**Location:** Chrysalis Center - Hartford, CT

**Date:** June 19, 2019 **Recorder:** Michael Nogelo

**Start Time:** 9:41a.m. **End Time:** 2:10 p.m.

**Presiding Chairs:** Gina D’Angelo, Blaise Gilchrist, Barry Walters

**Attendance:** See last page for roster of CHPC members and public participants

**Meeting at a Glance**

* CHPC members voted to approve the May 2019 meeting summary without changes.
* Standing CHPC committees and the ad hoc Prevention Committee met in the afternoon and reported on their progress to the full CHPC.
* Mr. Fernando Morales, representing the Southwestern Area Health Education Center (AHEC), shared information about the history, certification process, and current legislation related to Community Health Workers (CHWs) in Connecticut and answered several questions about CHWs from participants.

**Call to Order and Co-Chair Announcements**

CHPC co-chair Mr. Barry Walters called to order the Connecticut HIV Planning Consortium (CHPC) at 9:41 a.m. The CHPC is a public health HIV/AIDS planning group with a goal to reduce the rate of new HIV infections and to connect people living with and affected by HIV/AIDS with appropriate services.

The Statewide Integrated HIV Prevention and Care Plan’s goals align with those of the National HIV/AIDS Strategy (NHAS) 2020: 1. Reduce new HIV infections; 2. Increase access to care and improve health outcomes for PLWH; 3. Reduce HIV-related disparities and health inequities; and 4. Achieve a more coordinated response to the epidemic. The CHPC meets on the third Wednesday of the month, typically eight (8) times per year. Meetings are open to the public, including the media. Etiquette guidelines include being present, being prepared, being respectful, and being patient. Participants held a moment of silence to honor those loved and lost to HIV/AIDS and to recognize friends, family, and community members living with and affected by HIV/AIDS.

Ms. D’Angelo reviewed co-chair announcements. CHPC members are expected to be present all day; leaving early counts as an absence. Members receive a warning after two (2) absences in a calendar year, and are administratively discharged after three (3) absences. Members vote on some items, such as meeting summaries. Committees make decisions by consensus. Participants should speak their truths in person or on feedback forms.

**Introductions**

CHPC participants introduced themselves by name and affiliation (town or organization), starting with CHPC members and continuing with all participants. See page seven (7) for a full list of participants.

**Vote – May 2019 Meeting Summary Approval**

CHPC co-chair Mr. Barry Walters explained that the CHPC keeps records of its monthly public planning meetings. He asked CHPC members to review the May 2019 meeting summary. Ms. Clara Langley O’Quinn motioned to approve the summary and Mr. Ron Lee seconded the motion. No changes to the summary were offered.

Mr. Walters closed discussion and asked CHPC members to vote by raise of hands. The CHPC voted to approve the summary with zero (0) changes:

* 18 CHPC members voted yes
* Zero (0) CHPC members voted no
* Two (2) CHPC members abstained from voting

The motion carried to approve the May 2019 CHPC meeting summary with zero (0) changes.

**Comments & Announcements**

The CHPC reserves time at each meeting to listen to its members, partners, and guests. Mr. Walters asked CHPC members to share any announcements related to the HIV/AIDS community.

CHPC Members

* Ms. D’Angelo stated that, in July, Mr. Dante Gennaro will take headshots of all CHPC members who wish to do so, and anyone authoring an article for the August CHPC newsletter.
* Ms. D’Angelo said that CHPC leaders were considering adjusting the 2020 CHPC meeting schedule. The June feedback form includes space for CHPC participants to provide their feedback.
* Ms. Kat Auguste stated that Thursday, June 27 is National HIV Testing Day. Southwest Community Health Center is excited to partner with Franklin Apartments to hold a testing event, which will include HIV 101 presentations.
* Ms. Auguste added that Tuesday, August 6 is National Night Out in Bridgeport. Community members are encouraged to attend an event with the Bridgeport Police Department from 5:30-7:30 p.m. at the Eleanor Apartments back parking area at 12 Garden Street, Bridgeport, CT.  It will be a fun event with a free cookout, giveaways and more.
* Ms. Nilda Fernandez stated that Ms. Danielle Warren-Dias will soon depart on a cross-country motorcycle ride to raise money for the Hartford Youth HIV Identification and Linkage (HYHIL) Consortium, Pediatric HIV Testing Day, and the Connecticut Children’s Medical Center (CCMC) peer-to-peer women’s support group. She will blog her trip, and will go live on Facebook on National HIV Testing Day. Ms. Fernandez encouraged participants to follow Ms. Warren-Dias’s journey on the HYHIL Facebook page and/or Ms. Warren-Dias’s personal page. Those interested can support the trip by making a donation.
* Mr. Walters stated that A Place to Nourish your Health (APNH) will conduct National HIV Testing Day events, including a “Testing with Pride” event. On Wednesday, June 26, there will be testing events at the United Church on the Green, at the York Street Bar on 169 York Street, and at the New Haven Pride Center. He encouraged participants to check APNH’s Facebook page or website for more details.
* Ms. D’Angelo stated that Connecticut has signed on to the National Undetectable = Untransmittable (U=U) campaign. She reiterated that an HIV-positive individual with an undetectable viral load cannot sexually transmit the virus. The U=U campaign and its participating states pledge to spread this message on a national level. It is also a great anti-stigma message.
* Ms. D’Angelo stated that a bill recently passed to provide Connecticut youth access to Pre-exposure Prophylaxis (PrEP) without parental consent. Physicians would not prescribe Truvada, despite it being approved by the Food and Drug Administration (FDA), without a law. Governor Lamont still must sign the bill for it to go into law.
* Mr. Gennaro stated that Positive Prevention CT meets at the Meriden Health Department on the second Monday of every month. The group creates materials with prevention messaging. He encouraged those interested to approach him for information, or to attend the next meeting.

Public Participants

* Mr. Mitchell Namias explained that he is the coordinator for the Connecticut AIDS Drug Assistance Program (CADAP). They are making changes to the current medication formulary. They will add blood pressure drugs, expand insulin access, and add Hepatitis C Virus (HCV) drugs, in addition to making other changes. The new formulary will be posted on the website when it is live, hopefully by mid-July.
* Ms. Peta-Gaye Nembhard reminded participants that the CHPC Quality and Performance Measures (QPM) Team will host a Quality Summit on September 18, 2019. The June CHPC newsletter included an article about the event. She urged any providers who have conducted Plan-Do-Study-Act (PDSA) Cycles to improve the quality of their services to consider presenting. She noted that the summit gives providers an opportunity to share what they have done for quality management, especially in high-priority issues like housing.
* Ms. Fernandez said she will present a quality improvement project on youth and medication adherence.

**Morning Presentation: Community Health Workers**

Each month, the CHPC offers a presentation related to the HIV care continuum. This month, the CHPC co-chairs invited Mr. Fernando Morales to present to the CHPC on the certification, advocacy, and engagement of Community Health Workers (CHWs) in Connecticut. Mr. Morales is a past CHPC community co-chair.

Mr. Morales explained that he is the Assistant Director of the Southwestern Connecticut Area Health Education Center (AHEC). He stated that his presentation would provide background information on CHWs, including the definition of CHW, the scope of CHW services, and the need and opportunity for sustained payment of CHW services. He stated that he would also provide background on the CHW certification process, including its history, its legislation and legislative progress to date, next steps, and the need for CHW support.

Mr. Morales explained that the state is waiting for Governor Lamont to sign off on new CHW legislation. The Southwestern AHEC has been involved in shaping and promoting the CHW role since 2015, when the organization became involved in Connecticut’s Statewide Innovation Model (SIM). A CHW Advisory Body has contributed several recommendations. He stated that 187 titles fall under the CHW umbrella, including case workers and peer support specialists. By establishing the CHW title, these individuals can receive a CHW certification.

CHW services are unique and critical. CHWs have a strong understanding of the experience, language, culture, and socioeconomic reality of the communities that they serve. They aim to improve the health of community members. Research has shown that CHWs play an important role in improving health by helping individuals keep and participate in clinical appointments, follow clinical guidance, and address barriers to health that they experience. Mr. Morales stressed that funding for CHWs must be sustainable.

Mr. Morales explained that CHW services are mostly supported by a “patchwork” of different grants, which is neither sufficient nor stable as a funding approach. More recently, funding opportunities have been established that can be sustained through health care funding. This funding shift was supported by research on the importance of CHW services, federal regulations supporting “preventive services,” and other statewide efforts.

Mr. Morales explained that policies have been approved which support the need for and importance of the CHW role, especially when it comes to addressing social determinants that impact patients’ health. He explained that a call to action was put forth by a team of national experts and led by the Hispanic Health Council. He encouraged CHPC participants to visit [www.hispanichealthcouncil.org](http://www.hispanichealthcouncil.org) for more information.

Healthcare payers are hesitant to fund something that they do not understand. For this reason, it is critical to clarify the scope of services and training standards for CHWs. Payment reform is also needed.

Mr. Morales defines a “Community Health Worker” as a public health outreach professional with an in-depth understanding of the experience, language, culture, and socioeconomic needs of the community. The CHW’s scope of practice includes conducting outreach; providing culturally appropriate health education and information; building individual and community capacity; and several others. The CHW’s skills include communication skills; interpersonal and relationship-building skills; advocacy skills, and several others.

Mr. Morales described in detail the process behind building a campaign to pass certification legislation. CHW certification is important because it establishes more sustainable CHW funding options, increases the visibility and recognition of CHWs, and expands use of CHWs across Connecticut. Senate Bill No. 859, which requires the establishment of a certification program for Community Health Workers, is now at the House for a final vote. If passed and approved, it will be implemented by 2020.

* Ms. Auguste stated that she works for a Community Health Center, which has many roles under the CHW “umbrella.” She asked whether workers in similar roles – for example, patient navigators who have recently received training – will need to fulfill certain requirements before they can be certified.

Mr. Morales explained that workers who can prove that they have been doing relevant work for the past two (2) years may qualify to be certified on the basis of that experience. People who are doing relevant work without the CHW title may already have gained the required experience. Those who want to become a CHW but do not have any experience will need to work in the field first.

* Ms. Nembhard said that, in 2009, she worked with the Southwestern AHEC to create a first iteration of this training. The Community Health Center Association of Connecticut (CHCACT) received a grant from the National Association of Community Health Workers to do Medical Expansion training. They reached out to all federally qualified health centers (FQHCs) to invite people doing this type of work to attend the training. Over 50 people attended. Governor Rell signed a proclamation naming April 7 Community Health Worker Day in Connecticut. The progress made to recognize CHWs began with this project.
* Ms. Fernandez echoed Ms. Nembhard. Ms. Fernandez stated that she created the first CHW job description at the University of Connecticut (UConn) Health Center, with a vision to help link HIV-positive pregnant women to medical care. This position has since morphed from a CHW to a Community Health Specialist. She has a client who went through some of the CHW training offered at Capital Community College to receive their certification.
* Ms. Dionne Kotey stated that she was part of a 2014 cohort from the CHW course at Capital Community College. Some of her classmates have not yet been able to secure a CHW position. The certification included months of training for two (2) days per week, plus an internship. She asked whether her classmates who have yet to land a role will need to be re-trained to keep their CHW certification.

Mr. Morales stated that those individuals would need a reference from an employer that says that they conducted 2,000 hours of similar work. The experience could be paid or unpaid.

* Ms. Melanie Alvarez asked whether those shaping and publicizing the CHW role have considered setting up a scholarship program for those who cannot afford the cost. She also asked whether certifying representatives of high-need communities represents a priority.

Mr. Morales stated that, at this time, they have only explored the possibility of offering certification for a fee.

* Ms. D’Angelo said that the bill would not have passed were the program proposed without a fee.

Mr. Morales acknowledged the value in Ms. Alvarez’s question and said it will continue to be discussed.

* Mr. Walters asked what relevant experience might count towards certification.

Mr. Morales explained that taking one’s family to the doctor or volunteering at a local church represent relevant experience.

* Ms. D’Angelo stated that this experience includes peer work, and suggested that service organizations explore the CHW certification for their peer employees.
* Mr. Stephen Feathers stated that he understands part of the CHW initiative is to stabilize funding and not rely on grants. He asked whether part of the motivation is also to make CHW services reimbursable.

Mr. Morales stated that he cannot answer that question, but he knows that they are trying to make services sustainable. They want services to qualify under a billable code. This effort falls under the Affordable Care Act (ACA).

* Mr. Walters noted that CHW work would not replace roles funded by the state, so CHWs could complement and supplement services currently being funded.
* Mr. Mark Nickel noted that CHW certification does not lead someone to an occupation like a teacher or a nurse. When someone becomes a certified CHW, the title shows that they possess certain skills. If CHW services were billable, employers would be able to bill for use of that individual’s time and expertise. Mr. Nickel noted that case managers often achieve better viral load suppression outcomes than private doctors; Mr. Nickel suggested using CHWs to work with private doctors to help clients reach viral suppression. A certification would give individuals the ability to be paid through reimbursement rather than a grant, which would make them more attractive to employers.
* Mr. Walters noted that the growing recognition and promotion of the CHW role represents a huge possible addition to the services provided at APNH. Actual community members can become certified and conduct outreach in their own language, in their own neighborhoods, and get paid for it. The presence of CHWs will enhance services that many agencies offer related to behavioral health and prevention.
* Ms. Auguste stated that the “big ‘what-if’” is whether Medicaid and private insurance companies will allow CHWs to have billable hours.

Mr. Morales stated that making CHW services billable through Medicaid is currently being explored.

* Mr. Nickel acknowledged that hospital healthcare systems are interested in care coordination.
* Ms. Fernandez stated that two (2) and a half years ago, they started looking into care coordination at CCMC. Her team helped develop a model. Today, CCMC has a big care coordination department.

Mr. Morales confirmed that the CHW certification process, once approved, would be in place by January 1, 2020.

* Mr. Nickel ask Mr. Morales to describe trainings that AHEC currently offers.

Mr. Morales stated that AHEC offers a 90-hour training. He noted that the CHW Advisory Body will determine training vendors for the CHW certification.

* Ms. D’Angelo asked whether CHW trainings that exist currently will be adapted to fit the new standards.

Mr. Morales said that the goal would be to standardize existing trainings. The new CHW training will require a 90-hour standard.

* Ms. Auguste asked about maintenance requirements.

Mr. Morales stated that 30 hours of experience per year within a three (3) year span will be necessary to maintain the certification. Renewal would cost $100.

* Ms. Kotey asked whether someone who received training on core competencies that overlap with CHW competencies could count that training toward a CHW certification.

Mr. Morales confirmed that anyone with experience can start applying for certification in 2020. If they have fewer than 2,000 hours in a five (5) year span, they would need to complete the training.

**Lunch**

Participants broke for lunch at 11:45 a.m.

**Committee Meetings**

Ms. D’Angelo said the group would move into committee meetings until roughly 1:45 p.m.

**Committee Report-Backs**

Mr. Walters asked committee co-chairs to provide brief oral reports about the committee meetings. (Full meeting summaries exist in separate documents.)

MAC (co-chair Mr. Stephen Feathers):

* Reviewed the new June CHPC newsletter and felt pleased with the outcome.
* Planned the August CHPC newsletter.
* Discussed procedures related to member recruitment, including asking discharged members to share feedback on their experience as CHPC members.
* Planned member recruitment activities for new members who will begin their terms in January 2020.

Data and Assessment Committee (DAC) Needs Assessment Projects (NAP) Team (co-chair Ms. Laura Aponte):

* Reviewed a newer draft of the workforce survey, which has been streamlined to 30 questions.
* Fine-tuned some of the draft workforce survey questions.

Ms. Auguste asked how the survey will be disseminated. Mr. Gennaro stated that the group tentatively decided to use “fillable” PDFs so that the survey can be completed electronically or via hard copy.

DAC QPM Team (co-chair Ms. Fernandez):

* Viewed a presentation on the PrEP-to-need ratio by Ms. Sue Major.
* Set the PrEP-to-need indicator at 5.1. This ratio refers to the number of people on PrEP versus those newly infected, and is currently 4.3, according to 2017 State data.
* Planned the September Quality Summit.

Ad hoc Prevention Committee (Ms. D’Angelo):

* Looked at what each of the five (5) Getting to Zero (G2Z) priority cities and Danbury have done since December and identified themes including new engagement and new partnerships.
* Agreed there is value in a standing Prevention Committee to support messaging and routine testing.
* Identified next steps and recommendations for a standing committee.

**Other Business & Adjournment**

Mr. Walters thanked participants for attending the CHPC meeting and reminded them to complete feedback forms before leaving.

* Mr. Walters added that APNH will partner with community stakeholders in New Haven to hold a Black Pride event in September. Those who are interested should contact Mr. Tim Mack.
* Mr. Gennaro reminded those receiving a headshot in July to wear a bright shirt in a solid color.
* Ms. Fernandez asked if the events announced at CHPC meetings can be publicized across Connecticut.
* Ms. D’Angelo stated that the CHPC website, [www.cthivplanning.org](http://www.cthivplanning.org), shares many events. The CHPC listserv also sends information about events and other relevant information. CHPC staff stopped utilizing the CHPC Facebook page in favor of the CHPC website. However, CT DPH is considering restoring the page to utilize “likes” and “shares” to spread awareness of the CHPC.

No other business was raised by at that time; Mr. Walters thanked participants for their attendance. The next CHPC meeting will occur on July 17, 2019. The meeting adjourned at 2:10 p.m.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Member Attendance\*** | **1/16** | **2/20** | **3/20** | **4/17** | **5/15** | **6/19** | **7/17** | **8/21** |
| 1. Laura Aponte
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Kat Auguste
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Clifford Batson
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Susan Bouffard
 | **A** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Thomas Butcher
 | **P** | **P** | **A** | **P** | **P** | **A** |  |  |
| 1. Angelique Croasdale-Mills
 | **P** | **P** | **A** | **P** | **P** | **A** |  |  |
| 1. Carmen Cruz
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Gina D’Angelo
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Stephen Feathers
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Nilda Fernandez
 | **A** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Carl Ferris
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Jose Figueroa
 | **P** | **P** | **P** | **A** | **P** | **P** |  |  |
| 1. Ann Galloway Johnson
 | **A** | **A** | **P** | **P** | **P** | **P** |  |  |
| 1. Lauren Gau
 | **P** | **P** | **A** | **P** | **P** | **P** |  |  |
| 1. Dante Gennaro
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Blaise Gilchrist
 | **P** | **P** | **A** | **P** | **P** | **P** |  |  |
| 1. Clara Langley
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Ron Lee
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Andrea Lombard
 | **A** | **P** | **P** | **P** | **P** | **A** |  |  |
| 1. Luis Magana
 | **P** | **P** | **P** | **P** | **P** | **A** |  |  |
| 1. Angel Medina
 | **A** | **P** | **P** | **P** | **A** | **P** |  |  |
| 1. Waleska Mercado
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Glenn Scott
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Jeffrey Snell
 | **P** | **P** | **P** | **A** | **P** | **A** |  |  |
| 1. Roberta Stewart
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| 1. Barry Walters
 | **P** | **P** | **P** | **P** | **P** | **P** |  |  |
| Total Present | **26** | **29** | **23** | **24** | **25** | **21** |  |  |
| \*Members who arrive after the first vote or leave before the end of the meeting are listed as absent. |

 **Public participants (44)**

Melanie Alvarez; Cinqué Barlow; Beasha Bartlette; Sara Burns; Erick Carrión; Jim Cataquet; Allison Champlin; David Colbert; Reina Cordero; Daniel Davidson; Martina De La Cruz; Mildred Diaz; Shawnee Estes; Alsamendi Fleurival; Brittany Gardner; Lynette Gibson; Debi Gosselin; Shanay Hall; Coley Jones; Marcelin Joseph; Dionne Kotey; Debra Lombardo; Aurelio Lopez; Sarah Macone; Sue Major; Erin Malgioglio; Zenovia Melendez; Mukhtar Mohammed; Fernando Morales; Erika Mott; Consuelo Munóz; Mitchell Namias; Peta-Gaye Nembhard; Juan A. Nuńez; Lionel Rigler; Rosie Rodriguez; Mariko Rooks; William Rosa; Delita Rose-Daniels; Angel Ruiz; Donna Sciacca; Emily Semmelrock; Cecil Tengatenga; Lynda Faye Wilson