



***Behavioral Health Partnership  
Oversight Council  
Coordination of Care Committee  
Council on Medical Assistance Oversight  
Quality & Access***

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The Committee will work with the Departments of Social Services, Children and Families, and Mental Health and Addiction Services, and the administrative services organizations that administer medical, behavioral health, dental and non-emergency transportation, to identify and monitor key issues that may impact whether individuals and families in the HUSKY Health program and receive person-centered coordinated services. The Committee and its partners, along with parent and community input, will seek to ensure that participants in the HUSKY Health program and receive behavioral health care that is coordinated with their medical (primary and specialty care), dental, pharmacy, and transportation services.

Co-Chairs: Rep. Jonathan Steinberg, Janine Sullivan-Wiley, Sabra May and Kelly Phenix  
MAPOC & BHPOC Staff: David Kaplan

**Wednesday, September 23, 2020  
1:00 PM – 3:00 PM  
Via Tele-phone Conference**

**Present on call:** Co-Chairs: Janine Sullivan-Wiley, Kelly Phenix, Sabra Mayo

Other participants: Lois Berkowitz (DCF), Sandra Czunas (State Comptroller's Office) Benetta Henry (CFAC), Irv Jennings (Family and Children's Aid), Yvonne Jones (BHO), Quiana Mayo, Marty Milkovic (CT Dental Health Partnership), Linda Pierce (CHN), Trevor Howard Ramsey, Bonnie Roswig (Center for Children's Advocacy), Erika Sharillo (Beacon Health Options), Sheldon Taubman (CT Legal Rights), Benita Toussaint, Mark Vanacore (DMHAS), Rod Winsted (DSS), and Valerie Wyzykowski (OHA)

## **1. Introductions and Announcements**

Co-Chair Janine Sullivan-Wiley convened the meeting at 1 PM as a teleconference call. All were asked to introduce themselves at the beginning and each time they spoke.

## **2. Continued Discussion: Telemedicine during the COVID-19 Pandemic: Impact and Accessing Services**

- Bonnie Roswig asked Rod Winsted about the percentage of Medicaid visits that were being conducted through telehealth including through audio only. Rod reported that from March 1<sup>st</sup> to September 12<sup>th</sup> the numbers were:  
All Telehealth: 320,072  
Audio/visual: 251,080  
Audio only: 146,932
- He noted that at the last MAPOC meeting, both CHN and Beacon presented on the impact of COVID on HUSKY members (recording available on the MAPOC website and on CTN). A big portion of their report focused on disparities and the disproportionate impact, and how telehealth availability has been critical to people obtaining access. Erika added that there may be a large increase in utilization in the future. Janine added that she has also hearing about pent up demand for services from this period. Irv agreed noting that children are not physically in school and that schools are a major source of referrals for children.
- Bonnie has heard very positive things from mental health providers about access through internet or phone, and that people are more consistent about keeping appointments. Rod agreed that while he is hearing that for some this form of access is better, phone only is not ideal but it works. The no-show rate is near zero.
- Several people on the call agreed that the loss of phone only as an option would be catastrophic.
- Sabra Mayo and Trevor Ramsey both indicated that telehealth is good, having used it for primary care, heart, prescriptions – all with no problems including phone only appointments.
- Brenetta Henry described a pulmonary appointment that could only done by phone. The issue is not one of CT wanting to eliminate this but that CMS only allows phone only billing during this state of emergency. Janine encouraged people to advocate with their federal representatives to keep phone-only as an option even after the state of emergency has been lifted.
- Linda Pierce added that CHN is surveying members about telehealth, with 800 individuals already surveyed. Most respondents indicated that telehealth is just as good as in-person, safer and more convenient. CHN will continue to collect data.
- Benita Toussaint added the benefit where there is no longer a problem with timely transportation.

Janine asked if there were any negatives to telehealth that should be noted.

- Bonnie noted the challenges for phone only when the clinician cannot see the person, an issue where there may be child abuse. Otherwise it is all positive, with better access.
- Kelly Phenix said that folks may need to self-advocate when they feel an appointment should be in-person.
- Sandy Czunas (State Comptroller's office) asked about the no-show rate. It is way down.
- Janine noted that there was a period of time where routine dental (cleanings etc.) were paused due to COVID precautions. Marty clarified that most dental offices are again open for preventive care with staff using full PPEs.
- Linda noted that of the 125 member complaints from April to June, only one was related to telehealth, and that was because the person had trouble connecting.
- She added that one concern is the need to get back on track with vaccines.

A concern was raised about changes to coverage for pre-existing conditions. Bonnie noted that CT has many things covered that are not required by the Feds. Janine encouraged people to keep health care in mind when they vote.

### **3. Discussion about Racial and Ethnic Disparities in Healthcare:**

Janine noted that this has become a focus at the BHP-OC with the sense that all committees should be asked to provide insight and ideas. The floor was opened to comments:

- Brenetta said that accessibility is part of it. A service may be offered in the community, but she can't access it because they don't understand her issues or needs. She added that in addition, some services may be "available" but only suggested or offered to whites, not people who are black or Hispanic. She gave a specific example where a white friend was told about certain services and she was not.
- Another issue is when the people at the agency don't look like her.
- There should be needs assessments in communities that have been hard hit by COVID.
- How can people who are homeless access medication when they have no address?
- Benita was concerned about disparities for women who are in jail or prison, such as the woman in jail who had her baby on the floor of her cell.
- Transportation can be a barrier. If you can't get there on time, you can't get the service.
- Sabra said that your name can also be an issue. She has people who start speaking to her in Spanish because of her last name.
- Benita added that there can also be discrimination by zip code.
- "Racism is a mental health crisis that covers every part of care for people of color."
- Bonnie added that COVID in communities of color is especially challenging due to the prevalence of pre-existing conditions such as high blood pressure, high cholesterol and diabetes that leaves people vulnerable to other diseases. More preventive care is needed there. This can mean more time with the doctor and explanations.
- Reports of symptoms by people of color are not taken as seriously.

Janine asked for suggestions on what might be done:

- Erika Sharillo encouraged all to use the CLAS standards; these are used at Beacon.
- Bonnie suggested that providers be compensated fairly for additional time spent with patients.
- Look more closely at social determinants.
- Bonnie suggested a moratorium on evictions and less use of shelters, a moratorium on utility shut-offs. Those changes would protect people's health. A more humane life leads to better health outcomes.
- Rod Winstead agreed with Bonnie. The CHN report noted a significant drop in people getting preventive care during the pandemic.
- Everyone needs to be brought to the table – especially those using the services.
- Kelly will be asking the Executive Committee of the Oversight Council to attend this meeting. Janine added that these notes will be sent to all of them.
- Irv Jennings noted that while this has not been his own experience (as he is not a person of color), his agency does take everyone. They have not had any complaints about barriers for

people of color with about 55,000 outpatient visits. But he added that they may need more actionable data, asking people for their actual experiences.

- Yvonne Jones said she can go back and see if there is anything about how to ask/ get at those questions.
- Lois Berkowitz said there were focus groups of providers as well.
- Yvonne will bring everything she is hearing here back to the CLAS work group.
- Linda suggested she could look at what's been done on the medical side as well. There has been a lot of research nationally.
- Brenetta said we need to know about service delivery, and what services there are. What are the questions to ask? How can providers do that better?
- This needs to include non-traditional services as well.

Due to the time and allow discussion of the rest of the agenda, Sabra tabled the discussion, to be continued at the next meeting.

#### **4. NEMT: Report by Rod Winsted (DSS)**

The report on NEMT was sent previously. Telehealth has impacted transportation greatly, with many fewer trips taken. Telehealth has impacted members positively. Meanwhile, Veyo is working on improving technology, and getting 100% of their transportation providers on the app that shows all the timepoints (arrival, departure etc.)

Rod responded to questions:

- Kelly asked about the status of their contract, and if changes were expected. The current contract can be changed but that would have to be negotiated.
- Bonnie asked is DSS had confirmed the trip numbers. DSS is still going through them with checks and comparisons to the MMIS.
- Has a new RFP been considered? Those decisions are made by DSS leadership, but Rod hadn't heard about that direction.

#### **5. Update on CFAC:**

Brenetta reported:

- There was an awesome presentation by DCF about the voluntary services coordinator (Yvonne) and family supports. There was a lot of family input.
- They are working on several things including a needs assessment about how to connect to the HUSKY behavioral population and how to mentor leadership.
- They are looking forward to a presentation about the BHP-OC in December that will help them understand all of the committees and their work.

Yvonne added that the things discussed here today align with the CFAC discussions.

In response to a question, there are both men and youth on the CFAC. It is a diverse group.

## **6. Consumer and Family Stipends:**

Mark Vanacore was here to present the tentative DMHAS plan and get feedback. He gave a brief overview and thanked everyone for the opportunity to discuss the issue of stipends when the meetings are not in person (i.e. virtually by zoom or phone). The issue of stipends was also raised at CFAC. There were questions about statutes and legal procedures. This led to an internal discussion within DMHAS, looking at the history of such payments, logistics etc. DMHAS did not find any statutory or legislative issues about what was allowable. Where things stand now:

- Oversight of this issue will change within DMHAS to the Managed Services Division, under Colleen Harrington, with Mark as manager of this process.
- The issue of being paid when the meeting is virtual has many layers. There are challenges with logistics and technology to be resolved in order to move forward. He suggested a meeting with DMHAS, the co-chairs and David to work on how to proceed with a plan for November.
- Sabra asked for a definitive yes or no about the stipends.
- While he is still seeking more information, Mark indicated that as it seems now there will be
  - o A maximum of ten stipends available
  - o Two of those individuals are also on the BHP-OC
- Kelly asked for clarification of which committees are covered (this committee, operations and the Oversight Council). Exactly who on the oversight council will qualify was not certain, but Mark stressed it was only the 10 people.
- Brenetta expressed her thanks, emphasizing that families are partners, and appreciation should be shown to everyone at all of the tables (DCF etc.). It incentivizes people.
- Mark emphasized that how, when and for which meetings (i.e. going back to March? Going forward?) people will be paid is not yet established.
- Mark noted that someone has to track the meetings, who's there and from when to when. Janine said that she will get phone numbers today and can match them to a report she will get from her conference call account that shows when a person logged on and when they hung up, by number.
- There were different opinions about zoom versus a conference call as not everyone has internet. People can call into a zoom call with a regular phone.
- Mark indicated remaining issues include how to handle the forms, how to get people to sign them, a Co-Chair to sign off, and then get them to David and then Mark.
- Yvonne said that for Beacon, they time keep and she signs off. She suggested virtual attendance be made part of the guidelines.

The discussion was concluded with a plan for Mark, Janine, Kelly and David to have a meeting to look at the issues further.

## **7. Old Business/Announcements:**

Bonnie noted that the utility shut-off moratorium ends on 10/1, with the exception of people coded for hardship or winter protection (under \$50,000 for a family of four). People should call Eversource if they are eligible for that coding. They are also pushing for more affordable repayment plans (e.g. under \$75/month). She will forward a flyer to David and asked that it be distributed to all communities.

Brenetta asked that the next meeting include a presentation on dental care, possibly by Marty.

Mark and consumer and family members seeking a stipend for today's meeting were asked to stay on the call to provide their phone numbers.

**The Meeting was adjourned at 2:58 PM.**

**Next Meeting:** 1:00 PM, **Tuesday**, November 24, 2020 via Zoom