



***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, July 26, 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 (as signed in): Lois Berkowitz (DCF), Carlos Blanco (translation services); Thomas Burr (Public Policy Manager, NAMI CT); Julio Carmona, (CT DSS, Program Coordinator for CHNCT, Husky B, CT InK); Leah Clark (DSS); Dr. Alice Farrell, (President Olive Branch Clinical and Consulting Services/Activist); Sheila Gallo, (ABLE Child); Steven Girelli, PhD, (President and CEO, Klingberg Family Centers); Carmen Gonzalez, (Community Health Network of CT/CT HUSKY Health); Brenetta Henry, (Tri-Chair CFAC); Yvonne Jones (CTBHP at Carelon, CFAC Advisor); Sean King, (OHA); Ellender Mathis, Quiana Mayo, Sabra Mayo (co-chair); Alexis Mohammed, (DSS-CT); Sonia Colon Mora, LCSW, (VP of Programs, Klingberg Family Centers); Kate Parker-Reilly (CT Dental Health Partnership- HUSKY Dental), Cynthia Petronio-Vazquez (Carelon Behavioral), Kelly Phenix (co-chair, member BHPOC & MAPOC), Lauren Schemp, (Vice President Community Child Guidance Clinic); Rep. Jonathan Steinberg; Benita Toussaint; Mark Vanacore, (DMHAS)

1. Introductions and Announcements

- Co-Chair Janine Sullivan-Wiley convened the meeting at 1:08 PM via Zoom.
- Spanish translation was available and the process described. All were advised that the meeting was being recorded and on CTN.
- For the agenda, it was noted that there would be a discussion of the upcoming election under

“Other Business.”

2. Screening Connecticut's Youth (SCY): Community Outreach in the

Service of Behavioral Health Access – Sonia Colon Mora, LMSW, VP of Programs and Steven Girelli, PhD, President and CEO, Klingberg Family Centers. A PowerPoint accompanied this presentation.

The presenters noted that they had worked together for many years. They have noted a huge gap in teens needing and receiving treatment, in part due to the lack of supports needed for things they did not understand. This became especially evident during the COVID epidemic.

Therefore, the Connecticut Council of Family Service Agencies (CCFSA), of which Klingberg Family Centers (KFC) is a member, sought and received federal funding to meet that gap, thereby developing the SCY program being discussed today.

There were delays in getting started (hiring staff etc.) and the program really started in September 2023. CCFSA funds the staff of four Community Health Workers under this program. Klingberg employs two of them, and the other two are employed by other CCFSA members under subcontract for this service.

The screening process was described. It takes about 20 minutes and can be done in person (at a location convenient to the youth), virtually, or by telephone. For those youth who screen positive for mental health service needs and elect to seek services, the Community Health Worker makes a referral to services and then assists the youth and family to access the needed supports and services in their community. Their goal is to screen 450 individuals. Since September they have screened over 100.

There were many questions, answers and comments:

- A youth would not normally be referred for services if the screening process did not identify a need.
- If they scored below the threshold, but a youth or family felt strongly that the child needed services, SCY would help connect them to what was needed.
- The screening assessment includes speaking with both the parent and the child.
- Regarding discharge delays (as discussed at another meeting) Steve said that their program focuses on where they can identify kids “way upstream” from the Emergency Department or Inpatient setting. This program wouldn’t help those already in those settings – their behavioral health needs have already been identified. Sonia added that this program focuses much earlier in the process – it is 99% prevention. The goal is early detection. They work with children in the community and parents who are struggling to find services.
- Access can be through a direct call or many other avenues.
- Sheila Gallo (ABLE Child) was concerned about the checklist on slide #7 and a concern that it only addressed behaviors and issues of false positives. She questioned the use of and numbers of children on psychiatric drugs. Steve noted that they use three tools as well as parent concerns to identify needs and connect the family/ assist with access to needed services. As this program is not providing clinical/psychiatric services, they do not have data on the use of psychiatric medications in treatment. Sheila asked about how a parent could make a complaint about the services. Steve noted that they assist families to connect with services. If the family was not happy with the provider, SCY could and has assisted with

access to a different provider so there was a good “fit.”

Sheila asked to be in the minutes/on the record as “opposing this program as it was seen as a way to get children on psychiatric drugs.” They see use of psychiatric drugs for children as a human rights violation.

She later asked if SCY does academic evaluations; they do not. They address what the parent identifies as a concern. They utilize community resources.

- People find out about this service through a variety of venues including tables at Boys and Girls Clubs etc. It is generally parents, not teachers, who are seeking this help.
- The age range for this program is 4-17, and among the three subcontractors, the entire state is served.
- It is funded in part through a one-year Federal grant, though CCFSA is working on getting an extension to meet the screening goals. If extended, it will continue through August 2024. They are looking at other funding sources, with the outcome of this grant defining the need.
- They can work with a family for up to 30 days.
- They have identified transportation as a huge barrier to services, as most of the people they work with use public transportation or walk to get what they need. This constraint means they work with the family to identify not just what is out there, but what will work for that family – including being able to get there.
- There was a question about children going into the juvenile justice system, sometimes because of unmet behavioral health needs. The program replied that early intervention is their #1 goal. One member noted that her son went through the juvenile justice system – early intervention could have changed the course of his life.
- Klingberg Family Centers does offer clinical services. SCY makes referrals to Klingberg services and provides support for access to other agencies, depending on the needs and location of the youth and family.
- Carmen wondered and wanted the minutes to note this – if this is a pilot for prevention, why does Connecticut not fund this itself? It would save the state money. Steve noted that, as a pilot program, it is developing outcome measures. So far, they do see that people are better off.
- Most of the clients in this program are low income, and on HUSKY. But they can also help families on private insurance.
- The contract started in September 2022, but due to multiple issues they ended up hiring the community health workers in January 2023.
- They use a strengths-based approach and develop a partnership with the parents first.
- Regarding languages, they have Spanish-speaking CHWs. For other languages they use STRATUS as a translation service. They have seen an uptick in people speaking Portuguese. The goal is to have services in as many languages as possible. It was suggested that telehealth could/might be used to expand the access to multiple languages.

Carlos commented in the chat that the top 15 non-English languages spoken in Connecticut are: Spanish, Portuguese, Polish, Chinese, Italian, French, French Creole, Russian, Vietnamese, Arabic, Korean, Albanian, Hindi, Tagalog and Greek. He emphasized the importance of qualified translators.

The presentation was concluded thanking Sonia and Steve for their presentation.

2. Update on BHP Consumer/Family Advisory Council – Brenetta Henry

- They are working on the 8th Annual iCAN conference. It will be held virtually on September 28th from 8:30 AM – 2:00 PM. The invitations will go out soon.
- They are working with youth and young adults so they can be part of many systems.

Yvonne added:

- The August CFAC meeting will focus on membership and participation., including the young adult voice, learning opportunities, promoting diversity and inclusion, and more consumer and family input.

3. Other Business and Adjournment:

Co-chairs and elections:

- Unlike the other committees of the BHPOC, this is a joint committee (MAPOC and BHPOC), and therefore there are co-chairs from each.
- MAPOC: Kelly is one of the two appointed co-chairs from MAPOC, the other is currently open.
- BHPOC: at the May 22, 2019, the discussion about a consumer co-chair from BHPOC concluded with a vote about the election of the consumer co-chair position. (The other is an appointment by the Executive Committee of the BHPOC, unlike other committees where the co-chairs are both appointed.)

As requested, Kelly read the bullet points for candidate eligibility for the three-year position as developed by this committee. For these minutes, these are copied directly from the May 22, 2019 meeting when they were approved:

- *Any consumer Co-Chairs need to either be a current HUSKY (Grey CONNECT card) member, caregiver for or the immediate family member of a HUSKY member who share the same residence.*
- *Ready, willing and able to provide leadership and be a mentor to new leaders.*
- *Must study the issues and come prepared for discussion.*
- *Must have been present at 80% of committee meetings.*
- *Must be able to set the agenda, conduct meetings and work with the committee members.*
- *Nominations would be limited to those who have attended council meetings for a period of no less than one (1) year at an attendance rate of 5 of the 6 meetings.*
- *Previous Co-Chair must sit out a 2-year term before running for another term.*
- *The position of consumer Co-Chair will have term limits: two (2), two (2) year terms, time served is retroactive. Nominations will take place in September, elections in November, and term begins in January of every other year.*

Trevor Ramsey made a motion for the requirements above, seconded by Althea Mabayoje. Janine called for a vote, and all agreed by consensus with no nays or abstentions.

Brenetta questioned both the original combining of the committee and if there is any contract or documentation for the relationship with MAPOC. She felt strongly that seats from both need to be considered, noting Kelly's long tenure. Janine described at some length that the two groups are autonomous, that MAPOC has a very different organization, and that it would be inappropriate for one group (our committee or the BHPOC) to dictate to another (e.g. MAPOC) how it should operate. Sabra asked that Rep. Steinberg come to the next meeting (he was present today) to clarify the appointment process of MAPOC. Kelly noted that MAPOC is aware of the opening from their side for this committee to replace Rep. Steinberg in his role here. Quiana later noted that MAPOC makes its own decisions.

Dr. Alice Farrell sought more information on the process for nominations and elections. She noted her long-time involvement and work in supporting families and emphasized the importance of family voices and mentorship. She commented that information should get to families at different tables, with the process for involvement and leadership roles being clear. AFCAM could be another source. Power dynamics need to be considered. To enable more participation, she suggested that the process here be slowed down.

Janine said that the process will be added to the agenda for next month's meeting. As for the history of the combined committees, that goes back many years, before her time on the BHPOC.

Other new business:

Sheila Gallo suggested that we look at the legislative problems and encourage each state agency to dismantle these groups, as they are all state employees. Janine noted that none of the co-chairs are state employees. In the chat Mark Vanacore (DMHAS) noted that state employees are never voting members. Ellen later countered that rather than dismantle, we should try to build more and come together to make decisions. But she added that certain groups can have their own internal process: "My apartment, my rules."

Lois Berkowitz added in the chat that it is important to remember that BHPOC has two committees that also deal with access: the Child Quality Access and Policy Committee and Adult Quality Access and Policy Committees.

Janine again asked if anyone would be interested/willing to work on looking at the presentations that have taken place over the last months to see if there are ideas/ best practices/ innovative or new ideas regarding coordination of care and access that can be gleaned from them. This could be developed into a paper from this group to the BHPOC, noting that this group has a very strong consumer and family voice. Dr. Farrell volunteered to help with that process.

The next meeting will include a report from Veyo and nominations for co-chair. Kelly asked if there were any other ideas for presentations. Benita suggested that someone from DSS speak about services for people with autism.

4. Adjournment: The Meeting was adjourned at 3:07 PM upon a motion by Sabra, seconded

by Benita.

Next Meeting: 1:00 – 3:00 PM, WEDNESDAY, September 27, 2023 via Zoom

Useful or shared links and information from this meeting:

Dr. Alice Farrell, President Olive Branch Clinical and Consulting Services/Activist provided that link to her work:
<https://www.youtube.com/channel/UC86y29oHKA25BVM0kXcu74g>

Carlos Blanco provided this link regarding translation services:

ACA 15 - <https://www.hhs.gov/civil-rights/for-individuals/section-1557/1557faqs/top15-languages/index.html>