

Legislative History for Connecticut Act

SB 1460	PA 563	1975
Senate: p 3231-3232		(2)
House: p 6102		(1)
Public Health: p 776-788 834-841 852-854		(24)
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CONNECTICUT
GEN. ASSEMBLY
SENATE

PROCEEDINGS
1975

VOL. 18
PART 7
3189-3690

Monday, June 2, 1975

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gallon or more of liquor. So I don't know how this can be enforced. I know you are trying to put some teeth in the law, but all I can see is an awful lot of people who are going to get tangled up in this thing. I think we could have a little bit of chaotic situations many, many times probably with some well-meaning people.

roc

THE PRESIDENT:

Are there further remarks? If not, the question is on the adoption of Senate Amendment Schedule A. All those in favor please signify by saying Aye. And those opposed Nay. The Ayes have it. THE AMENDMENT IS ADOPTED.

SENATOR SULLIVAN:

I now move passage of the bill as amended and move it to the Consent Calendar, if there are no objections.

THE PRESIDENT:

If there are no objections, the matter is placed on the CONSENT CALENDAR.

THE CLERK:

Continuing on page eight, Cal. 1121, File 1129. Favorable report of the joint standing committee on Public Health and Safety. Substitute for Senate Bill 1460. AN ACT AMENDING THE CONNECTICUT MENTAL HEALTH SERVICES ACT.

THE PRESIDENT:

Senator Ciarlone.

SENATOR CIARLONE: (11th)

Mr. President, I move adoption of the bill as approved

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by the Committee on Public Health and Safety.

roc

THE PRESIDENT:

Will you remark on it, Senator?

SENATOR CIARLONE:

I will, Mr. President. This bill gives the commissioner of mental health the authority to redesignate the mental health service regions. It further provides for catchment (?) areas and councils within each area. It's a good bill and I move it to the Consent Calendar.

THE PRESIDENT:

Without objection, the matter is moved to the CONSENT CALENDAR.

THE PRESIDENT:

Mr. Clerk.

THE CLERK:

Cal. 1124, File 1133. Favorable report joint standing committee on Finance. Substitute Senate Bill 1199, AN ACT CONCERNING ASSIGNMENT OF OR LIEN UPON HOSPITALIZATION OR MEDICAL INSURANCE PROCEEDS.

THE PRESIDENT:

Senator Beck.

SENATOR BECK: (29th)

Mr. President, I move acceptance of the committee's favorable report.

THE PRESIDENT:

Will you remark on the bill, Senator?

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So move please, Mr. Speaker.

THE SPEAKER:

Question is on acceptance and passage of the bill in concurrence and further adoption of Senate "A" summarized by the gentleman from the 6th, copies are on the desks of the fiscal note.

MRS. GOODWIN (54th):

Mr. Speaker, may I be excused again please.

THE SPEAKER:

The Chair will so note.

MR. FARRICIELLI (102nd):

Mr. Speaker, the same thing, possible conflict.

THE SPEAKER:

The Journal will so note.

MR. CAMPBELL (118th):

Mr. Speaker, if necessary may I be excused.

THE SPEAKER:

The Journal will so note.

MR. HENDERSON (112th):

May I be excused under our rules for a possible conflict of interest.

THE SPEAKER:

The Journal will so note.

MR. ALLYN (43rd):

Possible conflict of interest sir.

THE SPEAKER:

The Journal will so note.

MR. MORRIS (94th):

Mr. Speaker, may I be excused because of a possible conflict of interest.

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MR. JOHN PARKER: (CONTD.): I have some personal feelings about the use of generic names. I think that one of the rights that must be maintained is the right of free choice by the physician to use whatever drug, or name of a drug he feels best with. To regulate his practice so that he will be told what drugs or what names he must use imposes on his freedom to practice.

And, bill 7470, line 19 through 24, allows the pharmacist to dispense a generic named drug at lower cost without consultation with the physician. This establishes a very poor practice and could subject both the pharmacist and physician to suit. Under no circumstances should a pharmacist dispense anything ordered by the physician in which a change is indicated without consulting the physician. The possibility of error is much too great. Thank you very much.

REPRESENTATIVE COHEN: Thank you very much. For the benefit of the people here, the bill does say, if the doctor doesn't want a substitution, he can put it on the prescription and there will be no substitution. Thank you very much. I will consider that the hearing is closed on those two bills. We will now proceed to 242, 762, 1460 and 8316. Commissioner Shepherd.

COMMISSIONER ERNEST SHEPHERD, ADMINISTER FOR MENTAL HEALTH FOR THE STATE OF CONNECTICUT: I'm appearing with respect to Senate Bill 242, Senate Bill 762, and House Bill 8316 and Senate Bill 1460. With due regard to the need for . . . Mr. Chairman, I'll try to be as brief as possible and just as clear as possible with respect to each of these acts. The bill 242 is a bill which directs the Drug Advisory Council to undertake a study to develop a program of community drug information. And I would only like to briefly indicate that the problem of drug abuse in the State of Connecticut has to be matched by various kinds of actions by the state government, one of which is community education. This particular bill the Department would like to indicate its support of in the interest of further strengthening and making it effective community adult education with respect to drug abuse.

Committee Bill #762, which is the next bill, is AN ACT APPROPRIATING FUNDS FOR THE SUPPORT OF ALCOHOLISM CONSORTIA BY THE DEPARTMENT OF MENTAL HEALTH. We are reading the bill rather carefully, Mr. Chairman, and would like to raise a question whether it is the intent of the Committee to use the word "consortia"? Or is it the intent of the Committee to use, to intend that funds appropriated would be for acute services? The consortium is one way that the Department intends to have various kinds of programs linked together for more effective action and services in concert, but I have the impression that the language of the bill may very well intend for any kind of action to be related to what we call the "acute care units". That relate to Public Act 280 and the decriminalization of public intoxication. We would ask for clarification of that. Either way the Department would like to indicate its support on that.

COMMISSIONER SHEPHERD: (CONTD.): We have a very important bill and the number is 8316, and this is a House Bill, concerning the authority of the Commissioner of the Department of Mental Health to be personnel means. In a large Department of this kind, Dr. Cohen, there are many times as many as 400 to 500 vacancies in the positions of the Department. The Department is expected to administer a consolidated budget as it is also expected to administer its entire work force, its entire positions and the people who are in the positions for the sake of the services. From time to time, the Department needs to be able to move its positions from hospital to hospital, or from program to program as there may be service needs to change or there may be some kind of position at one point not in use that are acutely needed in another point of the Department, statewide as its services are. We therefore ask for this kind of authorization, which permits a Commissioner of the Department as a large human service department to move with much of flexibility. An illustration of this is that we found some, a year or so ago, that we did not meet the narcotic program in Orange Hospital, and we closed that service in order to have the services provided in one other point of the state. We needed to move the positions, though, as we had certain other kinds of work to be done at another point, even a third point of the state and found that we had great difficulty in managing these kinds of transfers.

We also have the authority of the Commissioner mentally ill offenders from one hospital to another, and in order not to have too great a concentration of this particular type of patient at any one point in a hospital, sometimes we need to be able to move our positions. So, this is an administrative request that we have before you that we think will increase the effectiveness of the Department with respect to use of its funded positions.

You have also before you Senate Bill 1460, AN ACT ADOPTING THE MENTAL SERVICES ACT. We're quite aware that this relates to Public Act 224, and that formerly it was 5914 and the Department of Mental Health is pleased that it can speak again in favor of 1460 as amendments to 224. The Department is entirely in favor of those amendments, but we wish to point out certain technical points, Mr. Chairman. In order to carry forth the spirit of compromise, which has resulted in the amendments that are embodied in 1460, and to assure a smooth transition from the present system to the new administrative structure proposed by 224 for community services. And to insure that the equitable providers and consumer representation will be present at the regionable board, the Department respectfully requests the following changes. And, may I say that we will be pleased to leave this statement with the clerk of the Committee. I think perhaps you have a copy.

And, the Section 5, page 4, line 103 should read, "Such representatives shall be appointed by the first selectmen, mayor or governing official of such town. The representatives appointed shall elect by majority vote an additional number of representatives which number shall not exceed the number initially

COMMISSIONER SHEPHERD: (CONTD.): appointed. A MAJORITY OF NO LESS THAN 51% AND NO GREATER THAN 60% OF THE TOTAL CATCHMENT AREA COUNCIL MEMBERSHIP SHALL BE MADE UP OF CONSUMERS." I recognize that this is a technical but a very important point.

To further assure a smooth transition, the Department proposes certain changes in sections 5, 12 and 13 and each one of these are in the statement, and may I particularly direct your attention to section 12. Each one of these are important. THAT THE CATCHMENT AREA COUNCIL SHALL BE ASSISTED IN ITS ORGANIZATION BY THE APPROPRIATE MENTAL HEALTH PLANNING COUNCIL AS DESCRIBED IN SED. 17-226a. THIS FUNCTION SHALL BE COMPLETED AND TERMINATED SIX MONTHS AFTER THE EFFECTIVE DATE OF THIS ACT AND SHALL BE CARRIED OUT UNDER THE DIRECTION AND SUPERVISION OF THE COMMISSIONER.

Section 12, which refers to former section 17-2268 of the General Statutes, we ask is repealed, but we also ask that section 17-226a 226c as technical points, would be repealed as of December 31, 1975. This act shall take effect on July 1, 1975.

The above changes will give the Department of Mental Health the necessary authority to implement Public Act 224, as amended by House Bill 1460, and yet it will also allow the Department to fulfill its fiscal responsibility to the regional mental health planning councils. Since the Department plans to use \$183,000, already recommended in the Governor's '75, '76 budget, the Department will be utilizing about half of this amount and utilizing the expertise of the council citizen members and staff to assure that we have properly organized area councils and boards. It is understood that the councils will be working under the direction of the Department of Mental Health.

In rereading House Bill 1460, we have noticed two instances, lines 233 and 276, where there's reference to community service grants on a biennial basis. And, as you know, Dr. Cohen, as an experienced legislator, and the Members of the Committee know, who have been here since 1971, we have been mandated to prepare annual budgets, and these grants have always been reviewed and made every fiscal year. Therefore in the interest of consistency the Department requests that these be made annually.

Lastly, there seems to have been an oversight in the drafting of 1460, and it's a very important section of Public Act 74-224, perhaps was unintentionally omitted. This has to do with the formula requirement that the Commissioner apportioned his funds to the districts of the state on a formula basis. If there is some clear reason why this should have been omitted since it's effective now in the present bill, there may have been legislative clearance or legislative research clearance, but in the event that it has not been carefully reviewed, we would request that the section that has to do with the formula distribution of mental health funds be carefully included in the amendment. On behalf of the Department of Mental Health, I want to thank you for this opportunity to present this testimony and to leave with you a copy of these possible changes with the Committee staff. Thank you.

REPRESENTATIVE COHEN: Any questions of the speaker? Anybody else wants to be heard on these 4 bills?

REPRESENTATIVE BELDEN: When you indicated in the spirit of compromise has been made here, does the other parties also need to be compromised?.... (DID NOT USE MIKE)

COMMISSIONER SHEPHERD: We have the placement there on speakers here who will indicate both agreement and disagreement.. but we're pleased to indicate that there's a number of people who think that the possible way that we have suggested as a means of establishing a new structure through the councils is acceptable to them.

DR. GALE CHANDLER: My name is Dr. Gale Chandler. I'm a psychologist and the Director of the Hamden Mental Health Service. I want to speak, in connection with 1460, which we strongly support. I think it's pertinent to point out to this body that the Hamden Mental Health Service is unusual in that it's a service funded primarily by local, municipal, tax funds. We provide out patient treatment for Hamden residents. We also provide a preventative program in nature of consultation training community education services and developing programs which would have the preventive impact on the Town of Hamden in connection with the group of controls prevention of mental and emotional .. We are in favor of the regionalization bill as amended because we see two very strong advantages in having this type of a system of delivery of mental health services to residents of this state.

The first advantage is that local citizenry can have a far greater impact upon the type of mental health program that is provided for them. Regionalization will, we are convinced, make the need for specific, local areas for habitants, make it more possible for those needs to met according to the specific requirements of the area.

Secondly, we believe that the regionalization bill, as amended, will make for a more equitable and more effective distribution of mental health funds. And, between those funds we ...the support of the state hospitals, and those funds which are being used for local services or out patient on a preventive basis. We think that when the control of such funds is more clearly in the hands of municipalities and citizens within a region that what will result will be a greater emphasis on out patient preventive services and a far more careful examination of the necessity to utilize expensive state hospital services. This will result not only in better treatment for the mentally and emotionally disabled in the community , but more economical treatment as well. Thank you.

REPRESENTATIVE COHEN: Thank you very much. Any questions of the speaker? If not, thank you very much. Any one else want to be heard on these four bills?

MR. RICHARD B. SCHREIBER: I am acting President, (interruption)

REPRESENTATIVE COHEN: Go right ahead Mr. Schreiber.

MR. SCHREIBER: I couldn't read your body language, Dr. Cohen.

REPRESENTATIVE COHEN: That's funny. What are you doing here?

MR. SCHREIBER: (chuckle) My wife says, why am I not home? I'm acting President of the New Haven Chapter of the Mental Health Association of Connecticut. I am speaking, I hope briefly, on behalf of the Mental Health Association of Connecticut, in favor of Raised Committee Bill 1460. Because we do not wish to repeat tonight testimony given at the Monday, (INTERRUPTION)

REPRESENTATIVE COHEN: Mr. Schreiber, is that bill on our list today? I don't think it is. 1460, (pause) yes, it is on our list. I'm sorry. Go right ahead. Apparently, this bill was heard before, but if you want to speak briefly on it. It was heard at another time.

MR. SCHREIBER: Yes, Commissioner Shepherd alluded to the fact that it was heard.

REPRESENTATIVE COHEN: Simply say whether you're for it or against it and we'll accept your testimony.

MR. SCHREIBER: We are for it. Commissioner Shepherd alluded to the fact that it was heard as Bill #5914. The bill number has been changed for some reason. We would like, in the interest of not repeating testimony over again on March 17th in favor of 5914, to have the testimony of the following persons, who spoke in behalf and favor of 5914 incorporated as part of the testimony in favor of 1460. Just as a technicality, Dr. Cohen, the people whose testimony we would like to have so incorporated are Mrs. Margaret Wilson, United Workers of Norwich, Mrs. Eleanor Kohn, President, Mental Health Association of Connecticut, Dr. Elias Marsh, Chairman of Public Affairs, Mental Health Association of Connecticut, and Mrs. Ruth Clark, former state representative from Branford, Connecticut.

The Mental Health Association also at this time in the light of the compromises and changes proposed by Commissioner Shepherd of the Department of Mental Health would like to express its support of the four changes and the one correction of oversight, which he identified and that concludes my testimony, Dr. Cohen.

REPRESENTATIVE COHEN: Thank you very very much. Any questions of Mr. Schreiber? Thank you very much and have a nice Passover. You may proceed.

DR. BENJAMIN WIESEL: Mr. Chairman, my name is Dr. Wiesel. I've spent almost 30 years as a psychiatrist in this area, and I'll testify to the advancement of our science by not only saying that I'll be brief, but actually being brief. I've been Director for almost 20 years of the Department of Psychiatry at the Hartford Hospital, and more recently a Chairman of the Department of Psychiatry, if you'll forgive the expression, Dr. Cohen, at the Health Center School of Medicine. My main point is that I think it is important for us to vigorously support the efforts of the Commissioner to convert his gargantuan system into a true system, which it has

DR. BENJAMIN WIESEL: (CONTD.): never been. There's no room in it for enterprise. It moves with the "illiquity" of constipated tortoise, and it's separated from the community. We must, however, avoid radical changes, such as took place in New York and California, where sick people were discharged and the state hospitals made a magnificent record in terms of statistics, but the patients were neglected and created a whole different series of problems. We need to revitalize it, vitalize this system, and the way to do it simply is by regionalization. We must remember that the statistics indicate that probably 1 out of 10 people in this country will probably spend some time in a mental hospital, so we are really talking about involving people and involving the community. If we are to wait, we will lose momentum. If we are to wait as some people ask us to do, the Health System Agency Bill for which the regulations are now in the process of being developed will wait until sometime late 1976, and lose the momentum, and there will be endless numbers of law suits and contests about the rules and regulations of this bill. .. of regionalization can easily be done with a pencil.

Regionalization will be successful. I'd like to finally comment simply that for years and years the communities have talked about bringing mental health services back to the communities. Now it's time for communities to support the regionalization plan and do what they've been talking about in putting their activities where their mouths are. Thank you.

REPRESENTATIVE COHEN: Any questions of the speaker? If not, thank you very much. Yes, you may go forward.

MS. EVELYN SHARP: I'm Evelyn Sharp, North Branford citizen, Secretary and Legislative Chairman of South Central Connecticut Regional Mental Health Planning Council and a member of the Mental Health Association, Public Affairs Committee.

I have spoken here before. You laugh. (chuckle) But as Mr. Schreiber suggested before, I would like the testimony that I gave at the other hearing on 5914 incorporated into what I have to say tonight on 1460.

The vote of the South Central Connecticut Regional Mental Health Planning Council was to urge the implementation of 74-224 this year, and to authorize the legislative committee to decide on amendments which hearings might be held before the next board meeting. Under that authority I spoke for #5914 with the understanding that it covered the amendments revised by the five mental health interests who met several times for the purpose of revising the Regional Boards into more practical entities.

Now we have another revision offered to us on such short notice that no council will have an opportunity to study it or get any authorization to ethically speak on it. I believe I speak truthfully for my associates when I say thus:
We want community services. We are capable as citizens of knowing what we want, some psychiatric agencies' opinions to

MS. EVELYN SHARP: (CONTD.): the contrary. We recognized that 74-224 was not perfect. What legislation is? We were happy to have a mandate to the Mental Health Commissioner to do something more for MENTAL HEALTH than treating whatever anyone wanted to call mental illness in a mental hospital. An ounce of prevention is worth a pound of cure, and it sure costs less. We must have a wedding between the mental health professionals and the citizens, the possible recipients of the professionals' care. We cannot continue to have prestigious board members from the affluent section of our populace making the decisions for inner-city, rural, and middle class suburbanites. We are obviously not satisfied with the "status quo" or 74-224 would never have passed this legislative body unanimously last year. We want citizen participation in what happens to us in the mental health area insofar as any legislation can provide it. And all the doubts that have been expressed to me by fellow council members have been on that concern. We want easily accessible services, and we believe that people in each of their home regions can best decide where and what those services should be. If 1460 does not destroy any of these values in 74-224, then I can safely predict that we will be for it. On page 4, line 120, would it not be an improvement to insert the word "ONLY" before two? In 1460, I see no mention of restrictions on the length of terms of members of either Board or Catchment Council. I personally had doubts about the restriction in 74-224, but maybe we should have some regulation that would insure continuity without self-perpetuation. Please let us get started this year in putting this system into place. We can't do it overnight, and too much good implementing time has already been wasted by the squabbling of the defenders of the status quo. The new system will probably work more efficiently in some regions than others, depending upon the quality of the people on the councils and boards, (INTERRUPTION)

REPRESENTATIVE COHEN: Ms. Sharp, are you reading a prepared statement?

MS. SHARP: One more paragraph. And the magnitude of the problems in each region. I believe I have conveyed the thinking of at least the majority of South Central's Board, but perhaps in a little stronger language than some of them would have used. Thank you for listening. And, since I have heard Commissioner Shepherd tonight, I'd like to add a postscript. That I feel that I can say with certainty that the board itself, Central Regional Planning Council would enthusiastically endorse the amendments suggested by Commissioner Shepherd. Thank you.

REPRESENTATIVE COHEN: Any questions of Ms. Sharp? If not thank you very much. I wish to announce at this time that I have been told there a couple of people smoking here. There's a \$5 fine and arrest, in case you don't know it. Rather than arrest you

REPRESENTATIVE COHEN: (CONTD.); if those two people would rather donate \$5 to the Cancer Society, they can do so. Otherwise, if they want to smoke, they'd better leave the chamber. I thought I made it clear at the very beginning and I don't think it's very nice for people to smoke. It's part of the state law, and it was part of the announcement that no smoking was permitted at a public meeting and a public building. This is a public meeting and it is a public building. If there is no more testimony, I'll, Is all this testimony necessary? Well, make it very brief. Please continue.

REVEREND ROLAND FRENCH: Mr. Chairman, my name is Reverend Roland French. I'm from the lower Naugatuck Valley Health Planning Council, where I am the Chairperson. I also represented, am a representative of that body to a state wide co-ordinating committee of mental health councils, and as a member of that group, went and tried to help assemble a compromise of about 224 that our councils around the state could agree to. They did not. I do come then representing my own body, the Lower Naugatuck Valley Health Planning Council and myself in support of what now has become 1460. I must also echo the concern that these things come down so fast they're hard to study and get adequate background on, but I want to support a couple of the principals of the whole of these bills, particularly the concept that there is a streamlining of regional boards through the process of the catchment area council election of those boards. The old 224 idea of sub-regional group and created immense regional boards, which we could not support.

Another thing which we, which made 224 very hard for us and which makes 1460 much easier is the concept of independent staff for the regional boards. We strongly support that idea, and are pleased to see it in 1460. You omit 4B 3 of 5914 in section 5c of 1460, which is a consumer statement, not specifically named. I assume that's an oversight. We fail to see why delay would be an appropriate direction to take with this particular question of regionalization to support the concept of consumer input and believe that it is a part of 1460, and we can support the concept of regionalization. The only risk, the only problem we see in delay is perhaps, there is concern about 641, which is a federal legislation coming down and we don't want to risk delay of implementation of 1460 to wait for federal legislation. We feel that there is a need to maintain an identity, a rather strong identity, of a mental health community. Within the state, and we see that the identity of mental health community can best be established through these catchment area boards to the regional area boards to get then when these are established may speak to or relate to according to however we work it out. 641 HSA is Health Service Agency. There's going to be some very interesting hassling and question between federal HSA's and 224 or 1460 in the regional bodies of 1460. We think that the concept of a strong mental health community. At least be identifiable and understanding its own problems. Speak to the HSA's which are going to be raw health concern. We feel we need to maintain our identity in that particular way, by having their regional

REVEREND FRENCH: (CONTD.): mental health boards. I think that about covers our statement for tonight. Thank you, sir.

REPRESENTATIVE COHEN: Thank you. Any questions of the speaker? If not, the next speaker will you,

MS. ELEANOR S. RUBINOW: My name is Eleanor S. Rubinow. I live in Manchester. For over 15 years, as a voluteer, I have participated in the development of comprehensive mental health services in the capitol region. Although, a member of several organizations, I speak solely as an interested and concerned citizen. I support the implementation of Public Act 224 as amended by 1460 Bill because it will speed up the development of programs in the community. As an alternative to institutionalization, it will strengthen and expand existing community services, which is very much needed. It will make accessible and available help for those who are in need and to their families. It will establish by sheer communication and connection a system of care. It will allow for system participation. It will create a mechanism for cooperating with the federally funded HSA when they are established. It will, I believe, improve the delivery of mental health services in the region, and I strongly urge the passage of this bill. Thank you very much.

REPRESENTATIVE COHEN: Any questions of the speaker? Thank you very much Ms. Rubinow.

MS. SUSAN NICKLAS: Good evening, my name is Susan Nicklas. On March 17th, I testified before this committee relative to 74-224 and the then proposed amendments contained in 5914.

As Secretary to the Advisory Board of the Division of Community Services of the Department of Mental Health, I have been authorized by that Board to present essentially the same testimony as it relates to the raised Committee Bill 1460, which in effect, has the same substance as the proposed amendments in 5914.

REPRESENTATIVE COHEN: Are you giving the same testimony you gave on this bill?

MS. NICKLAS: No, sir. You had a copy of the testimony. This is different.

REPRESENTATIVE COHEN: On the same bill?

REPRESENTATIVE ROBERT WALSH: There are several people here. We had a technical error on 17. And, the Committee is at this point, well apprised of the point that 5914, which was not a raised bill, and the present Senate Bill 1460 that you all have in front of you that are interested in testifying on this are one in the same. It's the Committee's intention to draw from the testimony that 's recorded from 5914 in our deliberation on 1460, inasmuch as they're precisely the same except for one minor..of sequence. We will be depending on your testimony from the 17th on 5914.

REPRESENTATIVE WALSH: (CONTD.): Not just you, mam, but everybody else that's going to be talking on that. What we'd really like to do is not have the secretaries type the same thing twice, when we're going to be considering it all in one lump, anyway.

REPRESENTATIVE COHEN: You're generally for this legislation?

MS. NICKLAS: No.

REPRESENTATIVE COHEN: You're not?

MS. NICKLAS: No.

REPRESENTATIVE COHEN: Which one are you against?

MS. NICKLAS: Against both of them.

REPRESENTATIVE COHEN: Do you want to say something about being against so we can record it?

MS. NICKLAS: Well, I think that time is of the essence. I'll relinquish the microphone and turn it over to somebody else. All the testimony is fundamentally the same as the one before. Thank you.

REPRESENTATIVE COHEN: Thank you very much.

DR. AUDREY LORELL: I'm Dr. Audrey Lorell.....(DID NOT USE MIKE)
I'd like to testify this evening about my strong feelings in support of regionalization in the State of Connecticut. It is very important....Yesterday in the Appropriations Committee meeting I heard that the State of Connecticut is concerned because of the amount of money being spentthere are many many many agencies..to the community who is paying for it. Tax dollars to the State of Connecticut. However, the coordination of these services and the mandate for the responsibility of the..of these services has been out of the hands of the community....and has been inadequate. There is duplication of services in many areas..where there has not been services in many other areas. Many many kinds of psychiatric problems are seen as difficult cases, inability to treat these cases, refer them to other places. People are seen as belonging to agencies rather than people with problems should be treated at the agencies where they present themselves for it. At the very least refer them to places where adequate service... . I would like to speak very strongly for .. regionalization, and I hope that within a few years we may begin to deliver services a system of services for the .. of Connecticut. Thank you.

REPRESENTATIVE COHEN: Any questions of the speaker? If not, thank you very much. How many more people want to speak on this bill?

MS. DEBBY HARRISON: My name is Debby Harrison, and I'm representing Connecticut Council of ..Mental Health Centers. And, I spoke last week at the meeting and my testimony is essentially the same, so I won't repeat it. I'm also speaking however for

MS. DEBBY HARRISON: (CONTD.): Dr. Ray Menzer, who's the Director of Wheeler Affiliates, which is the mental health center in Central Connecticut Catchment Area. And, he asked that I make a very short statement for him. He feels that it's very important that the position of the Commissioner be given every possible consideration in decisions regarding P.A.224 because the Commissioner is the person responsible for many of the legislation that is passed. That's it.

REPRESENTATIVE COHEN: Anyone have questions of the speaker? Thank you very much. Proceed.

MS. LOUELLA FRANCIS: I'd like to speak for this bill, 1460. I'm Louella Francis from Winsted, Connecticut. I'm a social worker. I've spent most of my life working in social work areas in Connecticut, on the local, regional and state level. At the present time, I'm engaged in community organization and volunteer work and serve as a Vice-President of the Mental Health Association. And, at the local level, I'm President of the Winsted area Council of Churches. I think it's extremely important to have this framework for community services to the people in our area and throughout the state. And, that is my statement.

REPRESENTATIVE COHEN: Thank you very much. That completes the testimony on these bills. Consider the hearing closed on those bills. I'd now like to take up SPINA BIFIDA STUDY AT YALE-NEW HAVEN HOSPITAL. Dr. Joan Venes.

DR. JOAN VENES: Dr. Cohen, Members of the Committee, the Spina Bifida Clinic at Yale. I'm a pediatric surgeon and Director of the Spina Bifida Clinic at Yale. The clinic cares for children with malformation of the nervous system involving the spinal cord and its covering. Children so affected have varying degrees of disabilities. Most have partial or even total paralysis in the lower extremities. Most have some difficulty with bladder and bowel control. Eighty percent have hydrocephalis, which is a condition in which fluid accumulates within the brain, and unless detoured by a shunting procedure, eventually causes severe brain damage. The clinic at Yale proposes an alternative to the traditional method of care for these children in which prolonged hospitalization was necessary in special centers, such as the Newington Children's Hospital for physio-therapy, rehabilitation .. The savings to the state, I think, are self-evident. Retrospect of analysis of admissions to Yale New Haven Hospital preparing two years prior to the clinic's reorganization, in the two years in which the clinic has functioned, in the manner in which we are now requesting funding, shows a 50% drop in long term admissions with a comparable increase in short term admissions in the same period. In a large part, this has been due to an increase in parent awareness, parent education, which allows them to care for the children at home. In addition, home visits, reinforced treatment regiments,...and sure compliance and allow parent and child to become independent in self care. This type of education will extend into the school systems and the rehabilitation centers of Connecticut. But, the clinic has been able to provide this intensive outreach into the community

DR. JOAN VENES: (CONTD.); is due to the work of the pediatric nurse practitioner and pediatric social worker, who spend one half of their time in this area. At present, the clinic provides services for 75 children in Southern Connecticut, 10% of whom are under 1 year of age. To maintain the services of the pediatric nurse practitioner and social worker will cost roughly \$300 per year, per patient. As the clinic becomes more widely known, and the .. increase as they now are doing, this per capita cost will go down to a point of which the number of patients increase to an extent where we will require more personnel.

In summary then, Spida Bonfida Center seeks to broaden the meaning of comprehensive care to include an outreach to the home, the school and community. Such a family oriented program allows us to manage these children without resort to prolonging hospitalization and specialized facilities. The cost effectiveness short term is self evident. The long term cost effectiveness, I hope will be apparent when more of these children become independent tax producing citizens. Thank you very much.

REPRESENTATIVE COHEN: Any questions of the Doctor? If not, thank you very much.

MR. ERWIN LEVINE: My name is Erwin Levine. I live in Stamford. I am President of Connecticut's Spina Bifida Association. I am also a parent of a spina bifida child. We, the parents and friends and members of the Spina Bifida Association respectfully request the passage of this act to fund this Spina Bifida Clinic at Yale New Haven Hospital. Spina Bifida is a birth defect, affecting 3 out of every live births. It causes multiple physical problems. These defects require the services of many different specialties, such as neuro-surgeons, orthopedists, urologists, proctologists, physical therapists etc. The unique clinic at Yale-New Haven, under the guidance of the nurse practitioner and a social worker, as coordinators, has drastically reduced the number and lengths of hospital stays, has helped to better home care and has insured the right of many of the children to go to a normal school. We have hopes that many of these children will grow up to be gainfully employed and tax paying citizens, and not on the welfare rolls.

The doctors say that without the clinic, it will be easier and better for the hospital to put the children in the hospital for extended stays. With all that implies as the traumatic effects on the children and families. In this day of multi-million dollar budgets, we are only asking in the neighborhood of \$25,000. We feel sure the state will be amply repaid. I thank you.

REPRESENTATIVE COHEN: Thank you very much. I believe there's one more speaker on this bill.

MR. ROBERT SALATTO: My name is Robert Salatto. And, I'd like briefly to describe my experience at Spina Bifida at Yale. Six months ago my daughter was born with spina bifida, and my family for the first two months after she was born, my wife and I were told

MR. ROBERT SALATTO: (CONTD.): to forget about it and to place her in an institution till she died. The child went to several hospitals and was looked at by at least 20 specialists, and we were still told to do nothing but sit and wait for her death to come. This was hard to accept. It just about killed my wife and myself to a nervous breakdown. Quite fortunately one day while at my pediatrician's office, he mentioned a very dedicated doctor to children born with spina bifida. Dr. Joan Venes. We brought my daughter there and since then she's had five operations. She is doing beautifully. Also, my wife and I have learned a lot from the social worker and the nurse practitioner and the various doctors there. To sum it all up, if it weren't for the clinic, my daughter's life so far would probably have been wasted, or perhaps would've died. In further comment, I can only say that she is now doing beautiful and hopes for her future are far better than we ever expected. I hate to think that other children with spina bifida would be lost just because the State of Connecticut couldn't afford 20 to \$25,000 a year to keep the clinic going, and to provide provide both the children and their families with a little piece of mind, knowing that if a crisis arises, they have the staff at the clinic to try and make these problems much easier. Thank you.

REPRESENTATIVE COHEN: Any questions of the speaker? Thank you very much. Did you want to give your name again please and spell it for us.

MR. ROBERT SALATTO: My name is Robert Salatto. (spells name)

REPRESENTATIVE COHEN: Thank you very much. We'll consider the hearing on that bill closed. How many people here are interested in the smoking bill? Okay, we'll take up the two smoking bills. I think last year we held the smoking people till midnight, and I think it's only fair tonight we don't keep them that late. Will you line up on each side so that you can get ready to speak on the two smoking bills. I hope you will all be right to the point and sharp. Okay, give your name and proceed.

MS. GEORGIANA BOOTH: My name is Georgiana Booth. I'm a citizen and and nurse, and I'm speaking in favor of passage of Bill H.B.6258 which would prohibit smoking in elevators. The rights of non-smokers should be protected, particularly in the light of medical findings of the physical effects of smoking. Non-smokers should not be forced to breathe smoke filled air while using elevators, and non-smokers are frequently in the majority, but their frequently too polite to the minorities, who smoke, please don't smoke. Thank you for letting me speak.

REPRESENTATIVE WALSH: Thank you very much, mam. Next speaker, please. Can I ask that some of you speakers please move over to the microphone, which is identified as majority leader's so that we can travel back and forth and not have to waste too much of your time. Can I also request that if the testimony you have is repetitive of what's already come by us, if you would please delete

CONNECTICUT PSYCHIATRIC SOCIETY

AMERICAN PSYCHIATRIC ASSOCIATION, Inc.



EXECUTIVE OFFICE
179 ALLYN STREET, SUITE 304
HARTFORD, CONNECTICUT 06103
246-6566

5131460
March 26, 1975

Honorable Anthony M. Ciarlone
Senate Chairman
Public Health and Safety Committee
State Capitol
210 Capitol Avenue
Hartford, CT 06105

Dear Senator Ciarlone:

The Connecticut Psychiatric Society respectfully submits this letter as testimony in opposition to a committee bill entitled, "An Act Adopting the Mental Health Services Act of 1974." We understand that no number has been assigned to this bill as yet.

We would have liked to have testified in person at the public hearing last night, but our Council was meeting at the same time and our primary agenda item was discussion of a position on this particular act.

The Connecticut Psychiatric Society strongly opposes this act and urges that its implementation be delayed indefinitely until the fiscal situation of the State makes possible the assurance that funds in short supply for service programs not be deflected to the expansion of administrative costs. This decision was based in great part on a report of a blue ribbon committee of Psychiatric Society professionals which studied all aspects of P.A. 74-224. This outstanding committee was chaired by Dr. Jules V. Coleman of New Haven and a copy of the complete report of the committee is enclosed for your information. We respectfully suggest that the points raised in this committee report be included as supportive data to our Society's opposition to this act.

If you have any questions about our position on this matter, I would be more than happy to discuss this with you. My office telephone number in Hartford is 247-9756.

Sincerely,

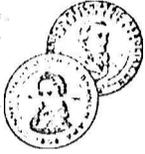
Walter A. Borden, M.D.
Chairman, Legislative Committee

WAB/tlb
Enclosure

cc: Honorable Morris Cohen,
House Chairman, Public Health and Safety Committee
Marc D. Schwartz, M.D., President, CPS
Jules V. Coleman, M.D., Chrmn., Committee on Regionalization, CPS

CONNECTICUT PSYCHIATRIC SOCIETY

AMERICAN PSYCHIATRIC ASSOCIATION, Inc.



EXECUTIVE OFFICE
179 ALLYN STREET, SUITE 304
HARTFORD, CONNECTICUT 06103
246-6566

835

March 26, 1975

Honorable Morris Cohen
House Chairman
Public Health and Safety Committee
State Capitol
210 Capitol Avenue
Hartford, CT 06105

Dear Representative Cohen:

50146
The Connecticut Psychiatric Society respectfully submits this letter as testimony in opposition to a committee bill entitled, "An Act Adopting the Mental Health Services Act of 1974." We understand that no number has been assigned to this bill as yet.

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Walter A. Borden, M.D.
Chairman, Legislative Committee

WAB/tlb
Enclosure

cc: Honorable Anthony M. Ciarlone
Senate Chairman, Public Health & Safety Committee
Marc D. Schwartz, M.D., President, CPS
Jules V. Coleman, M.D., Chrmn., Committee on Regionalization, CPS

REPORTCOMMITTEE ON REGIONALIZATION (P.A. 74 - 224)CONNECTICUT PSYCHIATRIC SOCIETY

SB 1460
The Connecticut Mental Health Services Act was enacted by the General Assembly and signed by Governor Meskill in 1974, to take effect on July 1, 1975. This new act has far-reaching implications for public and private mental health services in Connecticut, and a copy of the bill should be made available to all psychiatrists in the State for careful study and review. Because of the important changes which will be introduced by the new legislation, the President of the Connecticut Psychiatric Society, Dr. Marc Schwartz, appointed a Committee of the Society to examine the new legislation and to prepare a report for the Society. This is the report of the Committee.

The main provisions of P.A. 74 - 224 will be summarized as a basis for the Committee's comments and recommendations:

1. Authorizes the commissioner of mental health to designate mental health service regions each with a regional mental health director. There will be five such regions.
2. Community services are apparently to be supported by contracts rather than grants, except that the latter will be available for demonstration and pilot programs, research, education, and training.
3. Regional mental health boards are to be set up with one-fourth appointed by the mayors or first selectmen of each town within the region, with each town having one representative (since there are 169 towns in the State, the number of board members of all the regional boards will be 676, the size of each regional board

varying according to the number of towns in the region); one-fourth appointed by the commissioner of mental health to represent recognized "consumer" groups who have evidenced interest in the problems of the mentally ill and of mental health care delivery (e.g. members of the Mental Health Association of Connecticut); one-fourth appointed by the commissioner to represent "provider" groups who are involved in the actual delivery of mental health care (e.g. psychiatrists, social workers, psychologists, nurses, administrators); and one-fourth chosen by members already appointed.

4. Each regional mental health board is to establish permanent standing committees within each subregion, in effect to replace the present regional mental health planning councils.

5. The commissioner is to distribute funds to each mental health service region on the basis of a per capita formula he shall develop and establish by regulation, taking into consideration such factors as population, need for and utilization of existing mental health services, etc.

6. The bill stresses not only care of the mentally ill but also mental health maintenance, prevention and promotion; it includes services to the courts as a function of the mental health service regions.

What are the major objectives of the bill?

1. It provides the commissioner with legislative authority to establish mental health service regions.

2. It provides for greater local autonomy and control, better coordination of local services, and more effective decentralization of services to be more responsive to local needs.

3. By setting up large, representative regional mental health boards, it provides a basis for increased citizen participation, and particularly local citizen representation, in relation to mental health programs. In other words, it provides a firmer political base for the expansion and development of local mental health programs.

Unclear issues in the bill.

1. The funding mechanism is subject to various interpretations, which ultimately depend on future policies of the Department of Mental Health toward the function of the State mental hospitals, the scope and limits of community services, and its priorities on what categories of psychiatric problems will be given most favored consideration.

2. The relation between the large regional mental health boards and the permanent standing committees is left for regulations to establish. In a sense, the new bill creates a number of separate potential power centers within the Department, which invites a democratic struggle for power (specifically, these power centers are the offices of the commissioner and the regional mental health service directors, the State Board of Mental Health, the new regional mental health boards, and the permanent standing committees of the subregions). The future development of the Department of Mental Health may then depend on political rather than professional considerations; even if the Department has a strong sense of professional purpose and direction.

3. The professional category of the regional mental health service directors is not specified, and in view of salary limitations, it seems unlikely that these positions will be filled by psychiatrists.

-4-

4. A number of functions are defined for the regional mental health programs which experience has shown are difficult to establish in actual practice, or for which there is no evidence that they can be successfully carried out at all. For example, the bill directs the coordination of mental health services, as if this were a well-established mental health function; yet it may run into endless difficulties if by coordination is meant the working together of diverse agencies in the interest of individual patients. This is not to suggest that the concept is invalid, merely that its implementation should receive careful consideration. Other concepts, such as prevention, mental health promotion and maintenance should probably be regarded as umbrella principles to be used in stimulating experimentation, innovation, and research rather than as guide-lines for practice.

5. The successful implementation of the new legislation would require a reasonable level of funding for the new offices of the regional mental health service directors, as well as staffing for the regional boards and the permanent committees. The state board of mental health points to a number of higher priorities (The Hartford Courant, Friday, December 6, 1974), including the Hartford Community Health Center, funds to begin programs under the new Uniform Alcoholism Act (up to \$2 million), increased grants to community services in anticipation of regionalization. The board suggests that regionalization could be started on time if the department received \$6 million in new funds from the 1975 legislature. On the basis of these considerations, the Board recommends a delay of one year in the starting date for the new regionalization program.

Recommendations of the Committee.

1. All members of the Committee expressed grave reservations on the professional wisdom of the drastic reorganization of the state's mental health services mandated

by the regionalization bill. They regard the Connecticut mental health program as one of the best in the country, and see no need for radical surgery when the state of the patient does not demand it. They recognize that the ideas expressed in the bill are interesting and a challenge for the future, but they would prefer to see a program of such huge dimensions carried out, if at all, in slow stages, through a series of pilot programs in one region or another, so that change may be pre-tested to preserve the great values in the present system.

2. The Committee is particularly concerned about the danger of politicalizing the mental health program of the State. The establishment of strong regional boards may easily lead, as in other states, to a premature contraction of the State mental hospitals, in order to funnel more funds into regional programs. The experience of other states, particularly California and New York, makes it clear that massive programs of discharging patients out of hospitals into unprepared communities invites disaster for patients and dismay for communities. The Committee therefore makes two recommendations: a. that the present policy of maintaining the public mental hospitals as necessary resources for back-up of community programs be continued, and b. that the provision in the legislation for large and politically powerful regional boards be amended to provide instead representative boards with a membership of no more than 9 to 11. We cannot emphasize strongly enough the importance of maintaining the present balance between funding for the State mental hospitals and the local programs. We point out that the patient census at the hospitals has declined slowly and steadily over the last ten years, and that we can anticipate further declines. On the other hand, the flow of admissions to the hospitals has shown a steady and impressive increase, and the availability of such an admissions resource is indispensable to the communities, regardless of any increase in local services. In fact, there seems to be evidence that an increase of local services, outpatient or inpatient leads to an increase in a demand for hospital admissions.

3. The Committee expresses the strong feeling that the date on which the bill take effect be delayed indefinitely, until the fiscal situation of the state makes possible the assurance that funds in short supply for service programs not be deflected to the expansion of administrative costs.

4. In the interim, the Committee recommends that the Department of Mental Health mobilize all mental health resources in the state to lend assistance in formulating practical principles and guidelines for the effective and balanced implementation of an amended bill. This might be done by setting up a series of workshop conferences, with representatives from the Connecticut Psychiatric Society, the Mental Health Association of Connecticut, the present Regional Mental Health Planning Councils, the Department of Children and Youth Services, the Department of Health, the Connecticut Council of Child Psychiatrists, and the Alcohol Commission, as well as members of the Legislature.

5. The Committee recommends that the department of mental health be urged to promulgate within the near future clear statements of its position on the future of the state mental hospitals, on the development of alternate community resources for the care of patients who have been hospitalized or who might otherwise be considered for hospitalization, on the development of community mental health programs (centers without buildings, for example), and finally on the support of hospital and community clinics.

6. The Committee recommends that the Department of Mental Health be urged to promulgate, in cooperation with the Department of Children and Youth Services, a common statement on areas of overlap and collaboration.

Respectfully submitted,
The Committee on Regionalization

Jules V. Coleman, M.D., Chairman
Edward Futterman, M.D.
John F. B. Harvey, M.D.
Olga A. G. Little, M.D.
Richard J. Newman, M.D.
Douglas W. Thomas, M.D.
Harold S. Wright, M.D.

James C. Johnson, Jr., M.D., Ex-Officio
Marc D. Schwartz, M.D., Ex-Officio
Richard H. Granger, M.D., Ex-Officio

To: Members, Public Health & Safety Committee of the
General Assembly

From: Sylvia Thamel Mayer, Administrative Director
Meriden Wallingford Mental Health Planning
Council, Inc.

Re: Committee Bill No. 1460

I would like to express two concerns on behalf of the Meriden Wallingford Mental Health Planning Council. This is a group of citizens and service providers concerned with mental health.

First of all, I would like to state that because of the lack of adequate public notice regarding this hearing, no members of the board are present to give input on this bill. Furthermore, none of the Board has had access to House Bill 1460 because of the timetable. Therefore intelligent comment is impossible.

The second concern is that the Department of Mental Health has had ~~about~~ a year to work towards an orderly transition for the implementation of P.A. 74-224, but has taken no visible action in this direction. If the Department of Mental Health is committed to a regional system of mental health services why has there been no action towards implementing this system?

The Meriden Wallingford Mental Health Planning Council will be forwarding a position statement to the Public Health and Safety Committee regarding Committee Bill H60 as soon as possible. I am sure that the position will be in keeping with the board's philosophy of support for: (1) community based services and (2) meaningful and significant citizen input at all levels of the Mental Health Services system.

Thank you.

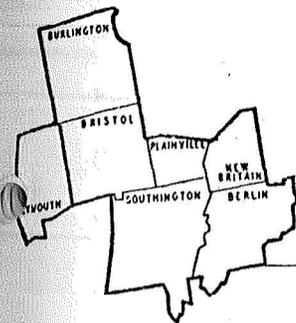
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Central Connecticut Regional Mental Health Council, Inc.

91 NORTHWEST DRIVE

PHONE 747-6801
8894

PLAINVILLE, CONN. 06062



BERLIN • BRISTOL • BURLINGTON • NEW BRITAIN • PLAINVILLE • PLYMOUTH • SOUTHINGTON

March 25, 1975

RE: Bill No. 1460, LCO No. 6886 - opposed
Bill No. 7352, LCO No. 3677 - in favor

The Board of Directors of the Central Connecticut Regional Mental Health Council, Inc. wish to express their strong opposition to Bill No. 1460 and their support for Bill No. 7352.

Nowhere, in either 74-224, the Mental Health Services Act, or 1460 does it state that the Commissioner or the Department of Mental Health must allocate any more funds for community-based services than they do now. P.A. 224, if it stands, is to be implemented July 1975, 1460, which the Department is pressuring for, is also to be implemented July 1975; and yet the 1975-76 Department budget reflects only 9.2% of its total to cover all hospital clinics, child guidance clinics, community services, alcohol and drug services, and regional planning. That is NO commitment to community-based services, but the same old status quo we've been fighting to change for the past 10 years. Since 1965 the Department has had the legislation necessary to regionalize and to fund community-based services but has not done so.

We agree with the concerns expressed by the various other groups opposed to 1460, especially the timing of its implementation since the federal guidelines for the new comprehensive health legislation (93-641) are not due to be issued until June 1976.

We urge you to support Bill No. 7352 to delay implementation to 1976 and to vote against No. 1460.

Sincerely,

Dorothy Hubbard

Mrs. H.B. Hubbard
Executive Director