



2013-2015 MENTAL AND BEHAVIORAL HEALTH LEGISLATION

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ISSUE

This report provides a brief summary of mental and behavioral health legislation enacted by the Connecticut legislature between 2013 and 2015.

SUMMARY

The legislature passed a number of acts during the 2013, 2014, and 2015 legislative sessions affecting mental and behavioral health. Below we briefly summarize relevant provisions of these acts. Please note that not all provisions of the acts are included; complete summaries are available on OLR's [website](#). Additionally, this report does not include provisions that are (1) budgetary or (2) minor or technical. The provisions are grouped into the following categories:

- access to services,
- children's mental and behavioral health,
- health care providers,
- insurance,
- miscellaneous, and
- studies

ACCESS TO SERVICES

Assertive Community Treatment (ACT)

[PA 13-3](#) requires the Department of Mental Health and Addiction Services (DMHAS) commissioner to implement an ACT program in three cities that, on June 30, 2013, did not have such a program. The program must use a person-centered, recovery-



based approach that provides people diagnosed with a severe and persistent mental illness with specified services in community settings.

EFFECTIVE DATE: July 1, 2013

Behavioral Health Services Task Force

[PA 13-3](#) creates a 20-member task force to study the provision of behavioral health services in Connecticut, with particular focus on providing these services to people ages 16 to 25. The task force issued its [final report](#) in April 2014.

DMHAS Acute Care and Emergency Behavioral Services Grant Program

[PA 15-5, June Special Session](#), establishes a DMHAS grant program to provide funds to organizations providing acute care and emergency behavioral health services. 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.

EFFECTIVE DATE: July 1, 2015

Information and Referral Service

[PA 14-115](#) requires the Office of the Healthcare Advocate, by January 1, 2015, to establish an information and referral service to help residents and providers get information, timely referrals, and access to behavioral health care providers.

The act requires the office, by February 1, 2016, and annually thereafter, to report to the Committee on Children and the Human Services, Insurance, and Public Health committees. The report must identify gaps in services and the resources needed to improve behavioral health care options for state residents.

EFFECTIVE DATE: July 1, 2014

Off-Site Services by Multi-Care Institutions

[PA 14-211](#) allows a multi-care institution to provide behavioral health services or substance use disorder treatment services on the premises of more than one facility, at a satellite unit, or at another location outside of its facilities or satellite units that is acceptable to the patient and consistent with his or her treatment plan.

EFFECTIVE DATE: October 1, 2014

Probate Court-Related Case Management and Care Coordination Services

[PA 13-3](#) requires the DMHAS commissioner to provide case management and care coordination services to up to 100 people with mental illness who are involved in the probate court system and who, on June 30, 2013, were not receiving these services.

EFFECTIVE DATE: July 1, 2013

CHILDREN'S MENTAL AND BEHAVIORAL HEALTH

Animal Assisted Therapy

[PA 13-114](#) requires the Department of Children and Families (DCF), by July 1, 2014 and within available appropriations, to consult with the Governor's Prevention Partnership and the animal-assisted therapy community to develop a crisis response program using a coordinated volunteer canine response team developed under the act to provide animal-assisted therapy to children.

It also required DCF to (1) develop and implement training for certain DCF staff and mental health care providers on the value of animal-assisted therapy and (2) consult with the Department of Agriculture commissioner to identify a coordinated canine crisis response team.

[PA 15-208](#) modified the 2013 legislation, primarily by (1) delaying by two years the identification of a crisis response team and DCF training development and (2) requiring DCF to develop a protocol to identify animal-assisted activity organizations and therapy providers, instead of a crisis response program.

EFFECTIVE DATE: The original provisions took effect October 1, 2013; the subsequent modifications took effect upon passage

Behavioral Health Partnership Oversight Council

[PA 15-242](#) adds two nonvoting, ex-officio members to the Behavioral Health Partnership Oversight Council: one each appointed by the Department of Public Health (DPH) commissioner and health care advocate, to represent their department or office respectively. The council advises the DCF, social services, and DMHAS commissioners on the planning and implementation of the Behavioral Health Partnership (an integrated behavioral health system for Medicaid patients).

EFFECTIVE DATE: October 1, 2015

Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board

[PA 15-27](#) establishes a Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board. The board must advise various individuals and entities on:

1. executing the comprehensive behavioral health plan that DCF developed in 2014 (see below);
2. cataloging (by agency, service type, and funding allocation) the mental, emotional, and behavioral services available to Connecticut families with children to reflect the services' capacities and uses; and
3. fostering collaboration among agencies, providers, advocates, and others interested in child and family well-being to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues.

The board must begin annual reporting to the Children's Committee by September 15, 2016.

EFFECTIVE DATE: July 1, 2015

Comprehensive Plan for Children's Services

[PA 13-178](#) requires DCF and the Office of Early Childhood (OEC), in consultation and collaboration with various individuals and agencies, to take several steps to address Connecticut children's mental, emotional, and behavioral health needs. For example, it requires DCF to develop a comprehensive plan to (1) meet these needs and (2) prevent or reduce the long-term negative impact of mental, emotional, and behavioral health issues on children.

It also requires:

1. OEC to (a) provide recommendations to several legislative committees on coordinating home visitation programs that offer services to vulnerable families with young children and (b) design and implement a public information and education campaign on children's mental, emotional, and behavioral health issues;
2. DCF, in collaboration with agencies that provide training for mental health care providers in urban, suburban, and rural areas, to provide phased-in, ongoing training for mental health care providers in evidence-based and trauma-informed interventions and practices;

3. school resource officers, pediatricians, and child care providers, to also receive mental health training, to the extent funding is available;
4. the state to seek existing public and private reimbursement for mental, emotional, and behavioral health services; and
5. the Birth-to-Three program to provide mental health services to children eligible for early intervention services under federal law.

Additionally, the act (1) allows the Judicial Branch to seek funding to perform a study to determine whether children and young adults who primarily need mental health interventions are placed in the juvenile justice or corrections systems instead of receiving appropriate treatment and (2) establishes a 14-member task force to study the effects of nutrition, genetics, complementary and alternative treatments, and psychotropic drugs on children's mental, emotional, and behavioral health.

EFFECTIVE DATE: July 1, 2013, except for the OEC provisions, which take effect October 1, 2013.

School-Based Primary Mental Health Programs

[PA 15-96](#) requires school-based primary mental health programs administered by boards of education to include a component for systematic early detection and screening to identify children experiencing behavioral or disciplinary problems. (Prior law required the identification of children experiencing early school adjustment problems only.)

It also requires the (1) programs to include services to address those problems and (2) education commissioner to consider, as an additional factor when awarding school-based primary mental health program grants to boards of education, the number of children enrolled in grades kindergarten to two who experience behavioral, disciplinary, or early school adjustment problems.

EFFECTIVE DATE: July 1, 2015

School-Based Trauma-Informed Practice Training

[PA 15-232](#) requires the State Board of Education to assist and encourage school boards to provide in-service training on trauma-informed practices for the school setting, so that school employees can more adequately respond to students with mental, emotional, or behavioral health needs.

EFFECTIVE DATE: October 1, 2015

Youth Suicide Advisory Board

[PA 15-242](#) requires the Youth Suicide Advisory Board within DCF to periodically offer, within available appropriations, youth suicide prevention training for health care providers, school employees, and other people who provide services to children, young adults, and families.

EFFECTIVE DATE: October 1, 2015

HEALTH CARE PROVIDERS

Continuing Education for Physicians

[PA 13-217](#) adds behavioral health to the list of mandatory topics physicians must take for continuing medical education, which already includes infectious diseases, risk management, sexual assault, domestic violence, and cultural competency.

EFFECTIVE DATE: July 1, 2013

Continuing Education on Veterans' Mental Health Conditions

[PA 15-242](#) requires certain health care professionals, starting January 1, 2016, to take at least two contact hours of training or education on mental health conditions common to veterans and their family members, during the first renewal period in which continuing education is required and once every six years thereafter. This includes (1) determining whether a patient is a veteran or a veteran's family member; (2) screening for conditions such as post-traumatic stress disorder, risk of suicide, depression, and grief; and (3) suicide prevention training.

EFFECTIVE DATE: October 1, 2015

Parental Notification for Hospital Admission

[PA 13-130](#) reduces, from five days to 24 hours, the time within which a hospital must notify a parent or guardian of a child (1) age 14 or older or (2) in DCF custody, that the child was admitted for the diagnosis or treatment of a mental disorder without the parent's or guardian's consent.

EFFECTIVE DATE: October 1, 2013

Regional Behavioral Health Consultation System for Pediatricians

[PA 13-3](#) requires the DCF commissioner, by January 1, 2014, to establish and implement a regional behavioral health consultation and care coordination program for primary care providers who serve children. The program must provide these providers with:

1. timely access to a consultation team that includes a child psychiatrist, social worker, and care coordinator;
2. patient care coordination and transitional services for behavioral health care; and
3. training and education on patient access to behavioral health services.

EFFECTIVE DATE: Upon passage

Reporting of Impaired Health Care Professionals

By law, physicians, physician assistants, and hospitals must notify DPH if a physician or PA is or may be unable to practice with skill and safety due to impairment. The law also establishes procedures for DPH to follow when it receives such notice. [PA 15-5, June Special Session](#), expands the reporting requirement to cover all licensed or permitted health care professionals and establishes similar procedures for DPH to follow when it receives such notice.

Under certain circumstances, the act allows a health care professional or hospital to satisfy the act's reporting requirements by referring the impaired professional for intervention to the professional assistance program for DPH-regulated professionals.

EFFECTIVE DATE: October 1, 2015

INSURANCE

Adverse Determinations and Mental Health Insurance Coverage

[PA 13-3](#) makes various changes to the process for appealing adverse determinations (e.g., claims denials) by health insurers. Among other things, it reduces the time health insurers have to (1) make initial determinations on requests for treatments for certain mental or substance use disorders and (2) review claim denials and other adverse determinations of such requests.

EFFECTIVE DATE: Most provisions effective October 1, 2013

([PA 14-40](#) makes certain changes to these provisions, such as changing the qualifications for psychologists who act as clinical peers to evaluate certain adverse determinations.)

Behavioral Health and Autism Spectrum Disorder Services (ASD)

[PA 15-5, June Special Session](#), expands certain individual and group health insurance policies' required coverage of ASD services and treatment. For example, it requires individual policies to conform to several coverage and limitation provisions that existing law requires of group policies. It also eliminates maximum coverage limits on the Birth-To-Three program.

EFFECTIVE DATE: January 1, 2016

Elimination of Medicaid Case Management Requirements

[PA 15-5, June Special Session](#), eliminates specific requirements related to the provision of intensive case management (ICM) services to certain Medicaid recipients. For example, it eliminates provisions requiring Medicaid administrative service organizations (ASOs), beginning July 1, 2016, to provide ICM services that include (1) identifying hospital emergency departments with high numbers of frequent users and (2) creating regional ICM teams to work with emergency department doctors.

The act instead allows DSS to contract with the behavioral health ASO to provide intensive care management.

EFFECTIVE DATE: July 1, 2016

Health Insurance Coverage for Mental and Nervous Conditions

[PA 15-226](#), as amended by [PA 15-5, June Special Session](#), expands the services certain health insurance policies must cover for mental and nervous conditions. By law, a policy must cover the diagnosis and treatment of such conditions on the same basis as medical, surgical, or other physical conditions. The act requires policies to cover, among other things:

1. medically necessary acute treatment and clinical stabilization services;
2. general inpatient hospitalization, including at state-operated facilities; and
3. programs to improve health outcomes for mothers, children, and families.

Among other things, the act also provides that a policy may not prohibit an insured from receiving, or a provider from being reimbursed for, multiple screening services as part of a single-day visit to a provider or multicare institution.

EFFECTIVE DATE: Most provisions take effect January 1, 2016

Insurance Department Data Collection Working Group

[PA 15-5, June Special Session](#), requires the insurance commissioner to convene a working group to develop recommendations for uniformly collecting behavioral health utilization and quality measures data from various entities, such as (1) insurers and (2) state agencies that pay health care claims. By January 1, 2016, the commissioner must submit the recommendations to the governor and the Children's, Human Services, Insurance and Real Estate, and Public Health committees.

EFFECTIVE DATE: Upon passage

Medicaid Rate Increase for Private Psychiatric Residential Treatment Facilities

[PA 14-217](#) requires the DSS commissioner to submit to the federal Centers for Medicare and Medicaid Services a state plan amendment to increase the Medicaid rate for private psychiatric residential treatment facilities. The increase must be within available state appropriations.

Under the act, a "private psychiatric residential treatment facility" is a nonhospital facility with an agreement with a state Medicaid agency to provide inpatient services to Medicaid-eligible people who are younger than age 21.

EFFECTIVE DATE: Upon passage

Medicaid State Plan Provider Expansion

[PA 14-217](#) requires the DSS commissioner, by October 1, 2014, to amend the Medicaid state plan to include services provided to Medicaid recipients age 21 or older by licensed (1) psychologists, (2) clinical social workers, (3) alcohol and drug counselors, (4) professional counselors, and (5) marriage and family therapists. The commissioner must (1) include the clinicians' services as optional services under the Medicaid plan and (2) provide direct reimbursement to Medicaid-enrolled providers who treat Medicaid recipients in independent practice settings.

EFFECTIVE DATE: July 1, 2014

Mental Health Parity and Compliance Checks

[PA 13-3](#) requires the insurance commissioner, by September 15, 2013, to seek input from various stakeholders on methods the department might use to check for compliance with state and federal mental health parity laws by health insurance companies and other entities under its jurisdiction. The stakeholders must at least

include the Healthcare Advocate, health insurance companies, health care professionals, and behavioral health advocacy groups.

EFFECTIVE DATE: Upon passage

MISCELLANEOUS

Gun Credential Eligibility

[PA 13-3](#) expands the circumstances in which mental health history disqualifies a person for a gun permit or other gun credential, by (1) extending the look-back period for psychiatric commitments from 12 to 60 months and (2) disqualifying people with voluntary psychiatric admissions (other than solely for alcohol or drug treatment) within the prior six months. As part of this process, the act (§ 10) requires psychiatric hospitals, without delay, to notify the DMHAS commissioner about such voluntary admissions.

EFFECTIVE DATE: October 1, 2013

Mental Health First Aid Training

Among other provisions on mental health first aid training, [PA 13-3](#) requires the (1) State Board of Education, within available resources, to help and encourage school boards to include such training as part of their in-service programs and (2) DMHAS commissioner, in consultation with the SDE commissioner, to administer a mental health first aid training program. Participants must include all district safe school climate coordinators and may include teachers, school nurses, counselors, and other school employees at the discretion of each local or regional board of education.

Training must teach participants how to (1) recognize signs of mental disorders in children and young adults and (2) connect such children and youth with professionals who can provide suitable mental health services. The commissioners administering this training may seek funding from the federal or state government, as well as from private donors.

EFFECTIVE DATE: Upon passage

Sandy Hook Workers Assistance Program

[SA 13-1](#) establishes the Sandy Hook Workers Assistance Program and Fund to provide financial assistance to certain people who suffered a mental or emotional impairment related to the events at Sandy Hook Elementary School.

EFFECTIVE DATE: Upon passage

STUDIES

Certified Behavioral Analysts Licensing Study

[PA 15-242](#) requires the education commissioner, in consultation with the DPH commissioner, to study the (1) potential advantages of licensing board certified behavior analysts and assistant behavior analysts credentialed by the Behavior Analyst Certification Board and (2) inclusion of board certified behavior analysts and assistant behavior analysts in school special education planning and placement teams. It requires the education commissioner, by January 1, 2016, to report to the Public Health and Education committees on these studies.

EFFECTIVE DATE: Upon passage

Psychiatric Services Study

[PA 15-5, June Special Session](#), requires the DMHAS commissioner, in consultation with certain officials and groups, to study the current adequacy of psychiatric services (e.g., how many psychiatric beds are needed in each region of the state). The commissioner must report on this study to the Appropriations, Human Services, and Public Health committees by January 1, 2017.

EFFECTIVE DATE: July 1, 2015

Study on the Provision of Behavioral Health Services at School-Based Health Centers (SBHCs)

[PA 13-287](#) requires the DPH commissioner to study and report to the Public Health Committee by February 1, 2014 on the provision of behavioral health services by SBHCs in the state. She must do this (1) in consultation with the SBHC advisory committee and DCF commissioner and (2) only if DPH receives private or federal funds to conduct the study.

EFFECTIVE DATE: Upon passage

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