



**CONNECTICUT**  
**HEALTH IMPROVEMENT COALITION**  
*Partners Integrating Efforts and Improving Population Health*

**State Health Improvement Planning**  
**Maternal and Child Health Coalition**

April 23, 2018  
 CT Women’s Consortium  
 2321 Whitney Avenue, Hamden  
 9:00 am– 10:30 am

**Meeting Summary**

Attendees: Jennifer Morin, Marc Camardo, Marcie Cavacas, Patricia Lopez-Cruz, Erin Jones, Kareena DuPlessis, Regina Owusu, Rob Zavoski, Geralynn McGee, Colette Anderson, Amanda Ayers, Donna Burke, Janice Robinson, Faaiza Manzoor, Selma Alves, Heather Black, Leigh-Lynn Vitukinas, Michal K. Stevens, Melissa Touma, Jordana Frost, Cheryl Burack, Galit Sharma, Amanda Vercollene, Marilyn Pavelus, Tamisha Smith, Tracey Hayes, Marijane Carey

Agenda Item	Discussion	ACTION Items and person responsible
1. Welcome and Introductions	<ul style="list-style-type: none"> <li>Marijane Carey opened the meeting. Introductions were made around the room.</li> </ul>	
2. Announcements and Information Sharing	<ul style="list-style-type: none"> <li>F. Manzoor - Southwest AHEC is conducting free Oral Health Training for Community Health Works. A \$40 stipend will be provided to all attendees. A handout of all the trainings was given to all attendees.</li> <li>The Connecticut Women’s Consortium has a new workshops and events catalogue available to take. You can register for workshops at <a href="http://www.womensconsortium.org">www.womensconsortium.org</a></li> <li>M. Carey said HB 5389 was voted on in the finance committee and advanced the bill on paid family leave.</li> <li>M. Carey reminded all to save the date on the developmental screening conference that went out by email.</li> <li>The Pay Equity Bill is moving forward. Employers cannot ask about pay history when interviewing.</li> <li>May is Mental Health Awareness Month.</li> </ul>	Marijane Carey will email the Mental Health Awareness Month activities.
3. Community Health Network’s Intensive Care	An overview of Community Health Network’s (CHN) Intensive Care Management (ICM) services for HUSKY Health members who have complex health care needs ~ Amanda Vercollene, Marilyn Pavelus, Tamisha Smith, Tracey Hayes	Marijane Carey will send the PowerPoint and contact





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<p>Management Services</p>	<ul style="list-style-type: none"> <li>• ICM has care teams to address needs of members with conditions such as coronary heart disease, heart failure, behavior health, substance abuse, and children and youth with special healthcare needs.</li> <li>• Services for Pregnant/Postpartum members – Healthy Beginnings             <ul style="list-style-type: none"> <li>• Voluntary program for HUSKY Health members who are pregnant, recently delivered, or had a baby who spent time in NICU after birth. All cases have an assigned nurse.</li> <li>• Focuses on minimizing the risk of pregnancy related complications through education/coaching, preventive care, and reducing risk-taking behaviors</li> <li>• Provided to moms for about 2 months after delivery. NICU babies can be followed for 1 year post discharge. Contacts are dependent upon needs of the member/child and their preferences.</li> <li>• Community Health Worker (CHW)- Provide outreach via face-to face, phone, videoconferencing; first outreach always through telephone; face-to-face meetings can be in home (preferred), but can also be in public places based on member preference; connect members to resources available in the community</li> <li>• CHW helps with job search, applying for cash assistance, diaper banks, adult education trainings, non-emergent medical transportation,</li> <li>• Coaching/education – healthy weight gain, glucose levels, vaginal bleeding, breastfeeding support- IBCLCs, 2 CLCs. Do not provide hands on care. Offer home visits, address common questions/concerns, identify signs of adequate milk transfer, refer to WIC, instruct on where to seek help should the mother need more breastfeeding help</li> <li>• Care Plan – member’s goals are identified by what they are willing to work on – short and long term goals</li> <li>• Medication reconciliation – reasons for taking them, why they are not taking certain medications, if their provider knows if they are taking them or not</li> <li>• Referrals – online referral form; referrals come from providers, members can opt in; if a member has been in the ED, recently delivered, pregnant, a list is generated and referral made. Staff reach out to let them know they are eligible for this service by calling 4 times and then sending a letter.</li> <li>• Encouraged to enroll in Nurturing Families Network during pregnancy</li> <li>• Covers all of CT with nurses assigned to specific regions</li> <li>• Utilizes text-for-baby program which sends texts to the pregnant moms.</li> <li>• Hours are 8:30 – 5, with 24/7 nurse helpline</li> </ul> </li> </ul>	<p>information</p>
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	<p>Pediatric ICM services – Marilyn Pavelus</p> <ul style="list-style-type: none"> <li>• Staff provide assistance with head of household getting services, identifies barriers that may arise, gets nursing services in the home, submits referral to CHW</li> </ul>	
4. Report from the Medicaid Strategy Group	<p>Gerallynn McGee – Medicaid Strategy Group is a coalition of organizations and individuals interested in the protection and improvement of Medicaid in CT providing legislative and administrative advocacy, education and awareness, messaging, and grassroots advocacy/story collection.</p> <ul style="list-style-type: none"> <li>• HUSKY A is available to adults with income up to 138% Federal Poverty Level (FPL), pregnant women with up to 263% FPL, and children up to 201% FPL. It provides benefits for medical, behavioral health, pharmacy, translation, ASL services, dental, vision, and non-emergency medical transportation</li> <li>• HUSKY A clients represent 60% of enrollees</li> <li>• In 2015 income eligibility limits for parents and caregivers reduced from 201% to 155%FPL (11,209 lost coverage)</li> <li>• In 2017, income eligibility went from 155%FPL to 138%FPL; impacted approximately 13,500. Coverage for 300 immediately terminated because they were not working and not eligible from transitional medical insurance. The others will lose coverage January 1, 2019.</li> <li>• Advocacy through Protect Our Care Health Care Action days, letters to the editor, calls to legislators</li> </ul>	Marijane Carey will send the PowerPoint and contact information
5. Legislative Questions	<p>Judith Decine - Property Maintenance Code proposal updated. The agency is working on getting this on the SHIP bill as an amendment. It has approval from multiple state agencies and organizations.</p> <p>"Housing is the best vaccine." It has been shown that access to healthy housing reduces medical costs.</p>	
6. Wrap up, reflections and next steps	<p>The next meeting will be June 26, 2018 at the Connecticut Women's Consortium.</p>	

