



***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  
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[www.cga.ct.gov/ph/BHPOC](http://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 25, 2023  
1:00 PM – 3:00 PM  
Via Zoom (hosted by Beacon Health Options)**

**Present on call:**

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Staff: David Kaplan (BHP-OC)

Co-Chairs: Janine Sullivan-Wiley, Kelly Phenix, Sabra Mayo

Other participants:

Kortni Andrychowski, CTDHP; Luis Miguel Ayala – CTDHP; Srinivas Bangalore DSS; Lois Berkowitz, DCF; Carlos Blanco (translation services); Thomas Burr, NAMI CT; Neva Caldwell, CFAC Chair; Cindy Cartier - CT DSS – Legal; Christian Delanuece CTDHP Bilingual Oral health navigator; Kathy Flaherty, CLRP; Alice Forrester, CEO Clifford Beers Community Health Partners, Erica Garcia-Young, CT DSS HUSKY Health - Medical ASO Contract Manager, Brenetta Henry; Barbara W. Holloman, CHNCT, Director of Health Equity; Yvonne Jones, CTBHP at Beacon CT, CFAC Advisor; Morgan Leary DSS; Paulina Lopez, CTDHP - Community Engagement Specialist ; Awilda Maldonado - Health Equity Officer CTDHP; Althea Mabayoje, Ellender Mathis; Quiana Mayo; Sabra Mayo (co-chair); Tyra Monteiro CT Dental Health Partnership; Kate Parker-Reilly, CT Dental Health Partnership (HUSKY Dental); Cynthia Petronio-Vazquez, Beacon; Kelly Phenix (co-chair), BHPOC & MAPOC; Sandy Rodriguez CTDHP; Lisa Rogers, Community Health Network of Connecticut, Inc.; Jackie Romaniuk CTDHP; Teresa Rosario. CFAC Parent; Valentin Rosario; Sandra Sapere, CTDHP; Martin Schneeberger, Oral Health Navigator with CTDHP; Erika Sharillo- Beacon; Elaine Spinato CTDHP, Lisa Rogers, Community Health Network of Connecticut, Inc.; Sheldon Toubman, Disability Rights CT; Benita Toussaint, and Merceades (CTDHP)

**1. Introductions and Announcements**

-Co-Chair Janine Sullivan-Wiley convened the meeting at 1:02 PM via Zoom.

-Spanish translation was available and the process described. All were advised that the meeting was being recorded.

## **2. CT Dental Health Partnership's Member Care and Community Connection**

**Team in Action:** Kate Parker Reilly (CTDHP)

Kate began her presentation with background, noting that the CT Dental Health Partnership (CTDHP) is the administrative service organization for all of HUSKY dental (available to all CT Medicaid members), serving roughly one million people.

She then introduced the member care and community team staff who were here for today's presentation: Manager: Jackie Romaniuk. Members of the oral health navigators team: Elaine Spinato, Martin Schneeberger, Tyra Monteiro; Mercedes; Christian Delanuece (Bilingual oral health navigator). The community engagement specialists present were: Kortni Andrychowski, Luis Miguel Ayala, Sandra Sapere and Paulina Lopez. Her PowerPoint was reviewed with additional commentary. She noted that this had also been presented at the MAPOC meeting.

Their mission is to enable HUSKY members to attain and maintain good oral health. It starts at age one, getting kids used to going to the dentist. Prevention is a key focus, especially where there may be an impact from illness, medications or pregnancy on oral health, and therefore physical health.

Their model uses navigators who recognize that there are many aspects of dental care that can cause reluctance or difficulty getting dental care. This includes education and helping people address delayed care. This team operates very much like case managers or care coordinators. Their community engagement takes place in the community, trying to attain oral health equity. They work with pediatricians and have a communications team. It is challenging to people who may not want dental care at that time.

Navigator Mercedes described what they do in detail – how they work with individuals. It starts with assessment then connection to a dental provider. They can help make appointments, set up transportation, pre-authorizations - whatever is needed. They can make referrals when they identify a non-dental need. They also provide education. She noted that they hear about dental anxiety from a lot of people. They can help people deal with that, offering tips and strategies. They emphasize to members that “if you look good, you feel good.”

Luis Miguel spoke about the community engagement team-work. Their focus is on creating, developing and nurturing relationships with community partners. Collaboration that goes both ways is key. They use the Trusted Person model, working, for example, with Boys and Girls Clubs, WIC, Head Start, and OB-GYN practices. They reach out to HUSKYY members through those organizations, letting members know that they have a dental plan and providing education to children and adults. They network at events and do pop-up programs. They support the referral process and develop MOUs (Memorandums of Understanding). He emphasized the importance of trust: “It can take years to establish and can be lost in minutes.”

Awilda spoke about health equity and the importance of the CLAS standards and ADA guidelines. The goal is equitable access and culturally and linguistically competent services.

Sandra spoke about her focus on communications. The goal is to get the information out by many means such as bus and billboard ads, social media (Twitter, Facebook, Instagram and Linked In) and emails to members. They seek member input.

Many resources are free to members when organizations sign up as partners and can include training for their staff or members. There is a special tab on their website for these.

Members can access the call center Monday-Friday, 8-5 at 855-283-3682 or 855-CT-DENTAL and reach a live representative.

This presentation was followed by a period of questions and answers. Some points made included:

- They do not provide clinical services at events; they connect people with dental services through them.
- Access to the UCONN dental services may require a referral.
- There were additional suggestions for partnerships and connections.

All of the staff of the CT Dental Health Partnership (CTDHP) were thanked for the presentation and their work.

### **3. Community Outreach and Care Coordination in Clifford Beers Clinic (CT inCK):** Alice Forrester, PhD (CEO, Clifford Beers)

Alice began her presentation noting that their operations and philosophy are much the same as the dental ones described, emphasizing the value of partnerships and community connections. They use the UNITEUS platform. She began her presentation with some personal history rather than going immediately into the PowerPoint presentation. She started at Clifford Beers 25 years ago as an intern, and has been their Executive Director for the past 15 years. She also has experience as a parent needing services, having adopted two children from DCF, and needing many resources that were often hard to access, and services that were hard to navigate. She understands how complicated it is.

The way that the Clifford Beers organization grew enabled it to build a lot of community connections. They recognize that mental health is more than just the treatment of anxiety or depression. Their services were very trauma-informed decades before that was diagnosed in many areas, due to their focus on what was happening to children and their families. Trust is vital.

While Alice also noted the challenge is providing coordination of care and system navigation without those being funded, they started doing care coordination and wrap around as a model of care many years ago. She referred to the slide on care coordination (#2). Given that it is so hard for people to navigate the system and find help, a holistic integrated model for ALL services is needed. She gave a case illustration where basic life needs made a behavioral health appointment a very low priority. There needs to be a one-stop-shop. Wrap around services mean engagement, connection and empowerment... help with whatever you need. There has to be a

relationship between the care coordinator and the family, to identify what works and the connections and strengths that a family already has. She emphasized that there are both formal and informal networks of support. The basic needs of each individual have to be addressed for them to benefit from what might be available for their higher level needs. It is also important to know and develop collaborative relationships with other providers across a range of services. Fortunately, their wrap around program is grant-funded, but Alice noted that this is needed for everyone, not just those who fit narrow eligibility criteria. One grant that ended and another that started for integrated care for kids were described.

Her presentation was followed by questions, answers and comments, which included:

- Clifford Beers is not a Federally Qualifies Health Center (FQHC).
- They do not have dental care on-site but collaborate with dental providers.
- Other services they offer include an autism program, a warm-line, LGBT groups for kids, services for young adults (18-24).
- They are moving to a public health model.
- They have a community support healing team which they deploy after gun violence and other traumatic events. There is a New Haven Trauma Coalition within the schools to address gun violence and trauma among the kids there.

Alice concluded her presentation noting that “unless we help people knit together the resources needed, we’re not doing our job. We need to be where people live and with groups and organizations they trust, not just in offices.”

#### **4. Update on Public Health Emergency – Morgan Leary – DSS**

The Public Health Emergency (PHE) is “unwinding,” meaning they have to address all of the changes that were in place during the PHE but will no longer apply for people. DSS will take 14 months to complete this process. It includes gradual un-enrollment of people who are no longer eligible for certain benefits such as Medicaid. This will begin for some people at the end of April. They are auto-renewing for people where there is enough of the needed information. People will get a notice if this passive renewal has succeeded and what their new coverage is. If more information is needed, the person is given the “due by” date. This can be done online or by phone for people with HUSKY A or B.

Morgan urged everyone to be pro-active: connect with DSS and make sure that your contact information is up to date. This can be done at [ct.gov/updateusdss](https://ct.gov/updateusdss).

There are toolkits for providers, available at [ct.gov/phe](https://ct.gov/phe). There are two links there: “I get benefits” or “I am a provider.”

At the end of her presentation, questions, answers and concerns noted:

- Food stamp changes are NOT being done over a long-time frame. It goes back to the regular benefit in February. There is a new video and public service announcement for that, and they are sending notices to all SNAP beneficiaries.
- There was a concern that this re-determination is a massive undertaking, and a concern that the call centers and walk-in centers closest to people will be overwhelmed. Letters have been sent to the DSS Commissioner urging a re-opening of the centers on Wednesdays.

**5. BHP Consumer/Family Advisory Council:** Neva Caldwell

Neva reported that the group will be meeting tomorrow, brainstorming with youth and discussing the upcoming youth summit. Brenetta reported that they had an iCAN luncheon to celebrate the presenters. She noted that the conference did lead to new partnerships.

**6. Other and New Business:**

None raised.

**7. Adjournment:** The Meeting was adjourned at 3:02 PM.

Useful or shared links and information from this meeting:

Websites related to the CT Dental Partnership: [www.ctdhp.org](http://www.ctdhp.org) and [communitypartners@ctdhp.com](mailto:communitypartners@ctdhp.com)

HUSKY Dental Call Center Phone Number: 8am to 5pm 855-283-3682

Número de teléfono del centro de llamadas dental HUSKY: 8am a 5pm 855-283-3682

**Next Meeting:** 1:00 – 3:00 PM, **WEDNESDAY, March 22, 2023 via Zoom**