

State Health Improvement Planning Maternal and Child Health Coalition

December 19, 2017 CT Women's Consortium 2321 Whitney Avenue, Hamden 9:00 am– 11:00 am

Meeting Summary

Attendees: Jennifer Morin, Marc Camardo, Ann Gionet, Selma Alves, Galit Sharma, Christiane Maiorana, Leigh-Lynn Vitukinas, Faaiza Manzoor, Marty Milkovic, Erica Crowley, Vanessa Gervais, Erin E. Jones, Connie Heye, Daileann Hemmings, Judith Dicine, Marijane Carey

1. Welcome, • Marijane Carey opened the meeting	person responsible
 Introductions, & Ann Gionet updated the group on the developmental screening workgroup meeting. Marybeth Bruder is involved with CT Act Early team. Molly Cole, Acting Training Director at the University of Connecticut Center for Excellence in Developmental Disabilities, has agreed to give \$25,000 to host a statewide developmental screening conference. It will be directed toward people in Connecticut who have some work with developmental screening, Early Care and Education providers, pediatricians, families, teachers. There will be information on best practice, Ages & Stages questionnaires, and examples of community programs such as Books, Balls and Blocks program by Office of Early Childhood. There will be held at Infoline. The conference will be held in June after the conference we hope to move the information into the community environment. We hope to involve community groups through Help Me Grow, the CT Medical Home Initiative, and the Academy of Pediatrics webinars to provide information. Ann Gionet will present at the next coalition meeting on the developmental screening workgroup. Marc Camardo gave an update on Maternal and Child Health Block Grant. 	

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 HRSA has released the proposed guidance. Changes designed to streamline efforts include reducing the number of domains from 6 to 5. There will be one National Performance Measure per domain. It is anticipated that the final guidance document will be provided in January. Oral health is included throughout the block grant, even with the removal of the Lifecourse domain. A contract with DPH will train 150 community health workers. The first training will be in mid-February. It will focus on the importance of oral health and its connection to overall health and well-being, specifically in the targeted population of infants and young children, pregnant women, and older adults 65 and over. Marty Mikovic discussed that changes in the state budget benefits include limitations for adults on Medicaid. Oral health is limited to \$1,000 per year and starts in January. Women who are pregnant are in a separate category and will still be eligible but subject to a cap. This new limitation affects about 5,000 out of 350,000 people on Medicaid. Dentures are excluded from this benefits cap in this plan. Please call if you have any questions. A letter was sent out to adults on Medicaid. Procedures that are medically necessary can be exempted from this cap (cancer of the jaw, periodontal disease conditions, etc.) Erica Crowley from NARAL showed a website that was designed to provide information about the 25 crisis pregnancy centers in Connecticut. www.exposecpcsct.org NARAL crafted an ordinance specific to Hartford about deceptive practices of crisis pregnancy centers. The ordinance passed in Hartford and will take effect in July, 2018. The Hartford health department is the enforcing agency in this ordinance. The ordinance, Pregnancy Information and Disclosure, defines what can be considered a pregnancy services center, prohibits deceptive advertising, and has a signage requirement for crisis pregnancy centers, identifying if you have a licensed medical provider on the premises. 	
Jennifer Morin provided a quick overview of the Connecticut Pregnancy Risk Assessment Monitoring System (CT PRAMS), a surveillance project of the Connecticut Department of Public Health and the federal Centers for Disease Control and Prevention (CDC). PRAMS collects information on maternal attitudes and experiences before, during, and shortly after pregnancy from a sample of postpartum women in Connecticut. Information from PRAMS can be used to help plan better health programs for Connecticut mothers and infants. PRAMS provides	Marijane will send out Jen's contact info and questionnaire
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	statewide data on a number of topics not available elsewhere, including perinatal depression, psychosocial support and stress, intimate partner violence, oral health, male involvement, and much more.	
	Currently, data is available for the 2013-2015 surveillance years. It is estimated that 2016 weighted data will be received from CDC in mid-2018. The 2013 data report is waiting on internal approval. Once received, it will be circulated to the group. Data reports for 2014 and 2015 will be completed later this year. Copies of the Phase 7 (2013-2015) and Phase 8 (2016 – present) surveys are being sent with these minutes. If PRAMS data can help support your programs, legislative agendas, funding applications, etc., please contact J. Morin. DPH is required to send two data to action examples with its continuation application each year. These examples are intended to highlight success stories (e.g., using PRAMS data to start a new program, expand a program, develop legislation, etc.) and are used by CDC to advocate for continued funding of PRAMS. J. Morin is finishing the	
	continuing funding application. Given the current continuing resolution status of the federal budget, it is unclear what the actual funding amount for the next fiscal year (beginning May 1) will be.	
3. Legislative information/discussion	 Erin Jones - <i>CHIP reauthorization</i> - trying to get to a vote on it before December 31. There is a piece in the federal tax reform on the individual mandate. Connecticut is considering keeping the individual health mandate even if the federal mandate is removed. <i>Paid Family Leave</i> - unknown as to what will happen with this legislative proposal. Connecticut is currently in a budget deficit. The Connecticut Business & Industry Association (CBIA) is noncommittal on this legislation. Zero Weeks is being premiered in Waterbury. We will continue to support for Paid Family Leave <i>Other relevant issues</i> - FCC ruling on net neutrality: We will be watching closely to see what happens with this and how it will affect us. EPA: what will happen with strides that the United States has made in environmental health in the past. Fiscal climate: How are new and current projects going to be paid for? If money is identified for a new program, it has to be 	Marijane Carey will email the Zero Weeks information on showings.
	removed from something else. HPV vaccine program: it will be put in place this year. It included a mandate for vaccines and contained an education component as well. Tobacco: there was a 45 cent increase on tobacco sales. The money needs to be put into prevention. Ecigarettes and CONNECTICUT HEALTH IMPROVEMENT COALITION	





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	flavored nicotine need to be targeted in prevention and education programs. Community healthcare workers certification passed with no money added to it.		
	 Vanessa Gervais – <i>Status on HUSKY B</i> – Husky B will be ending January 31, 2018. Approximately 18,000 children will be affected by this. Department of Social Services (DSS) sent a letter to HUSKY B recipients letting families know they will have no HUSKY B benefits after January 31. It included the eligibility requirements for HUSKY A, HUSKY C, and other programs they may be able to utilize. Families need to report any changes in financial status. They must look at monthly income to truly understand what they are eligible for. It is expected that most will be able to enroll in Access Health CT with Advanced Premium Tax Credits. Anyone who loses coverage is eligible to enroll in AccessHealth CT plans even after enrollment period is over. If they have employer sponsored insurance, they can use the letter that was sent from DSS to enroll. Please have people pay attention the mailings that come from DSS in the green envelope. Parent caretaker reductions affected about 10,000 parents and most received transitional medical coverage. Some people are eligible for extended medical coverage. DSS has not seen influx of appeals. It ends December 31. A child can still be eligible for HUSKY A even if parent is not eligible. Nothing has changed for pregnant women or for HUSKY D. Medicare Savings program. The website listed what the potential changes would be and then it was taken down. Households that were told they would lose coverage are now on hold until meetings happen to determine how to implement changes. There are approximately 109,000 people on this program. It would be a large decrease if the income limits are reduced to federal standards. Ann Gionet reported that the non-emergency medical transportation vendor is changing from Logisticare to VEYO. This is effective starting January 1. Information discussing this change will be distributed to the Coalition. 	Marijane Carey will distribute the letter that had been sent to HUSKY B families.	

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	 determine if this can be submitted or needs to be revised to be moved out of the agency. Marijane Carey discussed using the Family Preparedness Plan that was developed when working with undocumented families. There are resources for families in the event the ICE comes in and parents are separated from their children. The Plan discusses what to do in these events. M. Carey also reported that Every Woman CT is moving forward with the Department of Mental Health and Addiction Services on implementing "One Key Question" in women's services. 	Marijane Carey will send out the Family Preparedness Plan.	
5. Wrap Up/Next Meeting/Adjourn	The next meeting date will be Thursday, March 22 at the CT Women's Consortium.	Marijane Carey will email the date and time to the Coalition members.	

