



House of Representatives

General Assembly

File No. 338

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House Bill No. 5419

House of Representatives, April 6, 2022

The Committee on Public Health reported through REP. STEINBERG of the 136th Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATIONS.

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

1 Section 1. (NEW) (*Effective from passage*) (a) There are established
2 within the Department of Mental Health and Addiction Services five
3 regional behavioral health action organizations, one for each mental
4 health region in the state, designated pursuant to section 17a-478 of the
5 general statutes, as amended by this act. Each regional behavioral health
6 action organization shall serve as a strategic community partner
7 responsible for behavioral health planning, behavioral health education,
8 coordination of prevention of behavioral health issues, promotion of
9 behavioral health and advocacy for behavioral health needs and
10 services within its mental health region.

11 (b) The duties of each regional behavioral health action organization,
12 within its mental health region, shall include, but need not be limited to:
13 (1) Assessing the behavioral health needs of children, adolescents and

14 adults across the region and engaging with stakeholders to identify
15 needs, problems, barriers and gaps in the behavioral health service
16 continuum, (2) enhancing the capacity of local communities to
17 understand and address problem gambling, (3) raising awareness and
18 advocating for the general public for mental health promotion and
19 substance abuse prevention, treatment and recovery, (4) receiving and
20 expanding federal, state and local funds and leveraging funds to
21 support behavioral health promotion, prevention, treatment and
22 recovery activities, (5) serving on local, regional and state advisory and
23 planning bodies, (6) within available appropriations, providing training
24 in the administration of an opioid antagonist, as defined in section 17a-
25 714a of the general statutes, and distributing supplies of opioid
26 antagonists to communities, (7) reporting community needs, program
27 review findings and conclusions annually to the relevant local, regional
28 and state stakeholders with recommendations for the establishment,
29 modification or expansion of behavioral health services within the
30 mental health region, and (8) serving as the regional partner responsible
31 for coordinating and aligning federal, state, regional and local
32 behavioral health initiatives.

33 (c) To carry out the duties described in subsection (b) of this section,
34 each regional behavioral health action organization shall solicit advice
35 and input from community members, including, but not limited to,
36 elected officials, parents, youth, faith-based organizations, law
37 enforcement professionals or organizations, health care professionals,
38 persons with lived experience of behavioral health issues, family
39 members with lived experience of behavioral health issues, behavioral
40 health treatment providers, businesses, youth-serving organizations,
41 civic or fraternal groups, educational organizations, media
42 organizations and other interested persons or organizations.

43 Sec. 2. Section 4-28g of the general statutes is repealed and the
44 following is substituted in lieu thereof (*Effective from passage*):

45 Any governmental entity or Section 501(c)(3) of the Internal Revenue
46 Code of 1986, or any subsequent corresponding internal revenue code

47 of the United States, as from time to time amended or Section 501(c)(4)
48 of said Internal Revenue Code organization, including, but not limited
49 to, local health districts and [regional action councils] regional
50 behavioral health action organizations, which receives state dollars for
51 tobacco education or reduction or prevention of tobacco use, shall
52 submit a plan to the Department of Public Health identifying the target
53 population, the methods for choosing the target population, and the
54 evaluation component for the effectiveness of the program. Such plan
55 shall be approved by the Department of Health prior to the release of
56 funds.

57 Sec. 3. Subsection (j) of section 17a-451 of the general statutes is
58 repealed and the following is substituted in lieu thereof (*Effective from*
59 *passage*):

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 treatment
65 and recovery support services to adults with substance use disorders.
66 The plan shall be developed by July 1, 2010, and thereafter shall be
67 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 Alcohol
70 and Drug Policy Council established pursuant to section 17a-667; (2) the
71 Criminal Justice Policy Advisory Commission established pursuant to
72 section 18-87j; (3) the [subregional planning and action councils
73 established pursuant to section 17a-671] regional behavioral health
74 action organizations established pursuant to section 1 of this act; (4)
75 clients and their families, including those involved with the criminal
76 justice system; (5) treatment providers; and (6) other interested
77 stakeholders. The plan shall outline the action steps, time frames and
78 resources needed to meet specified goals and shall, at a minimum,
79 address: (A) Access to services, both prior to and following admission
80 to treatment; (B) the provision of comprehensive assessments to those

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

111 Sec. 4. Section 17a-456 of the general statutes is repealed and the
112 following is substituted in lieu thereof (*Effective from passage*):

113 There shall be a Board of Mental Health and Addiction Services that
114 shall consist of: (1) Nineteen members appointed by the Governor,

115 subject to the provisions of section 4-9a, five of whom shall have had
116 experience in the field of substance abuse, five of whom shall be from
117 the mental health community, three of whom shall be physicians
118 licensed to practice medicine in this state who have had experience in
119 the field of psychiatry, two of whom shall be psychologists licensed to
120 practice in this state, two of whom shall be persons representing families
121 of individuals with psychiatric disabilities, and two of whom shall be
122 persons representing families of individuals recovering from substance
123 use disorders; and (2) [the chairmen of the regional mental health boards
124 established pursuant to section 17a-484; (3) one designee of each such
125 board; (4) two designees from each of the five subregions represented
126 by the substance abuse subregional planning and action councils
127 established pursuant to section 17a-671; (5) one designee from each
128 mental health region established pursuant to section 17a-478, each of
129 whom shall represent individuals with psychiatric disabilities, selected
130 by such regional mental health boards in collaboration with advocacy
131 groups; and (6) one designee from each of the five subregions
132 represented by such substance abuse subregional planning and action
133 councils, each of whom shall represent individuals recovering from
134 substance use disorders, selected by such substance abuse subregional
135 planning and action councils in collaboration with advocacy groups]
136 two designees, one of whom shall have experience in treating or
137 providing services for individuals with psychiatric disabilities and one
138 of whom shall have experience in treating or providing services for
139 persons recovering from substance use disorders from each of the
140 regional behavioral health action organizations established pursuant to
141 section 1 of this act. The members of the board shall serve without
142 compensation except for necessary expenses incurred in performing
143 their duties. The members of the board may include representatives of
144 nongovernment organizations or groups, and of state agencies,
145 concerned with planning, operation or utilization of facilities providing
146 mental health and substance abuse services, including consumers and
147 providers of such services who are familiar with the need for such
148 services, except that no more than half of the members of the board shall
149 be providers of such services. Appointed members shall serve on the

150 board for terms of four years each and members who are designees shall
151 serve on the board at the pleasure of the designating authority. No
152 appointed member of the board shall be employed by the state or be a
153 member of the staff of any institution for which such member's
154 compensation is paid wholly by the state. A majority of the board shall
155 constitute a quorum.

156 Sec. 5. Section 17a-470 of the general statutes is repealed and the
157 following is substituted in lieu thereof (*Effective from passage*):

158 Each state hospital, state-operated facility or the Whiting Forensic
159 Hospital for the treatment of persons with psychiatric disabilities or
160 persons with substance use disorders, or both, except the Connecticut
161 Mental Health Center, may have an advisory board appointed by the
162 superintendent or director of the facility for terms to be decided by such
163 superintendent or director. In any case where the present number of
164 members of an advisory board is less than the number of members
165 designated by the superintendent or director of the facility, he shall
166 appoint additional members to such board in accordance with this
167 section in such manner that the terms of an approximately equal
168 number of members shall expire in each odd-numbered year. The
169 superintendent or director shall fill any vacancy that may occur for the
170 unexpired portion of any term. No member may serve more than two
171 successive terms plus the balance of any unexpired term to which he
172 had been appointed. The superintendent or director of the facility shall
173 be an ex-officio member of the advisory board. Each member of an
174 advisory board of a state-operated facility within the Department of
175 Mental Health and Addiction Services assigned a geographical territory
176 shall be a resident of the assigned geographical territory. Members of
177 said advisory boards shall receive no compensation for their services
178 but shall be reimbursed for necessary expenses involved in the
179 performance of their duties. At least one-third of such members shall be
180 from [a substance abuse subregional planning and action council
181 established pursuant to section 17a-671] regional behavioral health
182 action organizations, established pursuant to section 1 of this act, and at
183 least one-third shall be members of the catchment area councils, as

184 provided in section 17a-483, as amended by this act, for the catchment
185 areas served by such facility, except that members serving as of October
186 1, 1977, shall serve out their terms.

187 Sec. 6. Section 17a-476 of the general statutes is repealed and the
188 following is substituted in lieu thereof (*Effective from passage*):

189 (a) Any general hospital, municipality or nonprofit organization in
190 Connecticut may apply to the Department of Mental Health and
191 Addiction Services for funds to establish, expand or maintain
192 psychiatric or mental health services. The application for funds shall be
193 submitted on forms provided by the Department of Mental Health and
194 Addiction Services, and shall be accompanied by (1) a definition of the
195 towns and areas to be served; (2) a plan by means of which the applicant
196 proposes to coordinate its activities with those of other local agencies
197 presently supplying mental health services or contributing in any way
198 to the mental health of the area; (3) a description of the services to be
199 provided, and the methods through which these services will be
200 provided; and (4) indication of the methods that will be employed to
201 effect a balance in the use of state and local resources so as to foster local
202 initiative, responsibility and participation. In accordance with
203 subdivision (4) of section 17a-480, as amended by this act, [and
204 subdivisions (1) and (2) of subsection (a) of section 17a-484, the regional
205 mental health board] the regional behavioral action organization
206 serving the mental health region in which the applicant is located shall
207 review each such application with the Department of Mental Health and
208 Addiction Services and make recommendations to the department with
209 respect to each such application.

210 (b) Upon receipt of the application with the recommendations of the
211 [regional mental health board] regional behavioral action organization
212 and approval by the Department of Mental Health and Addiction
213 Services, the department shall grant such funds by way of a contract or
214 grant-in-aid within the appropriation for any annual fiscal year. No
215 funds authorized by this section shall be used for the construction or
216 renovation of buildings.

217 (c) The Commissioner of Mental Health and Addiction Services may
218 adopt regulations, in accordance with the provisions of chapter 54,
219 concerning minimum standards for eligibility to receive said state
220 contracted funds and any grants-in-aid. Any such funds or grants-in-aid
221 made by the Department of Mental Health and Addiction Services for
222 psychiatric or mental health services shall be made directly to the
223 agency submitting the application and providing such service or
224 services.

225 Sec. 7. Section 17a-480 of the general statutes is repealed and the
226 following is substituted in lieu thereof (*Effective from passage*):

227 The Department of Mental Health and Addiction Services, in
228 consultation with [regional mental health boards as established by
229 subsection (c) of section 17a-483] regional behavioral action
230 organizations, established pursuant to section 1 of this act, (1) may
231 purchase services from other public agencies and from municipal and
232 private agencies, (2) shall supervise, plan and coordinate mental health
233 services with the goal of improving and expanding existing services and
234 providing new ones, (3) shall develop joint programs in conformity with
235 Department of Mental Health and Addiction Services standards, (4)
236 shall make recommendations concerning all requests for grants and all
237 contract proposals emanating from the regions, (5) shall evaluate mental
238 health service delivery and monitor such services to insure that they are
239 in conformity with the plans and policies of the Department of Mental
240 Health and Addiction Services, and (6) shall report annually to the
241 Board of Mental Health and Addiction Services on the status of
242 programs and needs of the regions.

243 Sec. 8. Section 17a-482 of the general statutes is repealed and the
244 following is substituted in lieu thereof (*Effective from passage*):

245 As used in subsection (a) of section 17a-476, as amended by this act,
246 sections 17a-478 to 17a-480, inclusive, as amended by this act, and
247 sections 17a-482, as amended by this act, [to 17a-484, inclusive] and 17a-
248 483, as amended by this act, unless the context otherwise requires:
249 "Catchment area" means any geographical area within the state

250 established as such by the Commissioner of Mental Health and
251 Addiction Services, the boundaries of which may be redesignated by
252 said commissioner when deemed necessary to equalize the population
253 of each area and in such manner as is consistent with the boundaries of
254 the municipalities therein, provided such boundaries of any catchment
255 area shall be entirely within the boundaries of a mental health region
256 established under section 17a-478, as amended by this act; "council"
257 means the catchment area council established under section 17a-483, as
258 amended by this act; ["regional mental health board" means the board
259 appointed within each mental health region under subsection (c) of
260 section 17a-483] "regional behavioral action organization" means the
261 organization established pursuant to section 1 of this act; and "provider"
262 means any person who receives income from private practice or any
263 public or private agency which delivers mental health services.

264 Sec. 9. Section 17a-483 of the general statutes is repealed and the
265 following is substituted in lieu thereof (*Effective from passage*):

266 (a) Each catchment area council shall consist of one representative
267 from each town or portion thereof located within the same catchment
268 area, except that if a catchment area consists of (1) only two towns or
269 portions thereof, three representatives shall be appointed from each
270 town or portion thereof, or (2) only one town or portion thereof, seven
271 representatives shall be appointed. Such representatives shall be
272 consumers and shall be appointed by the first selectmen, mayor or
273 governing official of such town or portion thereof. The representatives
274 appointed shall elect by majority vote an additional number of
275 representatives, which number shall not exceed the number initially
276 appointed. Not less than fifty-one per cent and not more than sixty per
277 cent of the total catchment area council membership shall be
278 [consumers] persons with lived experience of a behavioral health
279 disorder.

280 (b) Each catchment area council shall study and evaluate the delivery
281 of mental health services in its respective catchment area in accordance
282 with regulations adopted by the Commissioner of Mental Health and

283 Addiction Services. Each council shall make such reports and
284 recommendations to the [regional mental health boards as such boards]
285 regional behavioral health action organizations as such organizations
286 may require or which the catchment area council may deem necessary.

287 (c) Each catchment area council shall elect four members of its council
288 to serve as members of the [regional mental health board] regional
289 behavioral health action organization of the region in which it is located,
290 not more than two of whom shall be providers of mental health services.
291 The [regional mental health boards] regional behavioral health action
292 organizations shall consist of the members elected by the catchment area
293 councils and one representative designated by the Commissioner of
294 Mental Health and Addiction Services from each state-operated facility
295 serving the region.

296 (d) Members of catchment area councils shall receive no
297 compensation for their services but may be reimbursed by the
298 Department of Mental Health and Addiction Services for necessary
299 expenses incurred in the performance of their duties.

300 Sec. 10. Subsection (a) of section 17a-713 of the 2022 supplement to
301 the general statutes is repealed and the following is substituted in lieu
302 thereof (*Effective from passage*):

303 (a) The Department of Mental Health and Addiction Services shall
304 establish a program for the treatment and rehabilitation of compulsive
305 gamblers in the state. The program shall provide prevention, treatment
306 and rehabilitation services for chronic gamblers. The department may
307 enter into agreements with [subregional planning and action councils]
308 regional behavioral health action organizations and nonprofit
309 organizations to assist in providing these services, provided not less
310 than twenty-five per cent of the amount received pursuant to section 12-
311 818 annually shall be set aside for contracts with [subregional planning
312 and action councils established pursuant to section 17a-671] regional
313 behavioral health action organizations established pursuant to section 1
314 of this act and nonprofit organizations and not less than five per cent of
315 the amount received pursuant to section 12-818 annually shall be set

316 aside for a contract with the Connecticut Council on Problem Gambling.
317 The department may impose a reasonable fee, on a sliding scale, on
318 those participants who can afford to pay for any such services. The
319 department shall implement such program when the account
320 established under subsection (b) of this section is sufficient to meet
321 initial operating expenses. As used in this section, "chronic gambler"
322 means a person who is chronically and progressively preoccupied with
323 gambling and the urge to gamble, and with gambling behavior that
324 compromises, disrupts or damages personal, family or vocational
325 pursuits.

326 Sec. 11. Section 19a-507a of the general statutes is repealed and the
327 following is substituted in lieu thereof (*Effective from passage*):

328 As used in section 8-3g and sections 19a-507a to 19a-507d, inclusive:
329 (1) "Mentally ill adult" means any adult who has a mental or emotional
330 condition which has substantial adverse effects on his ability to function
331 and who requires care and treatment but shall not mean any adult who
332 is dangerous to himself or herself or others, as defined in section 17a-
333 495, as amended by this act, or who is an alcohol-dependent person or
334 a drug-dependent person, as defined in section 17a-680, as amended by
335 this act, or who has been placed in any community-based residential
336 home by order of the Superior Court or has been released to any
337 community-based residential home by the Department of Correction or
338 any person found not competent to stand trial for any crime pursuant to
339 section 54-56d or committed pursuant to sections 17a-580 to 17a-602,
340 inclusive; and (2) ["regional mental health board" means a regional
341 mental health board, as defined in section 17a-482; (3)] "community
342 residence" means a facility which houses the staff of such facility and
343 eight or fewer mentally ill adults which is licensed by the Commissioner
344 of Public Health and which provides supervised, structured group
345 living activities and psychosocial rehabilitation and other support
346 services to mentally ill adults discharged from a state-operated or
347 licensed facility or referred by a licensed physician specializing in
348 psychiatry or a licensed psychologist.

349 Sec. 12. Section 19a-507b of the general statutes is repealed and the
350 following is substituted in lieu thereof (*Effective from passage*):

351 (a) No community residence shall be established on or after July 1,
352 1984, within one thousand feet of any other community residence. If
353 more than one community residence is proposed to be established in
354 any municipality, the total capacity of all community residences in the
355 municipality in which such residence is proposed to be established shall
356 not exceed one-tenth of one per cent of the population of such
357 municipality.

358 (b) Any resident of a municipality in which a community residence is
359 or will be located may, through the chief executive officer of the
360 municipality, or the legislative body of such municipality may, petition
361 the Commissioner of Public Health to deny an application for a license
362 to operate a community residence on the grounds that the operation of
363 such a community residence would be in violation of the limits
364 established under subsection (a) of this section.

365 (c) An applicant for a license to operate a community residence shall
366 mail a copy of the application made to the Department of Public Health
367 to [the regional mental health board and] the governing body of the
368 municipality in which the community residence is to be located, by
369 certified mail, return receipt requested. All applications shall specify the
370 number of community residences in the municipality, the address of
371 each such residence and the number of residents in each and the address
372 of the proposed community residence, and shall include population and
373 occupancy statistics reflecting compliance with the limits established
374 pursuant to subsection (a) of this section.

375 (d) The Commissioner of Public Health shall not issue a license for a
376 community residence until the applicant has submitted proof that the
377 mailing required by subsection (c) of this section has been made and
378 until at least thirty days have elapsed since the receipt of such mailing
379 by all required recipients.

380 Sec. 13. Subsection (a) of section 17a-450a of the general statutes is

381 repealed and the following is substituted in lieu thereof (*Effective from*
382 *passage*):

383 (a) The Department of Mental Health and Addiction Services shall
384 constitute a successor department to the Department of Mental Health.
385 Whenever the words "Commissioner of Mental Health" are used or
386 referred to in the following general statutes, the words "Commissioner
387 of Mental Health and Addiction Services" shall be substituted in lieu
388 thereof and whenever the words "Department of Mental Health" are
389 used or referred to in the following general statutes, the words
390 "Department of Mental Health and Addiction Services" shall be
391 substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d,
392 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-
393 450, 17a-451, as amended by this act, 17a-453, 17a-454, 17a-455, 17a-456,
394 as amended by this act, 17a-457, 17a-458, 17a-459, 17a-460, 17a-464, 17a-
395 465, 17a-466, 17a-467, 17a-468, 17a-470, as amended by this act, 17a-471,
396 17a-472, 17a-473, 17a-474, 17a-476, as amended by this act, 17a-478, as
397 amended by this act, 17a-479, 17a-480, as amended by this act, 17a-481,
398 17a-482, as amended by this act, 17a-483, as amended by this act, [17a-
399 484,] 17a-498, as amended by this act, 17a-499, as amended by this act,
400 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, as
401 amended by this act, 17a-528, as amended by this act, 17a-560, 17a-561,
402 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222,
403 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, as
404 amended by this act, 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301,
405 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d.

406 Sec. 14. Section 17a-478 of the general statutes is repealed and the
407 following is substituted in lieu thereof (*Effective from passage*):

408 The Commissioner of Mental Health and Addiction Services shall
409 designate mental health regions within the state. Such regions and
410 boundaries thereof may be redesignated by said commissioner as he
411 deems necessary. For the purposes of sections 17a-476, as amended by
412 this act, and 17a-478 to 17a-480, inclusive, as amended by this act,
413 "community mental health services" means comprehensive services,

414 both medical and nonmedical, designed to (1) decrease the prevalence
415 and incidence of psychiatric disabilities, emotional disturbance and
416 social disfunctioning, and (2) promote mental health in individuals,
417 groups and institutions and includes, but is not limited to, the following:
418 Outreach and case finding, inpatient treatment, outpatient treatment,
419 partial hospitalization, diagnosis and screening, aftercare and
420 rehabilitation, education, consultation, emergency services, research,
421 evaluation, training and services to the courts. The Commissioner of
422 Mental Health and Addiction Services may enter into such contracts for
423 services as may be required to carry out the provisions of subsection (a)
424 of section 17a-476, as amended by this act, sections 17a-478 to 17a-480,
425 inclusive, as amended by this act, and sections 17a-482, as amended by
426 this act, [to 17a-484, inclusive] and 17a-483, as amended by this act.

427 Sec. 15. Subsections (b) to (d), inclusive, of section 17a-495 of the
428 general statutes are repealed and the following is substituted in lieu
429 thereof (*Effective from passage*):

430 (b) For the purposes of this section, sections 17a-450 to [17a-484] 17a-
431 483, inclusive, as amended by this act, 17a-496 to 17a-528, inclusive, as
432 amended by this act, 17a-540 to 17a-550, inclusive, and 17a-560 to 17a-
433 575, inclusive, the following terms shall have the following meanings:
434 "Business day" means Monday to Friday, inclusive, except when a legal
435 holiday falls on any such day; "hospital for persons with psychiatric
436 disabilities" means any public or private hospital, retreat, institution,
437 house or place in which any person with psychiatric disabilities is
438 received or detained as a patient, but shall not include any correctional
439 institution of this state; "patient" means any person detained and taken
440 care of as a person with psychiatric disabilities; "keeper of a hospital for
441 persons with psychiatric disabilities" means any person, body of
442 persons or corporation which has the immediate superintendence,
443 management and control of a hospital for persons with psychiatric
444 disabilities and the patients therein; "support" includes all necessary
445 food, clothing and medicine and all general expenses of maintaining
446 state hospitals for persons with psychiatric disabilities; "indigent
447 person" means any person who has an estate insufficient, in the

448 judgment of the Court of Probate, to provide for his or her support and
449 has no person or persons legally liable who are able to support him or
450 her; "dangerous to himself or herself or others" means there is a
451 substantial risk that physical harm will be inflicted by an individual
452 upon his or her own person or upon another person; "gravely disabled"
453 means that a person, as a result of mental or emotional impairment, is
454 in danger of serious harm as a result of an inability or failure to provide
455 for his or her own basic human needs such as essential food, clothing,
456 shelter or safety and that hospital treatment is necessary and available
457 and that such person is mentally incapable of determining whether or
458 not to accept such treatment because his judgment is impaired by his
459 psychiatric disabilities; "respondent" means a person who is alleged to
460 have psychiatric disabilities and for whom an application for
461 commitment to a hospital for persons with psychiatric disabilities has
462 been filed; "voluntary patient" means any patient sixteen years of age or
463 older who applies in writing to and is admitted to a hospital for persons
464 with psychiatric disabilities as a person with psychiatric disabilities or
465 any patient under sixteen years of age whose parent or legal guardian
466 applies in writing to such hospital for admission of such patient; and
467 "involuntary patient" means any patient hospitalized pursuant to an
468 order of a judge of the Probate Court after an appropriate hearing or a
469 patient hospitalized for emergency diagnosis, observation or treatment
470 upon certification of a qualified physician.

471 (c) For the purposes of this section and sections 17a-496 to 17a-528,
472 inclusive, as amended by this act, "person with psychiatric disabilities"
473 means any person who has a mental or emotional condition which has
474 substantial adverse effects on his or her ability to function and who
475 requires care and treatment, and specifically excludes a person who is
476 an alcohol-dependent person or a drug-dependent person, as defined in
477 section 17a-680, as amended by this act.

478 (d) For the purposes of sections 17a-453, 17a-454, 17a-456, as
479 amended by this act, 17a-458 to 17a-464, inclusive, 17a-466 to 17a-469,
480 inclusive, 17a-471, 17a-474, 17a-476 to [17a-484] 17a-483, inclusive, as
481 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,

482 inclusive, and 17a-615 to 17a-618, inclusive, "person with psychiatric
483 disabilities" means any person who has a mental or emotional condition
484 which has substantial adverse effects on his or her ability to function
485 and who requires care and treatment, and specifically includes a person
486 who is an alcohol-dependent person or a drug-dependent person, as
487 defined in section 17a-680, as amended by this act.

488 Sec. 16. Section 17a-496 of the general statutes is repealed and the
489 following is substituted in lieu thereof (*Effective from passage*):

490 Any keeper of a hospital for psychiatric disabilities who wilfully
491 violates any of the provisions of this section, sections 17a-75 to 17a-83,
492 inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act,
493 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550,
494 inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618,
495 inclusive, shall be fined not more than two hundred dollars or
496 imprisoned not more than one year or both.

497 Sec. 17. Subsection (b) of section 17a-497 of the general statutes is
498 repealed and the following is substituted in lieu thereof (*Effective from*
499 *passage*):

500 (b) Upon the motion of any respondent or his or her counsel, or the
501 probate judge having jurisdiction over such application, filed not later
502 than three days prior to any hearing scheduled on such application, the
503 Probate Court Administrator shall appoint a three-judge court from
504 among the probate judges to hear such application. The judge of the
505 Probate Court having jurisdiction over such application under the
506 provisions of this section shall be a member, provided such judge may
507 disqualify himself in which case all three members of such court shall
508 be appointed by the Probate Court Administrator. Such three-judge
509 court when convened shall have all the powers and duties set forth
510 under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483,
511 inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as
512 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,
513 inclusive, and 17a-615 to 17a-618, inclusive, and shall be subject to all of
514 the provisions of law as if it were a single-judge court. No such

515 respondent shall be involuntarily confined without the vote of at least
516 two of the three judges convened hereunder. The judges of such court
517 shall designate a chief judge from among their members. All records for
518 any case before the three-judge court shall be maintained in the Probate
519 Court having jurisdiction over the matter as if the three-judge court had
520 not been appointed.

521 Sec. 18. Subsection (g) of section 17a-498 of the general statutes is
522 repealed and the following is substituted in lieu thereof (*Effective from*
523 *passage*):

524 (g) The hospital shall notify each patient at least annually that such
525 patient has a right to a further hearing pursuant to this section. If the
526 patient requests such hearing, it shall be held by the Probate Court for
527 the district in which the hospital is located. Any such request shall be
528 immediately filed with the appropriate court by the hospital. After such
529 request is filed with the Probate Court, it shall proceed in the manner
530 provided in subsections (a), (b), (c) and (f) of this section. In addition,
531 the hospital shall furnish the Probate Court for the district in which the
532 hospital is located on a monthly basis with a list of all patients confined
533 in the hospital involuntarily without release for one year since the last
534 annual review under this section of the patient's commitment or since
535 the original commitment. The hospital shall include in such notification
536 the type of review the patient last received. If the patient's last annual
537 review had a hearing, the Probate Court shall, within fifteen business
538 days thereafter, appoint an impartial physician who is a psychiatrist
539 from the list provided by the Commissioner of Mental Health and
540 Addiction Services as set forth in subsection (c) of this section and not
541 connected with the hospital in which the patient is confined or related
542 by blood or marriage to the original applicant or to the respondent,
543 which physician shall see and examine each such patient within fifteen
544 business days after such physician's appointment and make a report
545 forthwith to such court of the condition of the patient on forms provided
546 by the Probate Court Administrator. If the Probate Court concludes that
547 the confinement of any such patient should be reviewed by such court
548 for possible release of the patient, the court, on its own motion, shall

549 proceed in the manner provided in subsections (a), (b), (c) and (f) of this
550 section, except that the examining physician shall be considered one of
551 the physicians required by subsection (c) of this section. If the patient's
552 last annual review did not result in a hearing, and in any event at least
553 every two years, the Probate Court shall, within fifteen business days,
554 proceed with a hearing in the manner provided in subsections (a), (b),
555 (c) and (f) of this section. All costs and expenses, including Probate
556 Court entry fees provided by statute, in conjunction with the annual
557 psychiatric review and the judicial review under this subsection, except
558 costs for physicians appointed pursuant to this subsection, shall be
559 established by, and paid from funds appropriated to, the Judicial
560 Department, except that if funds have not been included in the budget
561 of the Judicial Department for such costs and expenses, such payment
562 shall be made from the Probate Court Administration Fund.
563 Compensation of any physician appointed to conduct the annual
564 psychiatric review, to examine a patient for any hearing held as a result
565 of such annual review or for any other biennial hearing required
566 pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-
567 483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as
568 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,
569 inclusive, and 17a-615 to 17a-618, inclusive, shall be paid by the state
570 from funds appropriated to the Department of Mental Health and
571 Addiction Services in accordance with rates established by the
572 Department of Mental Health and Addiction Services.

573 Sec. 19. Section 17a-499 of the general statutes is repealed and the
574 following is substituted in lieu thereof (*Effective from passage*):

575 All proceedings of the Probate Court, upon application made under
576 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-
577 484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528,
578 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560
579 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be in
580 writing and filed in such court, and, whenever a court passes an order
581 for the admission of any person to any state hospital for psychiatric
582 disabilities, the court shall record the order and give a certified copy of

583 such order and of the reports of the physicians to the person by whom
584 such person is to be taken to the hospital, as the warrant for such taking
585 and commitment, and shall also forthwith transmit a like copy to the
586 Commissioner of Mental Health and Addiction Services, and, in the case
587 of a person in the custody of the Commissioner of Correction, to the
588 Commissioner of Correction. Whenever a court passes an order for the
589 commitment of any person to any hospital for psychiatric disabilities, it
590 shall, within three business days, provide the Commissioner of Mental
591 Health and Addiction Services with access to identifying information
592 including, but not limited to, name, address, sex, date of birth and date
593 of commitment on all commitments ordered on and after June 1, 1998.
594 All commitment applications, orders of commitment and commitment
595 papers issued by any court in committing persons with psychiatric
596 disabilities to public or private hospitals for psychiatric disabilities shall
597 be in accordance with a form prescribed by the Probate Court
598 Administrator, which form shall be uniform throughout the state. State
599 hospitals and other hospitals for persons with psychiatric disabilities
600 shall, so far as they are able, upon reasonable request of any officer of a
601 court having the power of commitment, send one or more trained
602 attendants or nurses to attend any hearing concerning the commitment
603 of any person with psychiatric disabilities and any such attendant or
604 nurse, when present, shall be designated by the court as the authority to
605 serve commitment process issued under the provisions of sections 17a-
606 75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as
607 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this
608 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-
609 615 to 17a-618, inclusive.

610 Sec. 20. Subsection (a) of section 17a-500 of the general statutes is
611 repealed and the following is substituted in lieu thereof (*Effective from*
612 *passage*):

613 (a) Each court of probate shall keep a record of the cases relating to
614 persons with psychiatric disabilities coming before it under sections
615 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as
616 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this

617 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-
618 615 to 17a-618, inclusive, and the disposition of them. It shall also keep
619 on file the original application and certificate of physicians required by
620 said sections, or a microfilm duplicate of such records in accordance
621 with regulations issued by the Probate Court Administrator. All records
622 maintained in the courts of probate under the provisions of said sections
623 shall be sealed and available only to the respondent or his or her counsel
624 unless the Court of Probate, after hearing held with notice to the
625 respondent, determines such records should be disclosed for cause
626 shown.

627 Sec. 21. Section 17a-501 of the general statutes is repealed and the
628 following is substituted in lieu thereof (*Effective from passage*):

629 Any person with psychiatric disabilities, the expense of whose
630 support is paid by himself or by another person, may be committed to
631 any institution for the care of persons with psychiatric disabilities
632 designated by the person paying for such support; and any indigent
633 person with psychiatric disabilities, not a pauper, committed under the
634 provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484]
635 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive,
636 as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,
637 inclusive, and 17a-615 to 17a-618, inclusive, shall be committed to any
638 state hospital for psychiatric disabilities which is equipped to receive
639 him, at the discretion of the Court of Probate, upon consideration of a
640 request made by the person applying for such commitment.

641 Sec. 22. Section 17a-504 of the general statutes is repealed and the
642 following is substituted in lieu thereof (*Effective from passage*):

643 Any person who wilfully and maliciously causes, or attempts to
644 cause, or who conspires with any other person to cause, any person who
645 does not have psychiatric disabilities to be committed to any hospital
646 for psychiatric disabilities, and any person who wilfully certifies falsely
647 to the psychiatric disabilities of any person in any certificate provided
648 for in sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483,
649 inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as

650 amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,
651 inclusive, and 17a-615 to 17a-618, inclusive, and any person who, under
652 the provisions of said sections relating to persons with psychiatric
653 disabilities, wilfully reports falsely to any court or judge that any person
654 has psychiatric disabilities, shall be guilty of a class D felony.

655 Sec. 23. Section 17a-505 of the general statutes is repealed and the
656 following is substituted in lieu thereof (*Effective from passage*):

657 When any female with psychiatric disabilities is escorted to a state
658 hospital for persons with psychiatric disabilities by a male guard,
659 attendant or other employee of a correctional or reformatory institution,
660 or by a male law enforcement officer, under the provisions of sections
661 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as
662 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this
663 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-
664 615 to 17a-618, inclusive, the person so escorting her shall be
665 accompanied by an adult member of her family or at least one woman.

666 Sec. 24. Section 17a-519 of the general statutes is repealed and the
667 following is substituted in lieu thereof (*Effective from passage*):

668 Each officer or indifferent person making legal service of any order,
669 notice, warrant or other paper under the provisions of sections 17a-75 to
670 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by
671 this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to
672 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618,
673 inclusive, shall be entitled to the same compensation as is by law
674 provided for like services in civil causes. Physicians, for examining a
675 person alleged to have psychiatric disabilities and making a certificate
676 as provided by said sections, shall be entitled to a reasonable
677 compensation established by the Commissioner of Mental Health and
678 Addiction Services. The fees of the courts of probate shall be such as are
679 provided by law for similar services. The Superior Court, on an appeal,
680 may tax costs at its discretion.

681 Sec. 25. Section 17a-525 of the general statutes is repealed and the

682 following is substituted in lieu thereof (*Effective from passage*):

683 Any person aggrieved by an order, denial or decree of a Probate
684 Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484]
685 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive,
686 as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575,
687 inclusive, and 17a-615 to 17a-618, inclusive, including any relative or
688 friend, on behalf of any person found to have psychiatric disabilities,
689 shall have the right of appeal in accordance with sections 45a-186 to 45a-
690 193, inclusive. On the trial of an appeal, the Superior Court may require
691 the state's attorney or, in the state's attorney's absence, some other
692 practicing attorney of the court to be present for the protection of the
693 interests of the state and of the public.

694 Sec. 26. Subsection (a) of section 17a-528 of the general statutes is
695 repealed and the following is substituted in lieu thereof (*Effective from*
696 *passage*):

697 (a) When any person is found to have psychiatric disabilities, and is
698 committed to a state hospital for psychiatric disabilities, upon
699 proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to
700 [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528,
701 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560
702 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, all fees and
703 expenses incurred upon the probate commitment proceedings, payment
704 of which is not otherwise provided for under said sections, shall be paid
705 by the state within available appropriations from funds appropriated to
706 the Department of Mental Health and Addiction Services in accordance
707 with rates established by said department; and, if such person is found
708 not to have psychiatric disabilities, such fees and expenses shall be paid
709 by the applicant.

710 Sec. 27. Section 17a-680 of the general statutes is repealed and the
711 following is substituted in lieu thereof (*Effective from passage*):

712 For purposes of sections 17a-673 [,] and 17a-680 to 17a-690, inclusive;
713 [and subsection (d) of section 17a-484:]

714 (1) "Alcohol-dependent person" means a person who meets the
715 criteria for moderate or severe alcohol use disorder, as described in the
716 most recent edition of the American Psychiatric Association's
717 "Diagnostic and Statistical Manual of Mental Disorders";

718 (2) "Business day" means Monday to Friday, inclusive, except when
719 a legal holiday falls on any such day;

720 (3) "Department" means the Department of Mental Health and
721 Addiction Services;

722 (4) "Dangerous to himself" means there is a substantial risk that
723 physical harm will be inflicted by a person on himself or herself;

724 (5) "Dangerous to others" means there is a substantial risk that
725 physical harm will be inflicted by a person on another person;

726 (6) "Drug or drugs" means a controlled drug as defined in section 21a-
727 240;

728 (7) "Drug-dependent person" means a person who meets the criteria
729 for moderate or severe substance use disorder, as described in the most
730 recent edition of the American Psychiatric Association's "Diagnostic and
731 Statistical Manual of Mental Disorders";

732 (8) "Commissioner" means the Commissioner of Mental Health and
733 Addiction Services;

734 (9) "Gravely disabled" means a condition in which a person, as a
735 result of the use of alcohol or drugs on a periodic or continuous basis, is
736 in danger of serious physical harm because (A) he or she is not
737 providing for his or her essential needs such as food, clothing, shelter,
738 vital medical care, or safety, (B) he or she needs, but is not receiving,
739 inpatient treatment for alcohol dependency or drug dependency, and
740 (C) he or she is incapable of determining whether to accept such
741 treatment because his or her judgment is impaired;

742 (10) "Hospital" means an establishment licensed under the provisions

743 of sections 19a-490 to 19a-503, inclusive, for the lodging, care and
744 treatment of persons suffering from disease or other abnormal physical
745 or mental conditions, and includes inpatient psychiatric services in
746 general hospitals;

747 (11) "Incapacitated by alcohol" means a condition in which a person
748 as a result of the use of alcohol has his or her judgment so impaired that
749 he or she is incapable of realizing and making a rational decision with
750 respect to his or her need for treatment;

751 (12) "Incompetent person" means a person who has been adjudged
752 incompetent by a court of competent jurisdiction;

753 (13) "Intoxicated person" means a person whose mental or physical
754 functioning is substantially impaired as a result of the use of alcohol or
755 drugs;

756 (14) "Medical officer" means a licensed physician in attendance at a
757 treatment facility or hospital;

758 (15) "Respondent" means a person who is alleged to be alcohol-
759 dependent or drug-dependent and for whom a petition for commitment
760 or recommitment to an inpatient treatment facility has been filed;

761 (16) "Treatment" means any emergency, outpatient, intermediate and
762 inpatient services and care, including diagnostic evaluation, medical,
763 psychiatric, psychological and social services, vocational and social
764 rehabilitation and other appropriate services, which may be extended to
765 alcohol-dependent persons, drug-dependent persons and intoxicated
766 persons;

767 (17) "Treatment facility" means (A) a facility providing treatment and
768 operating under the direction and control of the department, or (B) a
769 private facility providing treatment and licensed under the provisions
770 of sections 19a-490 to 19a-503, inclusive.

771 Sec. 28. Subsection (d) of section 45a-656 of the general statutes is
772 repealed and the following is substituted in lieu thereof (*Effective from*

773 *passage*):

774 (d) The conservator of the person shall not have the power or
775 authority to cause the respondent to be committed to any institution for
776 the treatment of the mentally ill except under the provisions of sections
777 17a-75 to 17a-83, inclusive, 17a-456 to [17a-484] 17a-483, inclusive, as
778 amended by this act, 17a-495 to 17a-528, inclusive, as amended by this
779 act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615
780 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

781 Sec. 29. Subsection (e) of section 45a-677 of the 2022 supplement to
782 the general statutes is repealed and the following is substituted in lieu
783 thereof (*Effective from passage*):

784 (e) A plenary guardian or limited guardian shall not have the power
785 or authority: (1) To cause the protected person to be admitted to any
786 institution for treatment of the mentally ill, except in accordance with
787 the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-
788 484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528,
789 inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560
790 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-
791 664, inclusive, and chapter 420b; (2) to cause the protected person to be
792 admitted to any training school or other facility provided for the care
793 and training of persons with intellectual disability if there is a conflict
794 concerning such admission between the guardian and the protected
795 person or next of kin, except in accordance with the provisions of
796 sections 17a-274 and 17a-275; (3) to consent on behalf of the protected
797 person to a sterilization, except in accordance with the provisions of
798 sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the
799 protected person to psychosurgery, except in accordance with the
800 provisions of section 17a-543; (5) to consent on behalf of the protected
801 person to the termination of the protected person's parental rights,
802 except in accordance with the provisions of sections 45a-706 to 45a-709,
803 inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive,
804 and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the
805 protected person to the performance of any experimental biomedical or

806 behavioral medical procedure or participation in any biomedical or
 807 behavioral experiment, unless it (A) is intended to preserve the life or
 808 prevent serious impairment of the physical health of the protected
 809 person, (B) is intended to assist the protected person to regain the
 810 protected person's abilities and has been approved for the protected
 811 person by the court, or (C) has been (i) approved by a recognized
 812 institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21
 813 CFR 56, as amended from time to time, which is not a part of the
 814 Department of Developmental Services, (ii) endorsed or supported by
 815 the Department of Developmental Services, and (iii) approved for the
 816 protected person by such protected person's primary care physician; (7)
 817 to admit the protected person to any residential facility operated by an
 818 organization by whom such guardian is employed, except in accordance
 819 with the provisions of section 17a-274; (8) to prohibit the marriage or
 820 divorce of the protected person; and (9) to consent on behalf of the
 821 protected person to an abortion or removal of a body organ, except in
 822 accordance with applicable statutory procedures when necessary to
 823 preserve the life or prevent serious impairment of the physical or mental
 824 health of the protected person.

825 Sec. 30. Sections 17a-484 and 17a-671 of the general statutes are
 826 repealed.(Effective from passage)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	4-28g
Sec. 3	<i>from passage</i>	17a-451(j)
Sec. 4	<i>from passage</i>	17a-456
Sec. 5	<i>from passage</i>	17a-470
Sec. 6	<i>from passage</i>	17a-476
Sec. 7	<i>from passage</i>	17a-480
Sec. 8	<i>from passage</i>	17a-482
Sec. 9	<i>from passage</i>	17a-483
Sec. 10	<i>from passage</i>	17a-713(a)
Sec. 11	<i>from passage</i>	19a-507a
Sec. 12	<i>from passage</i>	19a-507b

Sec. 13	<i>from passage</i>	17a-450a(a)
Sec. 14	<i>from passage</i>	17a-478
Sec. 15	<i>from passage</i>	17a-495(b) to (d)
Sec. 16	<i>from passage</i>	17a-496
Sec. 17	<i>from passage</i>	17a-497(b)
Sec. 18	<i>from passage</i>	17a-498(g)
Sec. 19	<i>from passage</i>	17a-499
Sec. 20	<i>from passage</i>	17a-500(a)
Sec. 21	<i>from passage</i>	17a-501
Sec. 22	<i>from passage</i>	17a-504
Sec. 23	<i>from passage</i>	17a-505
Sec. 24	<i>from passage</i>	17a-519
Sec. 25	<i>from passage</i>	17a-525
Sec. 26	<i>from passage</i>	17a-528(a)
Sec. 27	<i>from passage</i>	17a-680
Sec. 28	<i>from passage</i>	45a-656(d)
Sec. 29	<i>from passage</i>	45a-677(e)
Sec. 30	<i>from passage</i>	Repealer section

PH *Joint Favorable*

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, which codifies the current structure and responsibilities of Regional Behavioral Health Action Organizations (RBHAOs) and makes related technical and conforming changes, has no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**HB 5419*****AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATIONS.*****SUMMARY**

In 2017 and 2018, the Department of Mental Health and Addiction Services (DMHAS) reorganized existing Regional Action Councils (focused on substance abuse prevention) and Regional Mental Health Boards. DMHAS replaced them with five Regional Behavioral Health Action Organizations (RBHAOs), one for each of the state's designated mental health regions.

This bill establishes these five RBHAOs in statute and repeals the laws that established the prior councils and boards. It requires each RBHAO to serve as a strategic community partner responsible for (1) behavioral health planning, education, and promotion; (2) coordinating behavioral health issues prevention; and (3) advocacy for behavioral health needs and services within its mental health region. The bill gives the organizations certain duties and in doing so, requires them to solicit advice and input from the community.

The bill also makes several corresponding statutory changes to effectuate the transfer of duties from the prior boards and councils to the RBHAOs. For example, it requires the RBHAOs, rather than the boards or councils as applicable, to (1) designate individuals to serve on certain entities and (2) consult with DMHAS in the department's development of the state's substance abuse prevention and treatment plan.

The bill makes other related changes, such as (1) reducing the membership of the state's Board of Mental Health and Addiction

Services (§ 4) and (2) specifying that 51 to 60% of the total catchment area council membership must be people with lived experience of a behavioral health disorder, not just consumers generally (§ 9). (These councils study and evaluate the delivery of mental health services in their respective areas.)

The bill also makes related minor, technical, and conforming changes.

EFFECTIVE DATE: Upon passage

§ 1 — RBHAO DUTIES

The bill requires each RBHAO to fulfill the following duties within its mental health region:

1. assess the behavioral health needs of children, adolescents, and adults and engage with stakeholders to identify needs, problems, barriers, and gaps in the behavioral health service continuum;
2. enhance local community capacity to understand and address problem gambling;
3. raise awareness and advocate to the public for mental health promotion and substance abuse prevention, treatment, and recovery;
4. receive and spend federal, state, and local funds and leverage funds to support behavioral health promotion, prevention, treatment, and recovery activities;
5. serve on local, regional, and state advisory and planning bodies;
6. within available appropriations, provide training in administering opioid antagonists (e.g., Narcan) and distribute them to communities;
7. report community needs, program review findings, and conclusions annually to the relevant local, regional, and state stakeholders with recommendations to establish, modify, or

expand behavioral health services; and

8. serve as the regional partner responsible for coordinating and aligning federal, state, regional, and local behavioral health initiatives.

The bill requires each RBHAO, in fulfilling these duties, to solicit advice from the community. This must at least include elected officials, parents, youth, faith-based organizations, law enforcement professionals or organizations, health care professionals, people with lived experience of behavioral health issues and their family members, behavioral health treatment providers, businesses, youth-serving organizations, civic or fraternal groups, educational and media organizations, and other interested people or organizations.

§§ 2-30 — CORRESPONDING STATUTORY CHANGES AND TRANSFER OF DUTIES

The bill makes several changes throughout the statutes to effectuate the transfer of duties from Regional Action Councils and Regional Mental Health Boards to RBHAOs. It replaces several statutory references to the councils or boards with references to RBHAOs, and transfers several of their duties to the RBHAOs. These include, among other things:

1. submitting a plan to the Department of Public Health (DPH), with specified information, before receiving state funds for tobacco education, reduction, or prevention efforts (§ 2);
2. consulting with the DMHAS commissioner on certain matters, such as the commissioner's triennial update of a comprehensive plan for substance abuse prevention, treatment, and reduction (§ 3);
3. reviewing applications (along with DMHAS) and making recommendations when a hospital, municipality, or nonprofit organization applies for DMHAS funds to establish, expand, or maintain psychiatric or mental health services (§ 6);

4. receiving reports and recommendations from the catchment area councils (§ 9); and
5. entering into agreements with DMHAS to provide services for chronic gamblers (§ 10).

Under current law, applicants for a license to operate a DPH-licensed community residence for up to eight adults with mental illness must send a copy of the application to the Regional Mental Board as well as DPH. The bill removes references to the board for this purpose and does not require applicants to send a copy to the RBHAO (§ 12).

Board of Mental Health and Addiction Services (§ 4)

The bill removes several members from the state's Board of Mental Health and Addiction Services, replacing them with two designees from each of the RBHAOs. Under the bill, each RBHAO must designate to serve on the board:

1. one individual with experience treating or providing services for people with psychiatric disabilities and
2. one individual with experience treating or providing services for people recovering from substance use disorders.

The bill removes from the board the following members generally designated by the Regional Action Councils and Regional Mental Health Boards repealed by the bill:

1. the chairpersons of the boards and one designee of each board;
2. two designees from each of the five subregions represented by the councils;
3. one designee from each mental health region, representing individuals with psychiatric disabilities, selected by the boards in collaboration with advocacy groups; and
4. one designee from each of the five subregions represented by the

councils, representing individuals recovering from substance use disorders, selected by the councils in collaboration with advocacy groups.

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 29 Nay 2 (03/18/2022)