Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: HB-5145
Title: AN ACT CONCERNING REGIONAL BEHAVIORAL HEALTH ACTION ORGANIZATIONS.
Vote Date: 3/29/2019
Vote Action: Joint Favorable Substitute
PH Date: 2/4/2019

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SPONSORS OF BILL:
The Public Health Committee

REASONS FOR BILL:
In 2018, The Department of Mental Health and Addiction Services (DMHAS) combined Regional Mental Health Boards (RMHBs) and Regional and Regional Action Councils (RACs) into Regional Behavioral Health Action Organizations (RBHAOs). This bill would establish RBHAOs into statute and require these organizations to work collaboratively as strategic partners for planning, education and advocacy for the region’s behavioral health needs and services. The bill requires each RBHAO to perform certain specific duties such as administering grants to municipalities for substance abuse prevention activities within available appropriations and to provide opioid antidotes and antagonist administering training to communities. The legislation also requires DMHAS to study the efficacy of RBHAOs and report its findings to the Public Health Committee by January 1, 2020.

RESPONSE FROM ADMINISTRATION/AGENCY:
Miriam Delphin-Rittmon, Ph.D., Commissioner of the Department of Mental Health and Addiction Services, (DHMAS): In her testimony, Commissioner Delphin-Rittmon explained that Regional Behavioral Health Action Boards (RBHAOs) were formed by merging 14 Regional Action Councils (RACs), whose focus was substance abuse, and 5 Regional Mental Health Boards (RMHBs), whose focus was mental health, into one organization. This combination resulted in an integrated behavioral health approach accomplishing two goals, while also yielding fiscal efficiencies. DMHAS works closely with RBHAOs and views the RBHAOs as a valuable part of the Department’s mission to provide mental health and substance abuse prevention, as well as treatment and recovery support services for adults.
This collaboration and communication is accomplished through monthly meetings with the DHMAS Commissioner, quarterly resource link meetings and bi-monthly grant administration meetings. HB 5145 requires DHMAS to study and report on the efficacy and efficiency of the RMBHOs. The Commissioner indicated that the Department looks forward, within appropriate resources, to providing information and reviewing the final report.

NATURE AND SOURCES OF SUPPORT:

The Genevieve Porter Eason, Board of Directors, Southwest Regional Mental Health Board: The Regional Mental Health Board (RMHBs) were created in the 1970’s when abuses in state psychiatric hospitals were exposed. The RMHBs provided all involved parties: people in the hospitals, family members and providers of mental health services, all willing to participate in an external review and evaluation of state-funded programs. When funding for the RMHBs was eliminated by Governor Malloy, DHMAS, in an effort to protect these services, combined two organizations, the RHMBs and Regional Action Councils (RACs) into one organization: the RBHAOs. The funding for RBHAOs is now provided through the federal substance abuse block grant. The requirements to receive this federal funding focus prevention rather than treatment. However, the RBHAOs must also focus and support the treatment and recovery aspect for both mental health and substance abuse. Ms. Eason suggests that additional funding from the federal grant be used for this purpose. In her testimony, Ms. Eason explains that with the establishment of the RHMBs in the 1970s, all stakeholders, including patients, family members and mental health providers were given the opportunity to participate in an external review and evaluation of state-funded programs. The recent stories of abuse at Whiting Forensic Hospital demonstrate the importance of preserving this function of the RMHB. We must have an independent external watchdog organization. The restructuring of the RMHBs and RACs into new RBHAOs provides an opportunity to include that watchdog function. It is important that RBHAOs not be funded by any of the agencies that they are charged with reviewing, as this creates an obvious conflict of interest. The directors of the 5 new RBHAOs have submitted statutory language to define the function of RHMBOs. Ms. Eason urges the committee to use HB 5145 as an opportunity to include these recommendations into statute.

Susan Buchsman, Certified Recovery Support Specialist, Secretary, Southwest Regional Mental Health Board (RMHB): In her testimony, Ms. Buchsman shares that the RMHBs were created many years ago to be the community watchdog of DHMAS in response to rampant patient abuses in the state’s mental health hospital system. In her testimony, Ms. Buchsman shares a number of stories involving abuse at state hospitals over the years, including the recent events at Whiting. She urges the Committee to include a substantial funding stream to ensure the proper external oversight and investigation of DHMAS facilities and activities, in an effort to correct the damage and trauma inflicted on patients and families.

Kathleen Flaherty, ESQ., Executive Director, CT Legal Rights Projects, Inc.: Ms. Flaherty supports this legislation and believes it is very important to study efficacy and make recommendations concerning the services provided by the recently created RHMBAOs. Due to budgetary constraints, a proposal to merge RHMBs and RACs was enacted. While in theory such a merger made sense, we must be cognizant of the need to protect both the mental health and substance abuse functions of this merger. Because DHMAS is funding these RBHAOs with money from the federal Community Block Grants, the function of these newly created agencies is driven by the requirements of that funding source which is
prevention and education. This focus is more on educating the entire public and results in less focus on the needs of the individuals who receive services from DHMAS. Ms. Flaherty thanks the committee for beginning this dialogue with HB 5145 and she looks forward to further conversations with members of the committee about the details of a study. She urges the committee to involve the people most impacted by this system in any discussion and she too, looks forward to working with the committee about the details of a study.

Susan Kelley, Director of Advocacy and Policy, National Alliance on Mental Illness (NAMI CT): Ms. Kelley testifies on behalf NAMI and states that the Alliance is neutral on the issue of the study, but is in strong support of RBHAOs. The reorganization of RMHBs and RACs was undertaken to maximize resources and improve integration of mental health and substance use programs. The RBHAOs are now the regional resource for individuals seeking access to DHMAS services regarding both mental health and substance abuse. Regarding the expanded role of the RBHAOs, NAMI has concerns that the consumer voice, as well as the exchange of information between consumers and DHMAS fundamental to the evaluation process, will be lost. If RBHAOs are to be effective in addressing evolving models of care and needs in communities, it is critical that the consumer voice and their evaluation of services be preserved and protected within the scope of the RBHAOs duties.

Marcia DuFore, Executiver Director, North Central Regional Mental Health Board, Inc. (NCRMHB): Ms. DuFore is testifying in support of this legislation on behalf NCRMHB as well as, Keep the Promise Coalition (KTP) and Connecticut Prevention Network (CPN). NCRMHB is one of the 5 RBHAOs created last year and under contract with DHMAS. The last year has been challenging since the scope of their work has been greatly expanded to provide support to clients across a continuum of prevention, treatment and recovery. As a study moves forward, we urge the committee to ensure that the essential missions and statutory function of both RMBHs and RACs are preserved, sustained and enhanced in the new roles of the RBHAOs. NAMI encourages involving community stakeholders including patients, families and providers to evaluate the delivery of services and provide recommendations for new and improved or expanded services. Ms. DuFore submitted statutory language for the committee to consider in the study.

Ben Shaiken, Manager of Advocacy and Public Policy, The Alliance: Mr. Shaiken testifies on behalf of the Alliance, a statewide advocacy organization representing more than 300 nonprofit community organizations and associations. The Alliance supports statutory language that will define the RBHAOs. The current funding mechanism for RBHAOs is through a federal block grant focused on the important work of prevention. However, it is also important to remember that RMHBs provided consumers a voice to evaluate the services provided. Without statutory language formalizing these roles, the Alliance is concerned that both of these important functions will be lost.

Michele Devine, Executive Director, South Eastern Regional Action Council, SERAC: Ms. Devine supports this legislation and shares that SERAC has been engaged in strategic planning with an outside consultant. Part of the process was having SERAC communities and key stakeholders identify what they valued most in their work. SERAC has found that many small communities do not have the capacity to address concerns across a wide range of issues in mental health, substance abuse, suicide and gambling. These communities have
welcomed the support of SERAC in these efforts. All the information SERAC continues to gather will assist us in evaluating and expanding our services to these communities. SERAC supports this study to evaluate and determine the efficacy of the RBHAOs.

NATURE AND SOURCES OF OPPOSITION:

None submitted.

Reported by: Kathleen Panazza  Date: April 5, 2019