General Assembly

Proposed Substitute Bill No. 622

February Session, 2006

LCO No. **3384**

AN ACT CONCERNING COMMUNITY-BASED MENTAL HEALTH CARE.

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

Section 1. Subsection (b) of section 17a-22j of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(b) The council shall consist of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, appropriations and the budgets of state agencies, or their designees;

(2) A member of the Community Mental Health Strategy Board, established pursuant to section 17a-485b, as selected by said board;

(3) The Commissioner of Mental Health and Addiction Services, or said commissioner's designee;

(4) Sixteen members appointed by the chairpersons of the advisory council on Medicaid managed care, established pursuant to section 17b-28;

(A) Two of whom are representatives of general or specialty psychiatric hospitals;

(B) One of whom is an adult with a psychiatric disability;

(C) One of whom is an advocate for adults with psychiatric disabilities;

(D) Two of whom are parents of children who have a behavioral health disorder or have received child protection or juvenile justice services from the Department of Children and Families;

(E) One of whom has expertise in health policy and evaluation;

(F) One of whom is an advocate for children with behavioral health disorders;

(G) One of whom is a primary care provider serving HUSKY children;

(H) One of whom is a child psychiatrist serving HUSKY children;

(I) One of whom is either an adult with a substance use disorder or an advocate for adults with substance use disorders;

(J) One of whom is a representative of school-based health clinics;

(K) One of whom is a provider of community-based behavioral health services for adults;

(L) One of whom is a provider of residential treatment for children;

(M) One of whom is a provider of community-based services for children with behavioral health problems; and

(N) One of whom is a member of the advisory council on Medicaid

managed care;

(5) [Four] Six nonvoting ex-officio members, one each appointed by the Commissioners of Social Services, Children and Families and [Mental Health and Addiction Services] Education to represent his or her department and one appointed by the State Comptroller, the Secretary of the Office of Policy and Management and the Office of Health Care Access to represent said [department] offices; [and]

(6) One or more consumers appointed by the chairpersons of the council, to be nonvoting ex-officio members; and

[(6)] (7) One representative from the administrative services organization and from each Medicaid managed care organization, to be nonvoting ex-officio members. [JWJ1]

Sec. 2. Subsection (c) of section 17a-22j of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

(c) All appointments to the council shall be made no later than July 1, 2005, except that the chairpersons of the council may appoint additional consumers to the council as nonvoting ex-officio members. Any vacancy shall be filled by the appointing authority. [JWJ2]

Sec. 3. Section 17a-22*l* of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2006*):

The Departments of Children and Families and Social Services shall develop consumer and provider grievance procedures and shall submit such procedures to the Behavioral Health Partnership Oversight Council for review and comment. Such procedures shall include, but not be limited to, procedures for appealing a denial or determination by an enrollee or any provider acting on behalf of an enrollee. The Departments of Children and Families and Social Services shall establish time frames for appealing decisions made by

the administrative services organization, including an expedited review in emergency situations. Any procedure for appeals shall require that an appeal be heard not later than thirty days after such appeal is filed and shall be decided not later than forty-five days after such appeal is filed. [JWJ3]

Sec. 4. Section 17a-22o of the 2006 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Departments of Children and Families and Social Services may establish provider specific inpatient, partial hospitalization, intensive outpatient and other intensive service rates. Within available appropriations, the initial rates shall not be less than each provider's blend of rates from the HUSKY Plans in effect on July 1, 2005, unless the date of implementation of the Behavioral Health Partnership is later than January 1, 2006. If such implementation date is later then January 1, 2006, such initial rates, within available appropriations, shall not be less than each provider's blend of rates in effect sixty days prior to the implementation date of the Behavioral Health Partnership. Within available appropriations, the departments may provide grant payments, where necessary, to address provider financial impacts. The departments may establish uniform outpatient rates allowing a differential for child and adult services. In no event shall such rate increases exceed rates paid through Medicare for such services. The Behavioral Health Partnership Oversight Council shall review any such rate methodology as provided for in subsection (b) of this section. Notwithstanding the provisions of sections 17b-239, as amended, and 17b-241, rates for behavioral health services shall be established in accordance with this section.

(b) All proposals for initial rates, reductions to existing rates and changes in rate methodology within the Behavioral Health Partnership shall be submitted to the Behavioral Health Partnership Oversight Council for review. If the council does not recommend acceptance, it may forward its recommendation to the joint standing committees of

the General Assembly having cognizance of matters relating to public health, human services and appropriations and the budgets of state agencies. The committees shall hold a joint public hearing on the subject of the proposed rates, to receive the partnership's rationale for making such a rate change. Not later than ninety days after submission by the departments, the committees of cognizance shall make recommendations to the departments regarding the proposed rates. The departments shall make every effort to incorporate recommendations of both the council and the committees of cognizance when setting rates. [JWJ4]

(c) Beginning July 1, 2006, the departments shall adjust all rates established under this section, annually, by an amount that is at least equal to the average increase granted by the Department of Social Services in the current fiscal year to managed care organizations that provide services under the HUSKY plan.

Sec. 5. (NEW) *(Effective July 1, 2006)* (a) On or before October 1, 2007, the Commissioner of Mental Health and Addiction Services, in consultation with the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall establish and implement (1) two or more pilot programs for general pediatric, family medicine and geriatric health care professionals to improve their ability to identify, diagnose, refer and treat patients with mental illness, and (2) two pilot programs for law enforcement personnel to participate in peer-counseling, one of which shall be in the Division of the State Police and one of which shall be in a municipal police department.

(b) On or before January 1, 2009, the Commissioner of Mental Health and Addiction Services shall evaluate the pilot programs established under subsection (a) of this section and shall submit a report of the commissioner's findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 6. (NEW) (*Effective July 1, 2006*) (a) On or before October 1, 2006, the Department of Social Services, in consultation with the Department of Mental Health and Addiction Services, shall seek a waiver from federal law to establish and implement a Medicaid-financed home and community-based program to provide community-based services and, if necessary, housing assistance, to adults with severe and persistent psychiatric disabilities being discharged or diverted from nursing home residential care.

(b) On or before April 1, 2007, the Department of Social Services, in consultation with the Department of Mental Health and Addiction Services, shall establish and implement a program, in accordance with subsection (a) of this section and the feasibility plan developed pursuant to section 85 of public act 05-280, to provide community-based services and, if necessary, housing assistance, to adults with severe and persistent psychiatric disabilities being discharged or diverted from nursing home residential care. Such community-based services and housing assistance shall be provided to not less than (1) one hundred fifty eligible adults for the fiscal year ending June 30, 2007, (2) four hundred fifty eligible adults for the fiscal year ending June 30, 2008, and (3) seven hundred fifty eligible adults for the fiscal year ending June 30, 2009.

(c) On or before January 1, 2009, the Commissioner of Social Services shall evaluate the pilot program established under this section and shall submit a report of the commissioner's findings and recommendations to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a of the general statutes.

Sec. 7. (NEW) (*Effective from passage*) On or before July 1, 2006, the Commissioner of Social Services, in consultation with the Commissioner of Mental Health and Addiction Services and the Secretary of the Office of Policy and Management, shall implement enhanced care clinics for adults, including hospital-based clinics, in accordance with the results of the feasibility study authorized by

section 90 of public act 05-280, and shall establish a schedule of Medicaid and State-Administered General Assistance reimbursement for such clinics that is comparable to the provider rates established for the Behavioral Health Partnership pursuant to section 17a-22o of the 2006 supplement to the general statutes, as amended by this act.

Sec. 8. (*Effective July 1, 2006*) Any provision of section 17b-263a of the general statutes or section 85 of public act 05-280 that requires mental health care services to be funded under a federal Medicaid option shall require that any increase in state payments to private providers also apply to services funded under such Medicaid rehabilitation option.

Sec. 9. (*Effective July 1, 2006*) On or before January 1, 2007, the Commissioner of Mental Health and Addiction Services, in consultation with the Commissioner of Correction, the executive director of the Court Support Services Division of the Judicial Department and the Community Mental Health Strategy Board, established under section 17a-485b of the general statutes, shall establish not less than two additional centers for day reporting programs for persons with serious psychiatric disabilities, otherwise deemed eligible for diversion or release, from correctional facilities to the community with appropriate housing and treatment services.

Sec. 10. (*Effective July 1, 2006*) (a) The sum of five hundred thousand dollars is appropriated to the Department of Mental Health and Addiction Services, from the General Fund, for the fiscal year ending June 30, 2007, for purposes of establishing and implementing the pilot programs authorized by subdivision (1) of subsection (a) of section 5 of this act.

(b) The sum of five hundred thousand dollars is appropriated to the Department of Mental Health and Addiction Services, from the General Fund, for the fiscal year ending June 30, 2007, for purposes of establishing and implementing the pilot programs authorized by subdivision (2) of subsection (a) of section 5 of this act.

Sec. 11. (*Effective July 1, 2006*) The sum of one hundred thousand

dollars is appropriated to the Department of Social Services, from the General Fund, for the fiscal year ending June 30, 2007, for the purpose of providing supportive housing assistance to participants in the program authorized by section 6 of this act.

Sec. 12. (*Effective July 1, 2006*) The sum of one million dollars is appropriated to the Department of Children and Families, from the General Fund, for the fiscal year ending June 30, 2007, for the Early Childhood Consultation Program for purposes of addressing the mental health needs of children up to five years of age by making consultations with mental health professionals available to early care and education providers to assist in identification, intervention and referral of young children with early signs of mental health problems.

Sec. 13. (*Effective July 1, 2006*) The sum of nine hundred twenty-one thousand dollars is appropriated to the Department of Mental Health and Addiction Services, from the General Fund, for the fiscal year ending June 30, 2007, for purposes of establishing two additional centers for day reporting programs pursuant to section 9 of this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2006*	17a-22j(b)
Sec. 2	*October 1, 2006*	17a-22j(c)
Sec. 3	*October 1, 2006*	17a-22*l*
Sec. 4	*from passage*	17a-22o
Sec. 5	*July 1, 2006*	New section
Sec. 6	*July 1, 2006*	New section
Sec. 7	*from passage*	New section
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Sec. 11	*July 1, 2006*	New section
Sec. 12	*July 1, 2006*	New section
Sec. 13	*July 1, 2006*	New section

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SB00622PH APP032006

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PH *Joint Favorable Subst. C/R* APP

STATE OF CONNECTICUT
SENATE

SSB 622

MAR 2 2 2006

FAVORABLE REPORT OF COMMITTEE
ON PUBLIC HEALTH

REFERRED TO COMMITTEE
ON APPROPRIATIONS

REPORT ON BILLS FAVORABLY REPORTED BY COMMITTEE

COMMITTEE: **Public Health Committee**

File No.:
Bill No.: SB-622
PH Date: 3/13/2006
Action/Date: 3/17/2006
Reference Change: JFS to Appropriations

TITLE OF BILL:

AN ACT CONCERNING COMMUNITY-BASED MENTAL HEALTH CARE.

SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To adopt and fund the recommendations of the Lieutenant Governor's Mental Health Cabinet.

RESPONSE FROM ADMINISTRATION/AGENCY:

Kevin B. Sullivan, LT. Governor:
At a time when the NAMI report card gives health care nationally a "D" we can take some satisfaction that our advocacy, legislative action and the leadership at the Department of Mental Health and Addiction Services of late have earned Connecticut a "B". Still, that is far from where we need to be in terms of having a true system of accessible, effective, community-based and recovery-focused mental health care. Therefore, we believe that SB 622 is needed now so that we may continue to achieve the promise.

This legislation seeks non-recurring funding for pilot programs in two key areas of capacity-building. (1) Primary health care providers in order to improve identification, diagnosis, referral and treatment. (2) Developing some model police "peer counseling" for mental health crisis intervention in the lives of law enforcement.

SB 622 would also begin to end the ineffective, costly and discriminatory practice of warehousing people with mental health needs in nursing homes. There are some 3,000 there now and this problem has only gotten worse, increasing by 40% in recent years. SB 622 would build capacity through enhanced care clinics for adults; and expand two successful initiatives in terms of more effective and less costly mental health care: additional

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reporting centers would be added for correctional diversion or release to community care with appropriate housing and treatment supports; and the early mental health intervention initiative would be strengthened by making the Early Childhood Consultation program available to more early care and education providers.

Finally, I hope you will fully fund continuation of Connecticut's model Crisis Intervention Team program for police and mental health care counselors.

Richard Edmonds, Public Health Initiatives, Departmental of Public Health:
Section 1 which establishes and implements pilot programs for general pediatric, family medicine and geriatric health care professionals to improve the ability to identify, diagnose, refer and treat patients with mental illness in patients they serve, is of particular interest to the Department.

It is essential that health care providers have the necessary knowledge to recognize the symptoms of mental illness to ensure appropriate mental health care services are received.

Additional funding would be necessary and the Governor's budget does not contain the funding.

Thomas A. Kirk, Jr., Ph.D, Commissioner Department of Mental Health and Addiction Services (DMAS):
We appreciate the focus of attention and resources that the Governor, Lt. Governor, General Assembly and advocacy community have given to mental health services in Connecticut. DMHAS does have some concerns regarding S. B. 622, however. Sec. 1 requires a peer counseling pilot for law enforcement personnel. Most peer counseling programs would require the law enforcement officers be in recovery. For some officers, the disclosure of that information would be problematic in their employment. As a result, we would hesitate to support this concept. Sec. 2 would implement the home and community-based waiver for nursing home residents with psychiatric disabilities. We do not believe it would be possible to reach the numbers being proposed. Sec. 3 calls for implementation of enhanced care clinics for adult Medicaid and SAGA populations. This is a resource-intensive proposal which will result in significant cost not contemplated in either the existing budget or the Governor's proposed budget.

Maggie Ewald, Acting Long Term Care Ombudsman, Department of Social Services:
The Long Term Care Ombudsman Program has been a steadfast advocate of home and community based programs for persons with disabilities of all ages, including those with psychiatric disabilities. Therefore, we urge your consideration and support of #622.

Mark Schaefer, Director of Medical Policy and Behavioral Health, Department of Social Services:
The Department of Social Services supports Section 2, which proposes to provide non-medical waiver services to support clients who would otherwise require a nursing home level of care and to support the discharge of clients who are in a nursing home level of care. DMHAS will need sufficient field personnel to oversee the quality and appropriateness of the

[SB622 [106]

care plans. It should be noted that this initiative is not funded in the Governor's budget. The department also supports Section 3, which would extend the Enhanced Care Clinic initiative under the CT BHP to the Medicaid FFS and GABHP programs. This is a bold initiative to invest in the quality of Connecticut's outpatient service infrastructure. While it is an overdue investment and one that DSS heartily supports, funding is not provided in the Governor's budget.

The Department does not support Section 5(c). The Department does support strategic investments in BHP rates, but believes the amount available for such investments should be determined by the appropriations process.

NATURE AND SOURCES OF SUPPORT:

Connecticut Psychiatric Society:
The society is pleased to support this bill. We enthusiastically support and offer our services in helping to carry out the pilots to enhance the ability of pediatric, family medicine and geriatric physicians to render care for those with mental illness. We also support efforts to assist law enforcement personnel in dealing with the many emotional issues raised by the difficult work they do.

Jan Van Tassel, Esq., Executive Director of the Connecticut Legal Rights Project, Inc.:
I have come to speak in favor of bill no. 622. What we have done is essentially built a strong foundation, but we still need to construct a comprehensive community mental health system on this foundation. SB 622 includes some key components for continuing the work started. The community investments in this legislation would also move the state in the direction of meeting its legal obligations to persons with psychiatric disabilities. The community services authorized under SB 622 would take an important step toward addressing some of the problems of gridlock and unnecessary institutionalization and incarceration. Funding enhanced care clinic service would reduce long waits for vital outpatient services.

Nora Duncan, Public Policy Specialist, Connecticut Association of Nonprofits:
Your attention to the need for increased and enhanced community-based mental health care is appreciated and your support for this bill and others like it is highly encouraged. Section 4 acknowledges that the shift in funding streams does not eliminate the need to help hard working nonprofit staff to keep up with the ever increasing cost of living. Section 5 further acknowledges the need for rate increase methodologies so that the community-based mental health system does not face even greater funding challenges. Section 6 works to address the mental health care needs of those in the criminal justice system.

Melissa Marshall, Executive Director of Advocacy Unlimited:
A Medicaid Home and Community-Based Waiver must be pursued. It is inhumane, as well as a waste of taxpayers money, to allow people with disabilities to unnecessarily languish in nursing homes and other institutions. The proposed enhanced care clinics are particularly critical to community living.

[SB622] [1067]

Robert Correll, President, NAMI Connecticut:
I am here as a representative of NAMI-CT, and as a family member of an individual with a serious mental illness, to express our strong support for this critical bill. Bill 622 addresses issues in a strategic way that develops multiple interventions to prevent the tragic waste of lives that can happen without appropriate services.

Stephen Larcen, Ph.D., President and CEO of Natchaug Hospital:
I urge you to pass this bill and take whatever steps are necessary to implement Enhanced Care Clinics for adults covered by FFS Medicaid and SAGA in the coming fiscal year. Access to outpatient care is the most effective way to help reduce un-necessary use of emergency rooms, reduce or avoid unneeded hospitalizations, and improve the effectiveness of discharge plans for those that are hospitalized.

Second, Section 4 ensures that as we convert many of the grant funded mental health programs to various Medicaid funding schemes, that we not eliminate provider eligibility for annual COLA increases you approve for private providers.

Cathleen Anderson-Baker, Coordinator of the Keep The Promise Coalition:
Connecticut is currently wasting millions paying the cost of inappropriate placement of persons with psychiatric disabilities in nursing homes, prisons and shelters, as well as the cost of recurring hospitalizations caused by inadequate access to community mental health services. I am here to speak in favor of Raised Bill 622. It includes important steps that continue to improve the state's mental health system: (1) diverting and discharging persons from Nursing Homes; (2) Enhanced Care Clinics; and (3) Day Reporting Programs as alternatives to incarceration.

Judith Meyers, Ph.D., President and CEO Child Health and Development Institute of Connecticut:
As co-chair of the Children's Subcommittee of the Lt. Governor's Mental Health Cabinet, I am here to speak to the two sections of Raised Bill 622 that are pertinent to increasing access to services for children: Section 1(a) 1 calls for the establishment of pilot programs for general pediatric, family medicine and geriatric health care professionals to improve their ability to identify, diagnose, refer and treat patients with mental illness. Knowledge about and comfort with prescribing psychotropic medications for children is one of the key areas of training that is needed; how to screen and identify behavioral health risks and issues in young children; and recognition of maternal depression.

Section 9 of the bill calls for the appropriation of $1 million to DCF for an Early Childhood Consultation Program for the purposes of addressing mental health needs of children up to 5 years of age. This was the number one priority of the Children's Subcommittee of the Mental Health Cabinet.

Maryellen Shukerow, Director of Development Chrysalis Center:
I am here representing over 60 Nonprofit organizations that contract with the Department of Mental Health and Addiction Services to provide behavioral health services. A few of the important aspects to this bill are: Section 2 focusing on mechanisms to move adults with

[SB622, 667]

severe and persistent psychiatric disabilities from nursing homes to in-home care with comprehensive community based programming and federal revenue maximization as a means to addressing the nursing home crisis. Section 3 Enhanced Care Clinics are able to offer more timely and comprehensive services. Section 5 acknowledges the need for rate increase methodologies so that the community-based mental health system does not face even greater funding challenges. Section 6 addresses the mental health care needs of those in the criminal justice system through incarceration diversion programs with housing and treatment components. Your support for this bill and others like it is encouraged.

Terry Edelstein, President and CEO of the Connecticut Community Providers Association:
I strongly support S.B. 622. We are very supportive of Section 3 that recommends implementation of Enhanced Care Clinics for adults. We strongly support Section 4 which requires that services funded through the Rehab Option receive rate increases comparable to those private providers receive through grant based programs. We strongly support Section 5 (c) that requires rates under the Behavioral Health Partnership to be adjusted annually by an amount "at least equal to the average increase granted by DSS ... to managed care organizations that provide services under the HUSKY plan." We support Section 8 recommendations to continue the funding for the Early Childhood Consultation Program administered through DCF.

NATURE AND SOURCES OF OPPOSITION:

Noelle Talevi, Executive Director of the Citizens Commission on Human Rights of Connecticut:
We are opposed to Senate Bill 622 especially to the points concerning the psychiatric labeling, drugging or potential drugging of children. International warnings about the dangers of mind-altering drugs are escalating at an alarming rate, citing side effects of liver failure, adverse cardiac events, drug dependence, addiction, mania, hostility, aggression, psychosis, violence and suicide. We are strongly opposed to the funding being provided for pilot programs to further label and drug children in this state. We request you vote no on S. B. 622.

Randall Graff — March 21, 2006

Reported by — Date

REPORT ON BILLS FAVORABLY REPORTED BY COMMITTEE

COMMITTEE: **Public Health Committee**

File No.: 3384
Bill No.: SB-622
PH Date: 3/13/2006
Action/Date: March 17, 2006
Reference Change: JFS to Appropriations

TITLE OF BILL:

AN ACT CONCERNING COMMUNITY-BASED MENTAL HEALTH CARE.

SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To adopt and fund the recommendations of the Lieutenant Governor's Mental Health Cabinet.

RESPONSE FROM ADMINISTRATION/AGENCY:

Kevin B. Sullivan, LT. Governor:
At a time when the NAMI report card gives health care nationally a "D" we can take some satisfaction that our advocacy, legislative action and the leadership at the Department of Mental Health and Addiction Services of late have earned Connecticut a "B". Still, that is far from where we need to be in terms of having a true system of accessible, effective, community-based and recovery-focused mental health care. Therefore, we believe that SB 622 is needed now so that we may continue to achieve the promise.

This legislation seeks non-recurring funding for pilot programs in two key areas of capacity-building. (1) Primary health care providers in order to improve identification, diagnosis, referral and treatment. (2) Developing some model police "peer counseling" for mental health crisis intervention in the lives of law enforcement.

SB 622 would also begin to end the ineffective, costly and discriminatory practice of warehousing people with mental health needs in nursing homes. There are some 3,000 there now and this problem has only gotten worse, increasing by 40% in recent years. SB 622 would build capacity through enhanced care clinics for adults; and expand two successful initiatives in terms of more effective and less costly mental health care: additional

reporting centers would be added for correctional diversion or release to community care with appropriate housing and treatment supports; and the early mental health intervention initiative would be strengthened by making the Early Childhood Consultation program available to more early care and education providers.

Finally, I hope you will fully fund continuation of Connecticut's model Crisis Intervention Team program for police and mental health care counselors.

Richard Edmonds, Public Health Initiatives, Departmental of Public Health:
Section 1 which establishes and implements pilot programs for general pediatric, family medicine and geriatric health care professionals to improve the ability to identify, diagnose, refer and treat patients with mental illness in patients they serve, is of particular interest to the Department.

It is essential that health care providers have the necessary knowledge to recognize the symptoms of mental illness to ensure appropriate mental health care services are received.

Additional funding would be necessary and the Governor's budget does not contain the funding.

Thomas A. Kirk, Jr., Ph.D, Commissioner Department of Mental Health and Addiction Services (DMAS):
We appreciate the focus of attention and resources that the Governor, Lt. Governor, General Assembly and advocacy community have given to mental health services in Connecticut. DMHAS does have some concerns regarding S. B. 622, however. Sec. 1 requires a peer counseling pilot for law enforcement personnel. Most peer counseling programs would require the law enforcement officers be in recovery. For some officers, the disclosure of that information would be problematic in their employment. As a result, we would hesitate to support this concept. Sec. 2 would implement the home and community-based waiver for nursing home residents with psychiatric disabilities. We do not believe it would be possible to reach the numbers being proposed. Sec. 3 calls for implementation of enhanced care clinics for adult Medicaid and SAGA populations. This is a resource-intensive proposal which will result in significant cost not contemplated in either the existing budget or the Governor's proposed budget.

Maggie Ewald, Acting Long Term Care Ombudsman, Department of Social Services:
The Long Term Care Ombudsman Program has been a steadfast advocate of home and community based programs for persons with disabilities of all ages, including those with psychiatric disabilities. Therefore, we urge your consideration and support of #622.

Mark Schaefer, Director of Medical Policy and Behavioral Health, Department of Social Services:
The Department of Social Services supports Section 2, which proposes to provide non-medical waiver services to support clients who would otherwise require a nursing home level of care and to support the discharge of clients who are in a nursing home level of care. DMHAS will need sufficient field personnel to oversee the quality and appropriateness of the

[SB622,166]

care plans. It should be noted that this initiative is not funded in the Governor's budget. The department also supports Section 3, which would extend the Enhanced Care Clinic initiative under the CT BHP to the Medicaid FFS and GABHP programs. This is a bold initiative to invest in the quality of Connecticut's outpatient service infrastructure. While it is an overdue investment and one that DSS heartily supports, funding is not provided in the Governor's budget.

The Department does not support Section 5(c). The Department does support strategic investments in BHP rates, but believes the amount available for such investments should be determined by the appropriations process.

NATURE AND SOURCES OF SUPPORT:

Connecticut Psychiatric Society:
The society is pleased to support this bill. We enthusiastically support and offer our services in helping to carry out the pilots to enhance the ability of pediatric, family medicine and geriatric physicians to render care for those with mental illness. We also support efforts to assist law enforcement personnel in dealing with the many emotional issues raised by the difficult work they do.

Jan Van Tassel, Esq., Executive Director of the Connecticut Legal Rights Project, Inc.:
I have come to speak in favor of bill no. 622. What we have done is essentially built a strong foundation, but we still need to construct a comprehensive community mental health system on this foundation. SB 622 includes some key components for continuing the work started. The community investments in this legislation would also move the state in the direction of meeting its legal obligations to persons with psychiatric disabilities. The community services authorized under SB 622 would take an important step toward addressing some of the problems of gridlock and unnecessary institutionalization and incarceration. Funding enhanced care clinic service would reduce long waits for vital outpatient services.

Nora Duncan, Public Policy Specialist, Connecticut Association of Nonprofits:
Your attention to the need for increased and enhanced community-based mental health care is appreciated and your support for this bill and others like it is highly encouraged. Section 4 acknowledges that the shift in funding streams does not eliminate the need to help hard working nonprofit staff to keep up with the ever increasing cost of living. Section 5 further acknowledges the need for rate increase methodologies so that the community-based mental health system does not face even greater funding challenges. Section 6 works to address the mental health care needs of those in the criminal justice system.

Melissa Marshall, Executive Director of Advocacy Unlimited:
A Medicaid Home and Community-Based Waiver must be pursued. It is inhumane, as well as a waste of taxpayers money, to allow people with disabilities to unnecessarily languish in nursing homes and other institutions. The proposed enhanced care clinics are particularly critical to community living.

Robert Correll, President, NAMI Connecticut:
I am here as a representative of NAMI-CT, and as a family member of an individual with a serious mental illness, to express our strong support for this critical bill. Bill 622 addresses issues in a strategic way that develops multiple interventions to prevent the tragic waste of lives that can happen without appropriate services.

Stephen Larcen, Ph.D., President and CEO of Natchaug Hospital:
I urge you to pass this bill and take whatever steps are necessary to implement Enhanced Care Clinics for adults covered by FFS Medicaid and SAGA in the coming fiscal year. Access to outpatient care is the most effective way to help reduce un-necessary use of emergency rooms, reduce or avoid unneeded hospitalizations, and improve the effectiveness of discharge plans for those that are hospitalized.

Second, Section 4 ensures that as we convert many of the grant funded mental health programs to various Medicaid funding schemes, that we not eliminate provider eligibility for annual COLA increases you approve for private providers.

Cathleen Anderson-Baker, Coordinator of the Keep The Promise Coalition:
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Randall Graff — March 21, 2006

Reported by — Date

PUBLIC HEALTH COMMITTEE
VOTE TALLY SHEET

Bill No.: SB-622 **Amendment Letter:**

AN ACT CONCERNING COMMUNITY-BASED MENTAL HEALTH CARE.

Chair: MURPHY, C. **Motion:** SLOSSBERG, G. **Second:** OLSON, M.

Action: Joint Favorable Substitute Change of Reference Appropriations Committee

Language Change:

TOTALS	Voting	Yea	Nay	Abstain	Absent and Not Voting	Voice Vote
	23	23	0	0	3	

	yea	nay	abstain	absent
Sen. **Murphy**, C. S16	X			
Rep. **Sayers**, P. 060	X			
Rep. **Olson**, M. 046	X			
Sen. **Slossberg**, G. S14	X			
Sen. **Gunther**, G. S21	X			
Rep. **Wasserman**, J. 106				X
Rep. **Aldarondo**, D. 075	X			
Rep. **Carson**, M. 108	X			
Rep. **Christ**, M. 011	X			
Sen. **Coleman**, E. S02	X			
Sen. **Cook**, C. S18	X			
Rep. **Fahrbach**, R. 061	X			
Rep. **Giegler**, J. 138	X			
Rep. **Heinrich**, D. 101	X			
Rep. **Keeley**, R. 129	X			
Rep. **Klarides**, T. 114				X
Rep. **Malone**, J. 047				X
Rep. **Nardello**, V. 089	X			
Rep. **Orange**, L. 048	X			
Rep. **Ritter**, E. 038	X			
Rep. **Ryan**, K. 139	X			
Sen. **Stillman**, A. S20	X			
Rep. **Stone**, J. 134	X			
Rep. **Tercyak**, P. 026	X			
Rep. **Widlitz**, P. 098	X			
Rep. **Winkler**, L. 041	X			

	yea	nay	abstain	absent

Vote date: 3/17/2006 4:41:00 PM

Correction date: