



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

Legislative Office Building, Room 3000, Hartford CT 06106-1591
(860) 240-0346 Info Line (860) 240-8329 FAX (860) 240-5306
www.cga.ct.gov/ph/BHPOC

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 Mayo and Kelly Phenix
MAPOC & BHPOC Staff: David Kaplan

**Wednesday, January 26, 2022
1:00 PM – 3:00 PM
Via Zoom**

Present on call:

Staff: David Kaplan (BHP-OC)

Co-Chairs: Rep. Jonathan Steinberg, Janine Sullivan-Wiley, Kelly Phenix, and Sabra Mayo

Other participants: Carlos Blanco, Lois Berkowitz (DCF), Neva Caldwell, Roberta Cook, Kim Davis (OHA), Michael Dugan, Collen Harrington (DMHAS), Rob Haswell (DMHAS), Brenetta Henry, Sarah LaBarre, Tanya Larsen, Mary Kate Mason, Quiana Mayo, Tara Monteiro, Maureen O'Neill-Davis (Family Forward), Robert Reed, Dr. Brad Richards (DSS), Joe Riter, Lisa Rodgers (CHN CT), Jackie Romaniuk, Tracey Saucier, Erika Sharillo (Beacon), Dr. Stephanie Springer (DCF), Carmen Teresa Rosario, Sheldon Toubman, Benita Toussaint, Mark Vanacore (DMHAS), Katherine Willis, Rod Winstead (DSS), Carleen Zambetti (DMHAS)

1. Introductions and Announcements

Co-Chair Janine Sullivan-Wiley convened the meeting at 1:02 PM via Zoom. She began by introducing the new Deputy Commissioner of DMHAS: Colleen Harrington and expressed her delight in her appointment noting Colleen's long years of service with knowledge, integrity, transparency, and an abiding respect for consumers and family members.

All were advised that the meeting was being recorded. Janine asked that the order of the agenda be changed to accommodate some schedules.

2. Report – BHP Consumer/Family Advisory Council – Brenetta Henry

Brenetta reported on their 1/13/22 meeting. All meetings are now virtual due to COVID 19. They had a closed meeting as they dealt with internal considerations. They discussed accessibility issues; people need training in how to navigate and use virtual formats; guidelines; elections (electing new co-chairs in February; agents of change and advocacy training; committee structure and how to incorporate the BHP-OC into the iCAN conference.

3. Coordination of Behavioral with other Health Care- Colleen Harrington (Deputy Commissioner, DMHAS) and Katharine Willis (DMHAS – Behavioral Health Homes and Promoting Integrated Care in CT)

Colleen began the presentation noting the limitations of the current system, “What we want to happen is not what always does happen,” and that “We want to hear from you.”

Katharine Willis began the PowerPoint presentation (see attached). Members asked questions as the presentation was made. Points noted included:

- There are issues with people being connected with specialists.
- The medical system is generally not connected.
- Lack of coordination can cause problems.
- There can be the impression of coordination when it is not in fact happening.
- It can work well for people to advocate for themselves (i.e. asking doctor #1 what doctor #2 said when consulted) but not everyone can do this.
- There was concern that coordination is possible if you know the right people/organizations to ask or are enrolled in a care coordination project or program, but that excludes many people.
- Fixing this will take the work of the whole community.
- Coordination should be the default in health care, not the exception.
- A suggestion was made for a “clearinghouse” for all medical information for all people.
- Some kind of system is needed.
- There are multiple programs through DMHAS that offer Care Coordination. These are designed to help people with high need/complex needs such as requiring multiple specialists in addition to behavioral health care.
- There are people who need care but don’t know it’s available.
- Electronic health records help care coordination. This is especially the case when different kinds of providers are all in the same group or organization and thus utilizing the same electronic health record.
- Project Notify was described, prompting a lot of questions and discussion. It was seen as having many benefits. The patient must agree to be part of this – it is an opt-in process if the provider participates in it. The patient must sign a release. If they are not already enrolled, a provider can join Project Notify by calling (888) 783-4410.
- HEIC (now called Connie) includes Project Notify. Examples were given.
- Care coordination should include the discharge process so people are discharged to safe housing and communities. Access to safe, affordable housing is a problem throughout the state.
- There is a difference between care *coordination* and care *integration*. The latter is more advanced. There are several models: collaborative care and Certified Community Behavioral Health Clinics (CCBHCs).
- The need for care coordination and level of care coordination increases with clinical

- complexity and lower patient capacity to coordinate their own care.
- Youth who may age out of medical homes can stay in the same person-centered medical home if they choose.
- If a person on Medicaid needs a second opinion, they can call member engagement services at CHN: Their call center is open Monday to Friday, 8 AM-6PM. Phone (800) 859-9889 or go online: portal.ct.gov/HUSKY.
- DSS also has care coordination through Patient Centered Medical Homes.
- Beacon Health Options offers patient care management.
- Member engagement was explained through the translation service as well.
- Carleen Harrington emphasized that DMHAS has a commitment to change and improve care coordination, noting there is still a long way to go.
- Heads of agencies, including private insurance, should get together to improve the situation.
- There was agreement that having one place for all information would be good but making that work is complicated.
- Tara Monteiro noted that they do work with CHN, Beacon and others. They meet once a month for care coordination for individuals with high needs. It's a lot of work.
- (Via the interpreter) A positive example: a sheet of information about care coordination was given at check-in with the doctor.
- CHN and Beacon both reported having community meetings with different care coordination providers.

NOTE: following the meeting, Rod Winstead provide the following information about Project Notify: If someone wants their provider to be a part of Project Notify they can refer the provider to the Connie website. It is: [Home - Connie \(conniect.org\)](http://Home-Connie.conniect.org). The website has information on how the provider can join.

4. Update on Public Health Emergency – Rod Winsted

Rod reported that the Public Health Emergency, as determined by the federal government, has been extended to mid-April.

5. Other

COVID-19 Testing:

- There was discussion about access to COVID-19 testing. Different people reported very different situations depending on the town. Some had long lines, some were only for people who were symptomatic. Some were one kit per car, others gave testing kits to all persons in the car with identification. One location in Hartford also provided kits to people who walked up.
- Some communities (i.e. Bristol) had long car lines to get them.
- There were questions about how to get the free kits by mail.

[TOWN COMPLIANCE DISTRIBUTION RESPONSIBILITIES](#)

[CTDPH REVISED GUIDANCE ON DISTRIBUTION OF TESTS AND MASKS](#)

- In some communities, it seemed like no vehicle meant no access to the kits.
- Disability Rights Connecticut and CT Legal Rights filed a civil rights complaint regarding the distribution process for the kits complaining that the process didn't prioritize those persons who needed them the most, and that there were not reasonable accommodations as required by the ADA. Sheldon reported that as of 1/19 there were new guidelines that towns must prioritize vulnerable populations, including providing a phone number to enable reasonable accommodations. It cannot be just first come, first served.
- Kits were being distributed at the Boys and Girls Club in Hartford. In the drive-up, multiple kits were given to multiple people in the same car (with ID). It was not based on need.
- There was concern that some people were selling the kits.
- One Hartford location prioritized kids where kids needed testing to go back to school.

6. New Business and Adjournment

Suggested topics included more conversation about COVID, and follow-up discussion about care coordination and HEIC. One suggestion for the No Surprise Act was noted to not apply to HUSKY.

The Meeting was adjourned at 3:06 PM.

Next Meeting: 1:00 PM, **Wednesday**, March 23, 2022 via Zoom