

Questions for Department of Mental Health and Addiction Services Commissioner Nominee

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Department of Mental Health and Addiction Services (DMHAS) Commissioner (CGS § 17a-451)

The commissioner establishes and enforces standards and policies for the treatment of people with psychiatric disabilities, substance use disorders, or both in public and private facilities; may investigate the serious injury or unexpected death of anyone who received treatment within one year of the occurrence at a state-operated or –funded facility; coordinates and cooperates with state agencies providing services to children with mental disorders and adults with psychiatric disabilities, substance use disorders, or both; and is responsible for developing and implementing state mental health and substance abuse plans.

Questions

1. Last year, the governor and legislature took certain actions in the wake of the patient abuse investigation at Whiting Forensic Hospital, including making Whiting an independent division of DMHAS, instead of a division of Connecticut Valley Hospital, and subjecting it to Department of Public Health licensure and inspection requirements. What is the status of the patient abuse investigation? What actions has the department taken to address this issue and prevent future occurrences?

2. [PA 18-86](#) established a system for the mandatory reporting and investigation of suspected patient abuse at DMHAS-operated facilities. How many reports of suspected abuse has the department received since this law took effect? How has the department responded to these reports?
3. Under a new law ([PA 18-171](#)), sober living homes that are certified by an affiliate of the National Alliance for Recovery Residences and meet certain requirements may voluntarily report their certified status to DMHAS, for DMHAS to list such homes on its website. Among other things, this law also contains certain advertising and marketing restrictions for sober living homes. Do you recommend other legislative changes in this area?
4. The legislature has taken various steps to increase access to opioid antagonists (e.g., Narcan), such as allowing pharmacies to dispense them under a standing order rather than needing a patient-specific prescription. Do you recommend other legislative changes on this issue? Are there any downsides to increasing the availability of opioid antagonists?
5. The legislature has taken various other measures intended to address opioid addiction. Would you recommend additional legislative changes? What steps is DMHAS taking to combat opioid addiction?
6. Last year, DMHAS reorganized the Regional Mental Health Boards (RMHBs) and Regional Action Councils (RACs) into five Regional Behavioral Health Action Organizations (RBHAOs). How has this process affected service delivery?
7. Do you have suggestions on how to increase access to behavioral health providers in the state? In which areas of the state is lack of access most an issue?
8. Does DMHAS or its private providers have any problems finding sites for group homes? How does DMHAS work with communities in the siting process?
9. The majority of states have adopted outpatient commitment laws for people with severe mental illness who refuse or are unable to obtain needed treatment. What are your thoughts on this issue?
10. People with mental illness and substance addiction fall into several other state agencies' jurisdictions. How do you coordinate services with other state agencies?

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