



House Bill No. 5419

Public Act No. 22-69

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' RECOMMENDATIONS REGARDING REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATIONS.

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

Section 1. (NEW) (*Effective from passage*) (a) The Commissioner of Mental Health and Addiction Services may contract with one or more nonprofit organizations to operate as regional behavioral health action organizations, one for each mental health region in the state, designated pursuant to section 17a-478 of the general statutes, as amended by this act. Each regional behavioral health action organization shall serve as a strategic community partner responsible for behavioral health planning, behavioral health education, coordination of prevention of behavioral health issues, promotion of behavioral health and advocacy for behavioral health needs and services within its mental health region.

(b) The duties of each regional behavioral health action organization, within its mental health region, shall include, but need not be limited to: (1) Assessing the behavioral health needs of children, adolescents and adults across the region and engaging with stakeholders to identify needs, problems, barriers and gaps in the behavioral health service continuum, (2) enhancing the capacity of local communities to understand and address problem gambling, (3) raising awareness and

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advocating for the general public for mental health promotion and substance abuse prevention, treatment and recovery, (4) receiving and expanding federal, state and local funds and leveraging funds to support behavioral health promotion, prevention, treatment and recovery activities, (5) serving on local, regional and state advisory and planning bodies, (6) within available appropriations, providing training in the administration of an opioid antagonist, as defined in section 17a-714a of the general statutes, and distributing supplies of opioid antagonists to communities, (7) reporting community needs, program review findings and conclusions annually to the relevant local, regional and state stakeholders with recommendations for the establishment, modification or expansion of behavioral health services within the mental health region, and (8) serving as the regional partner responsible for coordinating and aligning federal, state, regional and local behavioral health initiatives.

(c) To carry out the duties described in subsection (b) of this section, each regional behavioral health action organization shall solicit advice and input from community members, including, but not limited to, elected officials, parents, youth, faith-based organizations, law enforcement professionals or organizations, health care professionals, persons with lived experience of behavioral health issues, family members with lived experience of behavioral health issues, behavioral health treatment providers, businesses, youth-serving organizations, civic or fraternal groups, educational organizations, media organizations and other interested persons or organizations.

Sec. 2. Section 4-28g of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any governmental entity or Section 501(c)(3) of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended or Section 501(c)(4) of said Internal Revenue Code organization, including, but not limited

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to, local health districts and [regional action councils] regional behavioral health action organizations, which receives state dollars for tobacco education or reduction or prevention of tobacco use, shall submit a plan to the Department of Public Health identifying the target population, the methods for choosing the target population, and the evaluation component for the effectiveness of the program. Such plan shall be approved by the Department of Health prior to the release of funds.

Sec. 3. Subsection (j) of section 17a-451 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(j) The commissioner shall be responsible for developing and implementing the Connecticut comprehensive plan for prevention, treatment and reduction of alcohol and drug abuse problems to be known as the state substance abuse plan. Such plan shall include a mission statement, a vision statement and goals for providing treatment and recovery support services to adults with substance use disorders. The plan shall be developed by July 1, 2010, and thereafter shall be triennially updated by July first of the respective year. The commissioner shall develop such plan, mission statement, a vision statement and goals after consultation with: (1) The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667; (2) the Criminal Justice Policy Advisory Commission established pursuant to section 18-87j; (3) the [subregional planning and action councils established pursuant to section 17a-671] regional behavioral health action organizations established pursuant to section 1 of this act; (4) clients and their families, including those involved with the criminal justice system; (5) treatment providers; and (6) other interested stakeholders. The plan shall outline the action steps, time frames and resources needed to meet specified goals and shall, at a minimum, address: (A) Access to services, both prior to and following admission

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to treatment; (B) the provision of comprehensive assessments to those requesting treatment, including individuals with co-occurring conditions; (C) quality of treatment services and promotion of research-based and evidence-based best practices and models; (D) an appropriate array of prevention, treatment and recovery services along with a sustained continuum of care; (E) outcome measures of specific treatment and recovery services in the overall system of care; (F) information regarding the status of treatment program availability for pregnant women, including statistical and demographic data concerning pregnant women and women with children in treatment and on waiting lists for treatment; (G) department policies and guidelines concerning recovery-oriented care; (H) provisions of the community reentry strategy concerning substance abuse treatment and recovery services needed by the offender population as developed by the Criminal Justice Policy and Planning Division within the Office of Policy and Management; (I) an evaluation of the Connecticut Alcohol and Drug Policy Council's plan described in section 17a-667 and any recommendations for changes to such plan; and (J) a summary of data maintained in the central repository, described in subsection (o) of this section. The plan shall define measures and set benchmarks for the overall treatment system and for each state-operated program. Measures and benchmarks specified in the plan shall include, but not be limited to, the time required to receive substance abuse assessments and treatment services either from state agencies directly or through the private provider network funded by state agencies, the percentage of clients who should receive a treatment episode of ninety days or greater, treatment provision rates with respect to those requesting treatment, connection to the appropriate level of care rates, treatment completion rates and treatment success rates as measured by improved client outcomes in the areas of substance use, employment, housing and involvement with the criminal justice system.

Sec. 4. Section 17a-456 of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective October 1, 2022*):

[There] (a) On and before October 1, 2022, there shall be a Board of Mental Health and Addiction Services that shall consist of: (1) Nineteen members appointed by the Governor, subject to the provisions of section 4-9a, five of whom shall have had experience in the field of substance [abuse] use disorders, five of whom shall be from the mental health community, three of whom shall be physicians licensed to practice medicine in this state who have had experience in the field of psychiatry, two of whom shall be psychologists licensed to practice in this state, two of whom shall be persons representing families of individuals with [psychiatric disabilities] behavioral health disorders, and two of whom shall be persons representing families of individuals recovering from substance use disorders; (2) the chairmen of the regional mental health boards; [established pursuant to section 17a-484;] (3) one designee of each such board; (4) two designees from each of the five subregions represented by the substance abuse subregional planning and action councils; [established pursuant to section 17a-671;] (5) one designee from each mental health region established pursuant to section 17a-478, each of whom shall represent individuals with psychiatric disabilities, selected by such regional mental health boards in collaboration with advocacy groups; and (6) one designee from each of the five subregions represented by such substance abuse subregional planning and action councils, each of whom shall represent individuals recovering from substance use disorders, selected by such substance abuse subregional planning and action councils in collaboration with advocacy groups. The members of the board shall serve without compensation except for necessary expenses incurred in performing their duties. The members of the board may include representatives of nongovernment organizations or groups, and of state agencies, concerned with planning, operation or utilization of facilities providing mental health and substance [abuse] use disorder services, including consumers and providers of such services who are familiar with the need for such

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services, except that no more than half of the members of the board shall be providers of such services. Appointed members shall serve on the board for terms of four years each and members who are designees shall serve on the board at the pleasure of the designating authority. No appointed member of the board shall be employed by the state or be a member of the staff of any institution for which such member's compensation is paid wholly by the state. A majority of the board shall constitute a quorum.

(b) On and after October 1, 2022, there shall be a Board of Mental Health and Addiction Services that shall consist of (1) nineteen members appointed by the Governor, subject to the provisions of section 4-9a, five of whom shall have lived experience with substance use disorders, five of whom shall have lived experience with a mental health diagnosis, five of whom shall be behavioral health practitioners licensed to practice in the state, two of whom shall be persons representing families of individuals with behavioral health disorders, and two of whom shall be persons representing families of individuals recovering from substance use disorders; and (2) five members appointed by the Commissioner of Mental Health and Addiction Services, each of whom shall represent a regional behavioral health action organization described in section 1 of this act. The Governor shall appoint a chairperson from among the members of the board. The members of the board shall serve without compensation except for necessary expenses incurred in performing their duties. The members of the board may include representatives of nongovernment organizations or groups, and of state agencies, concerned with planning, operation or utilization of facilities providing mental health and substance use disorder services, including consumers and providers of such services who are familiar with the need for such services, except that no more than half of the members of the board shall be providers of such services. Members shall serve on the board for terms of four years. No member of the board shall be employed by the state or be a member of the staff of any institution for which such

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member's compensation is paid wholly by the state. A majority of the board shall constitute a quorum.

Sec. 5. Section 17a-470 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each state hospital, state-operated facility or the Whiting Forensic Hospital for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, except the Connecticut Mental Health Center, may have an advisory board appointed by the superintendent or director of the facility for terms to be decided by such superintendent or director. In any case where the present number of members of an advisory board is less than the number of members designated by the superintendent or director of the facility, he shall appoint additional members to such board in accordance with this section in such manner that the terms of an approximately equal number of members shall expire in each odd-numbered year. The superintendent or director shall fill any vacancy that may occur for the unexpired portion of any term. No member may serve more than two successive terms plus the balance of any unexpired term to which he had been appointed. The superintendent or director of the facility shall be an ex-officio member of the advisory board. Each member of an advisory board of a state-operated facility within the Department of Mental Health and Addiction Services assigned a geographical territory shall be a resident of the assigned geographical territory. Members of said advisory boards shall receive no compensation for their services but shall be reimbursed for necessary expenses involved in the performance of their duties. At least one-third of such members shall be from [a substance abuse subregional planning and action council established pursuant to section 17a-671] regional behavioral health action organizations, established pursuant to section 1 of this act, and at least one-third shall be members of the catchment area councils, as provided in section 17a-483, as amended by this act, for the catchment

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areas served by such facility, except that members serving as of October 1, 1977, shall serve out their terms.

Sec. 6. Section 17a-476 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any general hospital, municipality or nonprofit organization in Connecticut may apply to the Department of Mental Health and Addiction Services for funds to establish, expand or maintain psychiatric or mental health services. The application for funds shall be submitted on forms provided by the Department of Mental Health and Addiction Services, and shall be accompanied by (1) a definition of the towns and areas to be served; (2) a plan by means of which the applicant proposes to coordinate its activities with those of other local agencies presently supplying mental health services or contributing in any way to the mental health of the area; (3) a description of the services to be provided, and the methods through which these services will be provided; and (4) indication of the methods that will be employed to effect a balance in the use of state and local resources so as to foster local initiative, responsibility and participation. In accordance with subdivision (4) of section 17a-480, as amended by this act, [and subdivisions (1) and (2) of subsection (a) of section 17a-484, the regional mental health board] the regional behavioral action organization serving the mental health region in which the applicant is located shall review each such application with the Department of Mental Health and Addiction Services and make recommendations to the department with respect to each such application.

(b) Upon receipt of the application with the recommendations of the [regional mental health board] regional behavioral action organization and approval by the Department of Mental Health and Addiction Services, the department shall grant such funds by way of a contract or grant-in-aid within the appropriation for any annual fiscal year. No funds authorized by this section shall be used for the construction or

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renovation of buildings.

(c) The Commissioner of Mental Health and Addiction Services may adopt regulations, in accordance with the provisions of chapter 54, concerning minimum standards for eligibility to receive said state contracted funds and any grants-in-aid. Any such funds or grants-in-aid made by the Department of Mental Health and Addiction Services for psychiatric or mental health services shall be made directly to the agency submitting the application and providing such service or services.

Sec. 7. Section 17a-480 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department of Mental Health and Addiction Services, in consultation with [regional mental health boards as established by subsection (c) of section 17a-483] regional behavioral action organizations, established pursuant to section 1 of this act, (1) may purchase services from other public agencies and from municipal and private agencies, (2) shall supervise, plan and coordinate mental health services with the goal of improving and expanding existing services and providing new ones, (3) shall develop joint programs in conformity with Department of Mental Health and Addiction Services standards, (4) shall make recommendations concerning all requests for grants and all contract proposals emanating from the regions, (5) shall evaluate mental health service delivery and monitor such services to insure that they are in conformity with the plans and policies of the Department of Mental Health and Addiction Services, and (6) shall report annually to the Board of Mental Health and Addiction Services on the status of programs and needs of the regions.

Sec. 8. Section 17a-482 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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As used in subsection (a) of section 17a-476, as amended by this act, sections 17a-478 to 17a-480, inclusive, as amended by this act, and sections 17a-482, as amended by this act, [to 17a-484, inclusive] and 17a-483, as amended by this act, unless the context otherwise requires: "Catchment area" means any geographical area within the state established as such by the Commissioner of Mental Health and Addiction Services, the boundaries of which may be redesignated by said commissioner when deemed necessary to equalize the population of each area and in such manner as is consistent with the boundaries of the municipalities therein, provided such boundaries of any catchment area shall be entirely within the boundaries of a mental health region established under section 17a-478, as amended by this act; "council" means the catchment area council established under section 17a-483, as amended by this act; ["regional mental health board" means the board appointed within each mental health region under subsection (c) of section 17a-483] "regional behavioral action organization" means the organization established pursuant to section 1 of this act; and "provider" means any person who receives income from private practice or any public or private agency which delivers mental health services.

Sec. 9. Section 17a-483 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each catchment area council shall consist of one representative from each town or portion thereof located within the same catchment area, except that if a catchment area consists of (1) only two towns or portions thereof, three representatives shall be appointed from each town or portion thereof, or (2) only one town or portion thereof, seven representatives shall be appointed. Such representatives shall be consumers and shall be appointed by the first selectmen, mayor or governing official of such town or portion thereof. The representatives appointed shall elect by majority vote an additional number of representatives, which number shall not exceed the number initially

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appointed. Not less than fifty-one per cent and not more than sixty per cent of the total catchment area council membership shall be [consumers] persons with lived experience of a behavioral health disorder.

(b) Each catchment area council shall study and evaluate the delivery of mental health services in its respective catchment area in accordance with regulations adopted by the Commissioner of Mental Health and Addiction Services. Each council shall make such reports and recommendations to the [regional mental health boards as such boards] regional behavioral health action organizations as such organizations may require or which the catchment area council may deem necessary.

(c) Each catchment area council shall elect four members of its council to serve as members of the [regional mental health board] regional behavioral health action organization of the region in which it is located, not more than two of whom shall be providers of mental health services. The [regional mental health boards] regional behavioral health action organizations shall consist of the members elected by the catchment area councils and one representative designated by the Commissioner of Mental Health and Addiction Services from each state-operated facility serving the region.

(d) Members of catchment area councils shall receive no compensation for their services but may be reimbursed by the Department of Mental Health and Addiction Services for necessary expenses incurred in the performance of their duties.

Sec. 10. Subsection (a) of section 17a-713 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department of Mental Health and Addiction Services shall establish a program for the treatment and rehabilitation of compulsive

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gamblers in the state. The program shall provide prevention, treatment and rehabilitation services for chronic gamblers. The department may enter into agreements with [subregional planning and action councils] regional behavioral health action organizations and nonprofit organizations to assist in providing these services, provided not less than twenty-five per cent of the amount received pursuant to section 12-818 annually shall be set aside for contracts with [subregional planning and action councils established pursuant to section 17a-671] regional behavioral health action organizations established pursuant to section 1 of this act and nonprofit organizations and not less than five per cent of the amount received pursuant to section 12-818 annually shall be set aside for a contract with the Connecticut Council on Problem Gambling. The department may impose a reasonable fee, on a sliding scale, on those participants who can afford to pay for any such services. The department shall implement such program when the account established under subsection (b) of this section is sufficient to meet initial operating expenses. As used in this section, "chronic gambler" means a person who is chronically and progressively preoccupied with gambling and the urge to gamble, and with gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

Sec. 11. Section 19a-507a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in section 8-3g and sections 19a-507a to 19a-507d, inclusive: (1) "Mentally ill adult" means any adult who has a mental or emotional condition which has substantial adverse effects on his ability to function and who requires care and treatment but shall not mean any adult who is dangerous to himself or herself or others, as defined in section 17a-495, as amended by this act, or who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680, as amended by this act, or who has been placed in any community-based residential

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home by order of the Superior Court or has been released to any community-based residential home by the Department of Correction or any person found not competent to stand trial for any crime pursuant to section 54-56d or committed pursuant to sections 17a-580 to 17a-602, inclusive; and (2) ["regional mental health board" means a regional mental health board, as defined in section 17a-482; (3)] "community residence" means a facility which houses the staff of such facility and eight or fewer mentally ill adults which is licensed by the Commissioner of Public Health and which provides supervised, structured group living activities and psychosocial rehabilitation and other support services to mentally ill adults discharged from a state-operated or licensed facility or referred by a licensed physician specializing in psychiatry or a licensed psychologist.

Sec. 12. Section 19a-507b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) No community residence shall be established on or after July 1, 1984, within one thousand feet of any other community residence. If more than one community residence is proposed to be established in any municipality, the total capacity of all community residences in the municipality in which such residence is proposed to be established shall not exceed one-tenth of one per cent of the population of such municipality.

(b) Any resident of a municipality in which a community residence is or will be located may, through the chief executive officer of the municipality, or the legislative body of such municipality may, petition the Commissioner of Public Health to deny an application for a license to operate a community residence on the grounds that the operation of such a community residence would be in violation of the limits established under subsection (a) of this section.

(c) An applicant for a license to operate a community residence shall

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mail a copy of the application made to the Department of Public Health to [the regional mental health board and] the governing body of the municipality in which the community residence is to be located, by certified mail, return receipt requested. All applications shall specify the number of community residences in the municipality, the address of each such residence and the number of residents in each and the address of the proposed community residence, and shall include population and occupancy statistics reflecting compliance with the limits established pursuant to subsection (a) of this section.

(d) The Commissioner of Public Health shall not issue a license for a community residence until the applicant has submitted proof that the mailing required by subsection (c) of this section has been made and until at least thirty days have elapsed since the receipt of such mailing by all required recipients.

Sec. 13. Subsection (a) of section 17a-450a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department of Mental Health and Addiction Services shall constitute a successor department to the Department of Mental Health. Whenever the words "Commissioner of Mental Health" are used or referred to in the following general statutes, the words "Commissioner of Mental Health and Addiction Services" shall be substituted in lieu thereof and whenever the words "Department of Mental Health" are used or referred to in the following general statutes, the words "Department of Mental Health and Addiction Services" shall be substituted in lieu thereof: 4-5, 4-38c, 4-77a, 4a-12, 4a-16, 5-142, 8-206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-246, 17a-450, 17a-451, as amended by this act, 17a-453, 17a-454, 17a-455, 17a-456, as amended by this act, 17a-457, 17a-458, 17a-459, 17a-460, 17a-464, 17a-465, 17a-466, 17a-467, 17a-468, 17a-470, as amended by this act, 17a-471, 17a-472, 17a-473, 17a-474, 17a-476, as amended by this act, 17a-478, as

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amended by this act, 17a-479, 17a-480, as amended by this act, 17a-481, 17a-482, as amended by this act, 17a-483, as amended by this act, [17a-484,] 17a-498, as amended by this act, 17a-499, as amended by this act, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-513, 17a-519, as amended by this act, 17a-528, as amended by this act, 17a-560, 17a-561, 17a-562, 17a-565, 17a-581, 17a-582, 17a-675, 17b-28, 17b-59a, 17b-222, 17b-223, 17b-225, 17b-359, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, as amended by this act, 19a-576, 19a-583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28, 51-51o, 52-146h and 54-56d.

Sec. 14. Section 17a-478 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Mental Health and Addiction Services shall designate mental health regions within the state. Such regions and boundaries thereof may be redesignated by said commissioner as he deems necessary. For the purposes of sections 17a-476, as amended by this act, and 17a-478 to 17a-480, inclusive, as amended by this act, "community mental health services" means comprehensive services, both medical and nonmedical, designed to (1) decrease the prevalence and incidence of psychiatric disabilities, emotional disturbance and social disfunctioning, and (2) promote mental health in individuals, groups and institutions and includes, but is not limited to, the following: Outreach and case finding, inpatient treatment, outpatient treatment, partial hospitalization, diagnosis and screening, aftercare and rehabilitation, education, consultation, emergency services, research, evaluation, training and services to the courts. The Commissioner of Mental Health and Addiction Services may enter into such contracts for services as may be required to carry out the provisions of subsection (a) of section 17a-476, as amended by this act, sections 17a-478 to 17a-480, inclusive, as amended by this act, and sections 17a-482, as amended by this act, [to 17a-484, inclusive] and 17a-483, as amended by this act.

Sec. 15. Subsections (b) to (d), inclusive, of section 17a-495 of the

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general statutes are repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) For the purposes of this section, sections 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-496 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, and 17a-560 to 17a-575, inclusive, the following terms shall have the following meanings: "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day; "hospital for persons with psychiatric disabilities" means any public or private hospital, retreat, institution, house or place in which any person with psychiatric disabilities is received or detained as a patient, but shall not include any correctional institution of this state; "patient" means any person detained and taken care of as a person with psychiatric disabilities; "keeper of a hospital for persons with psychiatric disabilities" means any person, body of persons or corporation which has the immediate superintendence, management and control of a hospital for persons with psychiatric disabilities and the patients therein; "support" includes all necessary food, clothing and medicine and all general expenses of maintaining state hospitals for persons with psychiatric disabilities; "indigent person" means any person who has an estate insufficient, in the judgment of the Court of Probate, to provide for his or her support and has no person or persons legally liable who are able to support him or her; "dangerous to himself or herself or others" means there is a substantial risk that physical harm will be inflicted by an individual upon his or her own person or upon another person; "gravely disabled" means that a person, as a result of mental or emotional impairment, is in danger of serious harm as a result of an inability or failure to provide for his or her own basic human needs such as essential food, clothing, shelter or safety and that hospital treatment is necessary and available and that such person is mentally incapable of determining whether or not to accept such treatment because his judgment is impaired by his psychiatric disabilities; "respondent" means a person who is alleged to

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have psychiatric disabilities and for whom an application for commitment to a hospital for persons with psychiatric disabilities has been filed; "voluntary patient" means any patient sixteen years of age or older who applies in writing to and is admitted to a hospital for persons with psychiatric disabilities as a person with psychiatric disabilities or any patient under sixteen years of age whose parent or legal guardian applies in writing to such hospital for admission of such patient; and "involuntary patient" means any patient hospitalized pursuant to an order of a judge of the Probate Court after an appropriate hearing or a patient hospitalized for emergency diagnosis, observation or treatment upon certification of a qualified physician.

(c) For the purposes of this section and sections 17a-496 to 17a-528, inclusive, as amended by this act, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically excludes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680, as amended by this act.

(d) For the purposes of sections 17a-453, 17a-454, 17a-456, as amended by this act, 17a-458 to 17a-464, inclusive, 17a-466 to 17a-469, inclusive, 17a-471, 17a-474, 17a-476 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, "person with psychiatric disabilities" means any person who has a mental or emotional condition which has substantial adverse effects on his or her ability to function and who requires care and treatment, and specifically includes a person who is an alcohol-dependent person or a drug-dependent person, as defined in section 17a-680, as amended by this act.

Sec. 16. Section 17a-496 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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Any keeper of a hospital for psychiatric disabilities who wilfully violates any of the provisions of this section, sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-497 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be fined not more than two hundred dollars or imprisoned not more than one year or both.

Sec. 17. Subsection (b) of section 17a-497 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) Upon the motion of any respondent or his or her counsel, or the probate judge having jurisdiction over such application, filed not later than three days prior to any hearing scheduled on such application, the Probate Court Administrator shall appoint a three-judge court from among the probate judges to hear such application. The judge of the Probate Court having jurisdiction over such application under the provisions of this section shall be a member, provided such judge may disqualify himself in which case all three members of such court shall be appointed by the Probate Court Administrator. Such three-judge court when convened shall have all the powers and duties set forth under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and shall be subject to all of the provisions of law as if it were a single-judge court. No such respondent shall be involuntarily confined without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from among their members. All records for any case before the three-judge court shall be maintained in the Probate Court having jurisdiction over the matter as if the three-judge court had not been appointed.

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Sec. 18. Subsection (g) of section 17a-498 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(g) The hospital shall notify each patient at least annually that such patient has a right to a further hearing pursuant to this section. If the patient requests such hearing, it shall be held by the Probate Court for the district in which the hospital is located. Any such request shall be immediately filed with the appropriate court by the hospital. After such request is filed with the Probate Court, it shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section. In addition, the hospital shall furnish the Probate Court for the district in which the hospital is located on a monthly basis with a list of all patients confined in the hospital involuntarily without release for one year since the last annual review under this section of the patient's commitment or since the original commitment. The hospital shall include in such notification the type of review the patient last received. If the patient's last annual review had a hearing, the Probate Court shall, within fifteen business days thereafter, appoint an impartial physician who is a psychiatrist from the list provided by the Commissioner of Mental Health and Addiction Services as set forth in subsection (c) of this section and not connected with the hospital in which the patient is confined or related by blood or marriage to the original applicant or to the respondent, which physician shall see and examine each such patient within fifteen business days after such physician's appointment and make a report forthwith to such court of the condition of the patient on forms provided by the Probate Court Administrator. If the Probate Court concludes that the confinement of any such patient should be reviewed by such court for possible release of the patient, the court, on its own motion, shall proceed in the manner provided in subsections (a), (b), (c) and (f) of this section, except that the examining physician shall be considered one of the physicians required by subsection (c) of this section. If the patient's last annual review did not result in a hearing, and in any event at least

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every two years, the Probate Court shall, within fifteen business days, proceed with a hearing in the manner provided in subsections (a), (b), (c) and (f) of this section. All costs and expenses, including Probate Court entry fees provided by statute, in conjunction with the annual psychiatric review and the judicial review under this subsection, except costs for physicians appointed pursuant to this subsection, shall be established by, and paid from funds appropriated to, the Judicial Department, except that if funds have not been included in the budget of the Judicial Department for such costs and expenses, such payment shall be made from the Probate Court Administration Fund. Compensation of any physician appointed to conduct the annual psychiatric review, to examine a patient for any hearing held as a result of such annual review or for any other biennial hearing required pursuant to sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be paid by the state from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by the Department of Mental Health and Addiction Services.

Sec. 19. Section 17a-499 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All proceedings of the Probate Court, upon application made under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be in writing and filed in such court, and, whenever a court passes an order for the admission of any person to any state hospital for psychiatric disabilities, the court shall record the order and give a certified copy of such order and of the reports of the physicians to the person by whom

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such person is to be taken to the hospital, as the warrant for such taking and commitment, and shall also forthwith transmit a like copy to the Commissioner of Mental Health and Addiction Services, and, in the case of a person in the custody of the Commissioner of Correction, to the Commissioner of Correction. Whenever a court passes an order for the commitment of any person to any hospital for psychiatric disabilities, it shall, within three business days, provide the Commissioner of Mental Health and Addiction Services with access to identifying information including, but not limited to, name, address, sex, date of birth and date of commitment on all commitments ordered on and after June 1, 1998. All commitment applications, orders of commitment and commitment papers issued by any court in committing persons with psychiatric disabilities to public or private hospitals for psychiatric disabilities shall be in accordance with a form prescribed by the Probate Court Administrator, which form shall be uniform throughout the state. State hospitals and other hospitals for persons with psychiatric disabilities shall, so far as they are able, upon reasonable request of any officer of a court having the power of commitment, send one or more trained attendants or nurses to attend any hearing concerning the commitment of any person with psychiatric disabilities and any such attendant or nurse, when present, shall be designated by the court as the authority to serve commitment process issued under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive.

Sec. 20. Subsection (a) of section 17a-500 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Each court of probate shall keep a record of the cases relating to persons with psychiatric disabilities coming before it under sections

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17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and the disposition of them. It shall also keep on file the original application and certificate of physicians required by said sections, or a microfilm duplicate of such records in accordance with regulations issued by the Probate Court Administrator. All records maintained in the courts of probate under the provisions of said sections shall be sealed and available only to the respondent or his or her counsel unless the Court of Probate, after hearing held with notice to the respondent, determines such records should be disclosed for cause shown.

Sec. 21. Section 17a-501 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person with psychiatric disabilities, the expense of whose support is paid by himself or by another person, may be committed to any institution for the care of persons with psychiatric disabilities designated by the person paying for such support; and any indigent person with psychiatric disabilities, not a pauper, committed under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be committed to any state hospital for psychiatric disabilities which is equipped to receive him, at the discretion of the Court of Probate, upon consideration of a request made by the person applying for such commitment.

Sec. 22. Section 17a-504 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person who wilfully and maliciously causes, or attempts to cause, or who conspires with any other person to cause, any person who

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does not have psychiatric disabilities to be committed to any hospital for psychiatric disabilities, and any person who wilfully certifies falsely to the psychiatric disabilities of any person in any certificate provided for in sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, and any person who, under the provisions of said sections relating to persons with psychiatric disabilities, wilfully reports falsely to any court or judge that any person has psychiatric disabilities, shall be guilty of a class D felony.

Sec. 23. Section 17a-505 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

When any female with psychiatric disabilities is escorted to a state hospital for persons with psychiatric disabilities by a male guard, attendant or other employee of a correctional or reformatory institution, or by a male law enforcement officer, under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, the person so escorting her shall be accompanied by an adult member of her family or at least one woman.

Sec. 24. Section 17a-519 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Each officer or indifferent person making legal service of any order, notice, warrant or other paper under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, shall be entitled to the same compensation as is by law provided for like services in civil causes. Physicians, for examining a

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person alleged to have psychiatric disabilities and making a certificate as provided by said sections, shall be entitled to a reasonable compensation established by the Commissioner of Mental Health and Addiction Services. The fees of the courts of probate shall be such as are provided by law for similar services. The Superior Court, on an appeal, may tax costs at its discretion.

Sec. 25. Section 17a-525 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

Any person aggrieved by an order, denial or decree of a Probate Court under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, including any relative or friend, on behalf of any person found to have psychiatric disabilities, shall have the right of appeal in accordance with sections 45a-186 to 45a-193, inclusive. On the trial of an appeal, the Superior Court may require the state's attorney or, in the state's attorney's absence, some other practicing attorney of the court to be present for the protection of the interests of the state and of the public.

Sec. 26. Subsection (a) of section 17a-528 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) When any person is found to have psychiatric disabilities, and is committed to a state hospital for psychiatric disabilities, upon proceedings had under sections 17a-75 to 17a-83, inclusive, 17a-450 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, and 17a-615 to 17a-618, inclusive, all fees and expenses incurred upon the probate commitment proceedings, payment of which is not otherwise provided for under said sections, shall be paid

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by the state within available appropriations from funds appropriated to the Department of Mental Health and Addiction Services in accordance with rates established by said department; and, if such person is found not to have psychiatric disabilities, such fees and expenses shall be paid by the applicant.

Sec. 27. Section 17a-680 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

For purposes of sections 17a-673 [,] and 17a-680 to 17a-690, inclusive; [, and subsection (d) of section 17a-484:]

(1) "Alcohol-dependent person" means a person who meets the criteria for moderate or severe alcohol use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

(2) "Business day" means Monday to Friday, inclusive, except when a legal holiday falls on any such day;

(3) "Department" means the Department of Mental Health and Addiction Services;

(4) "Dangerous to himself" means there is a substantial risk that physical harm will be inflicted by a person on himself or herself;

(5) "Dangerous to others" means there is a substantial risk that physical harm will be inflicted by a person on another person;

(6) "Drug or drugs" means a controlled drug as defined in section 21a-240;

(7) "Drug-dependent person" means a person who meets the criteria for moderate or severe substance use disorder, as described in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders";

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(8) "Commissioner" means the Commissioner of Mental Health and Addiction Services;

(9) "Gravely disabled" means a condition in which a person, as a result of the use of alcohol or drugs on a periodic or continuous basis, is in danger of serious physical harm because (A) he or she is not providing for his or her essential needs such as food, clothing, shelter, vital medical care, or safety, (B) he or she needs, but is not receiving, inpatient treatment for alcohol dependency or drug dependency, and (C) he or she is incapable of determining whether to accept such treatment because his or her judgment is impaired;

(10) "Hospital" means an establishment licensed under the provisions of sections 19a-490 to 19a-503, inclusive, for the lodging, care and treatment of persons suffering from disease or other abnormal physical or mental conditions, and includes inpatient psychiatric services in general hospitals;

(11) "Incapacitated by alcohol" means a condition in which a person as a result of the use of alcohol has his or her judgment so impaired that he or she is incapable of realizing and making a rational decision with respect to his or her need for treatment;

(12) "Incompetent person" means a person who has been adjudged incompetent by a court of competent jurisdiction;

(13) "Intoxicated person" means a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs;

(14) "Medical officer" means a licensed physician in attendance at a treatment facility or hospital;

(15) "Respondent" means a person who is alleged to be alcohol-dependent or drug-dependent and for whom a petition for commitment

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or recommitment to an inpatient treatment facility has been filed;

(16) "Treatment" means any emergency, outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, psychiatric, psychological and social services, vocational and social rehabilitation and other appropriate services, which may be extended to alcohol-dependent persons, drug-dependent persons and intoxicated persons;

(17) "Treatment facility" means (A) a facility providing treatment and operating under the direction and control of the department, or (B) a private facility providing treatment and licensed under the provisions of sections 19a-490 to 19a-503, inclusive.

Sec. 28. Subsection (d) of section 45a-656 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The conservator of the person shall not have the power or authority to cause the respondent to be committed to any institution for the treatment of the mentally ill except under the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528, inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 359.

Sec. 29. Subsection (e) of section 45a-677 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(e) A plenary guardian or limited guardian shall not have the power or authority: (1) To cause the protected person to be admitted to any institution for treatment of the mentally ill, except in accordance with the provisions of sections 17a-75 to 17a-83, inclusive, 17a-456 to [17a-484] 17a-483, inclusive, as amended by this act, 17a-495 to 17a-528,

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inclusive, as amended by this act, 17a-540 to 17a-550, inclusive, 17a-560 to 17a-575, inclusive, 17a-615 to 17a-618, inclusive, and 17a-621 to 17a-664, inclusive, and chapter 420b; (2) to cause the protected person to be admitted to any training school or other facility provided for the care and training of persons with intellectual disability if there is a conflict concerning such admission between the guardian and the protected person or next of kin, except in accordance with the provisions of sections 17a-274 and 17a-275; (3) to consent on behalf of the protected person to a sterilization, except in accordance with the provisions of sections 45a-690 to 45a-700, inclusive; (4) to consent on behalf of the protected person to psychosurgery, except in accordance with the provisions of section 17a-543; (5) to consent on behalf of the protected person to the termination of the protected person's parental rights, except in accordance with the provisions of sections 45a-706 to 45a-709, inclusive, 45a-715 to 45a-718, inclusive, 45a-724 to 45a-737, inclusive, and 45a-743 to 45a-757, inclusive; (6) to consent on behalf of the protected person to the performance of any experimental biomedical or behavioral medical procedure or participation in any biomedical or behavioral experiment, unless it (A) is intended to preserve the life or prevent serious impairment of the physical health of the protected person, (B) is intended to assist the protected person to regain the protected person's abilities and has been approved for the protected person by the court, or (C) has been (i) approved by a recognized institutional review board, as defined by 45 CFR 46, 21 CFR 50 and 21 CFR 56, as amended from time to time, which is not a part of the Department of Developmental Services, (ii) endorsed or supported by the Department of Developmental Services, and (iii) approved for the protected person by such protected person's primary care physician; (7) to admit the protected person to any residential facility operated by an organization by whom such guardian is employed, except in accordance with the provisions of section 17a-274; (8) to prohibit the marriage or divorce of the protected person; and (9) to consent on behalf of the protected person to an abortion or removal of a body organ, except in

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accordance with applicable statutory procedures when necessary to preserve the life or prevent serious impairment of the physical or mental health of the protected person.

Sec. 30. Sections 17a-484 and 17a-671 of the general statutes are repealed. (*Effective from passage*)

Approved May 24, 2022