


As regional group disbands, consolidation of mental health and addiction advocacy moves forward

Published September 08, 2018 6:51PM | Updated September 09, 2018 5:53PM

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One of several state-funded regional groups that had been serving as a voice for mental health patients in Connecticut for more than four decades met for the last time last month.

The **Eastern Regional Mental Health Board** (<https://www.changingmindsct.org/>), which had **struggled for enough state funding** (<https://www.theday.com/local/20150225/state-mental-health-boards-ready-to-defend-their-role-after-malloys-proposed-budget-cuts>) over the past several legislative budget cycles, was defunded last year and disbanded as the Department of Mental Health and Addiction Services consolidates the groups that link the department and local service providers for mental health and substance use issues.

For more than 40 years, the state's **mental health boards** (http://www.mindlink.org/regional_mhb.html) served as local advocates to the state, pointing out gaps in the mental health treatment system and overseeing the work of agencies in the regions they served. The boards were meant to provide oversight as institutionalized mental health care was being phased out and replaced by community-based outpatient care in the 1970s.

The boards "would have the pulse of what was happening in the region, what the needs were for mental health services, how programs were operating," DMHAS Director of Prevention Services Carol Meredith said.

In the 1980s, the state added regional action councils to the mix, formed to address substance abuse and addiction.

Last year, struggling under tightening state budgets to fund both groups in each region of the state and trying to consolidate their work, the Malloy administration decided to consolidate the mental health boards and the regional action councils.

The state Department of Mental Health and Addiction Services issued a request for proposals for organizations to become a third type of entity — **regional behavioral health action organizations** (<https://www.ct.gov/dmhas/cwp/view.asp?q=601578>) — that would take over both the work of the mental health boards and the addiction prevention work of the regional action committees.

Meredith said the consolidation will allow the state to cut its spending on mental health and substance abuse administrative costs by 30 percent.

"It was really the fiscal crisis over the last year or two for the state — that was the catalyst," Meredith said.

The change also reflected a philosophical shift acknowledging the role that mental health plays in a person's susceptibility and ability to recover from addiction.

"We're trying not to separate mental health and services anymore," Meredith said. "We're looking at behavioral health — it makes sense to combine the entities."

In March, the reorganization of the system became final. Five organizations, each representing a region of the state, applied and won contracts to take on the grant distribution and oversight duties of the now-dissolved mental health boards and action councils.

In eastern Connecticut those duties now fall to the **Southeastern Regional Action Council** (<https://www.theday.com/local-news/20180424/norwich-based-substance-abuse-group-selected-for-expansion>), or SERAC, which has focused on addiction treatment and recovery since 1989 and now will be responsible for assessing the behavioral health needs of people of all ages in 39 towns, make recommendations for prevention, treatment and recovery services, help communities address problem gambling and run educational programs about mental health and substance abuse.

In 2006, the Eastern Regional Mental Health board's executive director asked Howard Beatman, who then worked at the Norwich art-based mental health agency ArtReach, to be the board's president. Beatman served as president for 12 years, until its last meeting in August.

The eastern region board was small and sparsely funded, renting three rooms in a Norwich office building, paying two staff members and coordinating volunteers on a budget of about \$100,000 in state funds. Beatman said he remembers the offices of one of the boards in a more populous part of the state and being "amazed" that it had access to a whole building.

But the work the board did was important, he said, and gratifying.

Each year the board would choose either a type of service — employment for mental health patients, for example — or one agency to evaluate. Before the Malloy administration announcement that the boards would be consolidated with the action councils, all five regional mental health boards had agreed to embark together on an evaluation of Connecticut Valley Hospital, the psychiatric hospital in Middletown where serious abuse allegations have been made against 35 workers in its maximum security unit.

The board's staff and volunteer members also provided independent third-party evaluations of client complaints at agencies like Sound Community Services, the New London-based outpatient mental health services provider.

They also organized regular meetings of local subgroups, called catchment area councils, representing fewer than a dozen towns each where people who benefit from mental health services — usually mental health patients or their family members — served in a consumer advocate role.

Beatman said the close relationship that already existed between SERAC and the board, and the fact that SERAC has hired the board's last executive director, Deborah Walker, as a program assistant, give him cause for optimism. But he said he worries that the work the board was doing — particularly its advocacy on behalf of patients and agencies — won't be picked up by SERAC.

"Probably just about all of the people in all of the regional boards probably felt very negatively about this," he said. "What we did, what we spent so much effort on, it's gone. We can only hope that some of it will be done by someone else, and that it will be done well."

SERAC transition manager Angela Duhaime said while the restructuring of the state's behavioral health funding still is in its early days, SERAC staff, now expanded to represent 39 towns, are working to establish the agency's plan for taking on the duties of two regional action councils and the eastern mental health board.

She said they expect to deliver a report detailing its strategic action plan to the state by next spring.

Beatman said some people who use local mental health services worry that the consolidation of the two focuses will mean that mental health causes unrelated to addiction might fall by the wayside.

Duhaime, a longtime member of the Eastern Regional Mental Health Board, said she understands that concern. But she said SERAC plans to fully incorporate mental health under the umbrella of its outreach work.

"I'd like to hope that in the future that, instead of losing things ... people will start bringing that to the table," she said.

Duhaime said she thinks the consolidation will make the delivery of mental health services more efficient and eventually improve the ability of local agencies to work together and reduce outcomes like overdose deaths or suicides.

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