

Legislative History for Connecticut Act

**PA 14-138**

HB5145

House	1575-1650	76
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<u>Public Health</u>	<u>39-44, 627-631</u>	<u>11</u>
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**H – 1185**

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THE CLERK:

Yes, on Page 42, Calendar Number 105, Report of the Joint Standing Committee on Appropriations, Substitute for House Bill 5145 AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' STATUTES.

DEPUTY SPEAKER GODFREY:

The distinguished Chair of the Public Health Committee, Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. I move the Joint Committee's Favorable Report and passage of the bill.

DEPUTY SPEAKER GODFREY:

The question is on acceptance and passage. Will you explain the bill, please, ma'am?

REP. JOHNSON (49th):

Yes, thank you, Mr. Speaker. The reasons for the bill, it requires all private provider agencies treating psychiatric disabilities or substance abuse problems, to share information with the Department of Mental Health and Addiction Services to allow the Commissioner to comply with data collection reporting requirements.

It also amends the existing housing assistance

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statute, allows individuals served by the Department of Mental Health and Addiction Services to access services outside their region, it increases information sharing concerning the jail diversion program and eliminates term limits for members of the Board of Mental Health and Addiction Services.

This bill will clarify and strengthen our ability to collect data from behavioral health providers in Connecticut.

It will allow for the sharing of information in both mental health and substance abuse, substance abuse jail diversion programs, makes critical changes to housing assistance statutes that was recommended by the auditors and puts into state statute the current practice that allows individuals served by DMHAS to not be limited to receiving services in their region.

I move adoption.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Will you remark further?

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Mr. Speaker, a few questions, through you, to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

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Proceed, sir.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. And Representative Johnson, please forgive me. I had a difficult time hearing your explanation of the bill.

DEPUTY SPEAKER GODFREY:

Representative Cafero, just a moment.

Thank you. If you could take your conversations outside so even I can hear what's going on.

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. I did note, and I note from the bill that's before us that we are, I guess, previously in general, the provisions pertain to private agencies and that we're adding public agencies.

Through you, Mr. Speaker, if the gentle lady could explain why the difference and what was in the past with regard to public agencies that we now want to change? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Yes. Thank you. Well, the reason we added the

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agencies the way that we did is because we were unable to collect all the data that we will need to make requests to the federal government for additional funding to help us pay for mental health services and addiction services. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker. From whom were we having difficulty collecting that data?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Well, there are a couple of things that we had difficulty with. One was the day the way the data was being collected in terms of uniformity, so that they can collect data and compile it.

And then the other situation had to do with the fact that we weren't getting it from all the sources that we needed to receive it from.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

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REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker. Are these not public agencies, however? I mean, in other words. I assume, I could understand having difficulty collecting data from private agencies because we as a state don't have correct, direct control or supervision of them.

But I don't understand why we would have difficulty collecting this data from a public agency.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

I think that probably between agencies, we had difficulties. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you. Through you, Mr. Speaker, how would this bill clarify or get the data that heretofore we were not able to get from these public agencies and now we will be able to get with the passage of this bill? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

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Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. What we will be able to do is, we will be able to first create uniformity in the data collection process and also, we'll be able to make sure that all the agencies know that this is the procedure that we're going to be using to, in terms of data collection, so it will create, there is language in the statute that allows you to look at just exactly by law, the information, including the number of people treated, demographic and clinical information, frequency of admission and readmission, frequency and duration of treatment, level of care provided and discharge and referral information.

And that's over there in Section 1 on the file.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. I guess I always am curious that many times in my tenure here, we pass these bills to tell state agencies to do something and we do it by way of a bill, and I guess I don't understand.

Why couldn't we just sort of send out a memo saying from this point forward, we want the following data collected in the following way to be reported to us at this particular time? Why does it necessitate this piece of legislation?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, we probably are all aware of the Health Insurance Portability Act and the fact that it's difficult to receive medical information between organizations, so I think that this law will probably help us with that part of the trying to get the information between the agencies.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. And I certainly don't fault the gentle lady for that answer. I just guess, wow, isn't it a shame we've got to pass a law to get some info.

But in any event, the information that we're

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requesting through this bill, are there any concerns with regard to an individual's privacy?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, no. I think that's part of the reason why it's outlined in here, the specific information that's required.

Also, there's information through the court system that would be reported to the Department of Mental Health and Addiction Services so that there would be diversionary services provided in terms of analysis, as to whether or not a person would be suitable for a court diversionary program, and also whether or not the Department of Mental Health and Addiction Services has the ability to evaluate them and provide the service once the person's in the community. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Mr. Speaker, through you, just, we heard a bill a couple of minutes ago

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with regard to a new way of doing something. It happened to be a sort of a demonstration project.

In this particular case, it seems as if we are collecting data that heretofore was not collected and we're instructing people to collect it, state departments to collect it in a certain way.

Does this have any additional cost by way of technology or personnel? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, there was no fiscal note on this bill.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Through you, Mr. Speaker. In other words, the OFA said there's no cost to doing this?

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That's correct. Through you, Mr. Speaker.

Representative Cafero.

REP. CAFERO (142nd):

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So, through you, Mr. Speaker, you don't foresee, Representative Johnson, you don't foresee the necessity of the state agencies hiring or delegating to a particular staff member the task of doing this at the expense of whatever they once were doing?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, there's no evidence of that in the file.

DEPUTY SPEAKER GODFREY:

Representative Cafero.

REP. CAFERO (142nd):

Thank you, Mr. Speaker. Wow, that's pretty neat. It seems like we're doing a whole different new thing and it's not going to cost us a nickel. That's a good deal. I hope we could duplicate that kind of stuff throughout the rest of what we do here, and maybe, maybe we could do a lot more that way. It might save a few bucks.

Well, I thank you, Mr. Speaker. I thank you, Representative Johnson for answering my questions.

Thank you.

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DEPUTY SPEAKER GODFREY:

Thank you, sir. The distinguished Ranking Member of the Public Health Committee, Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Good afternoon, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Good afternoon, sir.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, a few questions to the proponent of the bill.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. As I see this bill, it is now applicable to public agencies and we are collecting information from these public agencies.

Going the line that my distinguished Minority member was talking about, is this information not already available and why are we requiring this piece of legislation to make this happen?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

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Representative Johnson.

REP. JOHNSON (49th):

Well, to compile the information in a consistent way so the data can be used to request funds.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, right now is there any data collection through these public agencies at all, or it is, if they choose to report?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, the agencies I'm sure collect data. I don't have, the bill speaks really to prospectively, so we're looking at how agencies are asked to collect data and provide information that provides the number of people treated, the demographic and clinical information, frequency of information, readmission, frequency and duration of treatment, level of care provided and discharge and referral information. Through you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so this data by the public agencies is already collected. So as I understand it, what we're trying to do here is make sure that that public information is now shared with the department. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, will there be additional things that the agencies will now have to collect and then report to the department?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, only if they are not collecting the information which is included in the

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bill, the number of people treated, demographic and clinical information, frequency of admission and readmission, frequency and duration of treatment, level of care provided and discharge and referral of information. So long as the agencies are collecting those things, there shouldn't be any additional requests. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, so this information that's collected is more general, the number of people treated. It does not say, through you, Mr. Speaker, that Mr. So and So or Mrs. So and So was treated.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. That's what the data collection portion of this bill indicates.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Data collection is very important and I definitely agree that the more information we have, we will be able to serve our communities better because we now have some idea, or a better handle on what their needs are or what is happening in our community.

Through you, Mr. Speaker, is this data that is collected, once again, a question I know my Minority Leader asked, but I just want to clarify for myself, that is this data secure? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, could the good Chairman of the Public Health Committee just elaborate on what is being done to make sure that it is secure?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

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Through you, Mr. Speaker, in terms of the data collection, I don't have the specifics on the actual methodologies that are used by the computer people.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, my final question, on this part of the bill, and then I'll move on to the rest of the bill is, this will enable us to get the federal block grants. I'm aware of that.

But will this allow us to get more of the grants that what we've been getting?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, I think that we have been unable to access certain federal grants in the past because we have not been able to coordinate our data and so this will help us access the federal grants. We will have a better handle on just exactly who is receiving the treatment, who is going to need the treatment in terms of the numbers, in terms of all

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those things that would be required for any grant application. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, if I understood this clearly, as we stand right now, we have not been receiving any of the federal block grants?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, I think that we've received some, but perhaps not to the extent that we could and we should probably try to maximize access for treatment services, because in terms of being able to provide treatment to every single person who might require it, whether it's mental health or addiction, we still don't have enough in the way of beds, services, treaters, so this will help us perhaps expand those and that's the vision of the bill.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

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REP. SRINIVASAN (31st):

Through you, Mr. Speaker, compiling all this information, which is essential, which is vital, and applying for the grants, which obviously is important as well, am I to understand, through you, Mr. Speaker, there is no fiscal note to that?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Going to another section of the bill, I know the bill give the Commissioner authority to allow the agencies to carry over the unused funds to the following year for the housing.

Through you, Mr. Speaker, what happens now when there are unused funds? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, they would be returned

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to the general fund, as a carry over, or they would be used as a carryover from one year to the next, but now they're going to be, it's going to be specified that they can be used for housing.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, I was not very clear on the answer. If you would be kind enough to request the Chairwoman to repeat that for me, I would appreciate that.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

So they can use the money that would stay in a carryover situation, or it would be put back into the general fund. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, if this bill were to pass, these unused funds would not go back to the general fund. That's what I'm understanding and will

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stay in the fund for housing alone.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Through you, Mr. Speaker, that raises concerns for me, because we here have seen it happen over and over again that we have all these special funds. Transportation is an example.

And then invariably, those funds are raided to go in to kind of fill the deficits in our gaps. It's a great idea. It's a laudable idea that to keep these funds separate that can be used again and again for the same purpose.

But what, through you, Mr. Speaker, is the protective mode that this fund cannot be used for any other purpose a), and most important does not go back into the general fund? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

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REP. JOHNSON (49th):

Well, by designating it as such, we are now in compliance with what the auditors would like and the law states that the money should be used for that purpose. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

On this section, my final question, through you, Mr. Speaker is, does the good Chairwoman know what amounts we're looking at in terms of dollars of in the past that we have had as unused funds?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That was not part of this file information.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. Through you, Mr. Speaker, this bill will allow clients to receive services outside the designated mental health area

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region where they live.

Would that be applicable if they receive services in our state alone or if they happen to be elsewhere as well? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

This would be for people who are residing in the State of Connecticut. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. I definitely get that. It would only be for people who live in our state.

But if they seek services outside the state, they're residents of our state, they are, they live in our state, but they seek services outside the state.

Would that be applicable as well?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Well, that would really depend on a number of factors. I would hope that the good Ranking Member

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would be more specific.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan, could you be more specific?

REP. SRINIVASAN (31st):

Mr. Speaker, I'll definitely do that. I'll definitely be more specific.

So the resident of Connecticut for one reason or another, chooses to get services outside the state. Happens to be in Massachusetts. Happens to be traveling and happens to get services in a neighboring state.

Through you, Mr. Speaker, would those services also be covered through this bill that they're trying to pass this afternoon? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Thank you. I do appreciate the good Ranking Member's change in his request for information from me, but there are a number of opportunities for different types of funding, and if we're speaking only to this bill and we are speaking to the Department of Mental Health and Addiction Services' services, then

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the money and the services and the treatment would all be contained in the State of Connecticut.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, then this designated area outside of where they live, still has to apply that it is outside the area as long as it is within Connecticut. Am I to understand that?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. That definitely clarifies that for me.

And a few questions as far as the existing practice of looking at felonies and determining whether that information about drug use, addiction, so on and so forth.

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Would that be something that would be passed on to the Judicial system? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That is correct. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

And through you, Mr. Speaker, this information obviously has to be on an individual basis, so would we be violating any laws? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, well, with the Judicial system, anyone who is charged with a crime becomes a matter of public record. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

So through you, Mr. Speaker, this information that will be passed on to the courts through the Judicial system, would then the courts be able to,

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when they come up with their recommendations, they will be taking into account all of this information that they pass to them? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That's correct. This provision in the bill allows for an examination of the person who the court feels might work out well in the community, but before that occurs, they will have to be evaluated and then a report is made from the Department of Mental Health and Addiction Services to the court based on the findings of the examiner.

And then from there, a determination is made with the court based on the services that are available perhaps through the Department of Mental Health and Addiction Services so that there's support in the community, but also that the court system is satisfied that the penalty phase of the charge for the crime is addressed and also that the person is going to be treated while in the community. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

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REP. SRINIVASAN (31st):

Thank you, Mr. Speaker, and my final question to the good Chairwoman is, so the information that's passed on to the court system, would that be a recommendation that this person could be, could live in a community based, or that will be a decision that will be made by the court system?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Based on the findings of the examiner and in conjunction with the court system and how they evaluate people, depending on what the crime is and all of the factors, there would be a decision made as to whether or not the person could be released into the community with support. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Srinivasan.

REP. SRINIVASAN (31st):

Thank you, Mr. Speaker. And I want to thank the good Chairwoman for her answers. Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, sir. The gentleman from Shelton,

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Representative Perillo.

REP. PERILLO (113th):

Good afternoon, Mr. Speaker, thank you very much.  
If I could, through you, sir, a few questions to the  
proponent of the bill.

DEPUTY SPEAKER GODFREY:

Proceed.

REP. PERILLO (113th):

In Lines 56 through 58 where we start referencing  
the section that the Ranking Member of the Public  
Health Committee talked about in terms of where  
individuals can seek services, I understand that it  
says they may now seek services outside of their  
district, outside of their region.

I'm wondering why this language needs to be  
included because I don't see language that states that  
at present an individual may not seek services in a  
different region. Why is this language specifically  
required? Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, there are catchment  
areas where people live and receive the services.

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Sometimes people obtain jobs outside the catchment area and can get services where they have employment and then they can continue on with their work and reside in a different catchment area.

So this is just to expressly let anyone know, any other service provider know that the services will be provided, whether they're living in that catchment area or not. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. But if I could follow up on that. I understand why it might be appropriate for an individual to seek services in a different region.

I just don't understand why this enabling language is required when there seems to be no prohibitive language at present, stating that these services cannot be received outside of a given region.

It just doesn't make sense to me. If we're not saying that we can't do it, why must we clearly state that we can? Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP., JOHNSON (49th):

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Through you, Mr. Speaker, it was the determination of the Commissioner of the Department of Mental Health and Addiction Services that some providers felt that they could not provide service to people who did not live in the catchment area in which they were receiving the service.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. And if could again, through you, in Line 57 where it mentions region, could the Chair of the Public Health Committee explain to us for our benefit, you know, these are mental health regions.

How many of them are there? How large or small are they? How much, how often will there be this incidence of individuals having to seek services outside their region?

Now, are there three regions and it's not a big deal? Are there 20 regions and it is a big deal? Some clarify would be helpful. Thank you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

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REP. JOHNSON (49th):

Through you, Mr. Speaker, the numbers of catchment areas are not listed in the file that we received and the numbers of times where people have been refused treatment also was not part of the information in the file. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker, and I can understand that perhaps this isn't available at the Chair's fingertips, but that would be good information for us to know if indeed we are to determine whether or not this language is necessary or not, whether this provision is necessary or not.

The number of regions we have in the State of Connecticut matters in this particular case, because we're stating that there's a problem. We're assuming that there is a problem.

Yet, that problem has not been enumerated in any way, shape or form. We don't know how often and we don't know how large these regions are.

I guess I don't have a problem with this language. I just question whether or not it is

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necessary, and I think that sometimes in this Chamber it is very easy for us to do what we do, which is pass a law.

You know, when you're a hammer, everything looks like a nail. We can say there ought to be a law. There ought to be a bill. There ought to be language.

So I'm almost wondering if this is language that's not even necessary in the first place, and I think that leads to sloppy legislation year after year as we do this repeatedly over and over again.

So I'm not clear as to why this is necessary. If I could, though, move on very briefly.

In the next, in Section 4, sub a, in Line 61, 62, we are adding a felony to misdemeanors. They're just situations in which an individual can be referred.

I'm wondering why this is being expanded? This was something that was discussed very, very briefly in the Chair's discussion with the Ranking Member, but if I could get some additional clarity, that would be helpful. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, felony was added

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because all that was being addressed at this point in time is the misdemeanors and it would be good to also include people who had committed felonies, which many drug offenses in our state are felonies, and of course, people are committing those felonies because of addiction in many instances, so felony was added.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker. I can appreciate that. There are, obviously a number of offenses that are felonies and those are currently not included.

But when this language was original written, felonies were specially excluded. So now we are making a change in policy. This isn't just to wrap more people in. This is a change in policy, so at some point in time this Legislature thought that felonies ought to be excluded.

So, my question through you, Mr. Speaker, to the Chair is, why was it thought that they should be excluded, and what has changed in those years between the initial drafting to this proposed bill before us that would now want us to include those who are

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accused of committing a felony?

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, a number of years have gone by and we of course, all of us look, we hopefully look and evaluate the laws that we've passed in the past, and when you look at the laws that we passed in the past, you have to take a look at the impact of those laws.

And the impact of some of these laws, particularly when you're dealing with people who have addictive behavior and have mental illness, require that there are services so that they can work through the addiction and become valuable community members.

So, the fact is, that we have a lot of people who are discharged from the prison system with no services at all, whether they have an addiction or not, and this will help increase access to services for people who do have addiction or mental health issues who have committed a crime, a felony, and it will make it so that they are not just released into the community and sent off to a homeless shelter, as they are so often in my community, and that they have a place to live

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and that they get services so they don't have, so they don't reactivate their illness and we don't have increased recidivism.

So we're really looking to decrease recidivism rates here and that's the purpose of this and I think that we discovered that we have lots of recidivism when we had people who were arrested for addiction and were not being treated and this, hopefully, will correct some of that. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker, and I thank the Chair of the Public Health Committee for her answer to that question.

I would like, though, before I conclude, to discuss another section of this bill, Section 4, sub b, and it discusses the disclosure of information from the Department of Mental Health and Addiction Services to actual providers.

And I'm wondering if during the public hearing on this bill, and in any of the testimony on this bill and any of the Committee discussion on this bill, whether or not any concern was expressed regarding the

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transfer of that information from a state agency to a provider, and whether or not that transfer of information would be in violation in any way, shape or form of the Health Insurance Portability and Accountability Act, which we know references patient confidentiality. Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, the first requirement is that the person actually give permission to the Department of Mental Health and Addiction Services to have the evaluation and the treatment. So that's the number one requirement before any of this is done so that they meet the requirements under HIPAA.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker, and I appreciate that answer. But typically, when we talk about the transfer of information, in HIPPA there are specific reasons why that information may be shared. One of those reasons, and the one we hear most often is for

the continuing care involved in the patient, and that is typically information that exchange from one provider of care to another provider of care.

The Department of Mental Health and Addiction Services is not necessarily a provider of care. In this case, they are a keeper of records.

So I'm wondering whether or not we have created in this bill, a possible violation of HIPAA, because as I said, the Department of Mental Health and Addiction Services is not a provider. It is a keeper of records, and I'm not sure whether or not that is something that is permitted within HIPAA regulations and HIPAA language from the federal government.

I would have thought that perhaps there would have to be some sort of patient or client sign off in order for that information to be exchanged, yet I don't see that in the bill as drafted. Perhaps, I've missed it. But I would imagine that if a patient wanted that information to be shared by the Department of Mental Health and Addiction Services, they would sign and state that they do desire that, but that is not included in here.

So I'm wondering why we would not want patients to be able to weigh in on whether or not their

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information held by the Department of Mental Health and Addiction Services can be shared with the provider who is treating them. Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, one of the first parts of this, I'm not sure I understand the good gentleman's question. If he could just rephrase it, that would be really helpful.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Absolutely, Mr. Speaker, and thank you very much. The question again is, in Line 74 through 79, and the language of the bill states that the Department of Mental Health and Addiction Services may share specific information about the patient with the clinician treating the patient, and you know, observing the patient.

Now, HIPAA requires only, HIPAA provides only specific instances where protected medical information can be shared. Typically that is from one provider to another. One provider of care to another.

Now, the Department of Mental Health and Addiction Services is not a provider of care. It is a keeper of records.

So I'm wondering whether we are creating a HIPAA violation, a scenario in which there may be a HIPPA violation because we're providing for the transfer of information from a keeper of records, that is the state agency, to a provider of care, which is typically not allowed in HIPAA regulations at the federal level.

If we are to do that, I would suspect and I would expect to see, there would be a sign off and approval, a release, from that patient stating yes, Department of Mental Health and Addiction Services, it is okay for you to give my protected health information to this practitioner.

Yet there is no language in this bill that allows for and provides for, and in fact demands, approval and sign off and release from the patient.

So I'm wondering why that is not there. Why is there no statement that the patient must sign a release and provide for and allow that exchange of information? Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

So, when we're looking at that language, it says, if the person is determined to be in need of such services and is willing to accept the services offered, the court shall be informed of the result of the assessment and the recommended treatment plan for consideration by the court in the disposition of the criminal case.

So the criminal case is a matter of public record and whether or not the treatment, the treatment will be provided as you say, it will be provided by a provider of service. It wouldn't, so the Department of Mental Health and Addiction Services would track the statistics, but the provider would be provided here by a public agency that has psychiatrists and social workers and psychologists, APRNs, all of those types of providers are there to provide some type of clinical response, and whenever anybody goes into a provider who is providing those services' office, they have a HIPAA form that they sign.

So in those circumstances that would be where they would do the confidentiality. But the connection between the Department of Mental Health and Addiction

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Services and the court system would be part of the criminal record. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

So to clarify what I think I just heard. Now, I understand there's a reference to Lines 70 through 73, which state that a person has to be willing to accept these services.

So the assumption then is, in expressing their willingness to accept the services the individual is also stating that they are allowing the Department of Mental Health and Addiction Services to transfer any information they have to the provider of those services. Is that correct?

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, yes.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you, Mr. Speaker, and just one quick follow up on that. I thought I heard the Chair of the Public

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Health Committee say that this information, this specific medical information, which we know this is mental health services, this is medical, private information, that that information would be in the court record. Is that correct? Did I understand the Chair properly?

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

That would depend on the facts of the case.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much, Mr. Speaker, and I don't want to belabor this, but if the Chair could just give an example, a for instance, in which case a patient's individual mental health information, you know, the type of information we're talking about here would be included in the court record. Through you, sir.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Certainly. Perhaps someone was to plead

insanity, then they would have to have that part of the record. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Perillo.

REP. PERILLO (113th):

Thank you very much. That's a great example. I appreciate it, and I have no further questions. Thank you.

DEPUTY SPEAKER GODFREY:

Thank you, sir. The distinguished Deputy Republican Leader, Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Mr. Speaker, I would also like to ask the Chairwoman a few questions.

DEPUTY SPEAKER GODFREY:

Proceed.

REP. KLARIDES (114th):

Thank you. Mr. Speaker, in Lines, starting on Line 21, it talks about the request of the Commissioner being the reason for these reports. What would make the Commissioner decide, now is the time?

Is it monthly? Is it biannually? How will he or she make that decision? Through you.

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Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, that information really isn't contained in this file.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I appreciate that, but I would imagine that since we are the Public Health Committee and this was a bill that came through our Committee, that we would have some knowledge of what kind of reporting DMHAS would be responsible for answering, and reporting.

Through you, Mr. Speaker, the Chairman, has she had any conversations with anybody that is articulated in this bill as to the frequency of reports demanded?

Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, the Commissioner of the Department of Mental Health and Addiction Services indicated in her written testimony and her presented testimony, that the data collection is an important

part of her treatment system. It's necessary for the federal mental health and substance abuse block grants that can be a determining factor in how many dollars are received from those grants.

So it allows them to examine their treatment system, to identify gaps in best practices. It gives them the ability to be very successful when they apply for discretionary dollars in order to make the case for new resources from the federal government, increasing ability to share information with the courts.

It helps with the substance and diversion programs and between the publicly and privately funded Department of Mental Health and Addiction Services programs and mental health jail diversion programs, will make better continuity of care and allow the courts to make decisions based upon clinical information.

It also puts into statute these current practices that exist so this is in some ways being done now as being formalized. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

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Thank you, Mr. Speaker. So the answer would be no, she's not aware? Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, those are the reasons that they gave for the need to collect the data.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Okay, so we don't know how many times a year they would be asked to report. It could be once a month. It could be one a year. It could be once every five years, which I'm forced to glean from the Chairman's comments because since obviously we don't have any other information on that, I will move on.

In Line 26 and 27, continuing on with the reporting, if the Commissioner requests these reports, and the institution fails to produce these reports, what will the penalty be? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

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Through you, Mr. Speaker, there is no penalty listed in this information.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Through you, has the Chairwoman had any conversations or any information about if there would be a penalty? Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, there are administrative procedures where the Department of Mental Health and Addiction Services, if they're working with providers, would probably be able to work through that system. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Okay, so we don't know. We put together a bill that says it's very important that reports are provided and produced when a Commissioner wants. We don't know how many reports. We don't know the frequency of the reports, and we

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don't know what happens if there are no reports produced. Is that a correct conclusion from what the, excuse me, the Chairwoman has just expressed?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Well, there are, certainly I'm sure reports that are required on a monthly basis. We just received some information about that. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

I'm sorry, Mr. Speaker, if the Chairwoman could repeat what she just said. I didn't understand that.

Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

The reports, through you, Mr. Speaker, are required on a monthly basis.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

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REP. KLARIDES (114th):

Thank you, Mr. Speaker. Where does it say that?  
I'm sorry, I thought she had said a few minutes ago  
that we didn't know how often the reports should be  
provided. Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, my Vice-Chairman  
actually gave me that information because he was able  
to get it through the Commissioner's liaison here.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. But it's not articulated  
in the bill. Is that accurate?

REP. JOHNSON (49th):

That's accurate, yes.

REP. KLARIDES (114th):

Okay, thank you, Mr. Speaker. So, we find it  
important enough to do this bill, to have the  
Commissioner have the authority to request this  
information. We think it's monthly, but it's not  
important enough to be in the bill and we don't know

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if there's a penalty if we don't do it.

You know, doubling back to one of my colleague's comments, we write legislation and you know, I would say that every time somebody has an idea or there's a thought and they're put into writing and there's legislation, you know, I give everybody the benefit of the doubt. I'm sure it's important to somebody and it's significant to the person that's submitting it.

I just don't understand how we can put a piece of legislation in, say we think the reports are monthly, yet it's not in the bill, which will become the law. We don't know if there is a penalty, which means if there's not a penalty, I would assume there is not because it's not written in the bill, and if there is not, then what's the point of having the bill and saying you must do it?

Mr. Speaker, I'm going to go forward to Line 61 if I may and ask the good Chairwoman, I know we added in Line 62 felony to misdemeanor. Just wondering why felony hadn't been in there in the first place, if she knows the answer to that? Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

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Through you, Mr. Speaker, no, I have no idea.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. In Line 74 and on, the Commissioner of Mental Health and Addiction Services, it says may disclose to the person conducting the clinical assessment, whether or not the arrested person has received services from the Department of Mental Health and Addiction Services.

And then going forward in Lines 88 through 96, it says the Commissioner shall disclose information contained in the Department of Mental Health and Addiction Services database concerning the person who has received treatment for alcohol and drug dependence.

I'm curious as to why we're differentiating between the two and one being may and one being shall.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, I'm not sure why, either. Through you, Mr. Speaker.

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DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Well, I know we had a conversation about HIPAA a few minutes ago, which is clearly a very significant and important matter that I think needs to be clarified before going forward with this bill, but it certainly makes no sense to me, and I am very open to having an answer to this at some point, although the Chairwoman says she does not know the answer.

I think we need to know why, first of all, we have a questionable practice insofar as HIPAA issues are concerned, yet we're differentiating between somebody who has been arrested and somebody who has had, received alcohol or drug treatment.

One is may and one is shall. I don't understand why that is the case because they would both seem to be very serious and important matters, if in fact we determine under HIPAA that that would even be acceptable to put forward.

Mr. Speaker, I have one final question for the Chairwoman and I know that a few of my colleagues have addressed this, but if I may for clarification.

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As far as the fiscal impact goes, does the  
Chairwoman believe that there is a fiscal impact?  
Through you.

DEPUTY SPEAKER GODFREY:

Perhaps Representative is you could rephrase that  
to make it a question of fact and not one of opinion.  
Just ask (inaudible). We get into trouble when we  
start explaining ourselves.

REP. KLARIDES (114th):

Of course, Mr. Chairman, I apologize, Mr.  
Speaker, excuse me.

DEPUTY SPEAKER GODFREY:

Sure.

REP. KLARIDES (114th):

Is there a fiscal impact on this bill? Through  
you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

No, there is not. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. Then I was wondering why

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it was referred to the Appropriations Committee. It is my understanding the bills that go to the Appropriations Committee are bills that have to deal with money. Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson. Is that a question to Representative Johnson.

REP. JOHNSON (49th):

Why was it referred to the Appropriations Committee? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Do you know, Representative Johnson? Representative Johnson.

REP. JOHNSON (49th):

I wasn't asked. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

I'll repeat it, Mr. Speaker. I had asked, why was this bill referred to the Appropriations Committee?

DEPUTY SPEAKER GODFREY:

And Representative Johnson says she wasn't asked. I'm sorry. If you didn't hear, my apologies.

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REP. KLARIDES (114th):

Oh, I thought it was I didn't ask her. Okay, I apologize.

DEPUTY SPEAKER GODFREY:

Of course, yes.

REP. KLARIDES (114th):

Well, I just, you know, I know a couple of my colleagues have asked this question and I'm still confused on the matter when I see the OFA fiscal note that clearly states the bill could result in costs associated with funding, and the auditors of public accounts raise concerns about the fiscal process that's in place insofar as it has historically made this funding available through DMHAS.

In addition, in the out years of the budget, a fiscal impact would continue, which means the funding would have to continue in that way.

So I guess I'm confused. If the Chairwoman could clarify if she says there's no fiscal impact yet a) it was sent to the Appropriations Committee, which means there's got to be some sort of fiscal impact and OFA has claimed that there is. Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

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REP. JOHNSON (49th):

Through you, Mr. Speaker. Now I understand the question better. Because of the, I believe that this had to do with the way that the housing funds will be allocated, so they move from one year to the next. It did address the auditor's request, so this is a clarification in that aspect of the bill, and so that there will be more funding available for housing, but there's no fiscal note.

It's just in how the money was managed and I think that's probably why it went to Appropriations. I think that answers your question.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Klarides.

REP. KLARIDES (114th):

Thank you, Mr. Speaker. I thank the Chairwoman for her answers. You know, I have this fiscal note in front of me and there's, it says right on the page. Potential cost.

I guess it's just another concern of mine of this bill that I've mentioned before, that there is a potential cost. We are demanding reports. Those reports have to be done somehow. People have to do

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those reports, which means people are going to be paid to do them in one way or another.

We're not sure as to when the reports have to be done, if at all, except it says reports.

We're not sure if you don't do the reports, is there a penalty? To me, this is not how you write legislation. There are too many questions in this bill.

It's one thing when we get answers and you can either like those answers or dislike those answers. But when you don't get the answers because you're unclear as to what they are, I think that's a problem and I think that these questions need to be answered before this bill goes forward.

Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam. The gentleman from New Fairfield, Representative Smith.

REP. SMITH (108th):

Thank you, Mr. Speaker, and good afternoon. I do have a few questions for the good Chairman of the Public Health Committee, if I may.

You know, last year we were here debating the gun control legislation and one of the concerns we had in

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that bill, at least one of the concerns I had was the mental health aspect, and I thought that we went some of the way but not certainly all the way in terms of what this Chamber and what this state should be doing in our mental health area.

And so any time I see a bill that comes out dealing with mental health I'm excited because, you know, I think there's a lot of room for improvement with how the state handles our mental health issues.

And I was excited today to see this come up and I've been listening intently to the dialogue and I'm wondering if the changes that are set forth in this bill from the current legislation has anything to do at all with the gun control legislation and the mental health aspect of that legislation that we passed last year? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, these are correct, these are changes that are made to the procedures in the Department of Mental Health and Addiction Services statutes that will, they may or may not help the situation we all dealt with last year, but certainly

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making sure that our citizens in the State of Connecticut when they have a mental health disorder or a drug dependency disorder or a combination thereof, will definitely help us in the state deal with all sorts of different types of other issues that might be the result of some of these disorders.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

And thank you for that response. And I guess the reason I'm asking the question is, you know, in light of what happened at Sandy Hook and certainly the trouble that that person went through before he committed the act that he committed, and although he was out of the school system, certainly he had trouble while he was there and it just wasn't, to me it wasn't reported as it should have been reported and the proper agencies were not aware of what was going on with that individual.

And I suspect there are other troubled people out in our state that could use some help and guidance along the way, and I'm wondering whether this reporting that's contained in this bill, and I've read

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it a few times while we've listened to the debate.

I'm wondering whether any of this data that's collected gets reported to the police departments throughout our state, the State Police, our schools, or any other agencies. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, the reason for the collection of the data is to help the Department of Mental Health and Addiction Services write grants so that they'll be able to obtain more funding to provide these types of services for people who have mental illness and also have addiction issues.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

Thank you, Mr. Speaker. So other than for the purpose of obtaining grant money, does the bill serve any other purpose? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, it also will help identify weaknesses in the provision of services in the State of Connecticut.

So right now, without having the reportage being comprehensive, we're in a situation where we're not altogether as good at understanding what needs to be provided for mental health services and for addiction services. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

Thank you again to the Chairman. I just want to circle back then to the question I had posed earlier about reporting to the schools or reporting to the State Police or local police within our state.

So is it fair to say that the data that is collected as part of this legislation, or proposed legislation, would not then be transferred to our various police and school agencies?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

I think that there might be a situation when the

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person who was arrested and is going through the court system and this becomes part of that, part of the bill where there is a relationship between the court and the Department of Mental Health and Addiction Services, whether the person who was arrested was a student, or whether the person who was arrested was just in the community and older.

Those situations might be something that would have to be coordinated at some point, depending on the facts of the case. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

Thank you for that, and just to take that one step further, then.

Is there any restriction within this bill that would prohibit the court from sharing that information with the police and/or with the school administrators?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, again, it depends on the facts of the case and certainly the HIPAA law

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would come into being and practice if there was no underlying reason to connect with any other agency in terms of public safety or something like that.

So, as a general rule, HIPAA would rule here.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

And I guess that's kind of where we're heading because I know there was a lengthy dialogue about the HIPAA provisions and how it applies to this particular bill and whether it does, in fact, apply to all of it.

There's clearly language in here that allows the Commissioner and the agencies to report some of the treatment to the court, and I understand the good Chairman's response that then it would probably be another layer of HIPAA for the court to then release it beyond to the State Police, local police or schools.

Is my assessment of your answer correct?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

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I agree with your assessment. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

And the data that's collected, is that broken down by categories in terms of perhaps age or sex or race, you know. How is it broken down if at all?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Let's see, in Item 1 in the material, they had the listing that I did go through before. And it says by law, this information includes the number of people treated, demographic and clinical information, frequency of information and readmission frequency and duration of treatment, level of care provided, and discharge and referral information. So that's the request in the bill.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

And I did hear you say that initially when you

brought out the bill, and it doesn't seem to include the categories I just mentioned, such as age or sex or race unless demographics as a generic term refers to all of that.

And I guess, so I'll ask that question. Is that what is meant by the term demographics?

Through you, Mr. Speaker.

REP. JOHNSON (49th):

Through you, Mr. Speaker, that's how I interpret that language. So the answer is yes.

REP. SMITH (108th):

Thank you. And just a few more questions. Interested in the aspect of this bill that deals with the Judicial system.

As I'm sure the Chairman is aware, there are many diversionary programs within the court system that our populous can apply for whether it's a drug treatment program or an alcohol education program and I'm just wondering just on a day-to-day basis if someone were to go into court and apply for one of these programs, let's say it's a drug-dependent program.

Would then there be a research if the Chairman knows, by the court personnel to contact DMHAS or any of the other state agencies to determine whether this

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particular person has ever had mental health or drug dependency issues? Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, it would seem as though the diversionary program would come in combination with the court trying to connect with the Department of Mental Health and Addiction Services, and there is language in here that discusses the fact that the information may be given to the court system, depending on whether the person has mental illness or addiction issues, and also there is information in the bill that discusses whether or not a person gives permission to have the service provided.

So those are the, some of the things in the bill that look like there's a connection between the court system asking the person whether or not they are willing to go through the Department of Mental Health and Addiction Services program and also allowing the court system to obtain the facts if they exist because of recidivism.

Or you know, if it's the first time and that would be something that they would also be able to get

permission from the person on and try and have the information conveyed to the Department of Mental Health and Addiction Services whether or not they would have the examiner come and provide an assessment and then go from the assessment to the you know, the next stage, depending on whether or not the assessment says that the person should have treatment or could have treatment and that would work in connection with their treatment plans.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Smith.

REP. SMITH (108th):

And again, I appreciate the Chairman's response. It's probably a tricky scenario that we're heading down to. I guess the court personnel, based on this new legislation, will have to take a look at it and see whether that's one of the inquiries they would now have to make as part of the diversionary programs.

I suspect the typical application would not get that far, but to the extent that perhaps it was felt that there was in fact a need because of the mental health issues then they could make the inquiry and get the proper releases and consent forms.

So I just wanted to clarify that for the legislative history that it's not one of the automatic check offs that perhaps those who work in the clerk's office in our courts would have to, in the probation office and the various offices within the court system where they actually have to engage in, just to have the diversionary program approved or investigated.

I will continue to listen to the debate, and again, I'm very interested in this field to have this mental health issue brought forward. I think there is a real need here in Connecticut to actually delve into this issue a little bit more.

There's a lot of people out there who are struggling for various reasons and hopefully we can get some of this grant money, which I guess is the purpose of this bill, to address those needs.

So I thank the Chairwoman and I thank you, Mr. Speaker.

SPEAKER SHARKEY:

Thank you, sir. The gentle woman from the 34th, Representative Ziobron.

REP. ZIOBRON (34th):

Thank you. Thank you, Mr. Speaker. I just have a couple of quick questions to the proponent, please,

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through you.

DEPUTY SPEAKER GODFREY:

Proceed.

REP. ZIOBRON (34th):

Thank you. And to the good Chairwoman of the Public Health Committee, I'd like to go back to Section 2 with the mental health and addiction service section. I have a couple questions regarding how the housing subsidies work.

Mainly, if it's going to be a carry over into the next year, if you could explain the process. If an applicant applies for the subsidy, is it a one-time per year application until they're, or is it an allotment of funding? I'm trying to understand if we're getting the services directly to those folks in a calendar year or are they forced to wait until the following year for the full subsidy? Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Thank you, Mr. Speaker. The way the subsidy works is that the person coming into the service of the Department of Health and Addiction Services may have a need for housing, and there are long, long

waiting lists for subsidized housing opportunities.

So what the Department of Mental Health and Addiction Services does, is they provide those subsidies to the best of their ability through the year and if there's money left over then that money gets carried over to the following year to help those people coming into the program who still need to have some assistance until they can find a suitable arrangement with a regular housing subsidy situation.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Mr. Speaker. Thank you for that answer, but is there, are you aware if there's a cap to that subsidy per individual? That's specifically another question I'd like to understand, to make sure that we're helping these folks, but I understand that we have limited resources as well.

So I'm curious if there's a cap? Through you.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, I'm not sure what the

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cap is, but at some point there probably is a limitation, but I'm not sure what it is. That is not included in the record and the analysis is just that people come into the program. They need to apply for the subsidized units wherever they are, and then they need to, they get the help from the Department of Mental Health and Addiction Services until the subsidized unit becomes available. So that's to the best of my knowledge that's what's in this language of the legislation and the explanations of the language.

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, and I appreciate the good Chairwoman's answer, and that certainly is helpful to understand a little bit of the process.

You mentioned earlier in your previous answer that there was a waiting list, which leads me to ask, do we know exactly what that waiting list is?

Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, the waiting list that I was referring to is the waiting list that exists in probably every community that has any subsidized housing, so a person would have to make application to Section 8 or to the local housing authority or those kinds of places, and so they would go around in the areas where they live or where their family is, or where the job is, or if it's out of the area where their job is.

They have to make applications in many, many places, and there's so few rental apartments available for people, where they are able to get something that they can pay for in accordance with their income, that those long waiting lists are the lists that I'm referring to. Through you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Representative Ziobron.

REP. ZIOBRON (34th):

Thank you, Mr. Speaker. I appreciate that answer. I, as well, am supportive of certainly additional monies for housing for mental health and I really wasn't sure on how these subsidies work and I appreciate the answers and I'll reserve the right to listen and see if anybody else has any further

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questions. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

Thank you, madam. Will you remark further on the bill? The gentleman from Bethel, Representative Carter.

REP. CARTER (2nd):

Thank you, Mr. Speaker. A question, through you to the proponent of the bill, please.

DEPUTY SPEAKER GODFREY:

Proceed, sir.

REP. CARTER (2nd):

Thank you. Through you, Mr. Speaker, I'd like to direct the good Chairwoman's attention to Section 4 again, where we were talking about the arrangement for someone to be seen who's committed either a misdemeanor or a felony. The felony is the new change to this.

Through you, Mr. Speaker, can I get some legislative intent from the Chairwoman of the Public Health Committee of why they added felony to this?

DEPUTY SPEAKER GODFREY:

Representative Johnson.

REP. JOHNSON (49th):

Through you, Mr. Speaker, it's actually the

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current practice. It's just that we're codifying it in statute.

• DEPUTY SPEAKER GODFREY:

• Representative Carter.

REP. CARTER (2nd):

So it's interesting. I've talked to a few people who are attorneys and they say that you know, this statute as it stands now is number one, it's within available appropriations, so oftentimes people may not take advantage of this or actually even use it.

My concern is that we've added felony as something that's going to be a mandatory thing now. See, in the City of Danbury I've noticed many times where businesses have complained about people who are out on the street and they have mental health issues or they have alcohol issues and in many instances, you know, they're creating a problem, and oftentimes they create a misdemeanor and they're jammed into the court system.

So it kind of makes sense to me that I look at this and a misdemeanor was down, but looking back at the beginning and the origins of this, this was stuck in a bill in 2000 during a Special Session, where they added the misdemeanor, and my only understanding of

the intent would be an opportunity to kind of streamline the court system, and let somebody who has a mental health disability actually have been seen before they go to the court, and this way the court could take that under advisement.

What I don't understand is why now we're going to expand that to felony arrests because you know, if you talk about what's happened in Connecticut with folks with mental health issues and mental illness, I don't think we should take somebody with a felony arrest and then just let them be seen and put in that same pipeline with those of a misdemeanor.

I do have an amendment that I am not going to call today. I just wanted to make sure that I made my point that we should not be adding this. I don't know if it's something that slipped through or if this was intentional, but at the end of the day, I don't think looking at felonies this way makes a lot of sense.

And we know what's happened with folks with mental illness in our community, and we know the danger they can pose at that level. Allowing somebody with a misdemeanor, that makes sense to me, but not a felony. Thank you, Mr. Speaker.

DEPUTY SPEAKER GODFREY:

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Thank you, sir. Are you ready for the question?

If so, staff and guests please come to the Well of the House. Members take your seats. The machine will be opened.

THE CLERK:

The House of Representatives is voting by Roll.

Members to the Chamber please.

The House of Representatives is voting by Roll.

Members to the Chamber please.

DEPUTY SPEAKER GODFREY:

Have all the members voted? Have all the members voted? If so, the machine will be locked. The Clerk will take a tally. And the Clerk will announce the tally.

THE CLERK:

House Bill 5145.

Total number voting 141

Necessary for passage 71

Those voting Yea 135

Those voting Nay 6

Those absent and not voting 9

DEPUTY SPEAKER GODFREY:

The bill is passed. I believe we have a special introduction. Representative Sawyer.

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Yes, Mr. President, it is an item on the Foot,  
Calendar Page 42, Calendar 140, Senate Bill 293.

THE CHAIR:

Yes, sir.

SENATOR LOONEY:

And, Mr. President, would move to place that item on  
our Consent Calendar.

THE CHAIR:

So ordered.

SENATOR LOONEY:

Thank you, Mr. President. Mr. President, if we would  
call as the next items, we have Calendar Page 13,  
Calendar 448, House Bill 5145.

Calendar Page 30, Calendar 591, House Bill 5537.

Also Calendar Page 23, Calendar 548, House Bill 5144.

And Calendar Page 24, Calendar 553, House Bill 5527.

And also Calendar Page 24, Calendar 555, House Bill  
5389. Thank you, Mr. President.

THE CHAIR:

Thank you, Senator. Mr. Clerk.

THE CLERK:

Page 13, Calendar 448, Substitute for House Bill  
Number 5145 AN ACT CONCERNING VARIOUS REVISIONS TO THE  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
STATUTES. Favorable Report of the Committee on Public  
Health.

THE CHAIR:

Senator Gerratana.

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SENATOR GERRATANA:

Good evening, Mr. President.

THE CHAIR:

Good evening.

SENATOR GERRATANA:

Mr. President, I move acceptance of the Joint Committee's Favorable Report and passage of the bill in concurrence with the House.

THE CHAIR:

On acceptance and passage in concurrence. Will you remark, sir?

SENATOR GERRATANA:

Yes, thank you, Mr. President.

THE CHAIR:

Madam. I'm sorry.

SENATOR GERRATANA:

I'm sorry.

THE CHAIR:

I called you sir. Madam.

SENATOR GERRATANA:

Oh, I'm sorry. I thought I was being corrected. Thank you. Last time I checked I was a madam. Badaboom.

Thank you, Mr. President.

THE CHAIR:

Sorry. My apologies.

SENATOR GERRATANA:

Thank you, Mr. President. That's okay. This bill before us makes various revisions and changes to the Department of Mental Health and Addiction Services statutes.

Section 1 I will put aside just for a minute and go through Sections 2 through 6. Section 2 grants the Commissioner authority to allow private agencies who provide housing assistance to carry over unused funds to the following year. This is known as the Bridge Program within the department.

Section 3 codifies existing practice that allows DMHAS clients to receive services outside of their designated mental health regions where they live.

Section 4 codifies existing practice by requiring DMHAS within available appropriations to assess certain people charged with felonies to determine whether they should be referred for community-based mental health services.

Section 5 increases information sharing concerning such arrestees and others in the criminal justice system who may need treatment.

And finally, Section 6 removes term limits for appointed members of the board of the Mental Health and Addiction Services.

I put aside Section 1, Mr. President, just to explain that although we have this in the bill, which came up from the House, we do intend to pass the legislation but a subsequent bill that will follow this, will actually amend Section 1 out.

There were certain concerns about the language in the bill and I did make the suggestion to the Department that they come back next year and we hear the bill and iron out those differences.

So I ask that the Chamber vote favorably for the legislation. Thank you.

THE CHAIR:

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Thank you, madam. Will you remark further on the bill? Senator Welch.

SENATOR WELCH:

Thank you, Madam President. For the reasons the good Chairwoman stated, I support the bill as well.

THE CHAIR:

Thank you, Senator. Senator Kane.

SENATOR KANE:

Thank you, Mr. President. And soon to be Madam President. Just a quick question to the proponent of the bill and I will be satisfied.

To Senator Gerratana, you mentioned that Section 1, although it is in this bill, will be removed in the Public Health Tech Bill that is soon to be approaching our Chamber and that will satisfy the issues that many of us had on that section? I just want to confirm that for the record. Through you, Madam President.

THE CHAIR:

(The President in the Chair.)

Senator Gerratana.

SENATOR GERRATANA:

Thank you, Madam President. Yes, that is correct, and I believe that Senator Looney called the tech bill next, so we'll soon be voting on it. Through you.

SENATOR KANE:

Great.

THE CHAIR:

Senator Kane.

SENATOR KANE:

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Thank you, Madam President. I thank Senator Gerratana for answering my question.

THE CHAIR:

Senator Gerratana.

SENATOR GERRATANA:

Yes, Madam President, I would ask for a Roll Call Vote on this bill.

THE CHAIR:

Will you remark? Will you remark? If not, Mr. Clerk, will you please call for a Roll Call Vote and the machine will be opened.

THE CLERK:

An immediate Roll Call has been ordered in the Senate.  
An immediate Roll Call ordered in the Senate.

THE CHAIR:

If all members have voted, all members have voted, the machine will be closed.

Mr. Clerk, will you please call the tally.

THE CLERK:

House Bill 5145.

Total number voting	36
Necessary for passage	19
Those voting Yea	35
Those voting Nay	1
Those absent and not voting	0

THE CHAIR:

The bill passes. Mr. Clerk.

THE CLERK:

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this gets to the -- the crux of some of our medical professionalism, even, you know, medical students, residents, nursing students, you know, in certain ways, we are self-policing professions.

And when you work at the Department of Public Health, part of what -- and when you have our goal, part of what we get to answer sometimes is why, you know, why are you only doing something now?

People have to decide what they want to bring to us.

REP. SAYERS: Thank you.

SENATOR GERRATANA: Thank you, Representative, and thank you, Commissioner. Thank you for your testimony today.

Next --

COMMISSIONER MULLEN: Excuse me. Try to have fun with this.

SENATOR GERRATANA: Thank you. I -- I spent -- I came in here about an hour earlier this morning reading over that Practice Act. So yes. I understand.

Next is Commissioner Patricia Rehmer from the Department of Mental Health and Addiction Services.

She is testifying on -- testifying on House Bill 5145. Welcome, Commissioner.

COMMISSIONER REHMER: Good morning, Senator Gerratana, Representative Johnson, and distinguished members of the Public Health Committee.

I'm Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services and I'm here today to ask for support for House Bill 5145, an ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICE STATUTES.

This is a bill that's part of our legislative package and I would like to thank the Committee for raising this bill on our behalf.

The Bill as written makes important changes to the DMHA statutes. These changes are clarifications, strengthening of our ability to collect data from behavioral health providers in Connecticut.

Let me just say that this is already our practice, but we do believe that this would strengthen what we already do.

It allows for the sharing of information in both of our mental health and substance use jail diversion program. It makes a critical change to our housing assistance statute that was recommended by the state auditor and puts into statute the current practice that does allow individuals served by the DHMA not to be limited to receiving services in their region.

And again, we have this in policy. We feel that it's important that it become a -- part of our statute.

Data collection, as you can imagine, is an important component of our system. It's required for our federal mental health and substance abuse programs.

And equally is important, it allows us to examine our system and look at where there may be gaps or issues that we may need to address, as well as

allows us to be very competitive when there are discretionary dollars in -- from the federal government that we are able to apply for.

Increasing our ability to share information with the courts and our substance use diversion programs, and between the publicly and privately funded DHMAS programs and our mental health jail diversion program will make for better -- better continuity of care and allows for the courts to make decisions based on solid clinical information.

It also puts into statute the current practice where DHMAS can assess individuals in the courts who may be charged with a felony, but whom the court believes can be diverted into the community.

And let me very clear that this practice is in place and that is the judge's determination about where those individuals may or may not go. And so, we really feel this important to give individuals an opportunity to receive services rather -- rather than being incarcerated.

The language changes are housing assistance status as result of a report by the auditors of public accounts.

We have a -- we have a practice of allowing our private providers to provide housing assistance to carry some dollars over from one year to the next in order to -- in order to continue to pay rental subsidies for our clients that are waiting for RAP certificate.

Section eight, subsidies or supportive housing slots.

If we are unable to change the statute, our ability to do that will go away and will have individuals who are waiting -- on waiting lists

for RAP certificates for section eight who we will no longer be able to house. And that will really impact many of the individuals that we serve.

The last change we are requesting will give individuals served in our system the ability to choose where they receive services. And again, this has been our policy, but we believe that it's important that -- that it's codified.

And I will say before I close and ask for questions that I do support also Senate Bill 36 regarding the scope of practice for APRNs.

I am a nurse with a master's in psychiatric nursing. I do not hold an APRN license. My career has taken me into another path.

But in our system, we do employ APRNs, clearly under the current statute with collaborative relationships, and they are a critical component of our service system delivery and especially in the area of medication management, where we have some ongoing access issues.

This would very helpful for us and I -- I want to reinforce what Commissioner Mullen said. It's a collaboration with -- whether there is a written expectation or not.

APRNs work in the context of multidisciplinary teams, and I have yet to see an APRN in our system where there's a difficult pharmacological issue not request a consult, perhaps, from a physician who has more experience in that situation.

So I just want to add my -- I know it's not my written testimony, but hearing, I need to my support for that bill. So.

SENATOR GERRATANA: Thank you, Commissioner.

COMMISSIONER REHMER: Thank you for time and attention and I'll be happy to answer any questions you may have.

SENATOR GERRATANA: Certainly. Thank you.

Is there any questions of the Commissioner?  
Okay. If not, Representative Johnson.

REP. JOHNSON: Thank you so much, Commissioner, for your testimony and -- and your remarks about the APRN legislation as well.

I -- I just -- I wanted you to go into a little more detail about the rental assistance programs and not having the districts, because it's my understanding that people are having some difficulty moving from one part of the state to the other, where they might have an opportunity for a job, and that creates, perhaps, an unemployment issue, or something like that, where they could move, they can't because they can't get -- they can't get the rental assistance in any other part of the state, because they have to cross those invisible barriers.

If you could just tell us a little bit more about some of that, it would be quite helpful.

REP. REHMER: Let me just clarify that the part of the legislation where we are asking that individuals be allowed to receive treatment in any part of the state is really more related to, in some ways, the ACA, and then any willing provider issue. So that's one issue.

The housing assistance is really, again, a fund that we use to cover gaps in housing assistance that's available for the individuals that we serve.

So it's dollars that are in our -- that may be in a private provider's budget, that we would normally -- they would give back to us at the end of the year if they did not spend them, that we allow them to keep so that they can pay for rent or a security deposit or whatever is needed to get somebody adequately housed until they can get a RAP certificate.

So in -- in response to what you're saying, it may be required, for example, if somebody moves from one area of the state to another.

But really, it's not as related to that as somebody who is looking for housing wherever it may be, but there's no RAP certificate available or the housing -- section eight list is so long that they're not going to be able to get that right away.

And so, we cover the gap with these dollars. We've done it for as long as I've been around, but it became an issue with the state auditors because you typically are not allowed to hold dollars over from one year to the next. Does that answer your question?

REP. JOHNSON: Thank you for the clarification. I appreciate it very much.

Thank you, Madame Chair.

SENATOR GERRATANA: Thank you.

Are there any other questions? If not, thank you, Commissioner, for giving your testimony. We'll move on now to Representative Kupchick testifying on House Bill 5146. Is Brenda here? Representative Kupchick?

Okay. Next is Representative Diminico. Joseph Diminico.

**JOINT  
STANDING  
COMMITTEE  
HEARINGS**

**PUBLIC  
HEALTH  
PART 2  
547 – 976**

**2014**



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

Dannel P. Malloy  
Governor

Patricia A. Rehmer, MSN  
Commissioner

**Testimony by Patricia Rehmer, MSN, Commissioner  
Department of Mental Health and Addiction Services  
Before the Public Health Committee  
February 28, 2014**

Good Morning Senator Gerratana, Representative Johnson and distinguished members of the Public Health Committee. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services (DMHAS), and I am here today to ask for your support for HB 5145, AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' STATUTES. This bill is part of DMHAS' legislative package and I would like to thank the committee for raising this bill on our behalf.

The bill as written makes a number of changes to the DMHAS statutes. These changes are as follows:

- Clarifies and strengthens our ability to collect data from behavioral health providers in Connecticut;
- Allows for the sharing of information in both our mental health and substance use jail diversion programs;
- Makes a critical change to our Housing Assistance statute that was recommended by the state auditors; and
- Puts into statute the current practice that allows individuals served by DMHAS to not be limited to receiving services in their region.

Data collection is an important component of our treatment system. It is a necessary requirement for our federal Mental Health and Substance Abuse Block grants and can be a determining factor in how many dollars we receive from those grants. It allows us to examine our treatment system to identify gaps, and best practices, and gives us the ability to be very successful when we apply for discretionary dollars in order to make the case for new resources from the federal government.

Increasing our ability to share information with the courts in our substance use diversion programs and between the publicly and privately funded DMHAS programs in our mental health jail diversion program will make for better continuity of care and allow for the Courts to make decisions based

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upon solid clinical information. It also puts into statute the current practice that already exists where DMHAS can assess individuals in the courts who may be charged with a felony but whom the Court believes can be diverted into the community.

The language changes in our housing assistance statutes are as a result of a report by the Auditors of Public Accounts. They were concerned that we were allowing our private providers who provide housing assistance to carry some dollars over from one year to the next in order to continue to pay rental subsidies for DMHAS clients that are waiting for a RAP certificate, Section 8 subsidies or supportive housing slots. If we are unable to make changes to this statute, our ability to keep people in their apartments while waiting for other government programs to open up will be seriously compromised.

The last change we are requesting will give individuals served in our system the ability to choose where they want to receive services. This has been a policy of the Department for a number of years and we believe that it is important to put into statute a practice that is clinically sound and encourages individuals to stay in treatment.

Thank you for your time and attention to this matter. I will be happy to answer any questions you may have regarding these proposed changes.

Tiffanie Donovan

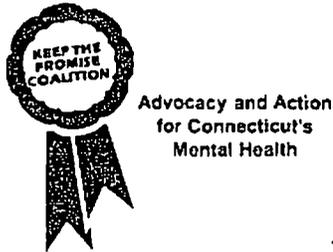
Human Services Public Hearing  
February 27, 2014  
Testimony in support of H.B. 5145

Good Morning members of the Human Services Committee. My name is Tiffanie Donovan, I am a Student in the BSW program at Southern CT State University. I am currently interning at Dixwell Newhallville Community Mental Health Services in New Haven CT. I am writing up this testimony to support bill 5145, in accordance to revisions to The Department of Mental Health and Addiction services' statutes.

First off, I wanted to thank everyone for taking the time to read my testimony. There are many revisions that the Department of Mental Health and Addiction Services would benefit from. There is an adequate need for more training for individuals providing therapy to clients. It is important that Social Workers/Psychologists get sufficient training to be able to provide the best service possible and to be knowledgeable about clients' needs. Also, funding for public awareness hearings would be very beneficial to help with the stigma associated with people who have mental health and addiction problems. Many people are targeted and misunderstood due to their illnesses, so having public awareness campaigns at least once a month would be a great way to make the public aware of what these people are struggling with. There also should be more coverage for people who are in need of counseling for these illnesses. Many people in need for substance abuse/mental health counseling do not get the help they need because their health insurance does not cover it. If the state made a change providing more coverage for people in need of care, then more people would get the services they need. Lastly, many agencies would benefit from having more workers available, so that the workers are not overwhelmed with caseloads.

I realize that this would be costing the state a bit more money, but it should be focusing on the health and wellness of its people, rather than the money being spent to get them there. Many people struggle daily with these illnesses, but can not get sufficient help due to the lack of services/knowledge base in this area of care. Therefore I am asking that the committee votes favorably for this bill, so that we can get the changes we need for The Department of Mental Health and Addiction Services. Thank you all again for your time today.

Tiffanie Donovan, BSW Student



**Testimony of the Keep the Promise (KTP) Coalition**

Public Health Committee

February 28, 2013

**IN SUPPORT OF**

**H.B. 5145 AN ACT CONCERNING VARIOUS REVISIONS TO THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' STATUTES**

Keep the Promise (KTP) Coalition is Connecticut's largest network of stakeholder groups advocating for smart policies in mental health. Advocates are dedicated to ensuring that a comprehensive, community mental health system is created and sustained for children, adults and families in Connecticut.

We are writing to you today to express our support of HB 5145 *An Act Concerning Various Revisions to the Department of Mental Health and Addiction Services' Statutes*.

This bill would enhance the Department of Mental Health and Addiction Services' (DMHAS) ability to support the people served in its various programs by making several changes to its statutes.

It would clarify and reinforce DMHAS' ability to collect data from mental health substance use providers in the state to be able to better identify strengths and gaps in the existing system. This in turn, would provide the department with better information to be able to identify areas of needed investments and share those findings in applications for additional resources, for example from federal sources.

Another proposed change would clarify that DMHAS may allow private providers who provide housing assistance to DMHAS clients, to carry over some money not used in one fiscal year to the next. This would ensure that people can remain in their apartments when waiting for other assistance to commence, for example Rental Assistance Program (RAP) vouchers, Section 8 housing, supportive housing. This clarification is particularly crucial in light of long wait lists for housing assistance, both state-funded and federally-funded assistance

A third change worth noting is the clarification that individuals who are served by the Department of Mental Health and Addition Services have the ability to receive services where they choose, including

outside of the DMHAS region they happen to live in. This has mostly been the practice in Connecticut but to ensure it is followed at all times, a confirmation in statute is advisable. This choice supports an individual's self-determination and the ability to create a support system that works for that person.

Thank you for your time and attention.

Respectfully submitted, Co chairs of the Keep the Promise Coalition

Attorney Jan Van Tassel

Abby Anderson

Executive Director  
CT Legal Rights Project (CLRP)

Executive Director  
CT Juvenile Justice Alliance (CTJJA)