evaluation and support program adopted pursuant to
43 subsection (b) of section 10-151b, and (11) mental health first aid
44 training, as described in section 17a-453h, as amended by this act. Each
45 local and regional board of education may allow any paraprofessional
46 or noncertified employee to participate, on a voluntary basis, in any in-
47 service training program provided pursuant to this section. The State
48 Board of Education, within available appropriations and utilizing
49 available materials, shall assist and encourage local and regional
50 boards of education to include: (A) Holocaust and genocide education

51 and awareness; (B) the historical events surrounding the Great Famine
52 in Ireland; (C) African-American history; (D) Puerto Rican history; (E)
53 Native American history; (F) personal financial management; (G)
54 domestic violence and teen dating violence; and (H) [mental health
55 first aid training; and (I)] topics approved by the state board upon the
56 request of local or regional boards of education as part of in-service
57 training programs pursuant to this subsection.

58 Sec. 2. Section 17a-453h of the general statutes is repealed and the
59 following is substituted in lieu thereof (*Effective July 1, 2015*):

60 (a) The Commissioner of Mental Health and Addiction Services, in
61 consultation with the Commissioner of Education, shall administer a
62 mental health first aid training program. Said program shall: (1) Help
63 persons attending the training program recognize the signs of mental
64 disorders in children and young adults; and (2) connect children and
65 young adults who show signs of having a mental disorder with a
66 professional who offers the appropriate services.

67 (b) Said commissioners may seek federal and state funding and may
68 accept private donations for the administration of, and providing for
69 persons to participate in, the mental health first aid training program.

70 (c) (1) For the school year commencing July 1, 2014, the
71 Commissioner of Mental Health and Addiction Services shall provide
72 mental health first aid training to any person appointed to serve as the
73 district safe school climate coordinator, pursuant to section 10-222k.
74 Each such district safe school climate coordinator shall successfully
75 complete such mental health first aid training.

76 (2) For the school year commencing July 1, 2015, the Commissioner
77 of Mental Health and Addiction Services shall provide mental health
78 [and] first aid training to any person appointed to serve as the district
79 safe school climate coordinator for such school year and who did not
80 serve as the district safe school climate coordinator for the prior school
81 year or did not otherwise successfully complete such training. Each
82 such district safe school climate coordinator shall successfully

83 complete such mental health first aid training.

84 (3) No district safe school climate coordinator shall be required to
85 successfully complete such mental health first aid training more than
86 once.

87 (d) Each local and regional board of education [may] shall require
88 teachers, school nurses, counselors and all other school employees to
89 participate in mental health first aid training.

90 (e) On and after October 1, 2015, the Commissioner of Mental
91 Health and Addiction Services shall provide mental health first aid
92 training to each peace officer and employee of an emergency medical
93 services organization, as both terms are defined in section 53a-3.

94 Sec. 3. Section 7-294r of the general statutes is repealed and the
95 following is substituted in lieu thereof (*Effective July 1, 2015*):

96 (a) On and after October 1, 2014, (1) each police basic training
97 program conducted or administered by the Division of State Police
98 within the Department of Emergency Services and Public Protection,
99 the Police Officer Standards and Training Council, established under
100 section 7-294b, or a municipal police department in the state shall
101 include a course on handling incidents involving an individual
102 affected with a serious mental illness, and (2) each review training
103 program conducted by such agencies shall make provisions for such a
104 course.

105 (b) On and after October 1, 2015, each police basic training program
106 described in subsection (a) of this section or a municipal police
107 department in the state shall include mental health first aid training, in
108 accordance with section 17a-453h, as amended by this act.

109 Sec. 4. (NEW) (*Effective July 1, 2015*) The Commissioners of Social
110 Services, Children and Families and Mental Health and Addiction
111 Services shall, in consultation with providers of behavioral health
112 services, including, but not limited to, hospitals, develop and
113 implement a program to (1) improve the provision of behavioral health

114 services to Medicaid recipients, (2) improve the coordination of such
115 services among health care providers, and (3) reduce costs to the state.
116 Said commissioners shall (A) establish qualifications for participation
117 in the program, (B) identify geographic areas in which the program
118 shall be implemented, (C) provide payment incentives to health care
119 providers to improve the quality and decrease the costs of such
120 behavioral health services, and (D) develop quality standards to
121 ensure the improvement and coordination of such behavioral health
122 services.

123 Sec. 5. (NEW) (*Effective July 1, 2015*) The Commissioner of Social
124 Services shall submit to the federal Centers for Medicare and Medicaid
125 Services a Medicaid state plan amendment to increase the Medicaid
126 rates for all providers of behavioral health services to equal the
127 Medicare rates for providers of such behavioral health services.

128 Sec. 6. (NEW) (*Effective July 1, 2015*) The Commissioner of Mental
129 Health and Addiction Services, in consultation with the Commissioner
130 of Social Services, shall submit to the federal Centers for Medicare and
131 Medicaid Services a Medicaid state plan amendment to expand the
132 behavioral health homes delivery model to allow hospitals and
133 federally qualified health centers to be designated as behavioral health
134 homes.

135 Sec. 7. (NEW) (*Effective July 1, 2015*) The Commissioners of Children
136 and Families and Mental Health and Addiction Services shall annually
137 report, in accordance with the provisions of section 11-4a of the general
138 statutes, to the joint standing committees of the General Assembly
139 having cognizance of matters relating to children and public health
140 concerning the provision of behavioral health services. Such report
141 shall include, but need not be limited to: (1) The admission criteria,
142 admission process and capacity for each mental health and substance
143 abuse program administered by the Departments of Children and
144 Families and Mental Health and Addiction Services; and (2)
145 information for each provider of behavioral health services who
146 receives funding from the state through a program administered by

147 the Department of Children and Families or the Department of Mental
148 Health and Addiction Services, including, but not limited to,
149 deidentified information on: (A) The number of persons served and
150 such persons' level of care, the number of admissions and discharges
151 and the number of service hours and bed days, (B) the average wait
152 times for services, (C) the primary diagnoses and demographics for
153 persons served by such provider, (D) average lengths of stay for
154 persons who receive inpatient services, (E) client satisfaction scores, (F)
155 discharge delays and outcomes, and (G) recovery measures.

156 Sec. 8. (NEW) (*Effective July 1, 2015*) (a) There is established within
157 the Department of Mental Health and Addiction Services a grant
158 program to provide funds to organizations that provide acute care and
159 emergency behavioral health services. The Commissioner of Mental
160 Health and Addiction Services shall establish eligibility criteria for
161 grants under the program and an application process.

162 (b) Grants shall be issued under the program for the purposes of
163 providing community-based behavioral health services, including (1)
164 care coordination services, and (2) access to information on, and
165 referrals to, available health care and social service programs.

166 Sec. 9. (*Effective July 1, 2015*) The sum of three million dollars is
167 appropriated to the Department of Mental Health and Addiction
168 Services, from the General Fund, for the fiscal year ending June 30,
169 2016, for grants issued under the program established under section 8
170 of this act to provide community-based behavioral health services.

171 Sec. 10. (*Effective July 1, 2015*) (a) The Commissioner of Mental
172 Health and Addiction Services shall, in consultation with the
173 Commissioners of Children and Families and Social Services and
174 providers of behavioral health services, including, but not limited to,
175 hospitals, study the current utilization of, and the need for, hospital
176 beds for acute psychiatric care. Such study shall include, but need not
177 be limited to: (1) A determination of the number of short-term,
178 intermediate and long-term psychiatric beds needed in each region of
179 the state; (2) the average wait times for each type of psychiatric beds;

180 (3) the impact of wait times on persons in need of inpatient psychiatric
181 services, such persons' families and providers of such inpatient care;
182 and (4) identification of public and private funding sources to maintain
183 the number of psychiatric beds needed in the state.

184 (b) Not later than January 1, 2017, the Commissioner of Mental
185 Health and Addiction Services shall report, in accordance with the
186 provisions of section 11-4a of the general statutes, to the joint standing
187 committees of the General Assembly having cognizance of matters
188 relating to appropriations, public health and human services
189 concerning the results of the study described in subsection (a) of this
190 section. Such report shall include, but need not be limited to,
191 recommendations concerning: (1) Expansion of the utilization criteria
192 to increase access to acute, inpatient psychiatric services throughout
193 the state; (2) an increase in the number of long-term, inpatient
194 hospitalization beds available for persons with recurring needs for
195 inpatient behavioral health services; (3) funding to increase the
196 number of psychiatric beds; and (4) placement of additional
197 psychiatric beds in health care facilities throughout the state.

198 Sec. 11. (NEW) (*Effective July 1, 2015*) (a) There is established within
199 the Department of Mental Health and Addiction Services a grant
200 program to provide funds to hospitals for intermediate duration acute
201 psychiatric care services. A hospital eligible for a grant under the
202 program shall be located in one of the three geographic regions of the
203 state that lacks intermediate duration acute psychiatric care services.
204 The Commissioner of Mental Health and Addiction Services shall
205 establish an application process for the grant program. Any hospital
206 meeting the eligibility criteria described in this section may apply to
207 said program.

208 (b) On or before April 1, 2016, the commissioner shall award a grant
209 to an eligible hospital in each of the three regions of the state that lacks
210 intermediate duration acute psychiatric care services.

211 Sec. 12. (*Effective July 1, 2015*) The sum of ____ dollars is
212 appropriated to the Department of Mental Health and Addiction

213 Services, from the General Fund, for the fiscal year ending June 30,
 214 2016, for grants issued under the program established under section 11
 215 of this act for intermediate duration acute psychiatric care services.

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2015	10-220a(a)
Sec. 2	July 1, 2015	17a-453h
Sec. 3	July 1, 2015	7-294r
Sec. 4	July 1, 2015	New section
Sec. 5	July 1, 2015	New section
Sec. 6	July 1, 2015	New section
Sec. 7	July 1, 2015	New section
Sec. 8	July 1, 2015	New section
Sec. 9	July 1, 2015	New section
Sec. 10	July 1, 2015	New section
Sec. 11	July 1, 2015	New section
Sec. 12	July 1, 2015	New section

Statement of Legislative Commissioners:

In Section 7 (A) "persons served by level of care" was changed to "persons served and such persons' level of care" for clarity; in Sections 11 and 12 "intermediate, acute care psychiatric services" was changed to "intermediate duration acute psychiatric care services" for accuracy.

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 16 \$	FY 17 \$
State Comptroller - Fringe Benefits ¹	GF - Cost	at least 130,499	at least 130,499
Social Services, Dept.	GF - See Below	See Below	See Below
Mental Health & Addiction Serv., Dept.	GF - Cost	at least \$4.8 million	at least \$4.8 million

Note: GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 16 \$	FY 17 \$
Local and Regional School Districts	STATE MANDATE - Cost	less than \$1,000	less than \$1,000

Explanation

Sections 1 and 2 result in a cost of less than \$1,000 per district, per year, associated with providing mental health first aid training to all school employees. As the curriculum for the training is available to districts, the cost is associated with printing and disseminating the appropriate materials. Additionally, if a substitute teacher was required to cover for a teacher receiving in-service training, a cost would occur for substitute coverage, which is estimated to be approximately \$85-\$125 per day.

Sections 1-3 result in a cost of approximately \$1.7 million to the Department of Mental Health and Addiction Services (DMHAS)

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 38.65% of payroll in FY 16 and FY 17.

associated with providing mental health first aid training to all 1) school employees, 2) peace officers and employees of emergency medical services organizations, and 4) police basic training programs and municipal police departments. Costs associated with training these individuals include 1) additional instructors at a cost of \$2,000 each, 2) National Council travel costs for instructor training at \$2,000 each, and 3) one training book per participant at \$15 each.

The cost to train school employees is estimated at \$1.1 million, which includes \$354,000 to train 165 instructors (approximately one per district), and \$777,000 to provide materials to 51,800 staff members.

The cost to train peace officers and employees of emergency medical services organizations is estimated at \$317,000, which includes \$92,000 to train 42 instructors and \$225,000 to provide materials to 15,000 individuals.

The cost to train participants of police basic training programs is estimated at \$16,950, which includes \$12,000 to train two instructors and \$4,950 to provide materials to approximately 330 individuals.

DMHAS would also incur costs associated with staff to manage the expanded mental health first aid training requirements. Costs are associated with a Behavioral Health Program Manager with an annual salary of \$95,000 and a Health Program Assistant 1 with an annual salary of \$55,405. Associated fringe benefits would cost the Office of the State Comptroller an additional \$58,132.

Section 4 may result in a savings to the state to the extent that a program is implemented which results in a net reduction in state costs related to mental health services for Medicaid clients. The state's Behavioral Health Partnership is currently charged with managing the state's mental services for public programs, including evaluating efficiencies and cost effectiveness.

Section 5 will result in a cost to the Department of Social Services (DSS) to increase Medicaid rates for behavioral health services to the

Medicare rate. The cost will depend on the magnitude of rates impacted by the increase. For reference, Medicare currently pays approximate 83% of cost and Medicaid pays approximately 67% of cost.² An increase in total behavioral health expenditures would be at most \$15.2 million.³

Section 6 results in a cost associated with allowing hospitals and federally qualified health centers (FQHCs) to be designated as behavioral health homes. Currently, DMHAS health homes are established in local mental health authorities with associated total funding of \$25 million.⁴ While the number of hospitals and FQHC's that would become designated is unknown, each additional health home would cost approximately \$1.7 million. DMHAS could also incur costs associated with staff to administer this new group as it applies to approximately 38 potential entities. Based on the current administration of 15 health homes, at least one additional Behavioral Health Clinical Manager with an annual salary of \$102,587 (and associated fringe of \$39,650) would be needed.

Section 7 requires DMHAS and the Department of Children and Families to annually report certain information for each provider of behavioral health services who receives funding from the state. While the agencies compile some of this information, additional costs could be incurred associated with annually obtaining and reporting additional detail for all providers. Depending on how this is implemented the state would incur costs associated with program monitoring and evaluation staff to administer the process at an annual salary of \$94,845 (with associated fringe of \$36,658), and potential costs for further IT and data development.

Section 8 establishes a grant program to provide funds to

² Source: *Annual Report on the Financial Status of Connecticut's Short Term Acute Care Hospitals for Fiscal Year 2013 (September 2014)*. CT Dept. of Public Health, Office of Health Care Access.

³ Estimate based on total expenditures for the Behavioral Health Partnership, excluding administration, for the year where the most recent data was available, 2013.

⁴ The first eight quarters of behavioral health home expenditures will receive a 90% federal reimbursement rate.

organizations that provide acute care and emergency behavioral health services, while **Section 9** appropriates \$3 million to DMHAS for such program. DMHAS would also incur costs to support an Associate Accounts Examiner to administer the program at an annual salary of \$84,649 (with associated fringe of \$32,717).

Section 10 does not result in a cost to the state to conduct a study and report on the utilization and need for acute psychiatric care hospital beds.

Section 11 establishes a grant program for hospitals to support intermediate duration acute psychiatric services, and requires DMHAS to provide a grant to an eligible hospital in each of three regions that lack such services by April 1, 2016. **Section 12** appropriates an unspecified amount of funding to DMHAS for such grant program. Based on grant funding for similar beds, this will result in an average annual cost of \$45,000 per bed. Medicaid eligible clients for similar beds are estimated to cost approximately \$900 per day.

The Out Years

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

OLR Bill Analysis**sSB 1089*****AN ACT CONCERNING MENTAL HEALTH SERVICES.*****SUMMARY:**

This bill makes various changes regarding behavioral health services. Among other things, it:

1. establishes two grant programs within the Department of Mental Health and Addiction Services (DMHAS), to provide funding to (a) organizations that provide acute care and emergency behavioral health services and (b) certain hospitals for intermediate duration acute care psychiatric services (§§ 8 & 11);
2. appropriates \$3 million for the first grant program and an unspecified amount for the second (§§ 9 & 12);
3. requires all school employees to take mental health first aid training (§§ 1 & 2);
4. requires DMHAS to provide mental health first aid training to peace officers and emergency medical services (EMS) employees, and requires police training programs or local police departments to include this training (§§ 2 & 3);
5. requires the social services (DSS), children and families (DCF), and DMHAS commissioners to establish a program to improve the provision of behavioral health services to Medicaid recipients, improve service coordination, and reduce state costs (§ 4);
6. requires the state to seek certain Medicaid plan amendments, including to increase the Medicaid rate for behavioral health

providers to equal the Medicare rates (§§ 5 & 6);

7. requires the DCF and DMHAS commissioners to annually report to the Children's and Public Health committees on behavioral health services (§ 7); and
8. requires the DMHAS commissioner, in consultation with DCF, DSS, and others, to study the utilization of and need for hospital beds for acute psychiatric care (§ 10).

EFFECTIVE DATE: July 1, 2015

§§ 1-3 – MENTAL HEALTH FIRST AID TRAINING

By law, the DMHAS commissioner, in consultation with the education commissioner, must administer a mental health first aid training program. This training must teach participants how to (1) recognize signs of mental disorders in children and young adults and (2) connect these children and youth with professionals who can provide suitable services.

The bill makes mental health first aid training mandatory for all school employees. Under current law, (1) district safe school climate coordinators must complete the training and (2) school boards have the option of requiring it for other school employees.

Current law requires the State Board of Education, within available appropriations and materials, to help and encourage school boards to include mental health first aid training as part of their in-service training programs for certified teachers, administrators, and other pupil personnel. The bill eliminates this requirement and instead requires school boards to include this training as part of their in-service training.

The bill requires the DMHAS commissioner, starting October 1, 2015, to provide mental health first aid training to each peace officer, ambulance driver, emergency medical technician, and paramedic.

Starting October 1, 2015, it also requires mental health first aid

training by municipal police departments or as part of police basic training programs conducted or administered by the State Police, Police Officer Standards and Training Council, and municipal police departments.

§ 4 – MEDICAID BEHAVIORAL HEALTH PROGRAM

The bill requires the DSS, DCF, and DMHAS commissioners, in consultation with hospitals and other behavioral health services providers, to develop and implement a program to (1) improve the provision of behavioral health services to Medicaid recipients, (2) improve service coordination among providers, and (3) reduce state costs.

The commissioners must (1) establish qualifications to participate in the program, (2) identify where it will be implemented, (3) provide payment incentives to providers to improve service quality and decrease costs, and (4) develop quality standards to ensure service improvement and coordination.

§§ 5 & 6 – MEDICAID PLAN AMENDMENTS

The bill requires the DSS commissioner to submit a Medicaid state plan amendment to the federal Centers for Medicare and Medicaid Services to increase the Medicaid rates for all behavioral health providers to equal the Medicare rates.

It also requires the DMHAS commissioner, in consultation with the DSS commissioner, to submit such an amendment to expand the behavioral health homes delivery model to allow hospitals and federally qualified health centers to be designated as behavioral health homes. (The behavioral health homes model includes interdisciplinary care management and coordination, transitional care, and related support services.)

§ 7 – DCF AND DMHAS ANNUAL REPORT

The bill requires the DCF and DMHAS commissioners to annually report to the Children's and Public Health committees on the provision of behavioral health services. (The bill does not specify when the first

report is due.)

The report must include the admission criteria, admission process, and capacity for each mental health and substance abuse program the departments administer. It also must include information for each behavioral health services provider who receives state funding through a DCF- or DMHAS-administered program, including de-identified information on:

1. the number of (a) people served and their level of care, (b) admissions and discharges, and (c) service hours and bed days;
2. their patients' primary diagnoses and demographics and average wait times for services;
3. average lengths of inpatient stays when applicable;
4. client satisfaction scores;
5. discharge delays and outcomes; and
6. recovery measures.

§§ 8 & 9 – ACUTE CARE AND EMERGENCY BEHAVIORAL SERVICES GRANT PROGRAM

The bill establishes a grant program in DMHAS to provide funds to organizations providing acute care and emergency behavioral health services. The bill appropriates \$3 million to the department from the General Fund in FY 16 for the program.

Under the bill, the grants are for providing community-based behavioral health services, including (1) care coordination and (2) access to information on and referrals to available health care and social service programs. The commissioner must establish eligibility criteria and an application process.

§ 10 – HOSPITAL BED STUDY

The bill requires the DMHAS commissioner to study the current use of and need for acute psychiatric care hospital beds. She must do

so in consultation with the DCF and DSS commissioners and behavioral health providers, including hospitals.

The study must include:

1. a determination of how many short-term, intermediate, and long-term psychiatric beds are needed in each region of the state;
2. the average wait times for each type of bed;
3. the impact of wait times on people needing inpatient psychiatric services, their families, and providers of this type of care; and
4. identification of public and private funding sources to maintain the necessary number of beds.

The DMHAS commissioner must report on this study to the Appropriations, Human Services, and Public Health committees by January 1, 2017. The report must include recommendations on:

1. expanding utilization criteria to increase access to acute, inpatient psychiatric services throughout the state;
2. increasing the number of available long-term, inpatient hospital beds for people with recurring needs for inpatient behavioral health services;
3. funding to increase the number of psychiatric beds; and
4. placing additional psychiatric beds in health care facilities throughout the state.

§§ 11 & 12 – HOSPITAL GRANT PROGRAM

The bill establishes a grant program within DMHAS to provide funds to hospitals for intermediate duration acute care psychiatric services. It appropriates an unspecified sum from the General Fund to DMHAS in FY 16 for the program.

The program is open to hospitals in the three geographic regions of the state that lack intermediate duration acute care psychiatric services. (DMHAS has five service regions.) The DMHAS commissioner must establish an application process, and, by April 1, 2016, she must award a grant to a hospital in each of these three regions.

BACKGROUND

Related Bill

sHB 5528, reported favorably by the Public Health Committee, also makes many changes concerning the delivery of behavioral health services. For example, it establishes a behavioral health professional incentive program that provides grants and student loan reimbursement to certain eligible providers who practice in health professional shortage areas.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute

Yea 26 Nay 1 (03/27/2015)