



Agency Legislative Proposal – 2025 Session

Document Name: **DMHAS – Pre-Trial Intervention Program**

Document Name	DMHAS – Pre-Trial Intervention Program
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Legislative Liaison	INTERIM CONTACT – Kelly Sinko Steuber
Division Requesting This Proposal	Forensic Services
Drafter	Kelly Sinko Steuber, Chief of Policy and Governmental Affairs

Title of Proposal	An Act Concerning the Recommendations of the Department of Mental Health and Addiction Services for the Pretrial Intervention Program
Statutory Reference, if any	54-56q, 54-56r
Brief Summary and Statement of Purpose	Currently, DMHAS is required to pay for court-ordered substance use treatment for all program participants who have been declared indigent by the court – even if the participant has access to or qualifies for private or public health insurance. This has resulted in the Pretrial Intervention Program (PTIP) within the Forensic Services budget to run in an annual deficit.
How does this proposal relate to the agency’s mission?	While the department has been able to supplement funds from other areas to assist in bridging the annual deficit this division has, that is a short-term fix. This proposal will help the department provide services to individuals with serious mental illness and/or substance use disorders who become involved in the criminal justice system who truly have no other means for obtaining services.



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SECTION-BY-SECTION SUMMARY

Summarize sections in groups where appropriate

Sections 1 and 2 specify that DMHAS will not pay waived costs when an individual has private insurance or Medicaid that will pay for such treatment. The Pre-Trial Intervention Program is comprised of the Drug Intervention and Community Service Program (DISCP) (section 1) and the Impaired Driving Intervention Program (IDIP) (section 2).

BACKGROUND

Origin of Proposal

☒ New Proposal

☐ Resubmission

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Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	N/A
Has this proposal or a similar proposal been implemented in	N/A



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other states? If yes, to what result?	
Have certain constituencies called for this proposal?	N/A

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[] Check here if this proposal does NOT impact other agencies

1. Agency Name	Department of Social Services
Agency Contact (name, title)	Jalmar De Dios, Chief External Affairs Officer Dave Seifel, Government Relations Manager Matt Festa, Legislative and Regulations Analyst
Date Contacted	December 12th
Status	[X] Approved [] Talks Ongoing
Open Issues, if any	How this will be operationalized and potential fiscal impact to DSS (but net savings across state government)



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2. Agency Name	Judicial Branch
Agency Contact (name, title)	Brittany Kaplan, Legislative Liaison Lee Ross, Deputy Director, Legislative Affairs
Date Contacted	September 23rd
Status	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Talks Ongoing
Open Issues, if any	Confirming no concerns as drafted.

3. Agency Name	Department of Transportation
Agency Contact (name, title)	Phil Mainiero, Legislative and Administrative Advisor
Date Contacted	September 26th
Status	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Talks Ongoing
Open Issues, if any	FYI for agency in lieu of other proposals they want to pursue concerning BAC.

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

☐ Check here if this proposal does NOT have a fiscal impact

State	Potential savings to DMHAS if some private insurers can pay for treatment, or reimbursement from federal government through Medicaid
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Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	

MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[] Check here if this proposal does NOT lead to any measurable outcomes

Measurable outcomes will include how many individuals pay for treatment with public or private insurance, instead of DMHAS paying for all fees.

ANYTHING ELSE WE SHOULD KNOW?

There is precedent for this type of language which we used in developing this draft proposal in 17a-679 (a) – see below.

Sec. 17a-679. (Formerly Sec. 19a-2g). Expenses for necessary transportation of alcohol-dependent persons for admission to a treatment facility. (a) The Department of Mental Health and Addiction Services may, within available appropriations, pay the expenses of necessary transportation for any alcohol-dependent person admitted to a treatment facility pursuant to the provisions of section 17a-682 or 17a-684 or to any program funded by the department



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pursuant to section 17a-675, provided such program has given prior approval to the transportation provider and so certifies to the department, or for any person intoxicated by alcohol transported to a hospital for treatment, which expenses are certified by such hospital to the department, unless the Department of Administrative Services determines after investigation that such person is able to pay. The department may pay such expense pending the investigation provided if the department determines that the person is able to pay, the transportation provider shall reimburse the department. The department shall not pay expenses for the transport of any person who is able to pay, has private insurance, or is receiving Title XIX Medicaid benefits that cover the transportation services provided.



INSERT FULLY DRAFTED BILL HERE

Section 1. Subparagraph (D) of subdivision (2) of subsection (e) of section 54-56q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(D) If the court finds that a person is indigent and unable to pay for the substance use treatment component of the program, the court may waive all or any portion of the program fee for that component and the costs of such treatment, provided that such person participates in such treatment at a substance use treatment provider licensed by and located in this state. If a person determined indigent by the court under this subdivision has coverage for such treatment through private insurance, Medicare or Medicaid provided under Title XIX of the Social Security Act, any eligible costs shall be paid by such programs. Any costs waived under this subparagraph that are not covered by private insurance, Medicare, or Medicaid, including any co-pay, co-insurance, deductible, or other out-of-pocket expense attributable to private insurance, Medicare, or Medicaid coverage shall be paid by the Department of Mental Health and Addiction Services.

Section 2. Subparagraph (D) of subdivision (3) of subsection (f) of section 54-56q of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(D) If the court finds that a person is indigent and unable to pay for the substance use treatment component of the program, the court may waive all or any portion of the program fee for that component and the costs of such treatment, provided that such person participates in such treatment at a substance use treatment provider licensed by and located in this state. If a person determined indigent by the court under this subdivision has coverage for such treatment through private insurance, Medicare or Medicaid provided under Title XIX of the Social Security Act, any eligible costs shall be paid by such programs. Any costs waived under this subparagraph that are not covered by private insurance, Medicare, or Medicaid, including any co-pay, co-insurance, deductible, or other out-of-pocket expense attributable to private insurance, Medicare, or Medicaid coverage shall be paid by the Department of Mental Health and Addiction Services.



Agency Legislative Proposal – 2025 Session
Document Name: DMHAS – OSAC Technical Fix

Document Name	DMHAS – OSAC Technical Fix
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Legislative Liaison	INTERIM CONTACT – Kelly Sinko Steuber
Division Requesting This Proposal	Office of Commissioner
Drafter	Kelly Sinko Steuber, Chief of Policy and Governmental Affairs

Title of Proposal	AAC the Technical Revisions for the Department of Mental Health and Addiction Services
Statutory Reference, if any	17a-674d
Brief Summary and Statement of Purpose	This proposal includes a technical fix to the OSAC membership statute to ensure the number of municipal seats is expanded by the same number of seats added under PA 24-150.
How does this proposal relate to the agency's mission?	N/A

Summarize sections in groups where appropriate

Section 1: Amends Sec. 17a-674d by adding two additional municipal seats to accurately reflect the addition of 4 seats (ranking members of APP & PH) via PA 24-150. The bill only added two municipal seats.



Agency Legislative Proposal – 2025 Session
Document Name: DMHAS – OSAC Technical Fix

BACKGROUND

Origin of Proposal ☒ New Proposal ☐ Resubmission

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Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	No, but the Opioid Settlement Agreement requires municipal representation to match the number of state representation.
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	N/A
Have certain constituencies called for this proposal?	The AG's office needs this language to be in compliance with the settlement.



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Document Name: DMHAS – OSAC Technical Fix

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

☐ Check here if this proposal does NOT impact other agencies

1. Agency Name	Office of the Attorney General
Agency Contact (name, title)	Cara Passaro, Chief of Staff
Date Contacted	September 30th
Status	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

☒ Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	



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MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?

This was an inadvertent drafting error from last year's membership changes that needs to be corrected.



INSERT FULLY DRAFTED BILL HERE

Section 1. Subdivision (5) of subsection (b) of section 17a-674d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(5) Twenty-five [Twenty-three] individuals representing municipalities, who shall be appointed by the Governor;



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Document Name: DMHAS – Person centered recovery friendly language

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Legislative Liaison	INTERIM CONTACT – Kelly Sinko Steuber
Division Requesting This Proposal	Office of Commissioner
Drafter	Kelly Sinko Steuber, Chief of Policy and Governmental Affairs

Title of Proposal	AAC the Technical Revisions for the Department of Mental Health and Addiction Services
Statutory Reference, if any	17a-450; 17a-451; 17a-464; 17a-484c; 17a-484f; 17a-485i; 17a-667; 17a-667a
Brief Summary and Statement of Purpose	This proposal includes a number of changes to statutes to update to person-centered, recovery friendly language.
How does this proposal relate to the agency's mission?	N/A

Summarize sections in groups where appropriate

This proposal includes a number of changes to statutes to update to person-centered, recovery friendly language.
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Agency Legislative Proposal – 2025 Session

Document Name: DMHAS – Person centered recovery friendly language

BACKGROUND

Origin of Proposal

☒ New Proposal

☐ Resubmission

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Please consider the following, if applicable:

Have there been changes in federal/state laws or regulations that make this legislation necessary?	N/A
Has this proposal or a similar proposal been implemented in other states? If yes, to what result?	N/A
Have certain constituencies called for this proposal?	



Agency Legislative Proposal – 2025 Session

Document Name: DMHAS – Person centered recovery friendly language

INTERAGENCY IMPACT

List each affected agency. Copy the table as needed.

[X] Check here if this proposal does NOT impact other agencies

1. Agency Name	
Agency Contact (name, title)	
Date Contacted	
Status	[] Approved [] Talks Ongoing
Open Issues, if any	

FISCAL IMPACT

Include the section number(s) responsible for the fiscal impact and the anticipated impact

[X] Check here if this proposal does NOT have a fiscal impact

State	
Municipal (Include any municipal mandate that can be found within legislation)	
Federal	
Additional notes	



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MONITORING & EVALUATION PLAN

If applicable, please describe the anticipated measurable outcomes and the data that will be used to track those outcomes. Include the section number(s) responsible for those outcomes

[X] Check here if this proposal does NOT lead to any measurable outcomes

ANYTHING ELSE WE SHOULD KNOW?



INSERT FULLY DRAFTED BILL HERE

Section 1. Subsection (b) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) For the purposes of chapter 48, the Department of Mental Health and Addiction Services shall be organized to promote comprehensive, client-based services in the areas of mental health treatment and substance [abuse] use treatment and to ensure the programmatic integrity and clinical identity of services in each area. The department shall perform the functions of: Centralized administration, planning and program development; prevention and treatment programs and facilities, both inpatient and outpatient, for persons with psychiatric disabilities or persons with substance use disorders, or both; community mental health centers and community or regional programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both; training and education; and research and evaluation of programs and facilities providing services for persons with psychiatric disabilities or persons with substance use disorders, or both. The department shall include, but not be limited to, the following divisions and facilities or their successor facilities: The office of the Commissioner of Mental Health and Addiction Services; Capitol Region Mental Health Center; Connecticut Valley Hospital, including the Addictions Division and the General Psychiatric Division of Connecticut Valley Hospital; the Whiting Forensic Hospital; the Connecticut Mental Health Center; Ribicoff Research Center; the Southwest Connecticut Mental Health System, including the Franklin S. DuBois Center and the Greater Bridgeport Community Mental Health Center; the Southeastern Mental Health Authority; River Valley Services; the Western Connecticut Mental Health Network; and any other state-operated facility for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, but shall not include those portions of such facilities transferred to the Department of Children and Families for the purpose of consolidation of children's services. All department divisions and facilities shall provide their patient records to the electronic health record system established pursuant to subdivision (7) of subsection (c) of this section. Disclosures of patient information from the electronic health record system outside of the department shall be in accordance with applicable federal and state law.



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Section 2. Subsection (d) of section 17a-450 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) The Department of Mental Health and Addiction Services is designated as the lead state agency for substance **[abuse]** use prevention and treatment in this state, and as such is designated as the state methadone authority. As the designated state methadone authority, the department is authorized by the federal Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration within the United States Department of Health and Human Services to exercise responsibility and authority for the treatment of opiate addiction with an opioid medication, and specifically for: (1) Approval of exceptions to federal opioid treatment protocols in accordance with the Center for Substance Abuse Treatment, (2) monitoring all opioid treatment programs in the state, and (3) approval of Center for Substance Abuse Treatment certification of all opioid treatment programs in the state. The Commissioner of Mental Health and Addiction Services may adopt regulations in accordance with chapter 54 to carry out the provisions of this subsection.

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

(a) The Commissioner of Mental Health and Addiction Services shall be a qualified person with a master's degree or higher in a health-related field and at least ten years' experience in hospital, health, mental health or substance **[abuse]** use administration.

Section 4. 17a-464 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): The Ribicoff Research Center is established and shall be operated by the Department of Mental Health and Addiction Services as a facility with state-wide responsibility for research in mental health or substance **[abuse]** use, or both, to include, but not be limited to, the following areas: Neurochemistry, neurophysiology, clinical behavior and clinical evaluation.



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Section 5. Section 17a-484c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): Any licensed residential treatment facility that provides adult mental health or substance **[abuse]** use treatment services, or both, and receives state funds for the provision of such services shall prepare a discharge plan, including housing referrals, for each client receiving such services prior to such client's release from such residential treatment facility. The Commissioner of Mental Health and Addiction Services may adopt regulations, in accordance with chapter 54, to carry out the provisions of this section.

Section 6. Subsection (b) of section 17a-484f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): (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 advocating for the general public for mental health promotion and substance **[abuse]** use 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, 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.

Section 7. Subsection (a) of section 17a-485i of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): (a) The Commissioner of Mental Health and Addiction Services shall, within available appropriations, operate a behavioral health recovery program to provide clinical substance **[abuse]** use treatment, psychiatric treatment and nonclinical recovery support services, which are not covered under the Medicaid



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program, for individuals with substance use disorders or psychiatric disabilities who are eligible for Medicaid pursuant to Sections 1902(a)(10)(A)(i)(VIII) and 1902(k)(2) of the Social Security Act. Services provided under the program may include, but shall not be limited to, residential substance **[abuse]** use treatment, recovery support services, peer supports, housing assistance, transportation, food, clothing and personal care items. The Department of Mental Health and Addiction Services shall be responsible for all services and payments related to the provision of the behavioral health recovery support services for eligible recipients.

Section 8. Section 17a-667 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): (a) There is established a Connecticut Alcohol and Drug Policy Council which shall be within the Department of Mental Health and Addiction Services.

(b) The council shall consist of the following members: (1) The Secretary of the Office of Policy and Management, or the secretary's designee; (2) the Commissioners of Children and Families, Consumer Protection, Correction, Education, Mental Health and Addiction Services, Public Health, Emergency Services and Public Protection, Aging and Disability Services and Social Services, and the Insurance Commissioner, or their designees; (3) the Chief Court Administrator, or the Chief Court Administrator's designee; (4) the chairperson of the Board of Regents for Higher Education, or the chairperson's designee; (5) the president of The University of Connecticut, or the president's designee; (6) the Chief State's Attorney, or the Chief State's Attorney's designee; (7) the Chief Public Defender, or the Chief Public Defender's designee; (8) the Child Advocate, or the Child Advocate's designee; and (9) the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, criminal justice and appropriations, or their designees. The Commissioner of Mental Health and Addiction Services and the Commissioner of Children and Families shall be cochairpersons of the council and may jointly appoint up to seven individuals to the council as follows: (A) Two individuals in recovery from a substance use disorder or representing an advocacy group for individuals with a substance use disorder; (B) a provider of community-based substance **[abuse]** use services for adults; (C) a provider of community-based substance **[abuse]** use services for adolescents; (D) an addiction medicine physician; (E) a family member of an individual in recovery from a substance use disorder; and (F) an emergency medicine physician currently practicing in a Connecticut hospital. The cochairpersons of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups. Such



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individuals may include, but need not be limited to: (i) Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal police chiefs; (iv) emergency medical services personnel; and (v) representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation or support services to individuals with substance use disorder or chemical dependency.

(c) The council shall review policies and practices of state agencies and the Judicial Department concerning substance **[abuse]** use treatment programs, substance **[abuse]** use prevention services, the referral of persons to such programs and services, and criminal justice sanctions and programs and shall develop and coordinate a state-wide, interagency, integrated plan for such programs and services and criminal sanctions.

(d) Such plan shall be amended not later than January 1, 2017, to contain measurable goals, including, but not limited to, a goal for a reduction in the number of opioid-induced deaths in the state.

Section 9. Subsection (e) of section 17a-667a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*): (e) The Connecticut Alcohol and Drug Policy Council shall convene a working group to study substance **[abuse]** use treatment referral programs that have been established by municipal police departments to refer persons with an opioid use disorder or seeking recovery from drug addiction to substance **[abuse]** use treatment facilities. The working group shall (1) examine such referral programs, (2) identify any barriers faced by such referral programs, and (3) determine the feasibility of implementing such programs on a state-wide basis. Not later than February 1, 2018, the council shall report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety and security regarding the findings of the working group.