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## OLR Bill Analysis

### HB 5419

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

#### **SUMMARY**

In 2017 and 2018, the Department of Mental Health and Addiction Services (DMHAS) reorganized existing Regional Action Councils (focused on substance abuse prevention) and Regional Mental Health Boards. DMHAS replaced them with five Regional Behavioral Health Action Organizations (RBHAOs), one for each of the state's designated mental health regions.

This bill establishes these five RBHAOs in statute and repeals the laws that established the prior councils and boards. It requires each RBHAO to serve as a strategic community partner responsible for (1) behavioral health planning, education, and promotion; (2) coordinating behavioral health issues prevention; and (3) advocacy for behavioral health needs and services within its mental health region. The bill gives the organizations certain duties and in doing so, requires them to solicit advice and input from the community.

The bill also makes several corresponding statutory changes to effectuate the transfer of duties from the prior boards and councils to the RBHAOs. For example, it requires the RBHAOs, rather than the boards or councils as applicable, to (1) designate individuals to serve on certain entities and (2) consult with DMHAS in the department's development of the state's substance abuse prevention and treatment plan.

The bill makes other related changes, such as (1) reducing the membership of the state's Board of Mental Health and Addiction Services (§ 4) and (2) specifying that 51 to 60% of the total catchment area council membership must be people with lived experience of a

behavioral health disorder, not just consumers generally (§ 9). (These councils study and evaluate the delivery of mental health services in their respective areas.)

The bill also makes related minor, technical, and conforming changes.

EFFECTIVE DATE: Upon passage

### **§ 1 — RBHAO DUTIES**

The bill requires each RBHAO to fulfill the following duties within its mental health region:

1. assess the behavioral health needs of children, adolescents, and adults and engage with stakeholders to identify needs, problems, barriers, and gaps in the behavioral health service continuum;
2. enhance local community capacity to understand and address problem gambling;
3. raise awareness and advocate to the public for mental health promotion and substance abuse prevention, treatment, and recovery;
4. receive and spend federal, state, and local funds and leverage funds to support behavioral health promotion, prevention, treatment, and recovery activities;
5. serve on local, regional, and state advisory and planning bodies;
6. within available appropriations, provide training in administering opioid antagonists (e.g., Narcan) and distribute them to communities;
7. report community needs, program review findings, and conclusions annually to the relevant local, regional, and state stakeholders with recommendations to establish, modify, or expand behavioral health services; and
8. serve as the regional partner responsible for coordinating and

aligning federal, state, regional, and local behavioral health initiatives.

The bill requires each RBHAO, in fulfilling these duties, to solicit advice from the community. This must at least include elected officials, parents, youth, faith-based organizations, law enforcement professionals or organizations, health care professionals, people with lived experience of behavioral health issues and their family members, behavioral health treatment providers, businesses, youth-serving organizations, civic or fraternal groups, educational and media organizations, and other interested people or organizations.

### **§§ 2-30 — CORRESPONDING STATUTORY CHANGES AND TRANSFER OF DUTIES**

The bill makes several changes throughout the statutes to effectuate the transfer of duties from Regional Action Councils and Regional Mental Health Boards to RBHAOS. It replaces several statutory references to the councils or boards with references to RBHAOs, and transfers several of their duties to the RBHAOs. These include, among other things:

1. submitting a plan to the Department of Public Health (DPH), with specified information, before receiving state funds for tobacco education, reduction, or prevention efforts (§ 2);
2. consulting with the DMHAS commissioner on certain matters, such as the commissioner's triennial update of a comprehensive plan for substance abuse prevention, treatment, and reduction (§ 3);
3. reviewing applications (along with DMHAS) and making recommendations when a hospital, municipality, or nonprofit organization applies for DMHAS funds to establish, expand, or maintain psychiatric or mental health services (§ 6);
4. receiving reports and recommendations from the catchment area councils (§ 9); and

5. entering into agreements with DMHAS to provide services for chronic gamblers (§ 10).

Under current law, applicants for a license to operate a DPH-licensed community residence for up to eight adults with mental illness must send a copy of the application to the Regional Mental Board as well as DPH. The bill removes references to the board for this purpose and does not require applicants to send a copy to the RBHAO (§ 12).

***Board of Mental Health and Addiction Services (§ 4)***

The bill removes several members from the state’s Board of Mental Health and Addiction Services, replacing them with two designees from each of the RBHAOs. Under the bill, each RBHAO must designate to serve on the board:

1. one individual with experience treating or providing services for people with psychiatric disabilities and
2. one individual with experience treating or providing services for people recovering from substance use disorders.

The bill removes from the board the following members generally designated by the Regional Action Councils and Regional Mental Health Boards repealed by the bill:

1. the chairpersons of the boards and one designee of each board;
2. two designees from each of the five subregions represented by the councils;
3. one designee from each mental health region, representing individuals with psychiatric disabilities, selected by the boards in collaboration with advocacy groups; and
4. one designee from each of the five subregions represented by the councils, representing individuals recovering from substance use disorders, selected by the councils in collaboration with advocacy groups.

**COMMITTEE ACTION**

Public Health Committee

Joint Favorable

Yea 29 Nay 2 (03/18/2022)