

PA10-060

SB246

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 12
3573– 3922**

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HOUSE OF REPRESENTATIVES

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May 3, 2010

THE CLERK:

On Page 26, Calendar 460, Substitute for
Senate Bill Number 246, AN ACT CONCERNING ISSUANCE
OF EMERGENCY CERTIFICATES AND THE SAFETY OF
PATIENTS AND STAFF AT FACILITIES OPERATED BY THE
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES,
favorable report of the Committee on
Appropriations.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I move
for acceptance of the joint committee's favorable
report and passage of the bill in concurrence with
the Senate.

DEPUTY SPEAKER O'ROURKE:

The motion is acceptance and passage of the
bill in concurrence with the Senate. Will you
remark, madam?

REP. RITTER (38th):

Yes, I will, Mr. Speaker. Mr. Speaker, the
underlying bill permits clinical social workers and
advanced practice registered nurses who are members
of a DMHAS certified community support program to

issue emergency certificates directing a person with psychiatric disabilities to be taken to a hospital for evaluation.

Current law allows only social workers and APRNs who are members of a DMHAS operated or funded mobile crisis team, (inaudible) diversion program, crisis intervention team, advanced supervision and intervention support team or assertive case management support program to do this. The Bill expands it to this particular program.

The Bill also makes technical changes to the DMHAS statute regarding the Connecticut Valley Hospital Advisory Council and Discharge Planning, and restrictions on psychiatric hospitals, patients communication by mail and telephone.

Mr. Speaker, the Senate has an amendment designated as Senate Amendment "A." I would ask the Clerk to please call LCO 3443, and request permission to summarize.

DEPUTY SPEAKER O'ROURKE:

Mr. Clerk, please call LCO 3443 designated Senate Amendment "A," and Representative Ritter has been granted permission to summarize.

THE CLERK:

LCO Number 3443, Senate "A", offered by
Senators Harris, Debicella and Representatives
Ritter and Giegler.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment designated Senate "A" allows DMHAS to certify intermediate care beds in general hospitals.

It will increase services for persons with psychiatric disabilities in their communities. It is supported by the hospitals as well as NAMI and I would mention it is one of the conditions for the state being able to close the Cedarcrest Hospital that was required in that certificate of need.

I urge adoption.

DEPUTY SPEAKER O'ROURKE:

Motion is on adoption of Senate Amendment "A."
Will you remark? Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. If I may, please, through you, a couple of questions to the proponent of the amendment.

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DEPUTY SPEAKER O'ROURKE:

Please proceed.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. Through you, is there a fiscal note attached to this amendment, please? Are we going to be opening beds in various hospitals?

Through you, please, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Mr. Speaker, it is my understanding there is no fiscal note attached to this amendment.

DEPUTY SPEAKER O'ROURKE:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you. And again, through you, Mr. Speaker, I'm not quite sure why there isn't. I thought you started at the beginning of the amendment saying that we are going to be opening beds in some of the hospitals.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

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REP. RITTER (38th):

Thank you, Mr. Speaker. And I hope the Representative will allow me to correct myself. I was looking at the wrong Amendment.

Mr. Speaker, the amendment requires CMHAS to certify these intermediate care beds as was mentioned. House Bill 5018, the act adjusting appropriations for fiscal 11 contains necessary funding of approximately \$2 million for 10 beds.

The cost of these beds may be partially offset by federal Medicaid dollars, the extent of which would be based on the per diem rate that is yet to be established.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. And again, through you, if we're e spending \$2 million on 10 beds, that's \$200,000 per bed. Is that to provide the services or is that for the creation of the beds in a certain hospital?

Again, through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker. It is my understanding that that also includes the necessary services for this population, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. And again, through you, and exactly where are these beds going to be? And you also mentioned the closing of one of the clinics from one of the hospitals to provide for these?

Why are we closing one and creating new beds, please?

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, it's my understanding that these beds will be provided at various facilities through offering to the community around the state. Some of that will be determined by, I believe, the location of the

patients as they are known now.

The Representative talked about questioning the necessity for doing this. As I mentioned when I introduced it, this was a requirement of the certificate of need that was sought by the state in its closing of Cedarcrest Hospital.

The Representative probably may recall that in that closing there were substantial savings that were identified in treatment for this particular population, both from the closing of the hospitals and in the relocated and redesigned treatment program.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Gibbons.

REP. GIBBONS (150th):

Thank you, Mr. Speaker. And I thank the Representative for her answers. I've got a couple of questions on the bill itself, but I will save those for later. Thank you.

DEPUTY SPEAKER O'ROURKE:

Very good. Will you remark further on Senate Amendment "A?"

Representative Green of the 1st.

REP. GREEN (1st):

Thank you, Mr. Speaker. Just a couple of questions to the proponent of the amendment, through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Please proceed, sir.

REP. GREEN (1st):

Yes. Just to be clear and so that I can understand. To certify immediate care beds in general hospitals, what's the definition of a general hospital and how is that different from a hospital, just so I know what general hospitals are.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, it is my understanding that intermediate care would fall in the range of a 45-day average length of stay.

DEPUTY SPEAKER O'ROURKE:

Representative Green.

REP. GREEN (1st):

Thank you. Certifying those 45-day stay beds in general hospital, again, so I can try to get a

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sense of a general hospital versus some other kind of hospital, private, public? I'm just trying to get a sense of the definition of general hospitals.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Do you understand the question, Representative Ritter?

REP. RITTER (38th):

Mr. Speaker, I would ask the Representative if he could please rephrase the question for me.

DEPUTY SPEAKER O'ROURKE:

Representative Green, would you rephrase please?

REP. GREEN (1st):

Thank you. In Lines 4 and 5 of the amendment, DMHAS shall certify immediate care beds in general hospitals to provide inpatient care.

In that sentence, what does general hospitals mean?

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, I would suggest that hospitals that are well known to most

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of us in the area, St. Francis Hospital, Hartford Hospital, there's quite a few of them, large and smaller hospitals throughout the state.

Please, I would like to remind the Representative that these hospitals would then have to step forward and express interest in obtaining this certification.

Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Green.

REP. GREEN (1wt):

Thank you. And as the gentle woman just stated, she stated some hospitals. I notice that some hospitals have off campus sites. Sometimes they have programs in various communities.

When they say that's a certified immediate care bed, if they certify for the hospitals, could those beds be at locations outside of the physical plant of the general hospitals? Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, I do not believe

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that would be the case.

DEPUTY SPEAKER O'ROURKE:

Representative Green.

REP. GREEN (1st):

Thank you. Just for intent of this amendment, then, the ideas that if those beds are certified, those beds would be in the main physical plant of the general hospitals? Through you, Mr. Speaker.

DEPUTY SPEAKER O'ROURKE:

Representative Ritter.

REP. RITTER (38th):

Through you, Mr. Speaker, that is my understanding.

DEPUTY SPEAKER O'ROURKE:

Representative Green.

REP. GREEN (1st):

Thank you.

DEPUTY SPEAKER O'ROURKE:

Thank you both. Will you remark on Senate "A"? Will you remark further? If not, I'll try your minds.

All those in favor of adoption of Senate Amendment "A" signify by saying aye.

REPRESENTATIVES:

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Aye.

DEPUTY SPEAKER O'ROURKE:

Those opposed, nay. The ayes have it. Senate
"A" is adopted.

Will you remark? Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, the Senate has also adopted Senate Amendment "B." will the Clerk please call LCO 4580 designated as Senate Amendment "B," and I be granted leave of the Chamber to summarize.

DEPUTY SPEAKER O'ROURKE: y

Mr. Speaker, please call LCO 4580 designated Senate Amendment "B."

THE CLERK:

LCO Number 4580, Senate "B," offered by Senators Harris and Debicella, Representatives Ritter and Giegler.

DEPUTY SPEAKER O'ROURKE:

The lady has been granted leave to summarize. Please proceed, Representative Ritter.

REP. RITTER (38th):

Thank you, Mr. Speaker. Mr. Speaker, this amendment designated Senate "B" allows DMHAS to

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continue to provide critical recovery support to individuals that will be transferring from the SAGA program to Medicaid.

Some of the services currently being provided are not a covered Medicaid service but are critical to the needs of persons with psychiatric disabilities and substance use disorders.

For example, a residential substance abuse services would fall in this category. Mr. Speaker, I urge adoption.

DEPUTY SPEAKER O'ROURKE:

Motion is on adoption. Will you remark on Senate Amendment "B?" Will you remark on Senate Amendment "B?" If not, I'll try your minds. All those in favor of adoption of Senate "B" signify by saying aye.

REPRESENTATIVES:

Aye.

DEPUTY SPEAKER O'ROURKE:

Those opposed, nay. The ayes have it. Senate "B" is adopted.

Will you remark further on the bill as amended? Will you remark? If not, staff and guests come to the well of the House. Members take

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their seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber.

The House is voting by roll call. Members to the chamber, please.

DEPUTY SPEAKER O'ROURKE:

Have all Members voted? Have all Members voted? Have all Members voted? Please check the machine to ensure your vote is properly recorded.

If all Members have voted, the machine will be locked. The Clerk will take a tally. Let the Clerk please announce the tally.

THE CLERK:

Senate Bill Number 246 as amended by Senate Schedules "A" and "B" in concurrence with the Senate.

Total number Voting	148
Necessary for Passage	75
Those voting Yea	147
Those voting Nay	1
Those absent and not voting	3

DEPUTY SPEAKER O'ROURKE:

The bill as amended is passed.

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Mr. President, I wasn't going to call that amendment and the matter can be placed on consent.

Thank you.

THE CHAIR:

Okay. I think we have to withdraw the amendment first.

SENATOR FASANO:

I withdraw the amendment.

THE CHAIR:

Motion to withdraw without objection. The amendment is withdrawn.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, if there is no further discussion on this item, I would move to place it on the consent calendar.

THE CHAIR:

Without objection, so moved.

THE CLERK:

Calendar Number 76, File Number 75, substitute for Senate Bill 246, AN ACT CONCERNING ISSUANCE OF EMERGENCY CERTIFICATES AND THE SAFETY OF PATIENTS AND STAFF AT FACILITIES OPERATED BY THE DEPARTMENT OF

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MENTAL HEALTH AND ADDICTION SERVICES, favorable report
of the Committee on Public Health.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President. Good afternoon.

THE CHAIR:

Good afternoon, Senator.

SENATOR HARRIS:

Mr. President, I move acceptance of the joint
committee's favorable report and passage of the bill.

THE CHAIR:

So moved.

Would you care to remark?

SENATOR HARRIS:

Thank you, Mr. President.

Mr. President, fairly simply, Mr. President, this
bill permits clinical social workers and advance
practice nurses who are members of the Department of
Mental Health and Addiction Services Certified
Community Support Program to issue emergency
certificates directing a person with psychiatric
disabilities to be taken to a hospital for evaluation.
Basically, it expands the types of people that can

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issue these emergency certificates.

It also makes some technical changes to the DMHAS statutes regarding the Connecticut Valley Hospital Advisory Council and restrictions on psychiatric hospital patients' communication by mail and telephone in certain circumstances.

Mr. President, the Clerk is in possession of Amendment LCO 3443. I ask that it be called, and I be granted permission to summarize.

THE CHAIR:

Will the Clerk please call?

THE CLERK:

LCO 3443 which will be designated Senate Amendment Schedule "A" is offered by Senator Harris of the 5th District, et al.

THE CHAIR:

Senator Harris.

SENATOR HARRIS:

Thank you, Mr. President.

I move adoption.

THE CHAIR:

The amendment has been moved.

Would you please -- care to remark on that?

SENATOR HARRIS:

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Thank you, Mr. President.

Very simply, this amendment enables DMHAS to carry out the agreement with respect to the Certificate of Need process that was just decided recently by the Office of Health Care Access.

THE CHAIR:

Thank you, Senator Harris.

Any further remarks on the amendment? Seeing none, all those in favor of the amendment, please indicate by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed, nay. The ayes have it.

Senator Harris.

The amendment is adopted. That's it.

SENATOR LOONEY:

Mr. President.

THE CHAIR:

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, would move that the bill, as amended, be referred to the Appropriations Committee.

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THE CHAIR:

So moved.

...Clerk will return to the call of the Calendar. ...

THE CLERK:

Calendar page 9, Calendar Number 117, File Number 166, Senate Bill Number 232, AN ACT CONCERNING THE USE OF A CERTIFICATE, PROFESSIONAL DESIGNATION OR ADVERTISING IN ADVISING SENIOR CITIZENS, favorable report of the Committee on Aging and Banks.

THE CHAIR:

Senator Prague.

SENATOR PRAGUE:

Thank you, Mr. President.

I move the joint committee's favorable report and passage of the bill.

THE CHAIR:

The bill has been moved.

Would you care to remark, Senator?

SENATOR PRAGUE:

I move adoption, Mr. President.

What this bill does is if somebody is going to present themselves as some kind of an expert, you know, to help seniors make decisions as to what to do with their money or any other type of investment --

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Yes. Thank you, Mr. President. Mr. President, before calling for a vote on the second consent calendar I would ask the Clerk to call one additional item which is on calendar page 23, Calendar 76, Senate Bill 246.

THE CHAIR:

Mr. Clerk.

THE CLERK:

Turning to calendar page 23, Calendar 76, file number 75, substitute for Senate Bill 246, AN ACT CONCERNING ISSUANCE OF EMERGENCY CERTIFICATES AND THE SAFETY OF PATIENTS AND STAFF AT FACILITIES OPERATED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, as amended by Senate Amendment Schedule A, favorable report of the Committees on Public Health and Appropriations.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President. It's good to see you up there. You're doing a great job.

THE CHAIR:

Thank you, Sir.

SENATOR COLEMAN:

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I move acceptance of the joint committee's favorable report and passage of the bill.

THE CHAIR:

On acceptance of passage will you remark?

SENATOR COLEMAN:

Mr. President this is Senate Bill 246. It was previously before the Senate on April 21 and it allows advanced practice registered nurses and licensed clinical social workers to write a certificate to an ambulance.

THE CHAIR:

Excuse me, Senator. Hold on please.

Can we have order please. Take your conversations outside the chamber please.

SENATOR COLEMAN:

Thank you, Mr. President.

THE CHAIR:

Please proceed.

SENATOR COLEMAN:

Mr. President, the bill allows APRNs and licensed clinical social workers to write certificates to an ambulance for a person who may be in need of a psychiatric evaluation at a hospital. It also makes some technical changes to the Whiting Forensic

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Hospital Statutes regarding restrictions on patients communication by mail and telephone.

There was an amendment that was previously adopted. That was LCO 3443 at that amendment allowed for a certification of community hospital intermediate care beds for persons with psychiatric disabilities.

The bill was then referred through the Appropriations Committee and they presumably acted favorably on it because the bill is back before us. And it requires an additional amendment.

The Clerk should be in possession of LCO 4580. Would the Clerk please call that amendment.

THE CHAIR:

Mr. Clerk, please call the amendment.

THE CLERK:

LCO 4580 which will be designated Senate Amendment Schedule B as offered by Senator Harris of the 5 District, et al.

THE CHAIR:

Senator Coleman.

SENATOR COLEMAN:

Thank you, Mr. President.

I move adoption of the amendment and request permission to summarize the amendment.

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THE CHAIR:

Please proceed, Sir.

SENATOR COLEMAN:

Mr. President, this amendment allows for the continuing of certain substance abuse and mental health services for the current SAGA population that will soon move to Medicaid. There is no fiscal impact.

An example of the services that the bill speaks would be substance abuse residential services which are currently being provided already by the State. I move adoption and urge the Senate to support this amendment.

THE CHAIR:

Thank you, Senator.

Will you remark further? Remark further on Senate Amendment B? Remark further. If not, all those in favor please signify by saying aye.

SENATORS:

Aye.

THE CHAIR:

Opposed nay.

The ayes have it. The amendment's adopted.

Senator Coleman.

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SENATOR COLEMAN:

Mr. President, I would urge the Senate to pass the bill as amended. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator.

Will you remark further? Will you remark further on the bill as amended? Will you remark further on the bill as amended?

Senator Coleman.

SENATOR COLEMAN:

Mr. President, if there is no further remarks to be made regarding this bill as amended, I would ask that it be placed on our consent calendar.

THE CHAIR:

Hearing and seeing no objection, so ordered.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, I would ask the Clerk to call the second consent calendar.

THE CHAIR:

Mr. Clerk, please call the second consent calendar.

THE CLERK:

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Immediate roll call has been ordered in the Senate on the consent calendar. Will all Senators please return to the chamber. Immediate roll call has been ordered in the Senate on the second consent calendar. Will all Senators please return to the chamber.

Mr. President, those items placed on the second consent calendar begin on calendar page four, Calendar number 116, Senate Bill number 60, calendar page five, Calendar 168, substitute for Senate Bill 361, calendar page eight, Calendar 272, substitute for Senate Bill 199, calendar page 16, Calendar number 459, Senate Bill 5351, calendar page 23, Calendar number 58, Senate Bill 354, Calendar number 76, substitute for Senate Bill 246, calendar page 24, Calendar number 91, substitute for Senate Bill 259, calendar page 26, Calendar 133, substitute for Senate Bill 54, calendar page 27, Calendar 135, substitute for Senate Bill number 59, Calendar 150, Senate Bill 301, calendar page 29, correction, calendar page 31, Calendar number 207, substitute for Senate Bill 383 and calendar page 40, Calendar number 417, substitute for House Bill 5282. Mr. President, that completes those items placed on the second consent calendar.

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THE CHAIR:

Thank you, Mr. Clerk.

The machine will be open.

THE CLERK:

The Senate is voting on roll call on the second consent calendar. Will all Senators please return to the chamber. The Senate is now voting by roll call on the second consent calendar. Will all Senators please return to the chamber.

THE CHAIR:

Senator Boucher.

Have all Senators voted? Have all Senators voted? If all Senators have voted, please check the machine and make sure your vote is accurately recorded. If all Senators have voted, Mr. Clerk, please announce the tally.

THE CLERK:

The motion's on adoption of consent calendar number two.

Total number Voting	33
Those voting Yea	33
Those voting Nay	0
Those absent and not voting	3

THE CHAIR:

The second consent calendar passes.

Senator Looney.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, that concludes our business for today. I will yield the floor to members for purposes of announcements of committee meetings or for other purposes.

THE CHAIR:

Thank you, Senator Looney.

Are there any members?

Senator McKinney.

SENATOR MCKINNEY:

Thank you, Mr. President. I rise for purposes of a record notation.

THE CHAIR:

Please proceed, Sir.

SENATOR MCKINNEY:

Thank you, Mr. President. Should the record note that Senator Debicella missed some votes today and was out on other legislative business.

THE CHAIR:

Thank you, Senator McKinney.

Any other points of personal privilege or announcements?

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 1
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2010

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PUBLIC HEALTH COMMITTEE

March 1, 2010
10:00 A.M.

SENATOR STILLMAN: -- in general about some information. Who sits on it? I'd love to know the background of the people, et cetera.

MICHAEL CICCHETTI: I will get you the full information.

SENATOR STILLMAN: What they do.

MICHAEL CICCHETTI: But they're -- and, in fact, they're -- and I'm sure the chief medical examiner can fill you on what their role is, but I know it's well beyond just the salaries of these two positions.

SENATOR STILLMAN: Okay.

MICHAEL CICCHETTI: It goes into the policy and how the examinations are conducted.

REP. RITTER: Thank you, Senator.

Any other questions from the committee?

Thank you for your testimony.

MICHAEL CICCHETTI: Thank you.

REP. RITTER: Next, we'll be hearing from DMHAS Commissioner Pat Rehmer. She will be followed by Chairman Todd Fernow from the chief medical examiner's office.

COMMISSIONER PATRICIA REHMER: Good morning, Chairpersons Harris and Ritter, Ranking Member Debicella and Giegler, and other distinguished members of the Public Health Committee. I am Pat Rehmer, commissioner of the Department of Mental Health and Addictions Services and I am here this morning to speak in favor of three bills; House Bill 5291, AN ACT CONCERNING THE SHARING OF INFORMATION BETWEEN THE DEPARTMENT

SB 246
SB 247

OF MENTAL HEALTH AND ADDICTION SERVICES AND THE DEPARTMENT OF SOCIAL SERVICES AS IT RELATES TO MEDICAID FUNDED SERVICES; Senate Bill 246, AN ACT CONCERNING ISSUANCE OF EMERGENCY CERTIFICATES AND THE SAFETY OF PATIENTS AND STAFF OF FACILITIES OPERATED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES; and Senate Bill 247, AN ACT CONCERNING TECHNICAL CHANGES TO THE STATUTES PERTAINING TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTIONS. And I want to thank this committee for your assistance in raising these bills.

The first bill, House Bill 5291, is our priority legislation for the 2010 legislative session. It would allow us to have access to critical information about the people we serve in the community. Currently, when individuals, who have been in one of our hospitals for a period of time, are discharged into the community, they are served by a local mental health authority or a local mental health center, which provides a myriad of services that allow them to remain in the community while working on their recovery. These services are funded both through a grant-based system and Medicaid.

Many of the individuals we serve are insured through Medicaid. If one of these individuals needs to go into a general hospital for psychiatric care, we would not necessarily know about that admission. There is no formal way for us to keep track of how that individual is doing, why they were hospitalized and what action, if any, we could have taken to either prevent the hospitalization and manage the individual's hospital stay and discharge.

The ability for us to share such information with the Department of Social Services would allow us to better evaluate the services

provided by our local mental health centers and see who is succeeding in the community, and who may need additional services and support. DMHAS has been exploring language to accomplish this task for many years, while at the same time, ensure compliance with Medicaid confidentiality requirements. We have narrowed the language to individuals receiving targeted case management, because that is our connection through a waiver to Medicaid and DSS in the community. It gives us the ability to have access to this information.

In Senate Bill 246, AN ACT CONCERNING ISSUANCE OF EMERGENCY CERTIFICATES AND THE SAFETY OF PATIENTS AND STAFF AT FACILITIES OPERATED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, we ask for an expansion of a current statute 17a-503 that allows us to use clinicians to place someone in an ambulance who needs to go to a hospital for a psychiatric evaluation and possible treatment.

We currently allow our licensed clinical social workers and our advanced practice registered nurses to write these papers in certain identified programs in the statute. And let me just emphasize, that this ability is not afforded to all LCSWs or APRNs in the system. This practice has prevented unnecessary police involvement and fewer arrests of individuals in our system who need to go to the hospital. At times, we do have police as backup in these situations, but we have found that this is a clinical intervention results in better outcomes.

We are currently in the process of moving from an assertive community treatment model, where we use this intervention currently, to a model called community support programs, which will allow us to use the same practice in this

community model of care.

I want to point out to you that we made a mistake when we drafted this proposal before you. It is DMHAS that certifies these programs not CMS. And we would ask that the language reflects the requirement and we've attached that to the back of our testimony.

Lastly, Senate Bill 247, AN ACT CONCERNING TECHNICAL CHANGES TO THE STATUTES PERTAINING TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION, we seek to change the words "place" and "placement" to "discharge" in 17a-471, where individuals are actually discharged from the state hospital setting into the community for continued recovery services. Our advocacy community approached us on this language change, and we are fully in accord with this change.

We also requested that our communication statute, 17a-546, regarding individuals served in our hospitals be made consistent. In one section, we use the words "threatening" and "harassing," while in another section we use the words "obscene" and "threatening." We suggest that we use all three words, obscene, threatening and harassing, when referring to mail and phone calls. Again, this request was omitted from the technical change proposal and we ask that it be included should you decide to move forward on this bill.

Please remember that these -- we are not looking to paint all individuals that we serve under our care with one brush, but we do serve individuals with a wide range of issues and there are very clear policies and procedures under which we use this language when it becomes necessary.

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 2
326 – 648**

2010



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Testimony on Raised Bill 246: AAC Issuance of Emergency Certificates and the Safety of Patients and Staff at Facilities Operated by the Department of Mental Health and Addiction Services

Submitted By: Stephen A. Karp, MSW

The National Association of Social Workers, Connecticut chapter is in support of Raised Bill 246 and urges its adoption in the 2010 legislative session.

In Connecticut approximately two-thirds of all mental health services are delivered by clinical social workers. Clinical social workers are trained in biopsychosocial dysfunction, disability and impairment of individuals and in Connecticut are recognized for the diagnosis and treatment of such disorders. This training, when added to the specialized training required in this bill, makes licensed clinical social workers fully qualified to issue emergency certificates.

Clinical social workers are often the first responding mental health provider to an individual in the community facing a mental health crisis. In cases where the individual is in such a level of crisis that they are a potential threat to themselves or others it becomes critically important that the person be evaluated in a timely manner at the nearest emergency department. This bill will allow a properly trained licensed clinical social worker, or advanced practice registered nurse, to issue an emergency certificate that authorizes and directs the person to be taken to a hospital for a medical examination.

Authoring a person to be taken to the hospital, whether or not they consent, is a decision that is not to be made lightly. At the same time, if that person is in crisis to such a degree that such certification is in the person's best interest, it does not make sense to have to delay the certification because the responding clinical social worker or APRN, who is capable of determining the need for a hospital evaluation, is not authorized to issue an emergency certificate. This bill resolves that problem and assures that there is not an unnecessary and potentially dangerous delay in having the individual in crisis properly evaluated.

We urge the Public Health Committee to favorably report this bill out of committee.



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

M. Jodi Rell
 Governor

Patricia A. Rehmer, MSN
 Commissioner

Testimony by Patricia Rehmer, MSN, Commissioner
Department of Mental Health and Addiction Services
Before the Public Health Committee
March 1, 2010

Good morning Chairpersons Harris and Ritter, Ranking Members Debicella and Geigler, and other distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in favor of three bills before you: **HB 5291 An Act Concerning The Sharing of Information Between the Department of Mental Health and Addiction Services and the Department of Social Services as Relates to Medicaid Funded Services**, **SB 246 An Act Concerning Issuance of Emergency Certificates and the Safety of Patients and Staff at facilities Operated by the Department of Mental Health and Addiction Services** and **SB 247 An Act Concerning Technical Changes to the Statutes Pertaining to the Department of Mental Health and Addiction**. I want to thank the Committee for your assistance in raising these bills.

The first of the bills **HB 5291 An Act Concerning The Sharing of Information Between the Department of Mental Health and Addiction Services and the Department of Social Services as Relates to Medicaid Funded Services** — is our priority legislation for the 2010 legislative session. It would allow us to have access to critical information about the people we serve in the community. Currently, when individuals who have been in one of our hospitals for a prolonged period of time are discharged into the community, they are served by one of our local mental health centers which provide a myriad of services that allow them to remain in the community while continuing to work on their recovery. These services are funded through our grant system and Medicaid. We have fourteen such local mental health centers located throughout Connecticut, some of which are state-operated and some state-funded. They are a critical part of a person's success when he/she moves into the community.

Many of the individuals we serve are insured through Medicaid. If one of these individuals needs to go into a general hospital for psychiatric care, we would not necessarily know about that admission. There is no formal way for us to keep track of how the individual is doing, why he/she was hospitalized and what action, if any, we could have taken to either prevent the hospitalization (like offering crisis, respite or peer services) or manage the individual's hospital stay and discharge. The ability for us to share such information with DSS would allow us to better evaluate the services provided by our local mental health centers and see who is succeeding in the community, and who may need additional services or supports. DMHAS has been exploring language to accomplish this task for many years, while at the same time ensure compliance with Medicaid confidentiality requirements. We have narrowed the language to

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individuals receiving targeted case management, because that is our connection to Medicaid and DSS in the community and that gives us the ability to have access to this information.

In **SB 246 An Act Concerning Issuance of Emergency Certificates and the Safety of Patients and Staff at facilities Operated by the Department of Mental Health and Addiction Services**, we ask for expansion of a current statute (§17a-503) that allows us to use our clinicians to place someone in an ambulance who needs to go to the hospital for a psychiatric evaluation and possible treatment. We currently allow our licensed clinical social workers and our advanced practice registered nurses to write these papers in certain identified programs in the statute. This practice has prevented unnecessary police involvement and fewer arrests of individuals in our system who need to go to the hospital. We do have police as backup in these situations, but we have found that such clinical intervention results in better outcomes. We are moving from an Assertive Community Team (ACT) model where we use this intervention currently, to a model called Community Support Programs (CSP), which will allow us to use the same practice in this community model of care. We would ask that the committee consider an amendment to this proposal. We made a mistake when we drafted this proposal before you. It is DMHAS that certifies these programs not CMS. We would ask that the language reflects that requirement. We have attached the requested change to the back of our testimony.

Lastly, in **SB 247 An Act Concerning Technical Changes to the Statutes Pertaining to the Department of Mental Health and Addiction**, we seek to change the words “place” and “placement” to “discharge” in §17a-471 where individuals are actually discharged from a state hospital setting into the community for continued recovery services. Our advocacy community approached us on this language change, and we are fully in accord with this change. We also requested that our communications statute (§17a-546) regarding individuals served in our hospitals be made consistent. In one section we use the words “threatening” and “harassing,” while in another section we use the words “obscene” and “threatening.” We suggest that we use all three words — i.e., obscene, threatening and harassing — when referring to mail and phone calls. This request was omitted from the technical change proposal and we ask that it be included should you decide to move forward on this bill. Please remember that we are not trying to paint all individuals under our care with one brush, but we do serve individuals with a wide range of issues, and these measures are necessary in our day to day work. Once again, we attached the language we would like to add to the back of our testimony.

Thank you for the opportunity to address the Committee on these three bills. I would be happy to answer any questions or concerns you may have at this time.

Attachment:**SB 246 AN ACT CONCERNING ISSUANCE OF EMERGENCY CERTIFICATES AND THE SAFETY OF PATIENTS AND STAFF AT FACILITIES OPERATED BY THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.**

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

Section 1. Section 17a-503 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

- (a) Any police officer who has reasonable cause to believe that a person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may take such person into custody and take or cause such person to be taken to a general hospital for emergency examination under this section. The officer shall execute a written request for emergency examination detailing the circumstances under which the person was taken into custody, and such request shall be left with the facility. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.
- (b) Upon application by any person to the court of probate having jurisdiction in accordance with section 17a-497, alleging that any respondent has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment in a hospital for psychiatric disabilities, such court may issue a warrant for the apprehension and bringing before it of such respondent and examine such respondent. If the court determines that there is probable cause to believe that such person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, the court shall order that such respondent be taken to a general hospital for examination. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.
- (c) Any psychologist licensed under chapter 383 who has reasonable cause to believe that a person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination. The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502.
- (d) Any clinical social worker licensed under chapter 383b or advanced practice registered nurse licensed under chapter 378 who (1) has received a minimum of eight hours of specialized training in the conduct of direct evaluations as a member of any mobile crisis team, jail diversion program, crisis intervention team, advanced supervision and intervention support team, [or] assertive case management program or community support program certified [by the Centers for Medicare and Medicaid Services] and operated by or under contract with the Department of Mental Health and Addiction Services, and (2) based upon the direct evaluation of a person, has reasonable cause to believe that such person has psychiatric disabilities and is dangerous to himself or herself or others or gravely disabled, and in need of immediate care and treatment, may issue an emergency certificate in writing that authorizes and directs that such person be taken to a general hospital for purposes of a medical examination. The person

shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed under section 17a-502. The Commissioner of Mental Health and Addiction Services shall collect and maintain statistical and demographic information pertaining to emergency certificates issued under this subsection.

SB 247 AN ACT CONCERNING TECHNICAL CHANGES TO STATUTES PERTAINING TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES.

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

Section 1. Section 17a-471a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2010*):

(a) The Commissioner of Mental Health and Addiction Services, in consultation and coordination with the advisory council established under subsection (b) of this section, shall develop policies and set standards related to clients residing on the Connecticut Valley Hospital campus and to the [placement of clients discharged] discharge of such clients from the hospital into the adjacent community. Any such policies and standards shall assure that no discharge of any client admitted to Whiting Forensic Division under commitment by the Superior Court or transfer from the Department of Correction shall take place without full compliance with sections 17a-511 to 17a-524, inclusive, 17a-566 to 17a-575, inclusive, 17a-580 to 17a-603, inclusive, and 54-56d.

(b) There is established a Connecticut Valley Hospital Advisory Council [to] that shall advise the Commissioner of Mental Health and Addiction Services on policies concerning, but not limited to, building use, security, clients residing on the campus and the [placement of clients discharged] discharge of clients from the campuses into the adjacent community. [The] In addition, the advisory council shall periodically review the implementation of the policies and standards established by the commissioner in consultation with the advisory council. The council shall be composed of six members appointed by the mayor of Middletown, six members appointed by the Commissioner of Mental Health and Addiction Services and one member who shall serve as chairperson appointed by the Governor.

Sec. 17a-546. (Formerly Sec. 17-206g). Communication by mail and telephone.

(a) Every patient shall be permitted to communicate by sealed mail with any individual, group or agency, except as herein provided.

(b) Every hospital for treatment of persons with psychiatric disabilities shall furnish writing materials and postage to any patient desiring them.

(c) If the head of the hospital or his authorized representative receives a complaint from a person demonstrating that such person is receiving obscene, threatening or harassing mail from a patient, the head of the hospital or his authorized representative may, after providing a reasonable opportunity for the patient to respond to the complaint, restrict such patient's mail to the complainant. The head of the hospital or his authorized representative shall notify the patient of the availability of advocacy services if such patient's mailing rights are restricted. Any such restriction shall be noted in writing, signed by the head of the hospital, and made a part of the patient's permanent clinical record.

(d) If the head of the hospital or his authorized representative determines that it is medically harmful to a patient to receive mail, all such correspondence shall be returned unopened to the sender, with an