

PA10-089

HB5291

House	639-642	4
Public Health	51-53, 589-590	5
Senate	3545, 3550-3552	4
		13

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**CONNECTICUT
GENERAL ASSEMBLY
HOUSE**

**PROCEEDINGS
2010**

**VOL.53
PART 3
595 – 894**

rgd/md/gbr
HOUSE OF REPRESENTATIVES

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April 13, 2010

consent calendar.

Is there any objection? Is there any objection?

Hearing none, So ordered.

Will the Clerk please call Calendar Number 171.

THE CLERK:

On page 14, Calendar 171, substitute for House Bill Number 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, favorable report of the Committee on Human services.

DEPUTY SPEAKER KIRKLEY-BEY:

Representative Olson, you have the floor, ma'am.

REP. OLSON (46th):

Thank you, Madam Speaker. Good afternoon.

DEPUTY SPEAKER KIRKLEY-BEY:

Good afternoon.

REP. OLSON (46th):

I rise to move the following items to the consent calendar: Calendar Number 171, Calendar Number 189, and Calendar Number 195.

HB5291 HB5197
HB5278

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

The Representative has asked that Calendar 171,

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HOUSE OF REPRESENTATIVES

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189 and 195 be placed on consent.

Is there any objection? Is there any objection to being placed on consent? If not, so ordered.

Will the Clerk please call Calendar Number 242.

THE CLERK:

On page 1, Calendar 242, House Joint Resolution Number 85, RESOLUTION CONFIRMING THE NOMINATION OF THE HONORABLE JOHN D. BRENNAN OF EAST HARTFORD TO BE A STATE REFEREE.

DEPUTY SPEAKER KIRKLEY-BEY:

This is a consent calendar. 243.

THE CLERK:

- Do you want me to read all of them?

DEPUTY SPEAKER KIRKLEY-BEY:

Yeah.

THE CLERK:

Calendar 243, House Joint Resolution Number 86, RESOLUTION CONFIRMING THE NOMINATION OF THE HONORABLE THOMAS J. CORRADINO OF MADISON TO BE A STATE REFEREE, FAVORABLE REPORT OF THE COMMITTEE ON JUDICIARY.

Calendar Number 244, 245, 246, 247, 248, 249, 250, Calendar 171, House Bill 5291, 189, House Bill 5197, and Calendar 195, House Bill 5278.

DEPUTY SPEAKER KIRKLEY-BEY:

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Thank you, sir.

Will staff and guests please --

Representative Olson.

REP. OLSON (46th):

Why, thank you, Madam Speaker.

Madam Speaker, we are about to vote on today's consent calendar. These calendar numbers are going to sound very familiar. These are the items that we moved to the consent calendar earlier today, Calendars Number 242, 243, 244, 245, 246, 247, 248, 250 and Calendar Numbers 171, 189 and 195.

Thank you, Madam Speaker.

DEPUTY SPEAKER KIRKLEY-BEY:

The question before us is passage of the consent calendar. Will you remark? Will you remark? If not, staff and guests please come to the well. Members take your seat. The machine will be open.

THE CLERK:

The House of Representatives is voting by roll call. Members to the chamber. The House is taking a roll call vote. Members to the chamber please.

DEPUTY SPEAKER KIRKLEY-BEY:

Have all members voted? Have all members voted?
Please check the board to make sure your vote has been

HJ85
HJ86
HJ87
HJ88
HJ89
HJ90
HJ91
HJ93
HB5291
HB5297
HB5278

properly cast. The machine will be locked and the Clerk will prepare the tally.

The Clerk will please announce the tally.

THE CLERK:

On today's consent calendar.

Total Number voting	149
Necessary for adoption	75
Those voting Yea	149
Those voting Nay	0
Those absent and not voting	2

DEPUTY SPEAKER KIRKLEY-BEY:

The consent calendar is adopted.

(Speaker Donovan in the Chair.)

SPEAKER DONOVAN:

Will the Clerk please call Emergency Certified Bill Number 5544.

THE CLERK:

House Bill 5544, AN ACT CONCERNING THE CITIZENS' ELECTION FUND, LCO Number 3312, introduced by Representative Donovan and Senator Williams.

SPEAKER DONOVAN:

Chairman Spallone, you have the floor, sir.

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**CONNECTICUT
GENERAL ASSEMBLY
SENATE**

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2010**

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Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President. And Mr. President, several additional items to mark. Going back to calendar page 7. Mr. President, calendar page 7, Calendar 377, House Bill 5291. Mr. President, move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, on calendar page 11, Calendar 465, House Bill 5448. Mr. President, move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered.

SENATOR LOONEY:

Yes, thank you, Mr. President. Mr. President, moving to calendar page 12. Mr. President, calendar page 12, Calendar 466, House Bill 5289. Move to place that item on the consent calendar.

THE CHAIR:

Without objection, so ordered

SENATOR LOONEY:

Bill 121; calendar page 7, Calendar 377, Substitute for House Bill 5291; Calendar page 8, Calendar 398, Substitute for Senate Bill 231; calendar page 9, Calendar 442, Substitute for House Bill 5141; calendar page 10, Calendar 449, House Bill 5495; calendar page 11, Calendar 451, Substitute for House Bill 5535; Calendar 465, Substitute for House Bill 44 -- 5448; calendar page 12, Calendar 466, Substitute for House Bill 5289; Calendar 473, Substitute for House Bill 5059; Calendar 476, Substitute for House Bill 5117; calendar page 13. Calendar 478, House Bill 5290; Calendar 481, Substitute for House Bill 5119; Calendar 482, Substitute for House Bill 5120; calendar page 15, Calendar 492, Substitute for House Bill 5446; Calendar 494, House Bill 5315; Calendar 504, Substitute for House Bill 5306; calendar page 20, Calendar 532, Substitute for House Bill 5033; calendar page 21, Calendar 534, Substitute for House Bill 5543; Calendar 539, Substitute for House Bill 5350; calendar page 25, Calendar 561, Substitute for House Bill 5419; calendar page 36, Calendar 374, Substitute for House Bill 5225; calendar page 37, Calendar 415, House Bill 5131; calendar page 38, Calendar 454, Substitute for House Bill 5526.

Mr. President, that completes the items placed on Consent Calendar Number 2.

THE CHAIR:

Please call for a roll call vote. The machine will be open.

THE CLERK:

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

THE CHAIR:

Have all Senators voted? If all Senators have voted, please check your vote. The machine will be locked. The Clerk will call the tally.

THE CLERK:

Motion is adoption of Consent Calendar Number 2.

Total number voting

35

Necessary for Adoption 18

Those voting Yea 35

Those voting Nay 0

Those absent and not voting 1

THE CHAIR:

Consent calendar Number 2 passes.

Senator Looney.

SENATOR LOONEY:

Yes, thank you, Mr. President.

Mr. President, I would move that any items on the consent calendar requires additional action by the House of Representatives be immediately transmitted to that chamber.

THE CHAIR:

Without objection, so ordered, sir.

SENATOR LOONEY:

And also any other items acted upon today, not on the consent calendar requiring action by the House of Representatives. Also would move that those items be immediately transmitted.

THE CHAIR:

Seeing no objection, sir, so ordered.

SENATOR LOONEY:

Thank you, Mr. President.

Mr. President, I would yield to any members seeking recognition for announcements or points of personal privilege.

THE CHAIR:

At this time, I will entertain any points of

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STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 1
1 – 325**

2010

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mb/rd

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

**JOINT
STANDING
COMMITTEE
HEARINGS**

**PUBLIC
HEALTH
PART 2
326 – 648**

2010



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.