

Consumer Advisory Board Report

Date: 10/7/2014

From: Theanvy Kuoch, CAB Member

Topic: Input from the community on Behavioral Health Issues and Health Equity

In order to collect input from member of underserved communities, I have reached out to the following groups.

- NAMI (Kate Mattias)
- Conference on Churches in Hartford (Rev. Shelly Best)
- Asian Family Services (Elia Viccitto)
- UCONN School of Pharmacy (Thomas Buckley Reg. Pharm)
- UCONN School of Social Work (Megan Berthold, Ph.D.)
- UCONN School of Behavioral Health (Julie Wagner Ph.D.)
- Khmer Health Advocates (Richard Miller, MD, M.Scully APRN, Chithserey Ouk, CHW)
- U.S. Census Bureau (Ana Maria Garcia)

This outreach has resulted in four face to face meetings this past month:

- Bang Tran Executive Director of the Connecticut Coalition of Refugee Mutual Assistance Associations , Hartford
- Staff and Partners of Khmer Health Advocates
- Jose Ortiz, President and CEO of Hispanic Health Council, Hartford
- Ana Maria Garcia, US Census Bureau

In the interest of documenting these meetings, I am using KHA's CARES model for deconstructing problems and identifying resources. CARES stands for

Topics	What care does your community have?	What do you need?	What ideas do you have for improving care?
<b>Communications</b>			
<b>Access</b>			
<b>Resources</b>			
<b>Education</b>			
<b>Strategies</b>			

Mr. Bang Tran from the Connecticut Coalition requested another meeting in October to discuss these issues. He is just recently appointed as Executive Director and wants time to develop a plan for participating in the Health Innovation process. He will provide information in the format above for the next meetings.

Khmer Health Advocates and Partners who are working on behavioral issues as part of their torture treatment program and public health projects will provide information in the format above for the next meeting.

**Jose Ortiz from the Hispanic Health Council** met with me for 2 hours. He described

The Hispanic Health Council services are provided primarily through Community Health Workers in order to assure they are language and culturally appropriate.

He described his current programs which focus on prevention and wellness. He also described the Council's strategies for partnering with appropriate agencies to enhance access for his community. Currently the WIC program is moving into their building. The council is heavily invested in research in order to improve access to data.

Resources for health care are limited. He is currently trying to implement a behavioral health program but cannot find a Spanish speaking psychiatrist. Lack of professional resources from the Hispanic community is a major problem and a driver of cost. The need for providers who can deliver culturally appropriate care is great.

The Council provides cultural competency class in person and online and they actively advocate for legislation which requires providers to be certified.

As stated above the Hispanic Health Council has a long term strategy of building partnership to improve the social determinants of health as well as direct care and prevention.

I will meet again with staff of Hispanic Health Council in November.

Meeting with Ana Maria Garcia who provided a training on using the tools available from the US Census Office. A second training will take place next month on the use of Data Ferret which will allow for more detailed data analysis on communities.

#### **Question for the Council**

**Can a Spanish speaking independently functioning APRN be appointed to the position of Medical Director for a new behavioral health program?**

The state of Connecticut currently requires that a physician be the Medical Director for a behavioral health clinic. With the passage of SB #36 which allows Advanced Practice Nurses to function independently, can an APRN act as Medical Director for Medicaid re-imburement?

If yes, are the administrators of the Medicaid Program aware of the law as application forms still list "physician" as a requirement.

If no, how does the state propose to deal with the lack of professional Spanish speaking human resources?

In explaining the role of the CAB, a question that arose from multiple groups focuses on the equity issue and how the CAB can assure that the voices of the community will be heard and the information used to promote the health innovation plan in all communities.

How can we assure transparency of the CAB process?

Because the CAB plays an influential role in the State's Health Innovation Plan how can we assure transparency of our process?

Much of the work of the CAB takes place outside of this meeting, how can we be sure that the content of informal meetings with community members, community organizations , businesses, providers, payers and others are documented and shared with all of the CAB members?

Consumer Advisory Board  
October 7, 2014

#### Considerations for Behavioral Health

- 1) Review and align the following reports to the work of the CAB:
  - a. Task Force to Study the Provisions of Behavioral Health Services for Young Adults, 2014
  - b. Connecticut Behavioral Health Plan for Children, 2014
  - c. Office of the Healthcare Advocate Findings & Recommendations: Access to Mental Health and Substance Use Services, 2013
  - d. Sandy Hook Advisory Commission Interim Report, 2014
  - e. North Central Regional Mental Health Board Community Conversation on Healthcare Reform and Mental Health Report, TBD
  - f. A Report on Mental Health Parity And Commercial Health Insurance Compliance, 2013
- 2) Develop online platform for seeking public comment and reporting feedback from groups, organizations, and agencies (see [www.plan4children.org](http://www.plan4children.org))
- 3) Develop strategy for seeking consumer, advocate, and provider feedback
- 4) Identify and outreach to the following stakeholder groups:
  - a. Provider agencies and organizations
  - b. Advocacy Groups and Organizations
  - c. Individuals consumers, family members, and allies
- 5) Establish a behavioral health workgroup for the CAB
- 6) Seek indicators for measuring the quality of care and consumer satisfaction in the area of behavioral health
  - a. Quality Improvement Collaborative
  - b. Behavioral Health Partnership

Submitted by Michaela I. Fissel and Theanvy Kuoch