



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

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

Memorandum:

TO: Liz Donohue, Esq. Governor's Office
Gian-Carl Casa, Office of Policy and Management
Anne Foley, Office of Policy and Management
Michael Lawlor, Office of Policy and Management
Judy Dowd, Office of Policy and Management
Jessica Cabanillas, Office of Policy and Management

FROM: Doreen Del Bianco, Legislative Program Manager

DATE: October 1, 2012

SUBJECT: DMHAS 2013 Legislative Package

The attached package contains three (3) legislative proposals from DMHAS and one (1) legislative proposal from the Psychiatric Security Review Board (PSRB) for the 2013 Legislative Session.

Please note that the PSRB is under DMHAS for administrative purposes only and as such, I function as their legislative liaison.

We are resubmitting 2 proposals that died on the Senate Calendar last session, a tobacco package that targets the sale of cigarettes to minors and a change to the DSS Assisted Living Demonstration Project that will give DMHAS clients over the age of 65 increased housing options in the community.

We look forward to meeting with you to discuss our legislative proposals in greater detail, and to working with you toward achieving a productive 2013 legislative session.

Attachments: as stated

DMHAS & PSRB 2013 LEGISLATIVE PACKAGE

Number	Title of Proposal	Priority
DMHAS 13-1	An Act Concerning the Assisted Living Demonstration Project	# 1
DMHAS 13-2	An Act Concerning Tobacco Purchases by Minors	# 2
DMHAS 13-3	An Act Concerning the Department of Mental Health and Addiction Services' Reporting Requirements.	# 3
PSRB 13-1	An Act Concerning Sexual Offender Registration Requirements for Certain Persons Granted Temporary Leave by the Psychiatric Security Review Board and the Establishment of an Acquittee Information Internet Web Site.	# 1

Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **10-01-12 DMHAS AN ACT CONCERNING THE ASSISTED LIVING DEMONSTRATION PROJECT**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Department of Mental Health and Addiction Services (DMHAS)

Liaison: Doreen Del Bianco
Phone: 860-418-6967
E-mail: doreen.delbianco@ct.gov

Lead agency division requesting this proposal: DMHAS, Office of Older Adults

Agency Analyst/Drafter of Proposal: OPM David Guttchen AND DMHAS Doreen Del Bianco

Title of Proposal
AN ACT CONCERNING THE ASSISTED LIVING DEMONSTRATION PROJECT

Statutory Reference Sec. 17b-347e

Proposal Summary : The proposal would allow DFHMAS clients who are served by the mental health Home and Community based Waiver and are 65 years of age or older to be eligible for the Assisted Living Demonstration Project. The Demonstration Project is in 4 cities, Hartford, Middletown, Glastonbury and Seymour. There are 226 slots available for this project. The proposal does not open up additional slots. It merely adds a new group of people who are eligible. No specific slots would be dedicated to DMHAS clients and it would still be on a first come first served basis.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

- (1) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (2) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (3) *Have certain constituencies called for this action?*
- (4) *What would happen if this was not enacted in law this session?*

Currently, in order to be eligible to reside in one of the subsidized assisting living units in one of these demonstration projects, an applicant must be eligible for the CT Home Care Program. DMHAS is interested in trying to identify some assisted living programs where Mental Health Waiver clients could be eligible. DMHAS, through the CT Assisted Living Assoc. (CALA), discussed this issue with the 4 Demo communities and all 4 communities were receptive to the idea but wanted to limit the DMHAS clients to individuals 65 years old & older. In order to be eligible for the CT Home Care Program an individual must be 65 & older and the Demo communities wanted to keep those age limitations. The issue was then brought to the Interagency Workgroup for the Demo which includes representatives from CHFA, DSS, DPH, DECD & OPM. The Workgroup did not have an issue with the eligibility expansion as long as we weren't adding any new slots or funding & the 4 Demo communities were all in agreement with the change. Since all of the Workgroup's criteria were met the Workgroup gave their approval for this change.

- **Origin of Proposal** **New Proposal** **Resubmission**

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: DSS

Agency Contact (name, title, phone): CAROLYN TREISS-LEGISLATIVE PROGRAM MANAGER

Date Contacted: 9-5-12 Approved 9-6-12

Approve of Proposal YES NO Talks OnGOING

Summary of Affected Agency's Comments they are supportive of this proposal.

Will there need to be further negotiation? YES NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

No fiscal impact

State

No fiscal impact

Federal

No fiscal impact

Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

This will give DMHAS clients who are either in a nursing home or eligible for nursing home level of care another housing option in the community.

Insert fully drafted bill here

Sec. 17b-347e. Demonstration project for provision of subsidized assisted living services for persons residing in affordable housing. Memorandum of understanding. (a) The Commissioner of Social Services, in collaboration with the Commissioner of Economic and Community Development and the Connecticut Housing Finance Authority, shall establish a demonstration project to provide subsidized assisted living services, as defined in section 19-13-D105 of the regulations of Connecticut state agencies, for persons residing in affordable housing, as defined in section 8-39a. The demonstration project shall be conducted in at least three municipalities to be determined by the Commissioner of Social Services. The demonstration project shall be limited to a maximum of three hundred subsidized dwelling units. Applicants for such subsidized assisted living services [shall be subject to the same eligibility requirements as] **must be eligible for the Connecticut home care program for the elderly pursuant to section 17b-342 or be 65 years of age or older and be eligible for the mental health waiver pursuant to section 17b-602a.**

(b) Not later than January 1, 1999, the Commissioner of Social Services shall enter into a memorandum of understanding with the Commissioner of Economic and Community Development and the Connecticut Housing Finance Authority. Such memorandum of understanding shall specify that (1) the Department of Social Services apply for a Medicaid waiver to secure federal financial participation to fund assisted living services, establish a process to select nonprofit and for-profit providers and determine the number of dwelling units in the demonstration project, (2) the Department of Economic and Community Development provide rental subsidy certificates pursuant to section 8-402 or rental assistance pursuant to section 8-119kk, and (3) the Connecticut Housing Finance Authority provide second mortgage loans for housing projects for which the authority has provided financial assistance in the form of a loan secured by a first mortgage pursuant to section 8-403 for the demonstration project. Not later than July 1, 1999, the Connecticut Housing Finance Authority shall issue a request for proposals for persons or entities interested in participating in the demonstration project.

(c) Nothing in this section shall be construed to prohibit a combination of unsubsidized dwelling units and subsidized dwelling units under the demonstration project within the same facility. Notwithstanding the provisions of section 8-402, the Department of Economic and Community Development may set the rental subsidy at any percentage of the annual aggregate family income and define aggregate family income and eligibility for subsidies in a manner consistent with such demonstration project.

Effective July 1, 2013

Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **DMHAS 10-1-12 DMHAS AN ACT CONCERNING TOBACCO PURCHASES BY MINORS**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: DMHAS

Liaison: Doreen Del Bianco
Phone: 860-418-6967
E-mail: doreen.delbianco@ct.gov

Lead agency division requesting this proposal: DMHAS Office of the Commissioner Legislative Unit and DMHAS Prevention Unit

Agency Analyst/Drafter of Proposal: Doreen Del Bianco and Carol Meredith

Title of Proposal AN ACT CONCERNING TOBACCO PURCHASES BY MINORS

Statutory Reference 12-287, 12-295a and 53-344

Proposal Summary

We are proposing to: increase the cost of cigarette dealers licenses from \$50 to \$150; substitute on-line training for tobacco retail employees who violate CGS §12-295a which prohibits the sale of tobacco products to minors instead of the first time fine; and, impose a criminal fine on tobacco retail employees who sell loose cigarettes to adults and minors. Virtually all new users of tobacco products are under 18 the minimum legal age to purchase these products in Connecticut. Many new users are more likely to be addicted faster and longer and experience overall diminished physical health more often than their non-smoking peers. The proposed legislation provides an opportunity to enhance the state's efforts to prevent tobacco use among minors across the state by decreasing the number of merchants that sell tobacco products to them.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal**

Please consider the following, if applicable:

- (5) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (6) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (7) *Have certain constituencies called for this action?*
- (8) *What would happen if this was not enacted in law this session?*

Tobacco use is the leading cause of death and disease in the United States, with 443,000 deaths annually attributed to smoking or exposure to secondhand smoke (CDC, 2008). Nearly all tobacco use begins during youth and young adulthood. The younger a person starts smoking, the stronger the addiction. In fact, 80 percent of adult smokers who are nicotine dependent reported that they started smoking before they were 18 years old.

According to the 2009 CT School Health Survey: 7.3 million packs of cigarettes are bought or smoked by youth each year; CT students smoke their first whole cigarette by age 11; and, almost 43,000 of CT middle and high school students use tobacco products. Lastly, the Food and Drug Administration (FDA) said in 2009 that nationally, approximately 4,000 youngsters under 18 try their first cigarette, and 1,000 of them become daily smokers. Many of

these youngsters will become addicted before they are old enough to understand the risks and will ultimately die too young of tobacco related disease.

To combat this stark reality, the 1992 federal Alcohol, Drug Abuse and Mental Health Administration reorganization Act (P.L. 102-321) which includes the Synar Amendment (section 1926), requires states to conduct annual, unannounced inspections of retail tobacco outlets and report the findings to the Secretary of the US Department of Health & Human Services (DHHS). The rate at which these outlets violate state laws prohibiting tobacco sales to minors must be at 20% or less and if a state exceeds the 20% "buy rate" then the state's federal block grant dollars are in jeopardy.. Connecticut has enacted and continues to enforce laws that prohibit the sale and distribution of tobacco products to individuals under 18 years old and has seen an initial retailer violation rate fall from 70% in 1997 to 13.3 in 2011. This legislative proposal seeks to catalyze our efforts to reduce tobacco sales to minors, increase retailer awareness of, and compliance with existing laws and move Connecticut from its 42nd position (out of 50 states) in reducing the percentage of tobacco retailers who sell to minors.

Lack of awareness of the state's tobacco access laws is a barrier that leads to violations and costly fines for tobacco merchants. The proposed amendment to **Sec. 12-295a** is aimed at reducing repeated violations of the law by adding best practice strategies to help merchants stay in compliance. In turn, reducing youth access to tobacco products leads to a decrease in tobacco use and nicotine addiction.

The current application and renewal fees for a tobacco dealer/retailer license are fifty dollars. This is a very minimal amount compared to other commodities. Tripling the fees as proposed in **Sec. 12-287** would generate an additional \$469,000.00 (based on the 2011 figure of 4,690 tobacco retailers). This change would increase cognizance of the tobacco access laws among merchants, and increase their compliance.

Health officials are concerned that the availability of individual cigarettes removed from the pack, may increase smoking initiation for young people and continue addiction for older individuals. Single cigarette sales pose a health threat because they are usually easier and cheaper to purchase. There are already civil penalties that prohibit the sale of single cigarettes (CGS Sec. 12-314) but law enforcement officials are powerless to take action because of the lack of a criminal law that provides that authority. The proposed legislation **Sec.53-344(b)** would increase the capacity of local law enforcement to take action on sellers of loose cigarettes and reduce access to tobacco products by minors and adults thereby reducing smoking prevalence.

- **Origin of Proposal** ___ New Proposal ___ Resubmission

If this is a resubmission, please share:

- (5) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (6) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (7) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (8) *What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Revenue Services

Agency Contact (name, title, phone): Susan Sherman, Legislative Program Manager 860-297-5693

Date Contacted: August 12, 2012

Approve of Proposal YES ___ NO ___ Talks Ongoing

Summary of Affected Agency's Comments

Support with caveats. They will not take a position on raising fees and will support the education program if they are not saddled with additional administrative requirements

Will there need to be further negotiation? ___ YES ___ NO

• **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

Fining sellers of loose cigarettes from an open package originating from the manufacturer as proposed in **Sec. 53-344(b)**, will generate new dollars for municipalities via the collection of the fines.

State _ Tripling the application and renewal tobacco license fees as proposed in **Sec. 12-287** would generate an additional \$469,000.00 (based on the 2011 figure of 4,690 tobacco retailers) in general revenues.

Federal- \$100 thousand dollars from federal prevention grant

Additional notes on fiscal impact

DMHAS currently has \$100 thousand dollars in federal prevention dollars that could be made available to pay the costs of the development and maintenance of a website that merchants can access to receive training. Currently DMHAS has contracted to pilot an on-line tobacco merchant and community education training. If this amendment is passed, the on-line program will be available for statewide diffusion. There may be some minor yearly administrative costs to maintain the website and DMHAS is exploring that option. DMHAS and DRS have an MOU in place for the enforcement piece of 12-295a and we would seek to amend that MOU to implement this change.

• **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Sec. 12-287. Dealer's license.

The proposal would generate an additional \$469,000.00. This change could increase cognizance of the tobacco access laws among merchants and increase their compliance. Ultimately, these changes will reduce the tobacco retailer violation rate and increase the state's national ranking for reducing the percentage of state merchants who sell tobacco products to minors.

Sec. 12-295a. Purchase by, or sale to, minors. Penalties. Suspension of licenses. Appeals.

The proposed legislation offers training in lieu of a fine for first time offenders, thereby reducing the monetary burden for the violation. It will increase the number of merchants and employees cognizant of tobacco laws and increase their rate of compliance with tobacco access laws. The change will decrease access to tobacco products by minors which will ultimately decrease youth smoking.

53-344 (b) Sale of individual cigarettes

Passage of the legislation would increase the capacity of local law enforcement to take action on sellers of loose cigarettes and reduce access to tobacco products by minors and adults thereby reducing smoking prevalence. This legislation would also strengthen the trust and working relationship between DMHAS and local police who have requested and are supportive of it, and will feel that their concerns are being heard and acted upon.

The cost of implementing this legislation would be negligible. Police departments would increase their enforcement and criminal courts may experience some increase in cases that dispute police action. Based on our experience, we feel that these cases will be minimal.

Insert fully drafted bill here

Effective date for tobacco package 10-1-13

Sec. 12-287. Dealer's license. Each person engaging in, or intending to engage in, the business of selling cigarettes in this state as a dealer, and each person engaging in or intending to engage in, the business of selling taxed tobacco products at retail, shall secure a dealer's license from the Commissioner of Revenue Services before engaging in such business or continuing to engage therein. Subject to the provisions of section 12-286, such license shall be renewable annually. The annual fee for a dealer's license shall be [fifty dollars] **one hundred and fifty dollars**. Such license shall be valid for a period beginning with the date of license to the thirtieth day of September next succeeding the date of license unless sooner revoked as provided in section 12-295, or unless the person to whom it was issued discontinues business, in either of which cases the holder of the license shall immediately return it to the commissioner. In the event of mutilation or destruction of such license, a duplicate copy, marked as such, shall be issued by said commissioner upon application accompanied by a fee of fifteen dollars.

Sec. 12-295a. Purchase by, or sale to, minors. Penalties. Suspension of licenses. Appeals. (a) If the Commissioner of Revenue Services finds, after a hearing, that a minor has purchased cigarettes or tobacco products, said commissioner shall assess such minor a civil penalty of not more than one hundred dollars for the first violation and not more than one hundred fifty dollars for any second or subsequent offense.

(b) If said commissioner finds, after a hearing, that any person employed by a dealer or distributor, as defined in section 12-285, has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, said commissioner shall [assess such person a civil penalty of two hundred dollars] **require such employee to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and two hundred fifty dollars for a second or subsequent violation within eighteen months.

(c) If said commissioner finds, after a hearing, that any dealer or distributor has sold, given or delivered cigarettes or tobacco products to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or such dealer or distributor's employee has sold, given or delivered cigarettes or tobacco products to such minor, said commissioner shall [assess such dealer or distributor a civil penalty of three hundred dollars] **require such dealer or distributor to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and seven hundred fifty dollars for a second violation within eighteen months. For a third violation within eighteen months, such dealer or distributor shall be assessed a civil penalty of seven hundred fifty dollars and any license held by such dealer or distributor under this chapter shall be suspended for not less than thirty days.

(d) If said commissioner finds, after a hearing, that any owner of an establishment in which a cigarette vending machine or restricted cigarette vending machine is located has sold, given or delivered cigarettes or tobacco products from any such machine to a minor other than a minor who is delivering or accepting delivery in his capacity as an employee, or has allowed cigarettes or tobacco products to be sold, given or delivered to such minor from any such machine, said commissioner shall [assess such owner a civil penalty of five hundred dollars] **require such owner to successfully complete a tobacco prevention education program administered by the Department of Mental Health and Addiction Services** for the first violation and seven hundred fifty dollars for a second violation within eighteen months. For a third violation within eighteen months, such owner shall be assessed a civil penalty of seven hundred fifty dollars and any such machine shall be immediately removed from such establishment and no such machine may be placed in such establishment for a period of one year following such removal.

(e) Any person aggrieved by any action of the commissioner pursuant to this section may take any appeal of such action as provided in sections 12-311 and 12-312.

(f) The tobacco prevention education program administered by the Department of Mental Health and Addiction Services shall be offered on-line. Participation in such program shall be within 30 days of said finding of the first violation of subsections (b), (c) and (d) of this section and shall be reported to the Department of Revenue Services. Failure to comply shall result in an assessment of a civil penalty of two hundred dollars for subsection (b), three hundred dollars for subsection (c) and five hundred dollars for subsection (d).

53-344 (b) Sale of individual cigarettes

NEW The sale of cigarettes other than in an unopened package containing twenty or more cigarettes originating with the manufacturer which bears the health warning required by law is prohibited. Any person who sells a single or individual cigarette or a number of loose cigarettes from an opened package originating with the manufacturer which bears the health warning required by law shall be fined not more than two hundred dollars for the first offense, not more than three hundred fifty dollars for a second offense within an eighteen-month period and not more than five hundred dollars for each subsequent offense within an eighteen-month period.

Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **10-1-13 DMHAS AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES (DMHAS)

Liaison: Doreen Del Bianco
Phone: 860-418-6967
E-mail: doreen.delbianco@po.state.ct.us

Lead agency division requesting this proposal: DMHAS Office of the Commissioner

Agency Analyst/Drafter of Proposal: Doreen Del Bianco, Legislative Program Manager

Title of Proposal **AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.**

Statutory Reference 17A-451, 17a-667, 19a-490h

Proposal Summary: This proposal would combine all substance use reporting requirements spread through-out our statutes into one report required once every 3 years . We are also proposing to eliminate a hospital reporting requirement regarding their protocols for brief screening and intervention. These protocols do not change from year to year thus making the current reporting requirement moot.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- **Reason for Proposal :**

Please consider the following, if applicable:

- (9) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (10) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (11) *Have certain constituencies called for this action?*
- (12) *What would happen if this was not enacted in law this session?*
It will create efficiencies regarding our multiple SA reporting requirements and take away a reporting requirement from General Hospitals that is no longer necessary.

- **Origin of Proposal** **New Proposal** X **Resubmission**

If this is a resubmission, please share:

- (9) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (10) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (11) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (12) *What was the last action taken during the past legislative session?*
The bill was voted out of Committee and out of the House but it died on the Senate Calendar due to time constraints.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Public Health for section 3 of the bill Agency Contact (name, title, phone): Jill Kentfield, Legislative Liaison 860-509-7280 Date Contacted: 9-5-12 Date Approved 9-6-12 Approve of Proposal <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Talks Ongoing
Summary of Affected Agency's Comments none
Will there need to be further negotiation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation) No fiscal impact
State No fiscal impact
Federal No fiscal impact
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Consolidates certain reporting requirements and eliminates another reporting requirement no longer necessary for more efficient use of agency personnel

Insert fully drafted bill here

AN ACT CONCERNING THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES' REPORTING REQUIREMENTS.

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

Section 1. Section 17a-451 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

(b) The commissioner shall be the executive head of the Department of Mental Health and Addiction Services.

(c) The commissioner shall prepare and issue regulations for the administration and operation of the Department of Mental Health and Addiction Services, and all state-operated facilities and community programs providing care for persons with psychiatric disabilities or persons with substance use disorders, or both.

(d) The commissioner shall coordinate the community programs receiving state funds with programs of state-operated facilities for the treatment of persons with psychiatric disabilities or persons with substance use disorders, or both. In the event of the death of a person with psychiatric disabilities, who is receiving inpatient behavioral health care services from a Department of Mental Health and Addiction Services operated facility, the commissioner shall report such death to the director of the Office of Protection and Advocacy for Persons with Disabilities not later than thirty days after the date of the death of such person.

(e) The commissioner shall collaborate and cooperate with other state agencies providing services for [mentally disordered] children **with mental disorders** and adults with psychiatric disabilities or persons with substance use disorders, or both, and shall coordinate the activities of the Department of Mental Health and Addiction Services with the activities of said agencies.

(f) (1) The commissioner shall establish and enforce standards and policies for the care and treatment of persons with psychiatric disabilities or persons with substance use disorders, or both, in public and private facilities that are consistent with other health care standards and may make any inquiry, investigation or examination of records of such facilities as may be necessary for the purpose of investigating the occurrence of any serious injury or unexpected death involving any person who has within one year of such occurrence received services for the care and treatment of such disabilities from a state-operated facility or a community program receiving state funds. (2) The findings of any such inquiry, investigation or examination of records conducted pursuant to this subsection shall not be subject to disclosure pursuant to section 1-210, nor shall such findings be subject to discovery or introduction into evidence in any civil action arising out of such serious injury or unexpected death. (3) Except as to the finding provided in subdivision (2) of this subsection, nothing in this subsection shall be construed as restricting disclosure of the confidential communications or records upon which such findings are based, where such disclosure is otherwise provided for by law.

(g) The commissioner shall establish and direct research, training, and evaluation programs.

(h) The commissioner shall develop a state-wide plan for the development of mental health services which identifies needs and outlines procedures for meeting these needs.

(i) The commissioner shall be responsible for the coordination of all activities in the state relating to substance use disorders and treatment, including activities of the Departments of Children and Families, Correction, Public Health, Social Services and Veterans' Affairs, the Judicial Branch and any other department or entity providing services to persons with substance use disorders.

(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, as amended by this act; (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; (4) clients and their families, including those involved with the criminal justice system; (5) treatment providers; and (6) other interested stakeholders. [The commissioner shall submit a final draft of the plan to the Connecticut Alcohol and Drug Policy Council for review and comment.] The plan shall outline the action steps, time frames and resources needed to meet specified goals and shall minimally

address: (A) Access to services, both prior to and following admission 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) department policies and guidelines concerning recovery oriented care; and (G) 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. 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.

(k) The commissioner shall prepare a consolidated budget request for the operation of the Department of Mental Health and Addiction Services.

(l) The commissioner shall appoint professional, technical and other personnel necessary for the proper discharge of the commissioner's duties, subject to the provisions of chapter 67.

(m) The commissioner shall from time to time adjust the geographic territory to be served by the facilities and programs under the commissioner's jurisdiction.

(n) The commissioner shall specify uniform methods of keeping statistical information by public and private agencies, organizations and individuals, including a client identifier system, and collect and make available relevant statistical information, including the number of persons treated, demographic and clinical information about such persons, frequency of admission and readmission, frequency and duration of treatment, level or levels of care provided and discharge and referral information. The commissioner shall also require all facilities that provide prevention or treatment of alcohol or drug abuse or dependence that are operated or funded by the state or licensed under sections 19a-490 to 19a-503, inclusive, as amended by this act, to implement such methods. The commissioner shall report any licensed facility that fails to report to the licensing authority. The client identifier system shall be subject to the confidentiality requirements set forth in section 17a-688 and regulations adopted thereunder.

(o) The commissioner shall establish uniform policies and procedures for collecting, standardizing, managing and evaluating data related to substance use, abuse and addiction programs administered by state agencies, state-funded community-based programs and the Judicial Branch, including, but not limited to: (1) The use of prevention, education, treatment and criminal justice services related to substance use, abuse and addiction; (2) client demographic and substance use, abuse and addiction information, including trends and risk factors associated with substance abuse; and (3) the quality and cost effectiveness of substance use, abuse and addiction services based upon outcome measures. The commissioner shall, in consultation with the Secretary of the Office of Policy and Management, ensure that the Judicial Branch, all state agencies and state-funded community-based programs with substance use, abuse and addiction programs or services comply with such policies and procedures. Notwithstanding any other provision of the general statutes concerning confidentiality, the commissioner, within available appropriations, shall establish and maintain a central repository for such substance use, abuse and addiction program and service data from the Judicial Branch, state agencies and state-funded community-based programs administering substance use, abuse and addiction programs and services. The central repository shall not disclose any data that reveals the personal identification of any individual. The Connecticut Alcohol and Drug Policy Council established pursuant to section 17a-667, as amended by this act, shall have access to the central repository for aggregate analysis. [The commissioner shall submit a biennial report to the General Assembly, the Office of Policy and Management and the Connecticut Alcohol and Drug Policy Council in accordance with the provisions of section 11-4a. The report shall include, but need not be limited to, a summary of: (A) Client and patient demographic information; (B) trends and risk factors associated with alcohol and drug use, abuse and dependence; (C) effectiveness of services based on outcome measures; (D) progress made in achieving the measures, benchmarks and goals established in the state substance abuse plan, developed and implemented in accordance with subsection (j) of this section; and (E) a state-wide cost analysis.] The commissioner

shall include a summary of the data maintained in the central repository in the state substance abuse plan developed in accordance with subsection (j) of this section.

(p) The commissioner may contract for services to be provided for the department or by the department for the prevention of mental illness or substance abuse in persons, as well as other mental health or substance abuse services described in section 17a-478 and shall consult with providers of such services in developing methods of service delivery.

(q) (1) The commissioner may make available to municipalities, nonprofit community organizations or self help groups any services, premises and property under the control of the Department of Mental Health and Addiction Services but shall be under no obligation to continue to make such property available in the event the department permanently vacates a facility. Such services, premises and property may be utilized by such municipalities, nonprofit community organizations or self help groups in any manner not inconsistent with the intended purposes for such services, premises and property. The Commissioner of Mental Health and Addiction Services shall submit to the Commissioner of Administrative Services any agreement for provision of services by the Department of Mental Health and Addiction Services to municipalities, nonprofit community organizations or self help groups for approval of such agreement prior to the provision of services pursuant to this subsection.

(2) The municipality, nonprofit community organization or self help group using any premises and property of the department shall be liable for any damage or injury which occurs on the premises and property and shall furnish to the Commissioner of Mental Health and Addiction Services proof of financial responsibility to satisfy claims for damages on account of any physical injury or property damage which may be suffered while the municipality, nonprofit community organization or self help group is using the premises and property of the department in such amount as the commissioner determines to be necessary. The state of Connecticut shall not be liable for any damage or injury sustained on the premises and property of the department while the premises and property are being utilized by any municipality, nonprofit community organization or self help group.

(3) The Commissioner of Mental Health and Addiction Services may adopt regulations, in accordance with chapter 54, to carry out the provisions of this subsection. As used in this subsection, "self help group" means a group of volunteers, approved by the commissioner, who offer peer support to each other in recovering from an addiction.

(r) The commissioner shall prepare an annual report for the Governor.

(s) The commissioner shall perform all other duties which are necessary and proper for the operation of the department.

(t) The commissioner may direct clinical staff at Department of Mental Health and Addiction Services facilities or in crisis intervention programs funded by the department who are providing treatment to a patient to request disclosure, to the extent allowed under state and federal law, of the patient's record of previous treatment in order to accomplish the objectives of diagnosis, treatment or referral of the patient. If the clinical staff in possession of the requested record determines that disclosure would assist the accomplishment of the objectives of diagnosis, treatment or referral, the record may be disclosed, to the extent allowed under state and federal law, to the requesting clinical staff without patient consent. Records disclosed shall be limited to records maintained at department facilities or crisis intervention programs funded by the department. The Commissioner of Mental Health and Addiction Services shall adopt regulations in accordance with chapter 54 to administer the provisions of this subsection and to ensure maximum safeguards of patient confidentiality.

(u) The commissioner shall adopt regulations to establish a fair hearing process which provides the right to appeal final determinations of the Department of Mental Health and Addiction Services or of its grantee agencies as determined by the commissioner regarding: The nature of denial, involuntary reduction or termination of services. Such hearings shall be conducted in accordance with the provisions of chapter 54, after a person has exhausted the department's established grievance procedure. Any matter which falls within the jurisdiction of the Psychiatric Security Review Board under sections 17a-580 to 17a-603, inclusive, shall not be subject to the provisions of this section. Any person receiving services from a Department of Mental Health and Addiction Services facility or a grantee agency determined by the commissioner to be subject to this subsection and who is aggrieved by a violation of sections 17a-540 to

17a-549, inclusive, may elect to either use the procedure specified in this subsection or file for remedies under section 17a-550.

(v) The commissioner may designate a deputy commissioner to sign any contract, agreement or settlement on behalf of the Department of Mental Health and Addiction Services.

(w) Notwithstanding the provisions of section 17b-90, chapter 899 and to the extent permitted by federal law, in order to monitor and improve the quality of targeted case management services provided by the Department of Mental Health and Addiction Services and funded by the Medicaid program, the Commissioner of Mental Health and Addiction Services may enter into a memorandum of understanding with the Commissioner of Social Services that allows for the sharing of information concerning admissions to short-term acute care general hospitals and receipt of inpatient services by clients of the Department of Mental Health and Addiction Services who reside and receive services in the community and who receive medical benefits under the Medicaid program.

Sec. 2. Section 17a-667 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) There is established a Connecticut Alcohol and Drug Policy Council which shall be within the Office of Policy and Management for administrative purposes only.

(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, Higher Education, Mental Health and Addiction Services, Motor Vehicles, Public Health, [Public Safety] Emergency Services and Public Protection, Social Services and Transportation 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 Pardons and Paroles, or the chairperson's designee; (5) the Chief State's Attorney, or the Chief State's Attorney's designee; (6) the Chief Public Defender, or the Chief Public Defender's designee; and (7) 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. The Office of Policy and Management shall, within available appropriations, provide staff for the council.

(c) The council shall review policies and practices of individual agencies and the Judicial Department concerning substance abuse treatment programs, substance abuse 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. [On or before January fifteenth of each year, the council shall submit a report to the Governor and the General Assembly that evaluates the plan and recommends any proposed changes thereto. In the report submitted on or before January 15, 1998, the council shall report on the progress made by state agencies in implementing the recommendations of its predecessor, the Connecticut Alcohol and Drug Policy Council established by Executive Order Number 11A, set forth in its initial report dated February 25, 1997.] The Commissioner of Mental Health and Addiction Services shall include an evaluation of the council's plan and recommendations for any proposed changes to the council's plan in the state substance abuse plan developed in accordance with subsection (j) of section 17a-451, as amended by this act.

Sec. 3. Subsection (b) of section 19a-490h of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(b) Each such hospital shall establish protocols for screening patients for alcohol and substance abuse, [and shall annually submit to the Department of Mental Health and Addiction Services a copy of such protocols and a report on their implementation.]

Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): 10-1-13 Psychiatric Security Review Board (PSRB) **AN ACT CONCERNING SEXUAL OFFENDER REGISTRATION REQUIREMENTS FOR CERTAIN PERSONS GRANTED TEMPORARY LEAVE BY THE PSYCHIATRIC SECURITY REVIEW BOARD.**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: Psychiatric Security Review Board (PSRB)

Liaison: Doreen Del Bianco, DMHAS, and PSRB
Phone: 860-418-6967
E-mail: Doreen.delbianco@po.state.ct.us

Lead agency division requesting this proposal: PSRB

Agency Analyst/Drafter of Proposal:
Ellen Lachance-Executive Director of the PSRB and Doreen Del Bianco Legislative Program Manager, DMHAS and PSRB

Title of Proposal: AN ACT CONCERNING SEXUAL OFFENDER REGISTRATION REQUIREMENTS FOR CERTAIN PERSONS GRANTED TEMPORARY LEAVE BY THE PSYCHIATRIC SECURITY REVIEW BOARD.

Statutory Reference 54-250

Proposal Summary

This is a proposed change to the definition of “Release into the Community”, Section 54-250 (10) (C). The PSRB requests that the definition include those individuals acquitted of a crime by mental disease or defect (acquittees) who have been approved by the Psychiatric Security Review Board to be released into the community on Temporary Leave status. This change will require acquittees to register their status and address with the Sex Offender Registry as soon as they are released from an inpatient setting to begin spending overnights in the community.

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

● Reason for Proposal

Please consider the following, if applicable:

- (13) *Have there been changes in federal/state/local laws and regulations that make this legislation necessary?*
- (14) *Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?*
- (15) *Have certain constituencies called for this action?*
- (16) *What would happen if this was not enacted in law this session?*

- (1) No
- (2) Not to the knowledge of the PSRB
- (3) No
- (4) It would render, less effective, the oversight and supervision of acquittees, who are registered sex offenders, and who have been approved by the PSRB to reside in the community

- **Origin of Proposal** New Proposal Resubmission

If this is a resubmission, please share:

(13) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*

(14) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*

(15) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*

(16) *What was the last action taken during the past legislative session?*

The bill got out of Committee and was voted on in the House but did not get taken up in the Senate due to time running out.

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Department of Emergency Services and Public Protection
Agency Contact : Sgt. Gabanelli, Sex Offender Registry, 860-685-8075
Steve Spellman Legislative Liaison 860-685-8146
Date Contacted: September 12, 2012

Approve of Proposal YES NO Talks Ongoing

Summary of Affected Agency's Comments

The Department of Emergency Services and Public Protection supports the modification to the Sex Offender Registry statutes.

Will there need to be further negotiation? YES NO

Agency Name: Department of Mental Health and Addiction Services
Agency Contact: Michael Norko, M.D., DMHAS Director of Forensic Services, 860-418-6807
Date Contacted: July 11, 2011

Approve of Proposal YES NO Talks Ongoing

Summary of Affected Agency's Comments

The Department of Mental Health and Addiction Services supports the proposed change

Will there need to be further negotiation? YES NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)

No fiscal impact

State No fiscal impact
Federal No fiscal impact
Additional notes on fiscal impact

- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

The proposed change strengthens the oversight and management of acquittees who are required to register with the state's sex offender registry.

Insert fully drafted bill here

Section 1. Subdivision (10) of section 54-250 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(10) "Release into the community" means, with respect to a conviction or a finding of not guilty by reason of mental disease or defect of a criminal offense against a victim who is a minor, a nonviolent sexual offense, a sexually violent offense or a felony found by the sentencing court to have been committed for a sexual purpose, (A) any release by a court after such conviction or finding of not guilty by reason of mental disease or defect, a sentence of probation or any other sentence under section 53a-28 that does not result in the offender's immediate placement in the custody of the Commissioner of Correction; (B) release from a correctional facility at the discretion of the Board of Pardons and Paroles, by the Department of Correction to a program authorized by section 18-100c or upon completion of the maximum term or terms of the offender's sentence or sentences, or to the supervision of the Court Support Services Division in accordance with the terms of the offender's sentence; or (C) temporary leave to an approved residence by the Psychiatric Security Review Board pursuant to section 17a-587, conditional release from a hospital for mental illness or a facility for persons with intellectual disability by the Psychiatric Security Review Board [on conditional release] pursuant to section 17a-588, or release upon termination of commitment to the Psychiatric Security Review Board.

Sec. 2. Section 17a-580 of the 2012 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

As used in sections 17a-581 to 17a-602, inclusive, section 3 of this act and this section:

(1) "Acquittee" means any person found not guilty by reason of mental disease or defect pursuant to section 53a-13;

(2) "Board" means the Psychiatric Security Review Board established pursuant to section 17a-581;

- (3) "Conditional release" means release subject to the jurisdiction of the board for supervision and treatment on an outpatient basis and includes, but is not limited to, the monitoring of mental and physical health treatment;
- (4) "Court" means the Superior Court;
- (5) "Danger to himself or others" includes danger to the property of others;
- (6) "Hospital for mental illness" means any public or private hospital, retreat, institution, house or place in which a person with psychiatric disabilities or drug-dependent person is received or detained as a patient, but does not include any correctional institution of the state;
- (7) "Mental illness" includes any mental illness in a state of remission when the illness may, with reasonable medical probability, become active;
- (8) "Intellectual disability" has the same meaning as provided in section 1-1g;
- (9) "Person who should be conditionally released" means an acquittee who has psychiatric disabilities or has intellectual disability to the extent that his final discharge would constitute a danger to himself or others but who can be adequately controlled with available supervision and treatment on conditional release;
- (10) "Person who should be confined" means an acquittee who has psychiatric disabilities or has intellectual disability to the extent that such acquittee's discharge or conditional release would constitute a danger to the acquittee or others and who cannot be adequately controlled with available supervision and treatment on conditional release;
- (11) "Person who should be discharged" means an acquittee who does not have psychiatric disabilities or does not have intellectual disability to the extent that such acquittee's discharge would constitute a danger to the acquittee or others;
- (12) "Psychiatrist" means a physician specializing in psychiatry and licensed under the provisions of sections 20-9 to 20-12, inclusive;
- (13) "Psychologist" means a clinical psychologist licensed under the provisions of sections 20-186 to 20-195, inclusive;
- (14) "State's attorney" means the state's attorney for the judicial district wherein the acquittee was found not guilty by reason of mental disease or defect pursuant to section 53a-13;
- (15) "Superintendent" means any person, body of persons or corporation, or the designee of any such person, body of persons or corporation, which has the immediate supervision, management and control of a hospital for mental illness and the patients therein.



Agency Legislative Proposal - 2013 Session

Document Name (e.g. OPM1015Budget.doc; OTG1015Policy.doc): **10-1-12 DMHAS An Act Concerning Supervised Absentee Voting by Patients at Institutions upon Request of Registrar, Administrator.**

(If submitting an electronically, please label with date, agency, and title of proposal – 092611_SDE_TechRevisions)

State Agency: DMHAS

Liaison: Doreen Del Bianco
Phone: 860-418 6967
E-mail: doreen.delbianco@ct.gov

Lead agency division requesting this proposal: DMHAS

Agency Analyst/Drafter of Proposal: Doreen Del Bianco

Title of Proposal An Act Concerning **Supervised Absentee Voting by Patients at Institutions upon Request of Registrar, Administrator**

Statutory Reference 9-159q

Proposal Summary: This bill would remove the current language that prevents individuals who reside in mental health or substance use facility from voting by absentee without supervision of the registrar of voters in the town in which the facility is located

Please attach a copy of fully drafted bill (required for review)

PROPOSAL BACKGROUND

- Reason for Proposal

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
- (3) Have certain constituencies called for this action?
- (4) What would happen if this was not enacted in law this session?

DMHAS operates 3 inpatient mental health and substance use facilities where individuals with psychiatric disabilities or substance use disorders may live for an extended length of time. It has been the practice for 7 years that patients who reside in our largest hospital in Middletown have been allowed to vote by absentee ballot without supervision of the Registrar of Voters from that town. These individuals want to vote but may be in a forensic setting that is not conducive to supervised balloting or may want to keep their illness confidential. A complaint was filed because Middletown was allowing the individuals to vote by absentee ballot without supervisions and as a result the town suspended the practice.



After a conversation with the mayor the practice was re-instated but the statute needs to be changed in order to assure individuals living in these types of settings that they have the same rights to privacy as others when they vote. The advocacy community and the Office of Protection and Advocacy for Persons with Disabilities will be very supportive of this proposal.

- **Origin of Proposal** **New Proposal** **Resubmission**

If this is a resubmission, please share:

- (1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration's package?*
- (2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*
- (3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*
- (4) *What was the last action taken during the past legislative session?*

PROPOSAL IMPACT

- **Agencies Affected** (please list for each affected agency)

Agency Name: Secretary of State's Office Agency Contact (name, title, phone): Shannon Wegele Date Contacted: 10-18 12 Approve of Proposal <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Talks Ongoing
Summary of Affected Agency's Comments
Will there need to be further negotiation? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

- **Fiscal Impact** (please include the proposal section that causes the fiscal impact and the anticipated impact)

Municipal (please include any municipal mandate that can be found within legislation)
State
Federal
Additional notes on fiscal impact



- **Policy and Programmatic Impacts** (Please specify the proposal section associated with the impact)

Insert fully drafted bill here

Sec. 9-159q. (Formerly Sec. 9-159n). Supervised absentee voting by patients at institutions upon request of registrar, administrator. Supervised absentee voting by applicants from same street address at discretion of registrars. (a) As used in this section:

(1) "Institution" means a veterans' health care facility, residential care home, health care facility for the handicapped, nursing home, rest home, [mental health facility, alcohol or drug treatment facility,] an infirmary operated by an educational institution for the care of its students, faculty and employees or an assisted living facility; and

(2) "Designee" means an elector of the same town and political party as the appointing registrar of voters which elector is not an employee of the institution at which supervised voting is conducted.

(b) Notwithstanding any provision of the general statutes to the contrary, if less than twenty of the patients in any institution in the state are electors, absentee ballots voted by such electors shall, upon request of either registrar of voters in the town of such electors' voting residence or the administrator of such institution, be voted under the supervision of such registrars of voters or their designees in accordance with the provisions of this section. The registrars of voters of a town other than the town in which an institution is located may refuse a request by the administrator of such institution when, in their written opinion, the registrars agree that such request is unnecessary, in which case this section shall not apply. Such registrars shall inform the administrator and the town clerk of the electors' town of voting residence of their refusal.

(c) Except as provided in subsection (e) of this section, such request shall be made in writing and filed with the town clerk and registrars of voters of the town of such electors' voting residence, not more than forty-five days prior to an election or thirty-four days prior to a primary and not later than the seventh day prior to an election or primary. The request shall specify the name and location of the institution and the date and time when the registrars of voters or their designees shall supervise the casting of absentee ballots at the institution. The request shall also specify one or more alternate dates and times when supervised voting may occur. No request shall specify a date or an alternate date for



supervised voting which is later than the last business day before the election or primary.

(d) The town clerk shall not mail or otherwise deliver an absentee ballot to an applicant who is a patient in any institution if a request for supervision of absentee balloting at that institution has been filed with the clerk during the period set forth in subsection (c) of this section. The clerk shall instead deliver such ballot or ballots to the registrars of voters or their designees who will supervise the voting of such ballots in accordance with this section.

(e) Except in the case of a written refusal as provided in subsection (b) of this section, upon receipt of a request for supervision of absentee balloting during the period set forth in subsection (c) of this section, the registrar or registrars of voters who received the request shall inform the registrar or administrator who made the request and the town clerk as to the date and time when such supervision shall occur, which shall be the date and time contained in the request or the alternate date and time contained in the request. If the registrar or registrars fail to select either date, the supervision shall take place on the date and time contained in the request. If a request for supervision of absentee balloting at an institution is filed during the period set forth in subsection (c) of this section and the town clerk receives an application for an absentee ballot from a patient in the institution after the date when supervised balloting occurred, either registrar of voters may request, in writing, to the appropriate town clerk and registrars of voters that the supervision of the voting of absentee ballots at such institution in accordance with this section be repeated, and in such case the registrars or their designees shall supervise absentee balloting at such institution on the date and at the time specified in the subsequent request, which shall be not later than the last business day before the election or primary.

(f) On the date when the supervision of absentee balloting at any institution is to occur, the town clerk shall deliver to the registrars or their designees the absentee ballots and envelopes for all applicants who are electors of such clerk's town and patients at such institution. The ballot and envelopes shall be prepared for delivery to the applicant as provided in sections 9-137 to 9-140a, inclusive. The registrars or their designees shall furnish the town clerk a written receipt for such ballots.

(g) The registrars or their designees, as the case may be, shall jointly deliver the ballots to the respective applicants at the institution and shall jointly supervise the voting of such ballots. The ballots shall be returned to the registrars or their designees by the electors in the envelopes provided and in accordance with the provisions of sections 9-137, 9-139 and 9-140a. If any elector asks for assistance in voting his ballot, two registrars or their designees of different political parties or, for a primary, their designees of different candidates, shall render such assistance as they deem necessary and appropriate to enable such elector to vote his ballot. The registrars or their designees may reject a ballot when (1) the elector declines to vote a ballot, or (2) the registrars or their designees are unable to determine how the elector who has requested their assistance desires to vote the ballot. When the registrars or their designees reject a ballot, they shall mark the serially-numbered outer envelope "rejected" and note the reasons for rejection. Nothing in this section shall limit the right of an elector to vote his ballot in secret.

(h) After all ballots have been voted or marked "rejected" in accordance with subsection (g) of this section, the registrars or their designees shall jointly deliver or mail them in the envelopes, which shall be sealed, to the appropriate town clerk, who shall retain them until delivered in accordance with section 9-140c.



(i) When an institution is located in a town having a primary, the registrar in that town of the party holding the primary shall appoint for each such institution, one designee of the party-endorsed candidates and one designee of the contestants from the lists, if any, submitted by the party-endorsed candidates and contestants. Such registrar shall notify all party-endorsed candidates and all contestants of their right to submit a list of potential designees under this section. Each party-endorsed candidate and each contestant may submit to such registrar in writing a list of names of potential designees, provided any such list shall be submitted not later than ten days before the primary. If no such lists are submitted within said period, such registrar shall appoint one designee of the party-endorsed candidates and one designee of the contestants. Each designee appointed pursuant to this section shall be sworn to the faithful performance of his duties, and the registrar shall file a certificate of each designation with his town clerk.

(j) Any registrar of voters who has filed a request that the absentee balloting at an institution be supervised and any registrar required to conduct a supervision of voting under this section, who neglects to perform any of the duties required of him by this section so as to cause any elector to lose his vote shall be guilty of a class A misdemeanor. Any registrar from the same town as a registrar who has filed such a request may waive his right to participate in the supervision of absentee balloting.

(k) Notwithstanding any provision of this section to the contrary, if the spouse or a child of a registrar of voters or a dependent relative residing in the registrar's household is a candidate in the election or primary for which supervised absentee voting is to occur, such registrar shall not supervise such absentee voting but may designate the deputy registrar of voters or an assistant registrar of voters, appointed by the registrar pursuant to section 9-192, to supervise the absentee voting in his place.

(l) Notwithstanding any provision of the general statutes, if a town clerk receives twenty or more absentee ballot applications from the same street address in a town, including, but not limited to, an apartment building or complex, absentee ballots voted by the electors submitting such applications may, at the discretion of the registrars of voters of such town, be voted under the supervision of such registrars of voters or their designees in accordance with the same procedures set forth in this section for supervised absentee voting at institutions.