



***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 Mayo and Kelly Phenix
MAPOC & BHPOC Staff: David Kaplan

Wednesday, March 22, 2023

1:00 PM – 3:00 PM

Via Zoom (hosted by Carelon, formerly Beacon Health Options)

Present on call:

Staff: David Kaplan (BHP-OC)

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

Other participants: Srinivas Bangalore; Lois Berkowitz (DCF), Carlos Blanco (translation services); Neva Caldwell (CFAC Chair); Sandra Czunas (CT Office of the State Comptroller), Evan Dantos, Ted Doolittle (Office of the Healthcare Advocate), Becky Eleck, MD, (Wheeler Clinic – presenter), Mitchel H., Robert Haswell (DMHAS), Brenetta Henry, Barbara W. Holloman (Director of Health Equity, Community Healthcare Network), Yvonne Jones (CTBHP at Carelon, CFAC Advisor), Tanja Larsen (Community Child Guidance Clinic), Ellender Mathis, Quiana Mayo, Sabra Mayo (co-chair); Kate Parker-Reilly (CT Dental Health Partnership- HUSKY Dental), Cynthia Petronio-Vazquez (Carelon Behavioral), Kelly Phenix (co-chair, member BHPOC & MAPOC), Lashawn Robinson, Teresa Rosario (CFAC Parent), Valentin Rosario; Erika Sharillo (Carelon), Corrie Thompson, PsyD (presenter – Wheeler Clinic), Benita Toussaint, Carleen Zambetti (DMHAS)

1. Introductions and Announcements

- Co-Chair Janine Sullivan-Wiley convened the meeting at 1:05 PM via Zoom.
- Spanish translation was available, and the process described. All were advised that the meeting was being recorded.

2. Medication Assisted Treatment (MAT)- Brenda Eleck, MD (Medical Director Wheeler Community Healthcare) and Corrie Thompson, PsyD (Wheeler Community Healthcare)

Dr. Eleck began the presentation, which included a PowerPoint (attached) noting her own background as a family physician with a practice treating a wide range of issues. Within Wheeler, which is a Federally Qualified Health Center (FQHC), she is the Medical Director and as such oversees the Medication Assisted Treatment (MAT). MAT is used to treat opioid dependency and alcohol dependency. Corrie Thompson, PsyD, is a Clinical Psychologist within Wheeler added that about 60% of the people she treats are part of the MAT program. She emphasized that they use MAT with psychosocial interventions to help people increase social skills and better understand and work on their triggers. All people coming for substance abuse treatment are offered both.

In the last six months, there is a newer initiative: a MAT Fast Track – with the goal of admitting people in one day. The emphasis is to reach and treat people when they are ready. Their programs are built around local needs.

Options were detailed on the slides. Their process includes having a Behavioral Health Consultant (a licensed clinician) at medical appointments when the primary care clinician thinks the person might benefit from behavioral health care. Following the slide presentation, there were many questions, answers, and comments:

- Some demographics are unknown because about 10% of people do not answer those questions.
- Dr. Eleck said she would ask the CEO for the data where ethnicity was not provided. They are in five communities and their patient population reflects the demographics of each community (e.g., whiter in Bristol, blacker and more Hispanic in Hartford and Waterbury).
- About 80% of the people in their Health and Wellness are on Medicaid.
- For people losing Medicaid with the end of the Public Health Emergency, Wheeler has Patient Care Coordinators who help people get insurance. As an FQHC, they see everyone; it can be on a sliding scale for those without insurance. They can help with the cost.
- Different levels of care are available, depending on what the person needs as identified at intake. They do not have residential services, or inpatient detox. People needing those levels of care are referred. People can come directly to Wheeler on the day of discharge from detox.
- They do have a 12-step program at their Plainville location as well as others. 12-step programs and where they can be found are offered to everyone. Peer Support staff (where available) can go to a meeting with people.
- Therapy groups may be divided by gender but are not divided by age. They do have child and adult programs, and child and adult- focused psychiatrists.
- There is same-day walk-in intake. The intake appointment is short, done within 30 minutes. Then a person will generally come back for their first therapy or group session, usually within the same week, or two weeks. If it will be longer than that, the person is scheduled with the supervisor as a bridge. There are also outreach clinicians who check to make sure the person does not get “lost” between intake and appointment.
- Kate of the Dental Health Partnership asked how they address the link between buprenorphine and dental decay. Wheeler has full dental services at the Hartford location. They also have MOUs (memorandums of agreement) with other agencies. With use of buprenorphine there is a risk/benefit discussion.
- Regarding Autism Spectrum Disorder and substance abuse, several clinicians have expertise in that area. They offer young adult services in some locations. Different types of outpatient

care are offered in the different locations; a person can go to any location. A person with very specialized needs may be seen individually rather than in a group, based on clinical assessment.

- Some members were concerned that young adults are not in an adult group. Dr. Eleck said that sometimes an age mix is helpful, but she emphasized that there is no “one size fits all.”
- Community Health works mostly at outside events, as a welcoming team. They help people identify what services they might want or need.
- The Patient Care Coordinator can be brought in by the medical team if other needs are identified, such as food, housing, transportation etc.
- Peer Specialists within the MAT program are people in recovery, certified by CCAR.
- There is a “Walk with Me” program for people who are LGBTQ and needing support.
- Per the FDA, MAT is for people 16 and older. Within Wheeler, it is generally 18 and over.
- Wheeler has a pharmacy that people can use if they want to.
- Types of MAT used include buprenorphine (pill or injection), naltrexone (for alcohol or opiate use disorders). Antabuse is rarely used now. To reduce relapse, they encourage continuing medication plus behavioral health treatment for at least a year.
- AA groups rarely oppose MAT now. Corrie noted that some people with opiate issues prefer AA to NA groups. There are also other support options such as Smart Recovery.
- Regarding relationships with hospitals, most hospitals have their own services but might refer to Wheeler after discharge. Wheeler has connections with all hospitals in their area. The Patient care Coordinators get weekly emails about their patients in the hospital. Carelon (formerly Beacon) also looks at hospitals to track continuity of care. All recognized the critical nature of that transition.
- Robert Haswell of DMHAS responded to a question about discharges from Dutcher and Whiting (on the DMHAS CVH campus). They work with community providers to make them “warm” transitions. But he said that there could be improvement in the use of MAT prior to discharge from the institution. Carlos commented that when he does translation within Whiting Forensic, people’s discharge may be delayed when services that are needed are not yet set up.

The presentation and discussion were concluded with thanks to the representatives from Wheeler.

3. Update on Public Health Emergency Unwinding and NEMT Update– Fatmata Williams (DSS) – deferred to next meeting as Fatamata Williams was not present.

4. Update on BHP Consumer/Family Advisory Council- Brenetta Henry

Brenetta reported that they have started preparing for the next iCAN Conference which will address “Mental Health- where are we now?”

Neva reported that they are working with youth and young adults to emphasize the young adult voice for the 4/29 summit that is sponsored by the Hartford community. Yvonne added that they will focus on community violence, trauma, and children’s education.

5. Beginning the process of identifying favorable practices of Access and

Coordination of Care:

Janine introduced this process, noting that this group has now had several presentations – more to come – and suggested that the group begin the process of pulling out any practices that have been mentioned over these months that were felt to be favorable in some way. Perhaps they were innovative, or effective, good at improving access within communities that may not have equal access (such as communities of color, urban or rural communities).

Members had some general comments on this committee itself:

- Agencies, presenters are very open to questions by members.
- If we don't get an answer, we find someone who has the answer.
- We need more DEI data.
- We still need to see if services are equitable for ALL. What shows that? There was a sense that black and brown people were not getting services like white people.

General service comments:

- More outreach is needed into the community such as door-to-door and information at community events.
- “Not hearing about it on our side of town.”
- Things are different depending on the area of the state you live in.
- Grateful for the opportunity to hear how different providers are providing services – nice to “see behind the curtain.” The members can then share how the system of care works for people.
- Seeing how an agency works makes a difference: “I would not previously have recommended Wheeler. Now I see what it is, and I would.”
- “People (providing these services) don't look like us.”

The group will continue this process at the next meetings, especially to identify what *does* work.

6. Adjournment: The Meeting was adjourned at 2:55 PM

Useful or shared links and information from this meeting:

MDFT = Multi-Dimensional Family Therapy/ Terapia familiar multidimensional

Corrie Thompson, PsyD of Wheeler Clinic shared the following links:

<https://www.wheelerclinic.org/application/files/5716/4606/1364/MDFT.pdf>

<https://www.wheelerclinic.org/application/files/5116/7820/4525/TREE.pdf>

Next Meeting: 1:00 – 3:00 PM, WEDNESDAY, May 24, 2023 via Zoom

NOTE: Following the conclusion of the meeting, Carlos suggested that we ask these questions to gauge access: “Do you think you are able to attract the people in your community to your clinic?” “How does your staff reflect your community?” “What does your reception do to make people feel welcome?” “What is your image in your neighborhood?”