

## COVID-19 Community Response Advisory Council Meeting

Friday, June 5, 2020

2:30 to 4:00 pm

### Welcome Remarks

#### Jay Williams

- Appreciation for the work that goes into these meetings, the work we are here to talk about
- Context in the we are meeting, we have been dealing with a global pandemic, and all that it has brought in terms of economic and health challenges
- In the more recent weeks we have seen layered in, the unrest which can equally be called a pandemic, a pandemic of racism, inequity and disparities
- When you put those two things together in my mind it really underscores the work that we are doing is, related to COVID-19 but even when COVID-19 subsides due to a vaccine or any of the other things we are seeing trending in a positive direction, that we do not take our foot off the accelerator on the pandemic of racism
  - Which has been around longer and wreaked havoc on all of our communities, particularly the Black community and other communities of color
- Media is a reminder that disparities and inequities are ever present with us
  - Although it didn't happen in Hartford or the Hartford region, it is not because we don't face those same issues or challenges
  - There is still a history of unrest, discord and tension even in our own communities
- As we move forward in discussing the progress made, there are significant challenges facing residents who were vulnerable before this visible/manifestation of this visible outbreak and when we get back to normalcy some challenges will still remain visible, if not to COVID-19 than to the structural inequities and disparities
- The Foundation's pre-COVID focus on stable housing, employment, community safety, student progress and ongoing commitment to basic human needs continue to connect us to you as critical partners
- We are seeing an encouraging sign of a diverse, broaden population of individuals who are beginning to take note, and see and feel these challenges differently than they have in the past
  - Board member states he hopes these moments are stitched together and become a movement, a sustained movement, that will be with us even if it is not triggered by a viral video, it would be triggered by an ongoing visceral reaction to what this country has plagued this country far too long
- "All this will not be finished in the first 100 days, nor will it be finished in the first 1,000 days, nor in the life of this administration, nor even perhaps even in our lifetime on this planet, but let us begin" - Kennedy
  - We have begun; progress may seem slow but it is indeed progress

- The Foundation is renewed in our commitment in addressing these issues
  - We can do nothing without our donors, our partners and our staff
- Leadership demonstrated by Paula Gilberto and the team at United Way and Mayor Bronin

**Paula Gilberto, President, United Way of Central and Northeastern CT 5:14**

- Appreciation for the partnership and team at the Foundation as well as Liz Buczynski
- I want to build on one point that Jay mentioned that this is a movement not a moment
  - What makes it a movement is what we do in terms of our personal and organizational movement

**Elysa Gordon, Vice President and Senior Advisor, Hartford Foundation 6:24**

- COVID- 19 Response Fund was opened April 3 (slide deck)
  - Through May 29th we have awarded 5.8 million dollars about 116 grants
    - Vast majority has been focused on communities and residents in the city of Hartford however we have significant dollars serving the entire region
    - Highest needs have been food security, COVID-19 safety and protocol assistance and seeing more of a need for case management, even among organizations who have conducted this previously they need dollars to be able to add this to their toolbox
- Learning takeaways
  - Role of technology and lack of access
    - Being able to understand who has access to that technology and not just the hardware, but the call help-desk and support as well as wifi
  - Essential role of hyperlocal organizations and collaboration
  - Introducing us, humbling us about who is missing in our organization pool
  - What does it look like to provide comfort and services where people already are
  - We will likely ask for your support and thoughts

**Judy McBride, moderator 9:26**

- Dr. Carlos Gonzalez joins us to discuss how to help children and adolescents who are so vulnerable at these times and how to support their families
- He is a medical director and staff child and adolescent psychiatrist at the Community Child Guidance Clinic in Manchester
- Served as an Assistant Professor of Psychiatry at Yale
- Headed the Hispanic Health Center

**Dr. Carlos Gonzalez, medical director and staff child and adolescent psychiatrist at the Community Child Guidance Clinic in Manchester 12:45**

- Prevalence and incidents of mental health issues, attempt to outline the routine obstacles the people and agencies are experiencing on a daily basis, then how these routine obstacles have been accentuated by the current health crisis
- Mental health stats:
  - 19.1% of US adults experience mental illness in 2018
  - 4.6% of US adults experienced serious mental illness in 2018
  - 16.5% of US youth aged 6-17 experienced a mental health disorder in 2016
  - 3.7% of US adults experienced a co-occurring substance abuse disorder and mental illness in 2018
- Prevalence of mental illness by demographic group
  - Fairly uniform
- Disability Adjusted Life Years
  - Comparing disability losses of mental disorders to those of more recognized illnesses
  - Over the majority of a life span, mental and behavioral disorders are taking up a huge chunk of our working folks time, money, absenteeism, etc.
- Usual things seen around vulnerable populations
  - Unemployment, underemployment
  - Low socio-economic status
  - No give in their financial system, living at end of economic means
    - Any unexpected expense can be a huge burden, i.e. the car needs a repair
  - Higher likelihood of legal problems such as evictions, divorce, relocation, etc.
  - Limited access to reliable transportation
  - Access to educational resources is not equitable
- The people most vulnerable also report the most serious psychological distress
- Routine obstacles within the family
  - High degree of conflict within families, less cohesion
  - Separations, discords among caregivers
  - One child, often more than one, with emotional or developmental disorders
  - Limited support from extended families
- Systemic routine obstacles
  - Fragmentation of care is an unfortunate and pervasive reality
  - It is unfortunate and unacceptable that families at risk have to jump through hoops to get, for example f/u care after a hospitalization, or have an in-home services that does not include a psychiatrist, or try to change from an IOP to a lower or higher level of care.
  - Necessary transitions between services are rocky, with built-in delays and disparities that routinely include:
    - Changes in agency, e.g. de facto splitting between such things as in-home services and psychiatry, or IOP versus PHP

- Insurance-hurried approach to inpatient treatment and discharge
  - Differences between inpatient discharge planning and what actually happens
- Cultural and language barriers - scarcity of bilingual/bicultural services and clinicians remains a glaring deficit
- Clinical staff- stressed, vulnerable to burnout due to the usual high intensity of the services they provide to frail populations
- Fees for services provided to Medicaid and Medicare saddle agencies with having to work at a built-in deficit, where they must pay staff more than what their services bring in
- COVID-19 Graph- Age adjusted by race/ethnicity
  - Taken from NYC in April
  - Numbers per 100,000
  - The rates of infection, hospitalization and death are skewed notably toward our minority populations, in particular African American and Latino
- COVID-19 Graph - Age differential among racial/ethnic groups in CT
  - Some slides the Latino population was viewed as having lower rates
    - This was due to such a low percent of Hispanics (7%) above age 59
    - The rate of cases with a younger population is still way higher than it should be
- COVID-19 rate of cases by race/ethnicity in Connecticut (graph)
- COVID-19 rate of deaths by race/ethnicity in Connecticut (graph)

Usual State of Affairs	Impact of COVID-19 Pandemic
Low SES	<ul style="list-style-type: none"> <li>● job loss, threat of eviction, homelessness, overcrowding</li> </ul>
Stress on family	<ul style="list-style-type: none"> <li>● no school, no in-home services, limited PHP, IOP. Increased use of screen time, with fewer limits</li> <li>● fear of pandemic leads to fear of hospitals, ED's</li> <li>● Decreased support from extended family</li> <li>● Increased friction between caregivers</li> </ul>
Fragmentation of care	<ul style="list-style-type: none"> <li>● Fragmented, but present services vs. absent or highly curtailed services</li> </ul>
cultural/language barriers	<ul style="list-style-type: none"> <li>● No better</li> </ul>

Clinical staff stress	<ul style="list-style-type: none"> <li>● Adapting to telehealth</li> <li>● Feelings of ineffectiveness</li> <li>● Mental and physical exhaustion</li> <li>● We have our own stressors, fears and frustrations</li> </ul>
Compensation for services	<ul style="list-style-type: none"> <li>● Re-writing of billing, redoubling of efforts to maintain connection despite financial inequities</li> </ul>

- Advocate for UNIFORMLY better internet access
- Find ways to reduce fragmentation in services offered
- Finds ways to support underserved families
- Find ways to make public insurance be as socially and fiscally responsible enough to avoid the provision of less than adequate or comprehensive care to frail populations

### Questions 33:00

**Pat Baker**, President, CT Health Foundation

- We know medicaid expanded telehealth and it has its limits, and that was a temporary expansion and has really helped at this time, especially for community health centers who have seen a difference in access to patients
- Reimbursement for telehealth
- What would you want to see in a policy agenda around telehealth in the future?
  - Documenting no shows, etc
  - Resources for families

**Dr. Carlos Gonzalez**

- It would be great to have telehealth just be another option
- In the absence of anything this needs to be ongoing though it does not exactly replace in person visits

**Richard Sugarman**, Hartford Promise

- Hartford Promise works mostly with high school and college students
- Have seen a continuing increase of varying mental health issues that is noticeable heightened in the last 3 or 4 months
- Availability of resources for college students at their campuses very spotty and can be limited
  - Extra supports and services or intervention do not seem to be readily available
  - More and more young women are willing to speak about their mental health; yet do not hear much from young men
    - When young men finally do come forward their experiences are much more severe

**Lena Rodriguez**, President & CEO, Community Renewal Team

- Telehealth has to be another resource to provide health care services
- One of the issues is having access to qualified, diverse technicians
  - Bilingual/bicultural
- Additional resource we need to advocate for that it is necessary especially when there is a shortage of providers/technicians
  - What is required for licensing?

**Dr. Carlos Gonzalez**

- Something I do occasionally is having people calling in from different locations, almost as a tiny Zoom meeting
  - It would be nice to have a translator join just as a parent or therapist might

**Jamey Bell, Executive Director, Greater Hartford Legal Aid**

- Link with psychiatric needs for kids and what they might need and kids who have been identified by schools as entitled to special education and have an individual education program
  - Can strengthen claims for reimbursement, support from schools and can assist with the wrap around services, linkage and coordination
- Advocates at GHCLA are still working with kids and families actively, enforcing IEPs, getting identification for kids who were not formerly identified
  - the entire special education system across the state is up and running and those children still have a lot of forcible state and federal rights to education services designed to meet their educational needs (often for the population we serve which is low income, highly stressed kids) as well as related services such as social work and psychological support

**Pat Baker, President, CT Health Foundation**

- Fragmentation of care
  - From primary care to behavioral health
  - What are two things we could do to reduce the fragmentation?

**Dr. Gonzalez**

- Create a small streamlined organization that would be in charge of every transfer
  - Ensure no one falls through the cracks
  - Put in a one page referral
- We do not have the capacity we need
  - While being a child psychiatrist at Griffin Hospital (~30 years ago) they had to place children in every emergency room across the state for 24, even 36 hours because there was nowhere safe for them
  - Today there isn't much of a change; programs are pretty full; we have problems moving kids within our own programs

**Matthew Morgan, Executive Director, Journey Home**

- The need for continued telehealth services
- The homeless population rate of missed appointments is much higher than the traditional populations
  - Prior to COVID-19 Journey Home was trying to implement more in-home behavioral health services, but the biggest issue was there was not enough providers to do those services
    - Rare but did find someone who could go in-home and bill medicaid
- Prevention of homelessness effort and retention strategy of people who have been housed after being homeless

**Judy McBride**

- What special needs do we need to be keeping in mind when we look to house and employ children aging out of foster care
- There is supposed to be some agency that is supposed to be in charge of those transfer services

**Alex Johnson, President & CEO, Capital Workforce Partners**

- We need to think about the chicken and egg approach here
- Dealing with behavioral health issues and getting people out of poverty and getting back to the question, the people we are seeing are young adults and adults experiencing the traumas of poverty and experiencing the various issues and challenges of the fragmented health care system
- How can we leverage systems?
  - We have been trying to focus on trauma informed case management support as a strategy at better connecting individuals with the expertise in behavior health and trying to connect those systems
- I want us all to think about how we do a better job of connecting those systems both for adults and young people
  - Opportunity youth - young people out of school, not working have a lot of challenges (behavioral needs and health care needs)
- The better we are able to provide opportunity for individuals to uplift themselves educationally and through employment, that becomes a hard strategy to mitigate these issues
- Once foster children age out, there is no continuum of support and they fall through the cracks
  - How we are doing a better job of transitioning that care support model for these young people is a necessary conversation

**Dr. Gonzalez**

- Children fall between the cracks because agencies often define their job by what they do not do

**Lena Rodriguez, President & CEO, Community Renewal Team**

- Community health workers and health navigators
  - How should we do a better job of using those positions and expanding on those positions in a coordinated way so that those can be the folks in the community or with a number of different organizations but a coordinated effort to use those positions to do just that, in terms of coordination of services, including being inside the hospital systems

**Dr. Gonzalez**

- This could be the glue that begins to unite some of these fragmented services but you need numbers, money and a cohesive plan
  - Agencies also have to buy into this as the approach
    - There are so many this is hard to conserve
  - Frontline people would need to learn more about working with more vulnerable populations

**Lena Rodriguez, President & CEO, Community Renewal Team**

- Currently, health navigators are working to get people insured and community health workers are being trained to do that work in the community to navigate and coordinate services along with social determinants of health programing to help with families
- Perhaps being able to differentiate levels of community health coordinators in terms of area of expertise, level of education and populations they have experience with

**Judy McBride**

- Can you talk about how you engage families who do not have mental health experience and have a child who struggles with mental health

**Dr. Gonzalez**

- You have to come across as someone who knows what they are doing as well as someone who is willing to listen
  - You need experience navigating and maintaining your own sanity
- You can write a book on how you can join families and at the same time be an agent of change
  - When it works, it is real good but when it does not work we hear about it right away
- Every encounter is a brand new encounter, every encounter is a cross cultural encounter

**Pat Baker, President, CT Health Foundation**

- More and more we are all aware of adverse childhood effects
- How do we think and incorporate approaches, advocacy, service delivery
  - How can we get there earlier to address adverse childhood events to mitigate adverse effects

- not just for mental health but there are being tied to diabetes that exacerbate these disparities
  - What could we do as a state with policy or practice or reform that could help us get there earlier?

**Dr. Gonzalez**

- What we are not doing is seeing this as the biggest epidemiological and human well-fair thing we could be doing
  - If we do not take care of this we are going to get more crime, less educated folks, more break down of families
- You can start anywhere, any time you can interrupt the cycle you are doing good
- However at this point there is only little efforts that do not really get followed up on
  - there is no continuity, but rather disruptions that lead to the same cycle

**Richard Sugarman, Hartford Promise**

- Before COVID-19 we were aware of the traumatized communities before COVID-19 but will this illumination of things create more of a structural, systemic view of things
  - Those structures and systems and terrorized communities will always create more problems than what you can keep up with

**Pat Baker, President, CT Health Foundation**

- How do we take this moment of crisis and really think about the public health and health delivery system we build and interventions in order to address these structural issues

**Liz Buczynski**

- The work of the health enhancement communities is happening now
  - Leading in Hartford with the support of the North Hartford Triple Aim Collaborative
    - Trying to tie the clinical, the early childhood piece and look at the payment reform system
  - The state is looking at this moment with COVID on how to tie this work together
  - The work is in progress but there is more to do

**Judy McBride**

- What do you see among young people and interactions with police and especially as we see interaction escalate so quickly

**Dr. Gonzalez**

- The variety of interactions that my kids have with police is so wide
  - Some police come to our school if a kid is acting up and they are gentle, appropriate but it does vary policeman to policeman
  - Perhaps you do not always get the kind policeman and you are thrown in handcuffs without many questions

- In all fairness to police, I am sure they are feeling stressed and feeling like they are out of their element
  - You join the force to arrest bad guys, you do not want to go into a school and settle down an 8-year-old who is calling you all sort of names and spitting in your face

■

### **Judy McBride**

- Thank you Dr. Gonzalez
- Next conversation raises up the disproportionate impact of COVID-19 on communities of color, the challenges of minority owned and women owned businesses as they try to recover in this environment
- We will also hear from Dr. Maysa Akbar, a clinical psychologist who specializes in urban trauma
- We have allocated enough time for each speaker to present data as Dr. Gonzalez did today

### **Paula Gilberto, President, United Way of Central and Northeastern CT**

- Thank you Dr. Gonzalez, we very much value and appreciate not only the rich content but the heart that you bring to your work
  - It is clear not just in what you share but how you share it
- Thank you for the partnership with the Hartford Foundation and its leadership
- Also want to thank to all of you, many of you are direct service providers and many of you represent special groups and special causes
  - Doing this kind of work on any day can be challenging but doing this in the midst of a health pandemic but as well as what we have going on in the country in on ongoing basis in terms of continued racial disparities and systemic racism and injustice
- Let us not make this a moment
- I hope that all of us can take a moment in the sun and refresh and renew