

## Embrace-CT InCK Needs Assessment Design Group

<b>Meeting Name</b>	Embrace-CT InCK Needs Assessment Design Group	<b>Meeting Date and Time</b>	Tuesday 07/13/2021 2-3:30p
<b>Meeting Purpose</b>	Develop needs screener and administration process for CT-InCK	<b>Meeting Time</b>	Join the Zoom call: <a href="https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09">https://zoom.us/j/8424051175?pwd=eDFWak1hSkIHVXhkVERSSGZpTG5jdz09</a>

Attendees					
	Name	Role, organization		Name	Role, organization
	Dr. Megan Smith	Member, Connecticut Hospital Association	X	Mikaela Honhongva	Co-Facilitator, Clifford Beers
	Alice Corrigan	CHO, Clifford Beers	X	Leslie Brown	CHO, Clifford Beers
X	Ken Okwuosa	CHO, Clifford Beers	X	Erica Garcia-Young	Member, DSS
	Dashni Sathasivam	Member, Health Equity Solutions	A	Robert Plant	Member, Beacon Health Options
X	Jennifer Gagnon	Member, Beacon Health Options	X	Smruti Vartak	Member, Beacon Health Options
X	Bernadette DAlmeida	Member, Community Health Network	X	Tressa Spears	Member, Community Health Network
X	Lauren Kelley	Member, Project Access-New Haven	X	Hannah Croasmun	Member, Christian Community Action
A	Bethany Zorba	Member, Department of Children and Families	X	Yvette Cortez	Member, Department of Children and Families
X	Claudette Kidd	CHO, Clifford Beers	X	Jennifer Richmond	Clifford Beers

### Reminders/Definitions

**1. Group Agreements:**

- a. Respectful participation
- b. Speak truth!
- c. Listen to understand
- d. Agree to disagree
- e. Expect discomfort/growing edge

2. **Health Equity working definition:** Everyone has a fair and just opportunity to obtain their optimal health regardless of race, ethnicity, disability, gender identity, sexual orientation, or socioeconomic status. (Health Equity Solutions)

3. **Housing Stability working definition:** Stable Housing means households have a choice over when and under what circumstances to move. They do not live in perpetual uncertainty about their housing needs. Households are able to afford monthly housing payments without it taking up a significant portion of their budget. (Corporation for Enterprise Development)

4. **Food Security working definition:** Food insecurity is defined as a lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a household or

can last a long time. Food insecurity is one way we can measure how many people cannot afford food. (Feeding America)

Agenda Topic	Key Discussion Points / Decisions	Notes
1. <b>Welcome, Review</b> (10m)	a. Updates	
2. <b>Comparison groups</b> (10m)	a. Similar/competing initiatives in comparison regions?	Windham has more limited access to healthcare services. More rural. More food deserts. May take a look at income across services. W Hartland may be rural as well. Transportation issue in Windham. Their team has longer times to get into appointments due to transportation. There are areas without grocery stores. Working on making it easier to participate in food pantries. When people released from prison a lot will come to New Haven and West Hartford. When Leslie worked in Hartford they had a large Hispanic population. With Hartford there is a lot going on.
3. <b>SOP Document Questions</b> (30m)	<p>a. <b><i>How will you ensure that the screening tool(s) is equally available to the beneficiary population regardless of a person’s race, color, national origin, disability, age, sex, and religion?</i></b> Examples include providing screening tool(s) in a culturally and linguistically appropriate manner, supporting beneficiaries and caregivers with literacy challenges and/or disabilities.</p> <p>b. <b><i>How do screening processes account for the COVID-19 pandemic and possible impact on in person assessments? How do awardees plan to adapt their processes as social-distancing needs evolve?</i></b></p>	<p>a. Consider literacy and grade level. Modality. Use of technology? Maybe someone who needs large fonts, might need audio bc of limitations due to read and interpret. Blind or low vision we can use an app to help with that. Consider faith based orgs - modality will meet people where they are. Go to them rather than them coming to us. How do we know the person is an InCK beneficiary? Perhaps extend an invitation and ask them where they are comfortable. Maybe ask youth where they are comfortable. We may have phone numbers but not sure if it would be caregivers’.</p> <p>b. PANH always had an in person meeting. Use cideoconferencing.</p>

	<p><b>c. How can we prepare members for follow-up 6 months or 1 year later?</b></p>	<p>Created plexiglass and other ways. Do things by phone. In some ways you miss some but convenient for families. Helps manage childcare. Can still get services. People still wanted to come in in person. Phone ha worked well. Maybe do a pre-screener. Young people can't get vaccines yet. Still offer video conferencing for folks who are not comfortable. Have to consider security for technology. Have to make sure we use a secure tool.</p> <p>c. Stay relevant to family through text messages or emails. Every couple months check in and offer for people to call me. Can do text reminder of food usage and other reminders. Some people may change levels. With 3s we will be in touch with them a lot, not as much for 2s - will be easier to keep in touch with. 1s are going to be harder - about 90% of population. Unless they see a value and not getting any benefits there is no value. How do we keep them enrolled? Maybe an app. Maybe an option or level 1 to get passive eval. Maybe web page with resources with videos. Maybe a way to reach out bc situation has changed. Do it not just on paper. Give access to enhanced web page with usable resources. Maybe some common situations with parent resources. Could add positive messages like wellness. List-serve that informs them of community events with child and family resources, discounts, coupons. Maybe have a partner who can give discounts and work on that. Can also be workshops, webinars like on couponing, wellness, Pilates. Can</p>
--	---	--

		also do home visits for locations and stay up to date on addresses. Maybe at workshops we can gather contact info. NHPS would be a good resource. As a NH parent the school contacts them about everything. Parents have to register kids and they make sure info is up to date. If they have to move they have to let school know. Maybe quarterly or periodically we check in. CB was mentioned at Board of Ed several times.
4. <b>Trauma Screening</b> (30m)	a. ACES b. PEARLS	Length may be too long for both
5. <b>Next Meeting</b> (5m)	a. Doodle Poll	

Action Item(s):	Person Responsible	Date Due
1. Will provide simple alcohol screening tools	Bern (CHN)	
2. Consult with Sandrine (CHN physician) about how we should look at nicotine & vaping.	Bert Plant (Beacon)	
3.		
4.		
5.		

From Leslie Brown to Me: (Direct Message) 02:02 PM

Hi Kia, Alice wanted me to let you know she is going to be running late today due to an overlapping engagement

From Yvette Cortez, DCF to Everyone: 02:02 PM

Bethany Zorba won't be able to make it today.

From Hannah Croasmun to Me: (Direct Message) 02:03 PM

I may have to step out a bit early (around 3:15 or 3:20) for another meeting... Just letting you know!

From Tressa Spears Jackson to Everyone: 02:10 PM

06518 is Hamden

From Me to Everyone: 02:26 PM

How will you ensure that the screening tool(s) is equally available to the beneficiary population regardless of a person's race, color, national origin, disability, age, sex, and religion? Examples include providing screening tool(s) in a culturally and linguistically appropriate manner, supporting beneficiaries and caregivers with literacy challenges and/or disabilities.

From Yvette Cortez, DCF to Everyone: 02:30 PM

Electronic option will allow for more language options, can be read (in multiple languages) for literacy concerns as well

From Me to Everyone: 02:36 PM

How do screening processes account for the COVID-19 pandemic and possible impact on in person assessments? How do awardees plan to adapt their processes as social-distancing needs evolve?

From Bern to Everyone: 02:37 PM

videoconferencing

From Tressa Spears Jackson to Everyone: 02:41 PM

New Haven's vaccination rate is 62%

From Me to Everyone: 02:45 PM

How can we prepare members for follow-up 6 months or 1 year later?

From Lauren Kelley to Everyone: 02:47 PM

<https://doxy.me/> is the tool we selected for video visits where we were helping people complete Access Health CT applications. We eventually cancelled the account because we found that not enough people wanted video visits to warrant the monthly fee

From Me to Everyone: 02:47 PM

Thanks Lauren!

From Smruti Vartak to Everyone: 02:55 PM

I liked Leslie's idea

From Leslie Brown to Everyone: 03:02 PM

GREAT idea

From Hannah Croasmun to Me: (Direct Message) 03:16 PM

Sorry! I have to leave the meeting now!

