Behavioral Health Partnership Oversight Council

Child/Adolescent Quality, Access & Policy Committee

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Co-Chairs: Steve Girelli & Jeff Vanderploeg

Meeting Summary
Wednesday, February 8, 2017
2:00 – 4:00 p.m.
Beacon Health Options
Rocky Hill, CT

Next Meeting: March 15, 2017 @ 2:00 PM
at Beacon Health Options, Rocky Hill

Attendees: *Dr. Steve Girelli (Co-Chair), Dr. Jeff Vanderploeg (Co-Chair), Dr. Lois Berkowitz (DCF), Jeana Bracey, Rick Calvert, Erin Eickenhorst-Fearn (Beacon), Beth Garrigan (Beacon), Susan Graham, Bill Halsey, Mary Held, Mikaela Honhongva, Susan Kelly, Beth Klink, Deborah McCusker, Joan Narad (Beacon), Ann Phelan (Beacon), Kelly Phenix, Dr, Bert Plant (Beacon), Heidi Pugliese, Maureen Reault (DSS), Dr. Sherrie Sharp (Beacon), Gregory Simpson (Beacon), and Janessa Stawitz (DOJ)*

Introductions:

Co-Chair Jeff Vanderploeg convened the meeting at 2:10 PM.

Review of Study on Behavioral Health Equity and Disparities in Medical Behavioral Health- Bert Plant (Beacon)

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HEALTH EQUITY Chilc

Robert (Bert) Plant, Ph.D., Senior Vice President for Quality and Innovation-Beacon Health presented findings from a study conducted in 2015 in response to a request from the state agencies to examine equity/inequity in Connecticut's Medicaid behavioral health services. This study was presented to the BHPOC in 2016. Dr. Plant referenced an earlier study conducted by the Department of Public Health that examined access to services and outcomes for physical health consumers. His presentation included a comprehensive slide show, which is available on the CAQAP webpage of the CT-BHPOC website.

Dr. Plant distinguished between the federal definitions of equity (all people have the opportunity to achieve good health through equitable access, quality, and outcomes of health care) versus disparity (differences in health care access, quality, or outcomes among distinct segments of the population that are systematic, avoidable, and unjust). As regards Connecticut's work, the BHP goals are to improve access, improve quality, and have services be delivered in the most efficient

manner.
The BHP study utilized four primary methods; literature review, analysis of Connecticut's data, consumer focus groups, and key informant interviews.

Literature Review
Health disparity is a complex subject (see Slide 7). There are many risk and protective factors that predict health outcomes. Some are related to individual circumstances, and others are systemic. Therefore reversing negative trends involves many factors. While health inequity is embedded in broader social systems, it is incumbent on the health care system to address it. Various groups experience disparity based on race/ethnicity, poverty, sexual/gender minority status, age, gender, and legal status (see Slide 8). Among those most significantly affected are blacks and Hispanics, other smaller ethnic groups, the disabled, gender and sexual minorities. Data are needed to track Connecticut's progress with regard to health equity, and at this point there are inadequate metrics to capture these data, so the development of these metrics is a necessary next step.

Focus Groups
Five focus groups were conducted; one black adult, one black young adult, one Hispanic adult, one Hispanic young adult, and one LGBTQ. Groups were primarily conducted in central Connecticut. In addition there were Community Conversations and Meetings conducted statewide with four groups; youth, family members, providers, and advocates. (see Slide 18) Major themes of these groups were experiences of discrimination and the need for several improvements, including translation services, services that are LGBTQ friendly, increased outreach, better cultural understanding among service providers, reduced staff turnover, more use of peers. And better location of services. (see Slide 19)

Key Informants
Interviews were held with 17 key informants. (see list on Slide 21) Major themes from key informants were the need to address underlying social determinants of inequity, the need for better outreach and education for consumers especially from advocacy groups and better training of providers, and the need for better data and metrics on equity and disparity. Establishing metrics is a major goal of the Behavioral Health Partnership.

Data Analysis
Dr. Plant provided a Medicaid Youth Health Equity Data Summary Table (see Slides 32-37) that reflected rates of utilization of behavioral health services by different demographic groups along variables of age, gender, and race/ethnicity, as compared to the Medicaid population rate. Among the findings were that adolescents disproportionally utilize all types of Medicaid behavioral health services when compared to children; that girls are generally underrepresented and boys overrepresented across most service types. Blacks are disproportionately overrepresented at the state psychiatric hospital. Hispanics are generally underrepresented in all types of Medicaid behavioral health services, though less so than Blacks and far less so than Asians. Whites disproportionately over utilize most service types.

Recommendations

Dr. Plant outlined several recommendations from the study findings. These include for consumers to increase consumer representation and participation in committees and organizations that oversee behavioral health services; to increase involvement of family members in behavioral health care, and to speak out against stigma. For service providers recommendations include implementing the Culturally and Linguistically Appropriate Services (CLAS) standards; increasing use of peers, an example of which is state-certified Recovery Support Specialists of whom there are 1200, and/or Community Navigators; providing more services in natural community settings; and promoting primary and behavioral health service integration to improve engagement. For Beacon Health Options recommendations include implementing the CLAS standards; developing, tracking, trending, and disseminating health equity metrics and data; and developing materials to improve health literacy among members. Finally, recommendations for state agencies include promoting implementation of CLAS standards; expanding data collection to include gender identity, sexual orientation, income, disability status, etc.; and promoting greater participation by members that represent the diversity of those served.

Update from Consumer and Family Advisory Council: **Sarah Crowell-Perez**

An update was provided by Susan Graham. The joint workgroup of CFAC members and BHPOC members continues to meet with the focus of establishing an effective communication process between CFAC and the Council and its committees. Sarah Crowell and Deb McCusker will be the CFAC liaisons to this committee. Other liaisons are being arranged for each of the other subcommittees. At the most recent CFAC meeting there was discussion about the Access Mental Health Annual Report that was provided at last month's CAFAP meeting. There was a consensus in today's meeting that included on each month's agenda should be any follow-up discussion from the previous month's meeting.

New Business and Announcements:

Co-Chair Jeff Vanderploeg asked for any question, comments, new business, or announcements. He announced the next date of the meeting which will be Wednesday, March 15, 2017 at 2:00 PM at Beacon Health Options on the third (3rd) floor. He thanked Bert for his presentation and for everyone's participation in the discussions. Hearing no new business, he adjourned the meeting at 3:45 PM.

Next Meeting: Wednesday, March 15, 2017 @ 2:00 PM, 3rd Floor, Hartford Conference Room, Beacon Health Options in Rocky Hill, CT